

PEER EDUCATION AS STRATEGY FOR HIV/AIDS PREVENTION AMONG ADOLESCENTS

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ABSTRACT: The objective was to describe the implementation of workshops with adolescents using peer education for HIV/AIDS prevention. It was an action research. The subjects were adolescents aged 15-19 years, high school students from two schools of the state education network in Natal/RN. The workshops made it possible to visualize nuances about the vulnerability of the target audience to HIV infection and AIDS. The participants showed little knowledge about the virus and its implications, as they received very frequent inadequate advice from friends and unreliable sources in the media, while conversations about the topic with the family, teachers and health professionals were infrequent. There is a need to provide solid information for these students so that they can share it conveniently with each other, thus becoming multipliers of HIV/AIDS prevention and, consequently, decreasing the contamination rates that affected this population today.

KEY WORDS: Health education; Adolescent health; HIV; Acquired immunodeficiency syndrome.

ESTRATÉGIA DE EDUCAÇÃO POR PARES NA PREVENÇÃO DE HIV/AIDS ENTRE ADOLESCENTES

RESUMO: Objetivou-se descrever a implementação de oficinas com os adolescentes utilizando a educação por pares para prevenção de HIV/aids. Trata-se de uma pesquisa-ação. Os sujeitos foram adolescentes com idades entre 15 e 19 anos, estudantes do ensino médio de duas escolas da rede estadual de educação em Natal/RN. As oficinas possibilitaram visualizar nuances acerca da vulnerabilidade do público-alvo sobre infecção pelo HIV e aids. Os participantes apresentaram pouco conhecimento sobre o vírus e suas implicações, por receberem muitas orientações inadequadas de amigos e mídias com fontes não confiáveis, enquanto pouco conversavam sobre o assunto com a família, professores e profissionais da saúde. Evidencia-se a necessidade de oferecer informações sólidas para esses estudantes, a fim de que eles possam compartilhá-las convenientemente entre si, tornando-se, por conseguinte, multiplicadores da prevenção ao HIV/aids e diminuindo, consequentemente, os índices de contaminação que os têm afetado atualmente.

PALAVRAS-CHAVE: Educação em saúde; Saúde do adolescente; HIV; Síndrome da imunodeficiência adquirida.

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INTRODUCTION

Adolescence is considered one of the stages of the life cycle in which individual vulnerability is high. It is a period marked by biopsychosocial changes that can interfere with the natural process of development, making adolescents commonly adopt risky behaviors¹.

As it is a population that can be exposed to some risks, it is necessary to draw attention to approaches aimed at promoting health and preventing HIV infection/AIDS aimed in this specific age group. One example is effective health protection programs that promote clarification that help these individuals not get involved in situations that may harm them¹.

Thus, it is necessary to prioritize educational actions aimed at preventing HIV infection on a continuous basis with adolescents, using differentiated, participatory and constructive strategies that enable the integration of interdisciplinary knowledge with popular knowledge, generating greater appropriation of reality. Health education with adolescents must be a permanent process that leads them to reflection and awareness, helping them to develop critical awareness, opening spaces for discussions and involving them so that they perceive themselves as subjects of transformation of their own lives².

Before the need to reinforce health education, the school is chosen as the most conducive environment with regard to the role of training and knowledge construction, as it corresponds to a scenario of social interaction that influences the decision making of adolescents. Therefore, this space should be used to promote the autonomy of adolescents in self-care with health, to give them solid guidelines and to empower them with regard to HIV/AIDS prevention³.

In this context, as the school allows intra-group contact, peer education is suggested as a viable educational method. Peer education is defined as the exchange of knowledge between individuals who identify with each other by having common characteristics and experiences, which facilitates the sharing of knowledge and practices with each other, the development of actions and the construction of new reflections through the questioning of certain topics. Despite being a simple and

convenient strategy to address issues with adolescents, in order to develop it, it is necessary that multipliers have communication skills, empathy, engagement and motivation, besides the ability to appropriately master the content to be discussed⁴.

The implementation of this method is based on the selection of leaders among the students who must be trained to serve as peer educators and trained to support them. Programs based on this method have been beneficial, as the influence of peer leaders is an important factor in changing beliefs and attitudes, as they encourage healthy behaviors among adolescents⁵.

