



Perception of health professionals and users about counseling in the context of rapid HIV testing

Percepção dos profissionais de saúde e dos usuários sobre o aconselhamento no teste rápido para HIV

Percepción de los profesionales de salud y usuarios acerca del consejamiento en el contexto de la prueba rápida para VIH

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ABSTRACT

Objective: To recognize the perception of counseling by professionals and users of the Testing and Counseling Center to perform the Rapid Test for the diagnosis of HIV. **Method:** Qualitative research conducted at the Testing and Counseling Center. We interviewed users and professionals who performed the rapid test. The analysis followed the steps proposed in the empirical phenomenology of Giorgi, articulating with the literature. **Results:** Five categories were identified: Prepredicative experience when performing The rapid test; Intent of feelings; Perception of user advice; Perception of individual counseling in the post-test and; Perception of professionals about counseling. Collective counseling is perceived by the users as a talk about STI / Aids with an emphasis on negative consequences and individual counseling as more comfortable and possibility for exposing doubts. **Discussion:** It is considered that even knowing the importance of counseling, this is done in an empirical way, reducing the act to the transfer of information with educational content, aiming at only cognitive learning and as a means of disseminating knowledge, thus trying to reduce the HIV/ Aids transmission chain.

Keywords: Counseling; Sexually Transmitted Diseases; Serological tests; Aids serodiagnosis.

RESUMO

Objetivo: Analisar a percepção acerca do aconselhamento no contexto do teste rápido para o HIV. **Método:** Pesquisa com abordagem qualitativa realizada no Centro de Testagem e Aconselhamento com profissionais de saúde e com usuários do Centro de Testagem e Aconselhamento. A análise seguiu os passos propostos na fenomenologia empírica de Giorgi articulando-a com a literatura. **Resultados:** Identificaram-se cinco categorias: a experiência anterior à realização do Teste Rápido; Intencionalidade de sentimentos; Percepção do aconselhamento pelo usuário; Percepção do aconselhamento individual no pós-teste e; Percepção de profissionais sobre o aconselhamento. O aconselhamento coletivo é percebido pelos usuários como palestra sobre HIV/Aids com ênfase em consequências negativas; e o aconselhamento individual, como mais confortável e como possibilidade para exposição de dúvidas. **Discussão:** Considera-se que, mesmo sabendo da importância do aconselhamento, este é realizado de forma empírica, reduzindo o ato ao repasse de informações com teor educativo, visando apenas à aprendizagem cognitiva como meio de disseminar o conhecimento, tentando, assim, reduzir a cadeia de transmissão da HIV/Aids.

Palavras-chave: Aconselhamento; Doenças Sexualmente Transmissíveis; Testes Sorológicos; Sorodiagnóstico da Aids.

RESUMEN

Objetivo: Analizar la percepción acerca del asesoramiento en el contexto de la prueba rápida para el VIH. **Método:** Investigación con enfoque cualitativo realizada en el Centro de Pruebas y Asesoramiento con profesionales de salud y de los usuarios del Centro de Pruebas y Asesoramiento. El análisis siguió los pasos propuestos en la fenomenología empírica de Giorgi, articulando con la literatura. **Resultados:** Se identificaron cinco categorías: la experiencia anterior a la realización de la prueba rápida; Intencionalidad de sentimientos; Percepción del asesoramiento por el usuario; Percepción del asesoramiento individual en el post-test y; Percepción de profesionales sobre el asesoramiento. El asesoramiento colectivo es percibido por los usuarios como conferencia sobre HIV / SIDA con énfasis en consecuencias negativas y el asesoramiento individual como más cómodo y posibilidad para la exposición de dudas. **Discusión:** Se considera que, aunque se sabe de la importancia del asesoramiento, éste se realiza de forma empírica, reduciendo el acto al traspaso de informaciones con contenido educativo, visando que el sólo el aprendizaje cognoscitivo y como medio de diseminar el conocimiento, intentando así reducir la cadena de transmisión de la HIV / SIDA.

