



Knowledge of Primary Health Care Users about Sexually Transmitted Infections and HIV

Conhecimento de Usuários da Atenção Básica sobre Infecções Sexualmente Transmissíveis e Vírus da Imunodeficiência Humana

Conocimiento de Usuarios de la Atención Primaria a la Salud sobre Infecciones de Transmisión Sexual y Virus de la Inmunodeficiencia Humana

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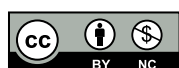
ABSTRACT

Objective: To describe the knowledge of primary health care users regarding the transmission and prevention of sexually transmitted infections (STIs), Human Immunodeficiency Virus (HIV), and condom use. **Method:** A cross-sectional study was conducted at a Primary Health Care Unit in a quilombola community located in the countryside of the state of Bahia, Brazil. Data collection took place between October 2023 and March 2024 using a questionnaire validated by the Brazilian Ministry of Health, including sociodemographic information and knowledge regarding STI/HIV transmission. The questionnaire was administered to 165 individuals aged 20–59 years who were registered at the health unit. Data were organized using Microsoft® Excel software, and absolute and relative frequencies were calculated. **Results:** There was a predominance of women (85.45%), Black individuals (82.42%), participants aged 20–29 years (36.97%), married individuals (61.21%), and those who had completed high school education (47.27%). Most participants were unemployed and had access to consumer goods such as telephones/mobile phones, refrigerators, and televisions. Approximately 50% reported knowledge regarding hepatitis B, C, and D, with a balanced distribution between correct and incorrect responses. Regarding questions about HIV/Acquired Immunodeficiency Syndrome (AIDS), most answers were correct; however, 66.06% of participants believed that the risk of HIV transmission could be reduced if an individual had sexual intercourse exclusively with one faithful partner. **Conclusion:** The study demonstrated that the population possesses general knowledge regarding STIs/HIV; however, knowledge about the transmission of viral hepatitis remains limited. Therefore, new educational strategies addressing this topic should be incorporated into the routine activities of primary health care services.

Descriptors: Knowledge; Prevention; HIV Infection; Single Health System; Quality of Life.

RESUMO

Objetivo: Descrever o conhecimento de usuários da atenção básica sobre formas de transmissão/prevenção de Infecções Sexualmente Transmissíveis (IST), Vírus da Imunodeficiência Humana (HIV) e uso do preservativo. **Método:** Estudo transversal realizado na Unidade Básica de Saúde (UBS) de uma comunidade quilombola no interior da Bahia. A coleta de dados foi realizada



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entre outubro de 2023 a março de 2024, por meio de um questionário validado pelo Ministério da Saúde, com informações sociodemográficas e sobre a forma de transmissão de IST/HIV. Foi aplicado para 165 pessoas, com idade entre 20-59 anos, cadastradas na UBS. Os dados foram organizados pelo programa Microsoft® Excel, que calculou frequências absolutas e relativas. **Resultados:** Predominância de mulheres (85,45%), raça/cor negra (82,42%), faixa etária de 20 a 29 anos (36,97%), casadas (61,21%) e com ensino médio completo (47,27%). A maioria não estava empregada e tinha acesso a bens de consumo como telefone/celular, geladeira e televisão. Cerca de 50% expressaram ter conhecimento sobre as hepatites B, C e D, havendo um equilíbrio entre acertos e erros. Nas questões sobre HIV/ Síndrome da imunodeficiência humana (AIDS), a maior parte das respostas foi correta, porém, 66,06% dos participantes acreditaram que o risco de transmissão do vírus pode diminuir se uma pessoa tiver relações sexuais somente com um parceiro fiel. **Conclusão:** O estudo apontou que a população possui conhecimento geral sobre IST/HIV, no entanto, há um conhecimento reduzido sobre a transmissão das hepatites virais. Assim, novas estratégias educativas sobre essa temática carecem de implantação na rotina da UBS.

Descritores: Conhecimento; Prevenção; Infecção pelo HIV; Sistema Único de Saúde; Qualidade de Vida.