Thus, it is essential to obtain subsidies through educational actions to raise awareness and encourage adolescents to become protagonists in the process of mediation of information. From this perspective, an outreach project was started with the title: "Training of multipliers in schools - peer education as strategy in HIV/AIDS prevention among adolescents". The project seeks to enhance the role of educational and health institutions, considering the target audience under a holistic view.

The motivation for this project was based on the fact that adolescents are part of the age group in which the majority of new cases of HIV/AIDS have occurred. Bearing in mind that the school is an important social sector that reunites large numbers of adolescents, it was decided to select it as scenario for the implementation of peer education and consequent promotion of students' health.

The present study is justified by the fact that adolescents correspond to the segment that is most subject to risk behaviors. Thus, the study is relevant because it aims to encourage the continuity of research on HIV/AIDS prevention among adolescents, to guide the deepening of discussions on this theme and to motivate the development of health education campaigns that provide problem-solving guidance to the target audience. Thus, the objective was to describe the implementation of workshops with adolescents using peer education to prevent HIV/AIDS.

METHODOLOGY

This is an action research study corresponding to the first stage of the outreach project "Training of multipliers in schools - peer education as strategy in HIV/AIDS prevention among adolescents". The proposal was conducted by the Evidence-based Nursing Study and Research Group and is associated with the Nursing Department of the Federal University of Rio Grande do Norte (UFRN).

At the stage of the outreach project to which this research refers, the training of information multipliers on HIV/AIDS prevention among adolescents began with the aim of implementing the peer education strategy in public schools in the city of Natal - RN. The development of this stage took place between March and December 2017. It was divided into three phases.

In the first phase, the executive team was trained by the project coordinator and by other collaborators of the research group to carry out a preliminary bibliographic survey (articles and manuals from the Ministry of Health) on the subject of the study to support and equip the team for the elaboration of the action plans, which supported the planning and elaboration of educational workshops.

In the second phase, schools were selected when met the criteria of presenting the age group profile target of the study and being located in Natal - RN. For this, it was necessary to make an initial contact with the State Department of Education in order to request consent and retrieve information about which schools would be most appropriate for this type of action. Thus, two schools were selected upon the recommendation of the State Department of Education. After indications, the working group approached the schools' management to request agreement through the signing of a consent letter, in addition to immersion in the working field. With the help of management and teachers, the students to participate in the educational sessions were chosen. The choice was made based on the criterion of being students who already exercised some kind of leadership, as in school unions, classroom leaders, school newspapers, or another form of influence and relationship with other students. In the first school, four students were nominated and in the second, nine students. Upon being identified, the subjects were

invited to participate in the workshops, being asked to sign the informed consent term to young people up to 18 years old, and their guardians were asked to sign an informed consent term; in the case of students aged 19, their signing of the informed consent form was enough. The target audience consisted of 13 young people aged between 15 and 19 years, high school students from the state education network. This age group was chosen in view of the increase in HIV cases in this age group in Brazil.

In the third phase, educational workshops were implemented with the selected adolescents. Such workshops were implemented in the schools, on dates and times previously agreed with the school managers, the subjects of the action, and the executing team. A total of five meetings were held in each school, which were conducted using active and playful methodologies through audiovisual resources and group dynamics, in order to work on the topics covered in a light and attractive way for young people. At all times, attention was paid to the use of appropriate language for the target audience, in order to favor shared learning and collective creation of knowledge. The topics covered followed the recommendations of the Ministry of Health and the evaluations were carried out at the end of each meeting, in a continuous and reflective way. Until the end of the workshops, this target audience did not change or drop out and attendance at all meetings was satisfactory.

The research was approved by the Research Ethics Committee of the UFRN, under protocol number 2.445.039 and Certificate of Presentation for Ethical Appraisal 80014017.6.0000.5537, as a way to protect the participants and the team involved, obeying the ethical and legal precepts.

RESULTS AND DISCUSSION

Regarding the development of the workshops, pedagogical proposals based on participatory methodologies were used in all of them. This is because such approaches are potentially constructivist and promote greater insertion of the target audience in the teaching-learning process².

Audiovisual resources were used to approach the theme in a light and attractive way for adolescents. They included projection of slides, audio system, illustrated posters, educational models and materials available in the Basic Health Units (condoms, water-based lubricating gels, folders and pamphlets). The contents followed what was recommended by the Ministry of Health and were given predominantly in the form of group dynamics, conversation circles, playful activities and other interactive methods, so as to avoid making the moment tiring for young people and to achieve good results⁷.