Palabras clave: Asesoramiento; Enfermedades sexualmente transmisibles; Pruebas serológicas; Sorodiagnóstico del sida.

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INTRODUCTION

Despite all the advances in treating people living with the Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (Aids) or other sexually transmitted infection (STI), it is believed that the best “remedy” is still prevention.

HIV infection is still a serious public health problem and it is estimated, according to data from the Brazilian Ministry of Health, released in 2018, which were notified by the Notification Disease Information System (SINAN) in 2007 by 2018, 247,795 cases of HIV infection in Brazil, occurring in 2018 alone, 17,248 new cases.¹ While worldwide, according to WHO data, there have been 1.7 million new infections, with 770,000 HIV-related deaths.²

Living with HIV/aids is still a challenge and, for this reason, revealing a positive diagnosis is a delicate moment that makes it emerge feelings such as fear, shame, abandonment, loneliness, sadness and anxiety.² One of the main problems faced by people who receive a positive result for HIV is the stigma on aids,³⁻⁵ which may drive them away from seeking testing.

On delivery of a reagent result, the professional responsible needs both a little more time for counseling and the technical ability to provide emotional support, thus helping the person to cope with feelings that perhaps, will emerge from this result. In this context, the establishment of the diagnosis through the rapid test (RT) has significantly altered the time management, providing a new dynamic in counseling and in the relations between professionals and service users. The RT has a simple methodology, since blood is collected from the digital pulp and the result is out in approximately 20 minutes. It is a strategy that can contribute considerably to improving access to HIV diagnosis, as its implementation can occur beyond health facilities, in other words, in any space, provided there is a schedule. It is noteworthy that RT has shown sensitivity and accuracy similar to the standard test with whole blood samples.⁶⁻⁸

Increasing access to testing has been a constant concern of the Ministry of Health⁹ since the beginning of the HIV/aids epidemic, although strategies have been adopted to this end. One of them was the implementation of the Center for Testing and Counseling (CTC).⁹ These services were established in the late 1980s and are intended to provide HIV testing to the population alongside with pre- and post-test counseling. Among other strategies, the CTC act by mediating prevention and health care.^{10,11}

The decision to seek CTC may already generate a moment of inner tension, because it goes through the personal recognition of vulnerability to HIV infection. Given this scenario, the objective of this paper was to analyze the perception of health professionals and people seeking CTC about counseling in the context of rapid HIV testing.

METHOD

This is a descriptive study with a qualitative approach, which seeks the intrinsic understanding of its object of analysis having as a priority the universe of values, perceptions, habits and attitudes of the subjects.¹²

The empirical-comprehensive model of Giorgi^{13,14} was used, which aims to apprehend the daily experience of man and the way it is lived. From this perspective, a reflection is made from the conscience of the researcher. In the phenomenological tradition, consciousness is always associated, in general, with the concepts of intentionality, meaning and existence, and is defined beyond the cognitive relationship between subject and object.

In this study, we seek to recognize how the phenomenon of counseling, when performing RT, is perceived by users and professionals, taking into account its meanings as a structuring function: in what things mean, in the way people organize their lifestyles and also their health care.^{15,16} It is by understanding and interpreting the meaning of the phenomenon that the phenomenological world is shown, explicit, clarifies and unveils the daily structures of the life-world, letting the description appear.

Maurice Merleau-Ponty's Philosophical Phenomenology was used to think about this context, especially the work Phenomenology of Perception,¹⁶ because it considers perception as a primordial concept to understand the particular experience of individuals.

Thus, this study takes the notion of perception as the particular modes of apprehension of reality that occur, based on Merleau-Ponty, guided by ambiguity, considering reality as pre-reflexive, because perception, from the author's point of view, it is not a science of the world, not even an act or deliberate decision-making. The world being seen not as an object that can be possessed, but as a natural medium and, more than that, a field of all explicit thoughts and perceptions. The philosopher works on phenomenology as an important method to consider the realities that, by definition, are particular and pre-reflexive, that is, they are prior to the reflection of the subject, and it is up to him the particular description:

The real must be described, not constructed or constituted. This means that I cannot assimilate perception into syntheses that are of the order of judgment, deeds, or predication. At every moment my perceptual field is filled with reflexes, clicks, fleeting tactile impressions that I cannot precisely link to the perceived context, and yet I immediately situate myself in the world, never confusing them with my ramblings^{16:6}.