RESUMEN

Objetivo: Describir el conocimiento de usuarios de la atención básica sobre las formas de transmisión y prevención de las Infecciones de Transmisión Sexual (ITS), del Virus de la Inmunodeficiencia Humana (VIH) y sobre el uso del preservativo. **Método:** Estudio transversal realizado en la Unidad Básica de Salud (UBS) de una comunidad quilombola del interior de Bahía. La recolección de datos se llevó a cabo entre octubre de 2023 y marzo de 2024, mediante un cuestionario validado por el Ministerio de Salud, con información sociodemográfica y sobre las formas de transmisión de ITS/VIH. El instrumento fue aplicado a 165 personas, con edades entre 20 y 59 años, registradas en la UBS. Los datos fueron organizados mediante el programa Microsoft® Excel, que permitió calcular frecuencias absolutas y relativas. **Resultados:** Se observó predominio de mujeres (85,45%), de raza/color negra (82,42%), en el grupo etario de 20 a 29 años (36,97%), casadas (61,21%) y con educación secundaria completa (47,27%). La mayoría no estaba empleada y tenía acceso a bienes de consumo como teléfono/celular, refrigerador y televisión. Aproximadamente el 50% manifestó tener conocimiento sobre las hepatitis B, C y D, observándose un equilibrio entre respuestas correctas e incorrectas. En las cuestiones relacionadas con el VIH/Síndrome de Inmunodeficiencia Humana (SIDA), la mayor parte de las respuestas fue correcta; sin embargo, el 66,06% de los participantes creen que el riesgo de transmisión del virus puede disminuir si una persona mantiene relaciones sexuales únicamente con una pareja fiel. **Conclusión:** El estudio señaló que la población posee conocimientos generales sobre ITS/VIH; no obstante, existe un conocimiento reducido sobre la transmisión de las hepatitis virales. Por ello, se requiere la implementación de nuevas estrategias educativas sobre esta temática en la rutina de la UBS.

Descriptores: Conocimiento; Prevención; Infección por VIH; Sistema Único de Salud; Calidad de Vida.

INTRODUCTION

This study aims to investigate the knowledge of users of the Brazilian Unified Health System (SUS) primary health care services regarding the prevention of sexually transmitted infections (STIs) and HIV. HIV alters the host cell's DNA and replicates within it, compromising the immune system and leading to the clinical manifestations of AIDS⁽¹⁾.

Many individuals living with HIV remain asymptomatic for extended periods. The virus can be transmitted through unprotected anal, oral, or vaginal intercourse, sharing needles and syringes, contaminated blood transfusions, non-sterile sharp instruments, and vertical transmission during pregnancy, childbirth, or breastfeeding⁽²⁾.

One of the safest methods for preventing STIs and AIDS is the consistent use of male or female condoms during any sexual activity, including oral, anal, and vaginal intercourse. Additional prevention and prophylactic strategies include regular HIV testing provided by the SUS; prevention of vertical transmission; appropriate treatment of STIs and viral hepatitis; vaccination against human papillomavirus (HPV) and hepatitis A and B; Pre-Exposure Prophylaxis (PrEP); and Post-Exposure Prophylaxis (PEP)⁽²⁾.

In Brazil, services available for the diagnosis and treatment of STIs/HIV/AIDS include Specialized Care Services, Counseling and Testing Centers (CTCs), Primary Health Care Units (PHCUs), and other medium- and high-complexity health care services⁽³⁾.

According to the Epidemiological Bulletin of the Brazilian Ministry of Health, in 2023, the Information System for Notifiable Diseases (SINAN) recorded 20,237 cases of HIV infection nationwide. The Southeast region reported the highest number of cases (6,604), whereas the Midwest region reported the lowest number (1,918). In the same year, 16,281 AIDS cases were identified through SINAN notifications, mortality records from the Mortality Information System (SIM), and data from the Laboratory Test Control System (Siscel) and the Antiretroviral Drug Logistics Control System (Siclom). In the state of Bahia, 1,146 HIV cases and 939 AIDS cases were reported during the same period⁽⁴⁾.

Data regarding individual characteristics associated with HIV/AIDS indicate that infection rates are higher among men than women. Regarding age groups, individuals aged 20-34 years were the most affected, particularly among

those with missing educational information. With respect to race/ethnicity, a higher proportion of cases was observed among Black individuals (including both Black and Brown populations) compared with White individuals. Furthermore, the category of exposure to infection revealed that, among men, the highest proportions occurred among homosexual and bisexual individuals, whereas among women, heterosexual exposure predominated⁽⁵⁾.