TRANSMISSION OF HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS (STIs)

In the first meeting, the active methodology used to introduce the discussion about the virus that causes AIDS was Brainstorming, which is a teaching-learning tool that reunites a list of ideas spontaneously mentioned by the participants in a short time, without making judgments or reprimands, that is, ensuring that all points of view are welcomed⁸.

The students were instructed to start the session and the fact that their opinions would not be criticized under any circumstances was stressed. Thus, adhesive notepads were delivered for them to write their previous knowledge about the human immunodeficiency virus (HIV). Then they stuck the notepads on the whiteboard of the classroom, under a cloud previously placed by the executing team. After forming a "storm of ideas", they were asked to justify them.

In both schools, many forms of misunderstandings about the virus were detected. There were also many doubts, myths, beliefs and poor understanding about HIV/AIDS.

In a study on the knowledge about STIs and AIDS among adolescents enrolled in a public high school, when asked whether a healthy-looking person could be infected with AIDS, 50% said not and 40% said they did not know. This same perception was also observed in the workshop, as the participants demonstrated to believe that people living with AIDS had a cachectic appearance¹.

It is worth mentioning that they had a limited degree of knowledge regarding the forms of contagion of HIV/AIDS in general. This was noticed when eight of them reported that the virus could be acquired through kissing/saliva. Some of the statements about this were as follows:

"Yes it can be passed on through a French kiss, especially if the person has a cold sore or another sore in the mouth, because then there is an open way for the virus in the saliva of the other person."

"If it is a kiss only on the lips or on the cheek, there is no transmission of the virus, but if it is a French kiss, then there is, because of the virus that is in the saliva."

"I think it is okay to use the same objects that a person with AIDS used, unless it is a glass or cutlery... If it is a glass or silverware, you can get the virus that was in the saliva."

Similarly, students who participated in another study expressed doubts about the possibility of HIV infection through kissing⁹.

With regard to oral sex, 69.2% of the participants were unaware of the fact that the virus can be transmitted by this route. This poor knowledge among adolescents was observed in another study, in which only 43.8% of the participants said that oral sex without a condom can result in transmission¹⁰.

Based on the level of understanding that the students demonstrated, each of the statements was analyzed, discussed and clarified in group, so that they felt they were active subjects in the construction of knowledge. It was then sought to provide them with subsidies for the following workshops, particularly clarifying the basic concepts on the theme. The selected contents were: definition of HIV/AIDS, history of the disease, differentiation between the meanings of the terms

“HIV” and “AIDS”, routes of transmission, mechanism of action of the virus, main symptoms, and risk groups.

As for STIs, it was proposed that the students wrote the names of some of them on the white board and an arsenal of information was built in group, listing the characteristics relevant to each one. With the aid of a slide projector, images of the infections worked on were displayed and studied by the groups. Talking about them in this context was important because the problems caused by this type of infection are diverse and can increase up to 18 times the chances of men and women to contract HIV¹¹.

DIAGNOSIS AND TREATMENT OF HIV/AIDS

In the second workshop, statements about the diagnosis and treatment of HIV/AIDS were selected and “true” and “false” signs were given to the students for them to expose their opinion about these sentences. For each question, the answers were discussed to the extent the participants were encouraged to reflect on the subject, and all relevant aspects about it were addressed.

Regarding the diagnosis, during a conversation wheel, information was presented about free and universal access to the means of detection, namely, the rapid tests. Laboratory tests and oral fluid collection were also addressed. In both schools, students were unaware of all this information, which can be considered worrying because the rapid testing method favors the early diagnosis of STIs¹².

As for treatment, its availability in the SUS, the use of antiretrovirals, and the importance of early treatment were explicitly discussed. People who adhere early to antiretroviral therapy have a better prognosis in the medium and long term than individuals who do it later, becoming less subject to complications, opportunistic diseases, and more likely to have the viral load decrease and quality of life improved¹³.

The active learning methodology selected – the “true or false” dynamics - left the students at ease to expose their ideas and clarify their doubts. All the activity took place in order to preserve the group’s reasoning and make them active elements in the teaching-learning process.

HIV/AIDS PREVENTION

At the third meeting, it was considered important to emphasize the reduction in the use of injectable drugs and the use of male and female condoms. However, there was also talk about combined prevention and other forms of prevention that are part of it such as pre-exposure (PrEP) and post-exposure (PEP) prophylaxis, HIV testing, behavioral strategies, treatment as prevention, circumcision, immunization for STIs, among others¹⁴.