Merleau-Ponty's phenomenology is also characterized by ambiguity, based on the notion that experience is lived intersubjectively, in coexistence, and occurs at the intersection of what is universal and particular. Thus, its phenomenology is relevant for recognizing the perception of CTC professionals and users, considering that, despite being universal and common experiences, the perceptions involved, both users and professionals, are particular.

The study was conducted at the CTC of Fortaleza / Ceará, which performs RT for syphilis, HIV, hepatitis B and C, because it differs from other services that offer RT and is specific for this activity. At the time of the RT, users have the opportunity to receive collective counseling, as well as two individual counseling sections

(one pre and one post-test), where guidance, emotional support and vulnerability / risk assessment are offered.⁹ The CTC has a team of six professionals (social workers and nurses) highly trained and experienced in counseling, as well as a laboratory technician.

Twenty-eight people participated in the study (22 health professionals and 6 users) of the CTC. For users, the inclusion criteria were to be over 18 years old and to be performing the RT for the first time; and for the professionals, they performed the RT and counseling. People who had a medical diagnosis of psychological or psychiatric disorder, under 18 years of age, pregnant women and those who already knew the diagnosis of HIV were excluded.

Data collection took place during December 2017 through an individual interview guided by a generative question: "How do you perceive the advice here at the CTA for the rapid test?" This allowed the participant the freedom to speak and assign meanings through the active listening of the researcher, thus producing answers that had to be further coded. It is noteworthy that users were approached in two moments: after collective counseling and after performing individual counseling; The professionals were interviewed at the end of the morning or afternoon, as previously agreed.

The interviews were fully transcribed and the analysis took place according to Giorgi's method, with phenomenological inspiration, whose main objective is to investigate in detail the participants' experience and the way they give meaning to it. Thus, interpretation occurs through two perspectives: how the participant gives meaning to his experiences and how the researcher gives meaning to the meaning of this subject.

The study was approved by the Research Ethics Committee of the University of Fortaleza - UNIFOR with opinion number 76611617.6.0000.5052. As it was about explaining the counseling activity performed in the service, the interviews were conducted in a private space, and the participants were identified by the letter (U) of user and (P) of professional, followed by Arabic numeral following interview granted.

RESULTS

As to the sex ratio of users who underwent RT, the vast majority (68.1%) were women; Regarding age, there was variation from 18 to 50 years (average 30.0); In relation to color / race, 78.6% described themselves as brown and 21.4% as white. Regarding education, 68.2% had completed high school, 22.7% were in higher education and 9.1% had elementary school.

Regarding the characterization of professionals, all are female: 50% were social workers and 50% nurses, whose ages ranged from 27 to 50 years (average 34.8), and the vast majority (66.7%). self-declared brown. In possession of the full transcribed speeches, several readings and rereading were performed in order to guarantee the totality of the descriptions, as well as capture the meaning of the discourses in an overview of the phenomenon that is manifested, and approach the experience lived by the study participants. . Thus, we sought to identify convergent,

divergent and transforming units, framing, in sets and subsets, the significant expressions for understanding the phenomenon in question and hence the units of meaning emerge. Through the synthesis of the units of meaning in the form of concise projection of the revealed phenomenon, we sought to interpret the framework of the phenomenon. Thus, the units of meaning were aggregated, originating five categories: Experience prior to the realization of the RT; Intentionality of feelings; Perception of counseling by the user; Perception of individual counseling after the test and; Professional perception of counseling.