According to the Survey of Knowledge, Attitudes, and Practices in the Brazilian Population (PCAP), conducted between October and December 2013 among individuals aged 15-64 years, 94% of the population believed that condom use is the most effective way to prevent HIV transmission during sexual intercourse⁽⁶⁾.

Since undergraduate research experiences enable students to expand their knowledge and mature as professionals and researchers, this study is particularly relevant because of the ongoing effort to integrate theoretical foundations and professional practice within the SUS. Such knowledge may contribute to the development of new approaches aimed at STI prevention.

Stigma and discrimination related to HIV and other STIs continue to hinder access to diagnosis and treatment, making it essential to conduct studies that improve prevention and care strategies. Building trust, promoting welcoming and humanized care, and encouraging healthcare services to implement educational initiatives and alternative interventions are fundamental.

In this regard, the study may contribute to the Sustainable Development Goals (SDGs) proposed by the United Nations (UN). Among these goals, SDG 10 seeks to reduce inequalities within and among countries⁽⁷⁾.

The findings of this study may support managers and frontline health professionals working in PHCUs in strengthening health promotion activities aimed at individuals living with STIs/HIV/AIDS. Furthermore, expanding public discussion about STIs and HIV may contribute to reducing the social impact of stigma and prejudice associated with these conditions.

This research is part of a broader project titled "Vulnerabilities, sexualities, and quality of life of people living with HIV" and seeks to answer the following research question: What is the level of knowledge among SUS users regarding HIV prevention?

Accordingly, this study aimed to describe primary health care users' knowledge regarding the transmission and prevention of STIs/HIV and condom use.

METHOD

This was a descriptive cross-sectional study, a subtype of observational research designed to assess the frequency of a specific health-related event within a defined population. Overall, the advantages of this design include low cost, ease of implementation, rapid execution, and straightforward data collection. However, its limitations include restricted applicability to low-prevalence conditions, reliance on prevalent rather than incident cases, and data collection at a single point in time⁽⁸⁾.

The study was conducted in the city of Senhor do Bonfim, northern Bahia, Brazil. Senhor do Bonfim has an estimated population of 74,523 inhabitants, a territorial area of 789.361 km², and a Human Development Index (HDI) of 0.666⁽⁹⁾.

Data collection took place at a PHCU located in a quilombola community within the municipality. The unit comprises two Family Health Strategy teams, namely "Alto da Maravilha II" and "Nossa Senhora de Fátima." The teams include two physicians, two nurses, six nursing technicians, eleven community health workers, one dentist, one oral health assistant, and one receptionist.

The PHCU serves both the quilombola population and other residents of the area, totaling 6,036 registered users. Services provided include outpatient care, immunization, prenatal care, PHC, educational activities on STIs, teleconsultation, and selected specialty services^(10,11).

Participants were individuals aged 20 to 59 years, regardless of self-reported gender identity, who resided within the unit's catchment area. The age criterion was established based on data provided by the Municipal Health Department, which did not distinguish between minors and adults, thereby preventing access to the exact number of individuals aged 18 and 19 years for sample composition.

Individuals were excluded if they lacked adequate psychological or cognitive conditions to complete the questionnaire. Examples include individuals with intellectual disabilities and those who were illiterate.

The study population comprised 3,473 individuals aged 20-59 years, all registered at the PHCU. A simple random sampling strategy was employed. Sample size calculation was performed using OpenEpi.com, resulting in a minimum sample of 165 participants, considering a 6% margin of error and a 95% confidence interval⁽¹²⁾.

The principal investigator approached 250 individuals who met the eligibility criteria; however, 79 declined participation, mainly due to lack of time. Additionally, six participants were excluded because they failed to complete all questionnaire items.

Data were collected using a questionnaire validated by the Brazilian Ministry of Health, divided into Annex A and Annex B, comprising a total of 113 questions. Annex A was organized into five sections: Section A — Sociodemographic Information; Section B — Modes of Transmission of Certain Diseases; Section C — Sexually Transmitted Diseases; Section D — HIV Testing; and Section G — Access to Condoms. Annex B included the following subtopics: sexual behavior, sexual experiences during the previous 12 months only, condoms and personal lubricants, and habits and customs⁽⁶⁾.

The questionnaire did not assess participants' HIV serological status, nor did it investigate previous or current STI diagnoses. The complete instrument was administered to all participants. However, for the purposes of the present study, only data from Annex A, specifically Sections A and B — sociodemographic information and knowledge regarding the transmission of certain STIs and AIDS — were analyzed.