In short, it is known that the sharing of contaminated syringes and needles is one of the main forms of HIV transmission. It is estimated that up to 10% of all contagions occur through the use of injectable drugs, which suggests that there are around 3.3 million injecting drug users worldwide carrying the virus. In addition, the combination of drugs and sex is closely linked to unsafe sexual intercourse, early sexual initiation, coercive sexual acts and unwanted pregnancies¹⁵.

Keeping this line of reasoning, the workshop started by discussing how drug use influences the transmission of the virus and explained that needle sharing is one of the main factors for the spread of HIV/AIDS. In this sense, the importance of policies to promote not only the distribution of syringes, but, above all, the decrease of the drug user population was discussed. The United Nations report on Drugs and Crime (UNODC) reports that about 12 million people use injectable drugs and 1.6 million of them live with HIV, highlighting the association between drug use and greater vulnerability to STIs¹⁶.

The next step in the workshop was to draw the participants’ attention to sexual contamination, alerting them to the importance of using barrier contraceptive methods, which were being neglected by students as their speeches suggested during the meetings. A study conducted with adolescents showed that 60% of the participants answered that they had already had sexual intercourse. Of these, 90% stated that they had already had at least one sexual intercourse without the use of condoms and 7% reported that they never use condoms during sexual intercourse¹.

At another point in the workshop, male and female condoms made available by the public health

network were presented to students and on the occasion there was also talk of water-based lubricating gels. Then, they were asked to demonstrate how to correctly use these materials in educational models (female pelvis and male genitalia mannequins).

As they performed the technique, the work team made due considerations until there was no longer any doubt or misunderstanding. Subsequently, the “step by step” was repeated properly and water-based lubricants and condoms were distributed.

In general, all participants who performed the task had a considerable notion of how to use the male condom, but they did not have the least skill with the female condom. In this situation, the entire group reported not knowing how to handle it.

Similar data were found in research that found that few of the participating adolescents knew about the existence of the female condom and/or had had the opportunity to see it. Thus, the authors reported that among the various questions asked, most were about the correct way to introduce the condom¹⁷.

It is worth mentioning that during the workshop, the use of water-based lubricating gel was strongly valued, as it is known that it, associated with the use of condoms, acts in the prevention of sexual contamination with HIV because reduces friction and the probability of causing micro-cracks in the genital and anal mucous membranes, which are highly vascularized regions and act as a gateway for the virus and other microorganisms¹⁸.

A total of 76.9% of students reported not using condoms based on the idea that it caused discomfort the moment of sexual intercourse and decreased pleasure, as according to them, hindered lubrication and sensitivity. These findings reinforce the data found in a study in which the participants reported that they often stopped using condoms because they believed that it reduced sexual pleasure and prevented lubrication. Thus, the use of lubricating gels was encouraged also as an attempt to circumvent this mistaken ideas¹⁹.

Then, a complementary dynamics based on the “hot potato” game was carried out. The students were organized in a circle and received a can containing phrases that simulated the speech of a partner who did not want to use a condom. They had to pass the can to

the colleague next door and at that moment a song was played. When pausing the music, the participant with the can had to remove a paper, read the sentence and answer it, arguing about the importance of protecting themselves and trying to be really convincing in that situation.

The objective of this activity was to make them have subsidies to decide on the use of condoms, and, on that occasion, it was observed that they had difficulty proposing the use of preventive methods, as well as little perception of personal vulnerability to HIV and other STIs. When trying to answer, the students were shy, and to disguise that they were ashamed, they made “jokes” or responded superficially, oblivious to conviction and persuasive character.

A study also pointed out that adolescents have difficulties in negotiating the use of condoms in relationships, avoiding starting the dialogue for fear of what the partner will think and, therefore, leaving the need to show attitude (or not) about the use of the condom to the other person²⁰.

It is noteworthy that talking about responsible sex with the target audience of this study is essential, because individuals in this age group commonly have an affective involvement with partners that leads them to think that they do not need sexual protection. They give up the use of condoms because they trust their partner or simply do not consider the possibility of the partner being infected. It has been proven that most sexually active adolescents have had at least one sexual intercourse without using condoms¹.