DISCUSSION

Experience prior to RT

This unit of meaning presents the discourses whose narrative begins with the characteristics of the journey to the RT, such as 'lifestyle' or 'risky behavior', medical solicitation or personal concern, or partner afraid to live or be diagnosed with the disease. Risky lifestyle and behavior were the reasons given by users when seeking to perform RT.

[...] being here is a consequence of my actions [...] But I discovered that an ex-boy of mine is (HIV positive), so I came. (U09).

I was having casual relationships with a guy and the condom broke, and I found out that he also has relationships with someone else, who has someone else! When I discovered my world fell, I thought of the risk I am taking (teary eyes) (U10).

Other users accessed the service on their own, driven by uncertainties regarding their health status, medical research or partner requirement.

I came to answer a question, I noticed something weird, but I think it's just an HPV (U08).

It's being "good". I came to do it because I'm doing a chair at the faculty of medicine, infectology, and found myself studying various diseases, and never did any test to know if I have any, even sometimes having unprotected sex (U03).

I came to take the test because my girlfriend forced me, but in the end it was good [...] (U07).

Fear and dread at the result make users bargain, make promises and believe in a fresh start while awaiting the 'sentence'.

[...] but after the result here I will change (U09).

[...] I came to clear the doubt, get rid of myself and win my second chance (laughs) (U05).

[...] Well, because I never did it, so it's going to be like starting a life from scratch (U07).

[...] the situation of coming for an exam that can be a sentence, because some diseases have no cure. (U04).

The fear of performing the exam promotes in the collective imagination the belief that I am included in a risk group, as evidenced in the statements:

Look, it's been very difficult, because for me to come here is because I'm really at risk, I exposed myself in a very risky situation, I had relationships with a person who besides having a relationship with another man, he also uses drugs, you know? (U15).

Antagonistic perceptions of tranquility-betrayal, fear of death, incurability and diagnosis, especially of HIV, fear of being ill, and attenuation of guilt regarding transmission, need for early diagnosis and initiation of treatment are factors that generally motivate patients and partners to seek care.¹⁷ Based on this perspective, users' perception of RT is described as an invitation to rethink practices, which requires understanding of the needs expressed by them and, consequently, approaching the service centered on human responses.¹⁸

At this moment, from the users' statements, it is observed that the fear of a positive discovery in the RT acts as a figure in their perception, that is, as the main element, which Merleau-Ponty clarifies:

A "figure" on a "background" already contains, we said much more than the qualities currently given. It has "contours" that do not "belong" to the bottom and "detach" from it, it is "stable" and of "compact" color, the background is unlimited and of uncertain color, it "continues" under the figure^{16:38}.

This passage reveals that the fear of the result shows itself as a figure in the users' perception, and the background contains uncertainties and forms of subjectivation that arise from a stigma-laden disease that, despite configuring an invitation to new practices, may come as a form of user blaming and condemnation of their lifestyle.

The field of perception about the RT brings a set of essences that denote the distinct and most varied meanings of the experiences of the group of people who participated in collective counseling.

Intentionality of Feelings

This category presents the users' feelings regarding the expectation of performing the RT. Merleau-Ponty¹⁶ develops the concept of intentionality by differentiating it from the view previously put forward by Franz Brentano and Edmund Husserl and by stating that intentionality does not manifest itself as an absolutism of consciousness, but as an intentionality that unfolds as a condition of possibility under a opaque background, that is, that develops from the moment that is pre-reflexive par excellence.¹⁹

Under the intentionality of act or ethics, and as its condition of possibility, we found a working intentionality, already working before any thesis or judgment, a "Logos of the aesthetic world," an "art hidden in the depths of the human soul," and which, like all art, is known only in its results^{19:575}.

We found that there are many involved feelings that precede the RT, standing out: tension, despair, uncertainty, fear, anxiety, regret, anger, prejudice and nervousness, according to testimonials.

I'm tense, waiting for this result! This doubt beats despair (U01).

Anguish, we are afraid of doing and not being the result we expect (U02).