Data collection was conducted by the principal investigator between October 2023 and March 2024. Interviews took place in a private room and lasted approximately 40 minutes each. Participants completed the questionnaire through self-administration.

Because of the large number of questions and the possibility that certain topics might generate discomfort, refusal, or socially desirable responses, a self-administered format was adopted. Nevertheless, the principal investigator remained present throughout the process to clarify any questions that arose.

Data organization and tabulation were performed using Microsoft® Excel software. This process enabled the calculation of absolute and relative frequencies and supported the preparation of tables.

For analytical purposes, STI-related questions offered three response options: "agree," "disagree," and "do not know." Responses were coded as either 0 or 1, with correct answers receiving one point and incorrect answers receiving zero points. Responses of "do not know" were classified as incorrect because they reflected a lack of knowledge regarding the topic, consistent with the approach adopted in the study entitled "Sexual behavior and condom use in the Brazilian population: analysis of the 2019 National Health Survey"⁽¹³⁾. Consequently, the tables presented in the Results section were organized into two categories: responses scoring one point (correct) and responses scoring zero points (incorrect), thereby facilitating interpretation of the findings.

The ethical principles governing this study complied with National Health Council Resolutions No. 466/2012⁽¹⁴⁾ and No. 510/2016⁽¹⁵⁾, which regulate research involving human participants in Brazil. The study was approved by the Human Research Ethics Committee at Universidade do Estado da Bahia under protocol number 6,068,715. Accordingly, the principles of autonomy, beneficence, non-maleficence, justice, and equity were upheld throughout the study.

All participants who agreed to participate read and signed an informed consent form after receiving detailed information regarding the study objectives. Furthermore, participants were informed of their right to withdraw from the study at any time without any form of penalty or prejudice.

RESULTS

The sociodemographic profile of the 165 participants attending the quilombola PHCU revealed a predominance of women (85.85%) and Black individuals (82.42%). The most prevalent age group was 20-29 years (36.97%), followed by individuals aged 30-39 years (25.45%). Most participants were married (61.21%), whereas 38.18% were single (Table 1).

Table 1. Sociodemographic profile of quilombola users participating in the study. Senhor do Bonfim, Bahia, Brazil, 2024 (n = 165)

Sociodemographic profile	n	%
Sex		
Female	140	85.85
Male	25	15.15
Age group		
20-29 years	61	36.97
30-39 years	42	25.45
40-49 years	32	19.39
50-59 years	30	18.18

Marital status		
Single	63	38.18
Married	101	61.21
Widowed	1	0.61
Race/ethnicity		
White	23	13.94
Black	136	82.42
Asian	6	3.64
Educational attainment		
Incomplete elementary education	28	16.97
Complete elementary education	13	7.88
Incomplete high school education	17	10.30
Complete high school education	78	47.27
Incomplete higher education	11	6.67
Complete higher education	18	10.91
Currently enrolled in school?		
Yes	24	14.55
No	141	85.45
Current employment status		
Not working	61	36.97
Formal employment with financial stability	40	24.24
Informal employment without fixed income	49	29.70
Unemployed	15	9.09

Source: Prepared by the authors (2024).

Regarding educational attainment, most participants had completed high school education (47.28%), followed by incomplete elementary education (16.97%). Complete higher education and incomplete high school education were observed at similar frequencies, accounting for 10.91% and 10.30% of participants, respectively. Most participants were not currently enrolled in formal education (85.45%) (Table 1).

With respect to employment status, 36.97% of participants reported not having a current occupation. However, when individuals working without a fixed income (29.70%) were combined with those having stable employment (24.24%), the proportion of economically active participants reached 53.94% (Table 1). Unemployed individuals accounted for 9.09% of the sample. Notably, most participants reported access to consumer goods such as televisions, telephones/mobile phones, and refrigerators.

Regarding knowledge about disease transmission, findings indicated limited knowledge concerning viral hepatitis, as reflected by participants' scores. When comparing correct and incorrect responses specifically related to hepatitis, a relatively balanced distribution was observed. In Question 27, 56.36% of responses were correct, whereas 43.64% were incorrect. Although correct responses predominated, the proportion of incorrect answers remained substantial. Similarly, Question 28 yielded 50.30% incorrect responses and 49.70% correct responses (Table 2).