In both schools, it was possible to notice that students considered using condoms to prevent STIs as a factor of less important. All of them showed to be more concerned with using contraceptive methods primarily to prevent unplanned pregnancies.

The most indicated precaution against pregnancy was the use of contraceptive pills by the female partner. This perception is in line with a study recently carried out in which it was also observed that the greatest concern of adolescents related to sexual relations was the possibility of an unwanted pregnancy, and not the risk of a STI³.

Another problem identified was the fact that 69.2% of adolescents did not consider it necessary to protect themselves during the practice of oral sex. Similar

evidence was found in another study, in which 56.2% of the interviewed adolescents did not recognize oral sex without a condom as a route of HIV transmission¹⁵. In another study, also in relation to HIV infection through oral sex, 55% of the students answered that they did not know about this route of transmission and 13% said that it does not occur¹.

It was noted that 84.6% of the adolescents disregarded the possibility of contagion of STIs/AIDS through anal sex, as they neglected the use of condoms in situations where this happened. A study carried out with students in the ninth grade of elementary and high school obtained the same tendency to low frequency of condom use in anal intercourse, since only 16.5% of the adolescents participating in the research said they always used condoms for penetration through this sexual route²¹.

Thus, throughout the meeting, we sought to intervene in the gaps found, showing the poor knowledge of these participants. Researchers also highlighted, based on the results of a study about general knowledge related to STIs, that this topic is not fully understood by students and that understanding about condom use is not enough to trigger attitudes toward the subject. The study reinforced that continuous guidance is necessary so that adolescents may have a sex life free of risk¹.

The results of another study also pointed out significant rates of lack of knowledge about HIV among adolescents, showing that the majority had only common sense knowledge, and expressed erroneous information, permeated with beliefs and myths².

It is worth mentioning that adolescents receive very frequently inappropriate guidance from friends and the media, through unreliable sources, while few of them talk about the subject with their families, teachers and health professionals.

Despite this worrying finding, the group proved to be very participatory, collaborative and willing to learn. At the end, folders and pamphlets about the subject were delivered, so that they could go deeper into the information received. Such a deepening is imperative, because knowledge on this topic allows adolescents to protect themselves effectively against HIV, assuming

responsible and conscious attitudes towards sexual behavior²².

HIV/AIDS IN PREGNANCY, DELIVERY AND POST-DELIVERY

The fourth meeting was based on the resolution of two problem-situations involving women with HIV/AIDS during pregnancy, delivery and post-delivery. It was sought to address vertical transmission (VT) by verifying its high incidence in Brazil.

The HIV/AIDS Epidemiological Bulletin (2016) revealed that regarding the category of exposure among children under 13 years, in 2014, 2015 and 2016, the percentages of individuals who had mother-child transmission as a route of infection were, respectively, 99.6%, 98.8% and 97.8%, that is, almost all cases²³.

In the workshop, the cases were read and the participants were asked about what should be done in each of them. Afterwards they were all analyzed and discussed together with the executing team, which discussed, among other factors, how to avoid VT, type of delivery, realization of rapid tests during pregnancy, transmission through breast milk, and general care for HIV-positive pregnant women and children after delivery.

Talking about VT is important because this has been the main route of HIV infection in children, whether through intrauterine transmission during pregnancy, during the active phase of labor, or in the expulsive moment. It is estimated that about 65% of infections secondary to VT occur due to exposure of the newborn's mucosa to maternal blood during delivery²².

As for breastfeeding, studies show that it increases the risk of transmitting the virus vertically by about 7% to 22%, as it exposes the child to the mother's viral load, reaching 29% in cases of acute maternal infection^{15,23}.

During the meeting, it was observed that 12 of the participants believed that the child of a HIV-infected mother would inevitably be born with the virus, and therefore there was no need for protection during pregnancy and childbirth. Furthermore, they were unaware of the possibility of the virus in breast milk.

One of the studies showed similar results, because when the participants asked if a HIV-infected

pregnant woman could transmit the virus to her child during pregnancy, 71% answered that they did not know, 21% said that they could not, and only 8% said that the mother transmitted the virus to her child. Regarding transmission through breast milk, 48% said they did not know, 35% said that the mother did not transmit the virus, and only 17% said that she did¹.

PrEP PEP

The fifth meeting began with a dialogue about PrEP PEP. In it, 100% of the students stated that they did not know information about the topic or had never heard about it. However, the knowledge gained in previous workshops helped them to understand the subject easily.