When I came to start beating an anxiety, I began to review my attitudes, and possible contamination, then there was a fear, an anguish (U03).

Fear, fear of everything, fear of diagnosis, fear of not being able to be a mother again, which is my biggest dream, fear of not being able to be with my daughter, fear of prejudice (crying) (U06).

Nervous, but I think it's ok (U12).

Fear and curiosity emerge as the most prevalent feelings during collective counseling. The concept of intentionality is shown by considering the different emotional manifestations present in the interviews. This fact denotes the importance of singular orientation centered on emotional support, whose feelings of fear and refusal by the test are based on unfounded and distorted information represented by society about HIV.²⁰

Some users can think of the consequences when faced with a diagnosis of the future. This fact potentiates negative feelings.

Anxiety, I can not lie, that a little scared too, but I am prepared "for whatever comes" (U09).

[...] I don't know what to expect from the result and I don't know what my life will be like if it is positive (U11).

The calm or attempt to remain calm is part of the speech of U08.

I am calm, calm, we are apprehensive, but I am trying to keep calm (U08).

When calm is not present, time perception changes as reported by US10.

[...] those 30 minutes have never been sooooo slow (U10).

The feelings experienced by health service users, while waiting for medical attention or test results, significantly affect the quality of service and the user's perception of time. The experience of time plays a fundamental role in the constitution of subjectivity, as well as in the ambiguous engagement of man to the world. It can be understood through two aspects: in the first, we are faced with objective time, which is responsible for counting the hours

and which helps in the concrete organization of the world; In the second, we find the lived time, personal and subjective, which is linked to the uniqueness of experiences. The continuous and ever-flowing motion present in both experiential modes of time is highlighted by Merleau-Ponty¹⁶ as temporality.

The experience of temporality, therefore, can manifest itself in two distinct dimensions: real dimension, which consists in actual waiting and; perceived dimension, which is intertwined as it experienced the passage of time.²¹

The explanations during the collective counseling by the professionals met the users' desires, minimizing them, comforting them, calming them, solving doubts about STI and sexual practices, generating new knowledge and thus emerging new feelings, doubts and / or restlessness as they awaited the outcome.

The woman (nurse) [...] was explaining things [...] what was going to happen and was talking about the diseases, this was making me calmer (U01).

I felt calmer, but also because I paid attention in class and forgot a little about the test (laughs). But it was good, she said a lot of things I didn't know (U02).

Until she calmed me down, she says she seems to be talking to a friend, very quiet and safe. He taught several things and also guided how to prevent ourselves (U04).

Receiving a large amount of information and taboo subjects, approached in a short time, in a collective space, added to the tension and apprehension of the diagnosis and fear of the other, promote new feelings and block those who are not comfortable with strangers.

Intersubjectivity in counseling is shown in interviews when, as seen by (U01), professionals elaborate a process of coexistence with users, that is, when they place themselves in the relationship ambiguously, recognizing themselves in the other and in the world lived by he, and when they help in the recognition of subjects that also permeate the universe of both.

I think this class should be given to people who have a pre-diagnosis because these diseases and figures scare them (U08).

Seeing everything there, hit a fear, see that we can catch so much, then hit a nervous, a fear of having and not knowing, but she was very good, explained everything (U11).

Thus, it can be understood that intentional senses and feelings are idiosyncratic impulses that mark the significance of doing RT in the HIV / Aids context, and that there are different ways to experience the phenomenon. The multiplicity of feelings, hitherto unveiled, highlights the need to develop diverse care, promoting the appreciation of human subjectivity, which must meet the real need and suffering experienced by the user in the rapid test, since the construction of meanings is particular.

Perception of counseling by the user

In this category, users present, at times, divergent and convergent perceptions, giving meanings and meanings about what is counseling and welcoming during the context of RT.

It didn't took long, it was fast, the professionals were welcoming, I felt hugged, because in the end, one specifically asked me if I was ok (U11).

It's good to be with other people in the same situation as me, it reassures (U01).