Table 2. Questions assessing knowledge regarding hepatitis B, C, and D. Senhor do Bonfim, Bahia, Brazil, 2024 (n = 165).

Questions assessing knowledge regarding hepatitis B, C, and D	CORRECT		INCORRECT	
	Agree*		Disagree/Do not know	
	n	%	n	%
27. A person can become infected with hepatitis B, C, or D viruses by sharing razors or hair-removal blades.	93	56.36	72	43.64
28. A person can become infected with hepatitis B, C, or D viruses by undergoing any surgical procedure.	82	49.70	83	50.30

Source: Prepared by the authors (2024).

*Correct response.

Questions assessing knowledge related to AIDS generally demonstrated a favorable proportion of correct responses. The only exception was Question 35, for which the percentage of correct responses was lower, reaching 50.91% (Table 3).

Table 3. Affirmative statements assessing knowledge regarding AIDS. Senhor do Bonfim, Bahia, Brazil, 2024 (n = 165).

Affirmative statements assessing knowledge regarding AIDS	CORRECT Agree*		INCORRECT Disagree/Do not know	
	n	%	n	%
30. A person who appears healthy may be infected with HIV.	160	96.97	5	3.03
31. Using condoms is the best way to prevent HIV transmission during sexual intercourse.	161	97.58	4	2.42
33. A pregnant woman living with HIV who receives specific treatment during pregnancy and at delivery reduces the risk of transmitting HIV to her child.	124	75.15	41	24.85
35. A person taking antiretroviral medication for HIV has a lower risk of transmitting the virus to another person.	84	50.91	81	49.09
36. AIDS is a chronic condition that can be controlled.	155	93.94	10	6.06

Source: Prepared by the authors (2024).

* Correct response.

The questionnaire also included negatively worded statements regarding AIDS-related knowledge. An important finding presented in Table 4 concerns Question 29, in which 66.06% of participants selected the incorrect answer. This result suggests that many participants believed that having sexual intercourse with only one partner, assuming that the partner is faithful, would protect them from acquiring HIV infection.

Table 4. Negative statements assessing knowledge regarding AIDS. Senhor do Bonfim, Bahia, Brazil, 2024 (n = 165).

Negative statements assessing knowledge regarding AIDS	CORRECT Agree*		INCORRECT Disagree/Do not know	
	n	%	n	%
29. The risk of HIV transmission can be reduced if a person has sexual intercourse only with one faithful, uninfected partner.	56	33.94	109	66.06
32. A person can become infected with HIV by sharing utensils, drinking glasses, or meals.	109	66.06	56	33.94
34. There is a cure for AIDS.	131	79.39	34	20.61

Source: Prepared by the authors (2024).

* Correct response.

Using data from Annex B, it was possible to construct Table 5, which summarizes the overall percentage of correct and incorrect responses in the questionnaire. Overall, 65.45% of participants demonstrated knowledge regarding viral hepatitis and HIV/AIDS.

Table 5. Assessment of participants' knowledge. Senhor do Bonfim, Bahia, Brazil, 2024 (n = 165).

Domains assessed	Demonstrated knowledge	Did not demonstrate knowledge
	n (%)	n (%)
Questions assessing knowledge regarding hepatitis B, C, and D	87 (52,73)	78 (47,27)
Affirmative statements assessing knowledge regarding AIDS	137 (83,03)	28 (16,97)
Negative statements assessing knowledge regarding AIDS	99 (60,00)	66 (40,00)
Overall knowledge	108(65,45)	57 (34,55)

Source: Prepared by the authors (2024).

DISCUSSION

Most participants in this study were young, married, Black women with completed high school education. In general, health care services provided at PHCUs have historically been directed predominantly toward women, and the structure and organization of these services favor greater female attendance⁽¹⁶⁾.

A study conducted in the quilombola community of Abacatal/Aurá, in the municipality of Ananindeua, state of Pará, corroborates the findings of the present study, reporting a predominance of Black women aged 18-29 years⁽¹⁷⁾.

Similarly, a study involving quilombola communities in the Guanambi microregion, state of Bahia, identified a predominance of women, Black individuals, participants with up to four years of schooling, and individuals engaged in paid work⁽¹⁸⁾.

Because women constitute most PHCU users, an important limitation of health education initiatives becomes apparent: these interventions tend to reach predominantly female audiences. This scenario reveals a weakness in health promotion strategies, particularly when social and gender determinants of health are considered.