The executing team endeavored to present the PrEP and PEP to the participants, because although they are current and still little known in society, they are proven strategies for biomedical prevention against HIV infection. PrEP or “truvada” is a combination of two drugs in a single tablet: Tenofovir + Emtricitabine. In turn, PEP, also known as “emergency cocktails”, has a preferential scheme that should include combinations of three antiretrovirals: Tenofovir + Lamivudine + Dolutegravir^{18,24}, which can be changed by other drugs if there is a reaction to these.

Both are technologies that are used daily orally in order to prevent HIV infection. Both are more effective when adherence occurs properly¹⁵.

PrEP should not be used by everyone, but by uninfected people who are at a higher risk of acquiring HIV, such as men who have sex with other men, women who have sex with other women, transgender people, sex workers and HIV-negative partners of serodiscordant couples. PEP, on the other hand, is an emergency prophylaxis that should be initiated 4 to 72 hours after exposure to the virus in cases of accidents with sharps or unprotected sex, and should last 28 days²⁴.

After addressing PrEP and PEP in the last topic of the content of the program, there was a dynamics with balloons containing words and or expressions related to the subjects taught in all the meetings, with the aim of recalling the discussions, making a review, as well as evaluating the student learning throughout the action.

Each participant popped, at random, four balloons and exposed everything he/she remembered about the word/ expression contained in them.

The resumption of the topic in general made it possible to analyze the success of the intervention and guarantee a feedback on the activities, by enabling a reflection on the results achieved. The students made relevant considerations, added considerable information, resolved doubts that still existed, and raised questions that arose after the workshops²⁰.

This was a very rich and rewarding moment, as the adolescents showed satisfaction in participating in the project, a fact that was also identified in the study⁵, in which the peer facilitators evaluated the program in which they were inserted¹¹. Likewise, researchers stated in a study that efforts to implement peer education were seen as positive by students, as it is an approach that aims to bring together people of the same age and who interact in the same spaces¹⁰.

When students expressed favorable opinions about using active learning methodologies, they stated that they felt more comfortable to expose their opinions and ask questions. This fact enriched the meetings, given that during the workshops, the participants were interested, excited and collaborative, and made the actions always productive.

All the workshops were characterized by the need to cancel stigmas, demystify taboos, remove doubts and make a series of important considerations, unknown by the adolescents of both schools. Notably, adolescents are more concerned with HIV/AIDS contamination for fear of the prejudices involved than for the other implications of the virus on the health itself. A study suggests that this situation occurs because the history of HIV was built based on myths and stereotypes¹⁵.

To be able to fill these gaps, it was necessary for the executive team to establish a relationship of trust with the participants, always seeking to promote a light and attractive environment for the transmission of knowledge. A study showed that, in order to work with this public, the ones leading the activity must avoid monotony. Thus, making students active subjects in the teaching-learning process made them feel more secure and excited to share their thoughts and experiences⁷.

At the end of this stage of the project, students will be trained and qualified to implement the peer education strategy in their respective schools, under the coordination, monitoring and supervision of the executing team.

As limitations of this study, there is the fact that the meetings did not occur uninterruptedly, because due to the school's own programs (internal games, science fairs, extended holidays, stoppages, among others), there was sometimes the need to reschedule them. In addition, the schedules made available for the activities were not favorable, as in some situations the students had classes or tests scheduled after the workshops that made them anxious and left a reduced time for the action, requiring creativity and additional efforts on the part of the executing team to keep them focused and present until the end.

Another difficulty was the lack of assurance that, after the transition from the school year, all students with whom the outreach project started would remain studying in the same schools, in order to continue the next stages of implementing peer education.

CONCLUSION

From the activities carried out, it was possible to see nuances, often unnoticed, about the vulnerability of the target audience with regard to HIV/AIDS, as well as their little knowledge given the inadequate guidelines provided for them.

In view of this scenario, it is concluded that it is essential to offer solid information to these students, so that they can share it with each other, becoming, therefore, multipliers of HIV/AIDS prevention.

To this end, it is intended to proceed with the next steps of the outreach project, in order to consolidate them as peer leaders and expand the virus prevention strategies in their social contexts. In this way, it will be possible to obtain future results that positively impact the health of the population comprised in this age group, by reducing the contamination rates that have affected them today.

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