Studies indicate that the limited participation of men in health promotion activities compromises the effectiveness of preventive strategies, as men play a central role in decision-making processes related to sexuality, reproduction, and the prevention of conditions such as HIV/AIDS⁽¹⁹⁾. Nevertheless, the social construction of hegemonic masculinity, combined with institutional barriers (including service organization, inconvenient opening hours, and less welcoming practices) contributes to men's disengagement from healthcare services, perpetuating inequalities and increasing vulnerability⁽²⁰⁾.

From this perspective, developing strategies to expand the reach of health education activities to male populations is essential, particularly through community-based outreach initiatives. Health interventions should be brought to places where men are routinely present, such as barbershops, motorcycle taxi stations, sports facilities, workplaces, and other community settings.

Furthermore, a predominance of Black individuals among users of SUS was observed. This pattern is primarily associated with historically rooted socioeconomic inequalities that affect access to resources and opportunities. In Brazil, Black populations have lower coverage of private health insurance and are more frequently exposed to conditions of social and territorial vulnerability, factors that contribute to greater dependence on public health policies⁽²¹⁾.

Notably, the increasing reliance on public health policies (e.g., SUS) results from a combination of socioeconomic factors, demographic changes, and structural challenges within the healthcare system itself, which has progressively expanded its coverage over the years⁽²²⁾. Currently, approximately 76% of the Brazilian population depends directly on the SUS.

SUS plays a crucial role in promoting health and ensuring access to healthcare, as it provides most of the services related to the conditions addressed in this study and offers high-cost medications through the public system. The SUS guarantees free, continuous, and comprehensive access to health care services for all Brazilian citizens.

In addition to the predominance of women, this study identified participants who were employed and had access to consumer goods such as mobile phones, refrigerators, and televisions. A case study conducted in an urban quilombola community in Rio Grande do Sul showed findings similar to those reported herein⁽²³⁾.

Access to consumer goods is closely associated with socioeconomic conditions and social determinants of health and is frequently used as an indirect indicator of quality of life among vulnerable populations. Such access represents not only comfort but also an important social and health protection factor^(24,25).

Regarding hepatitis B, C, and D, the present study revealed limited knowledge, as reflected by the relatively low proportion of correct responses. Furthermore, in several questions, the proportions of correct and incorrect answers were approximately 50%. Similarly, a study involving dental students from a public university in Bahia found that although most participants were familiar with viral hepatitis, their knowledge was mainly related to transmission routes and implications for dental practice⁽²⁶⁾.

A study conducted among first- and final-year dental students assessing knowledge of hepatitis B found that although most participants were aware of the routes of transmission, particularly sexual transmission, many did not consistently use condoms during sexual intercourse. Additionally, a substantial proportion of students from both groups did not bring their own manicure instruments, thereby increasing their risk of exposure. Furthermore, few participants reported having an up-to-date vaccination record⁽²⁷⁾.

Likewise, a population-based study conducted in the city of São José dos Campos demonstrated that a considerable proportion of the population was unfamiliar with all five types of hepatitis. Hepatitis A, B, and C were the best-known forms, whereas 36.3% of participants reported lacking knowledge regarding routes of transmission⁽²⁸⁾.

Among occupational groups particularly vulnerable to hepatitis transmission, a literature review showed that manicurists and pedicurists have limited knowledge regarding hepatitis B and C transmission, thereby increasing occupational risks. Although many reported understanding the importance of glove use, most did not use them regularly, and many were unaware of hepatitis B vaccination as a preventive measure. Furthermore, most professionals lacked knowledge regarding appropriate sterilization times and temperatures for sharp instruments, and there was considerable variability in sterilization practices, compromising their effectiveness⁽²⁹⁾.

Therefore, there is a need to expand health promotion initiatives beyond formal healthcare settings through community outreach strategies. In this context, establishing partnerships with diverse social spaces, such as beauty salons, aesthetic clinics, and schools in collaboration with the School Health Program (PSE), may facilitate access to different population groups. Reducing barriers to healthcare is also essential, as free condom distribution remains an important strategy for expanding access to prevention and interrupting the chain of HIV transmission⁽³⁰⁾. Such initiatives promote more accessible dissemination of health information, thereby fostering equity and strengthening prevention and care actions within communities^(31,32).

A study on continuing education in viral hepatitis demonstrated that only approximately 38% of healthcare professionals participated in virtual educational activities, which may indicate low adherence to training initiatives, possibly due to lack of interest or insufficient managerial support for continuing education programs. Thus, continuing professional education is a fundamental strategy for strengthening healthcare professionals' knowledge, contributing to sustainable development aligned with the 2030 Sustainable Development Goals (SDGs), and improving the quality of guidance provided to patients regarding disease prevention and care⁽³³⁾.

Questions related to knowledge about AIDS, particularly those addressing healthy appearance and condom use, revealed a substantial proportion of correct responses. In comparison with a study conducted among young adults aged 18-29 years across 15 Brazilian states and the Federal District, 40% of respondents did not consider condom use to be a highly effective method for preventing STIs/AIDS or pregnancy⁽³⁴⁾.

When comparing data from a nationwide study with findings from a quilombola community in Bahia, it can be inferred that participants had access to information and recognized the importance of condom use as an individual protective measure. This finding is consistent with a study conducted in three major Brazilian metropolitan areas among individuals aged 15-59 years, in which more than 90% of respondents considered condoms effective for HIV prevention⁽³⁵⁾.

Overall, individual protective measures are essential for STI prevention. In this context, combination prevention constitutes a comprehensive approach encompassing biomedical, behavioral, and structural strategies. Regarding behavioral strategies, it is crucial to implement actions that increase access to information and enhance risk perception related to HIV exposure, thereby promoting behavioral changes that reduce vulnerability. Such actions include educational campaigns, counseling, encouragement of condom use, and safer sexual practices⁽³⁶⁾.

Among participants in this study, who were predominantly women, approximately 25% believed that specific treatment administered during pregnancy and childbirth to women living with HIV does not reduce the risk of vertical transmission. According to the Brazilian Ministry of Health, appropriate treatment effectively prevents vertical transmission when pregnant women are diagnosed during pregnancy and receive antiretroviral therapy throughout gestation⁽³⁷⁾.

Notably, the World Health Organization (WHO) certified Brazil for eliminating vertical (mother-to-child) transmission of HIV, making it the largest country in the Americas to achieve this historic milestone⁽³⁸⁾.

A study conducted among pregnant women in São José dos Pinhais between 2008 and 2012 found that, among 37 newborns evaluated, only three had detectable HIV viral loads. Two of these infants were born to mothers who had not received treatment, whereas the third was born to a mother whose treatment began only in the 37th week of pregnancy. Although nine pregnant women initiated treatment at 37 weeks of gestation, only one infant became infected, demonstrating the effectiveness of antiretroviral therapy even when initiated late in pregnancy⁽³⁹⁾.

Among the quilombola participants included in this study, 93.94% recognized AIDS as a chronic and manageable condition. This high proportion of correct responses indicates substantial awareness that AIDS can be effectively controlled. Likewise, a national survey conducted in Brazil found that 80.4% of participants reported that AIDS has no cure, while 78.4% considered it a chronic condition⁽⁶⁾.

Within the context of HIV/AIDS, homosexual individuals have historically been portrayed either as perpetrators or victims, thereby reinforcing stigma. Today, however, advances in antiretroviral therapy enable people living with HIV to maintain healthy lives. When treatment is followed appropriately, both life expectancy and quality of life improve, potentially contributing to the end of the epidemic⁽⁴⁰⁾.

Only 33.94% of participants in the present study demonstrated knowledge regarding the risk of HIV transmission in all sexual relationships, regardless of perceptions of fidelity within the partnership.

Most participants reported not using condoms because they trusted their partners, which led them to perceive a reduced risk of acquiring STIs. Similarly, findings from the 2019 Brazilian National Health Survey showed that, when asked why they had not used a condom during their last sexual intercourse, 73.4% of respondents cited trust in their partner, whereas 12.3% reported using another contraceptive method⁽⁶⁾.

However, this practice reflects a lack of awareness, as inconsistent condom use — even within stable relationships — is associated with increased transmission of HIV and other STIs. Supporting this finding, a systematic review

published in 2023 demonstrated that consistent condom use significantly reduces the risk of HIV infection among individuals in serodiscordant relationships, reaffirming its essential role as a preventive strategy⁽⁴¹⁾.

These findings suggest that many individuals prioritize the prevention of unintended pregnancy while underestimating the risk of STI/HIV transmission. Moreover, trust in a partner may obscure the possibility of infidelity. Consequently, non-use of condoms has been associated with increasing rates of STIs in the population, particularly syphilis among pregnant women⁽⁴²⁾.

Approximately 38% of new HIV transmissions originate from individuals who are unaware of their serological status. Therefore, those at greatest risk of acquiring HIV are often individuals who do not perceive themselves to be at risk and consequently fail to adopt preventive measures. Deficiencies in HIV prevention, risky sexual behaviors — including non-use of condoms, multiple sexual partners, and substance abuse — contribute to increased HIV transmission⁽⁴³⁾.

Among participants in the present study, most recognized that AIDS has no cure, representing 79.39% of respondents. One of the major obstacles to curing HIV infection is viral latency, characterized by the persistence of proviral DNA integrated into the human genome. Even when not actively transcribed, this DNA retains the ability to replicate and become reactivated⁽⁴⁴⁾.

A review study demonstrated that the development of a preventive HIV vaccine is based on creating agents capable of inhibiting the viral life cycle. In contrast, developing therapeutic vaccines for individuals already infected remains considerably more complex due to the virus's ability to evolve within the host and generate variants capable of escaping recognition by antibodies and cytotoxic T lymphocytes⁽⁴⁵⁾.

Application of the questionnaire revealed that 65.45% of participants demonstrated knowledge regarding viral hepatitis and AIDS. Misinformation undoubtedly contributes to exclusion and stigma; therefore, knowledge concerning HIV transmission and prevention has transformative potential, fostering hope and strengthening relationships between individuals and healthcare professionals. In this context, humanized care extends beyond technical and scientific rationality and constitutes an important element for improving the quality of life of people living with HIV⁽⁴⁶⁾.

The findings of this study indicate that, although satisfactory knowledge regarding HIV/AIDS and hepatitis exists, important gaps remain, particularly concerning viral hepatitis. This disparity may be attributed to the historically greater emphasis on health promotion initiatives focused on HIV/AIDS compared with those directed toward viral hepatitis⁽⁴⁷⁾. Thus, health promotion plays a crucial role in improving knowledge, reducing misconceptions, expanding access to information, and strengthening preventive practices, especially among socially vulnerable populations⁽⁴⁸⁾.

The limitations of this study were primarily related to the extensive number of questionnaire items, which discouraged some participants and/or led them to discontinue participation, as completion required approximately 40 minutes on average. Furthermore, the age group classification adopted according to the e-SUS system, together with the lack of age disaggregation, compromised representativeness, particularly for individuals aged 18-19 years, who were included within broader age categories, limiting specific analyses of this group. Another relevant limitation was the data collection team, which consisted solely of the principal investigator, potentially affecting the efficiency of the collection process. Finally, participant recruitment was challenging due to the sensitive nature of the study topic.

CONCLUSION

The present study demonstrated that the population possesses general knowledge regarding HIV/AIDS and viral hepatitis. However, a considerable number of misconceptions were identified, particularly concerning the transmission of viral hepatitis. This finding suggests that hepatitis-related topics receive less attention in primary health care settings compared with other sexually transmitted infections, indicating gaps in access to information and in the effectiveness of educational interventions addressing these conditions.

Additionally, many participants placed excessive trust in partner fidelity as the sole strategy for HIV prevention. This perception may lead to risky behaviors, as it overlooks other routes of transmission and discourages the consistent use of condoms in all sexual relationships.

In this context, primary health care plays a fundamental role in health promotion, reducing vulnerabilities, and strengthening prevention and care strategies for these populations.

Therefore, nurses, as key leaders within PHCUs, should develop innovative educational strategies that address these topics in a more accessible, interactive manner. The use of engaging and simplified educational approaches may enhance understanding and increase public awareness regarding prevention strategies and the risks associated with these diseases.

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Conflict of Interest

The authors declare no conflicts of interest.

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Author Contributions

Caren Cerqueira Mina and **Cleuma Sueli Santos Suto** contributed substantially to the study conception and design, data acquisition, analysis and interpretation, manuscript drafting, and critical revision of the manuscript. **Sálem Ramos de Almeida**, **Allana Letícia Dantas Rodrigues Araujo**, **Adson Mateus Santos Martins**, **Ivana Eneida do Nascimento Santos**, and **Lílian Cristina Oliveira dos Santos** contributed to manuscript writing and critical revision.

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Use of Artificial Intelligence

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