The notes issued by users on the perception of counseling and welcoming are associated with the ideas of respect, esteem, solicitude and recognition, but also with the notion of care - attention to self and others. Thus, we have the phenomenology of care comprised between the attitude of welcoming and complicity with the other, unraveling the meaning of existential manifestations present in the human condition.

In contrast, other users did not feel or feel advised and / or welcomed during the collective practice.

I found it very interesting, but I don't think it was counseling, it was a very explanatory class that reaches all people, where it is talked about sexual practices and diseases (U03).

Welcomed? I just arrived, got the password, waited for the lecture, took the exam and I'm here waiting for the result. I think she'll talk to me better when she gives me the result (U05).

There was only the lecture right, but it was good, she showed some things, calmed down, said there is treatment of some diseases and that you can live I do not know if you have the advice, because I understand that this should be an individual conversation, for her to hear my problems but I liked it helped me, even if just explaining things to me. (U06)

Collective counseling is perceived by users as a class / lecture on STI / Aids, employing language that is accessible to various levels of understanding (functional literacy), attractive visuals and an emphasis on negative consequences and posture of facilitators.

I learned a lot in class [...] (U02).

[...] explains in a language very easy to understand, it is very educational [...] (U03).

The doctor explained well, taught some things, learned a lot (U04).

I really enjoyed it, learned a lot, and I will try to put into practice what she taught (U07).

The lecture was good, they explain, show pictures, ask questions, talk about sexual practices, I realize that they care about explaining well (U08).

The perception of counseling and welcoming for users begins with the user's welcoming to the health service, which is established through dialogue and trust, with a view to empowering the subject about their health conditions. Thus, the meaning attributed by them agrees with the philosophy advocated by the Ministry of Health. Narratives express propositions such as approaching, being with, caring for. Thus, it reveals the definition of the concept of counseling.

In a previous research carried out in the city of Fortaleza, which aimed to know the users' perception about the pre-test counseling information component, they understood counseling as an educational activity with the purpose of privileging informative and normative contents in relation to prevention of HIV / Aids.²¹ Authors²² criticize the methodology used to facilitate the acquisition of this information by adopting a vertical practice, that is, the professional has all the knowledge about the subject and the user participates only passively. Thus, counseling does not behave as a dialogue between professional and user, and, as such, the principle of integrality of the human being is not employed, restricting the practice only to the transfer of information.

The information, when conducted through discussion with users, promotes reflection on their risk / vulnerability situations and, consequently, procedural changes. Thus, counseling promotes the ability to guide people towards greater involvement in the practice of self-care, a very complex situation, but which needs constant support from the services to be effective.²³

Intersubjectivity, as already discussed, permeates the relationships of advising professionals and oriented users. The ambiguous lens in Merleau-Ponty¹⁶ shows us that, although we deal with subjective elements, they are always surrounded by the character of objectivity, always linked to a social character.

Thus we understand the intertwining character of the counseling process linked, according to Merleau-Ponty, to a radicalization of intersubjectivity into a carnal process, in which bodies find themselves in constant ambiguity, not only being in the world but being part of it.

Post-test individual counseling perception

Well-conducted counseling focused on the real needs presented by the user contributed to the expression of positive attitudes towards future sexual practices. This fact is confirmed by its quality in the pretest and by the offer of emotional support to face the possible result.

In the individual she explained, talked to me more, reassured me a little, and gave me the result [...] it was quick, she asks some questions, talks a little more about the diseases and says that all people should use condoms, regardless of to be married or not (U13).

[...] in the individual, she asked more questions, asked some questions about sex, and gave me the result. I liked it, but just entering the room, we are starting to shake (U14).

[...] the individual was good too, she answered some questions, which I was ashamed to ask in the collective and guided the use of condoms a lot (U15).

Post-test counseling represents the time of delivery of the HIV test and is much more stress and anxiety-laden than the

test request (pretest), as it represents the actual moment of discovery or not of seropositivity. Usually, it is the occasion when the person reflects on the risks experienced and the possibility of carrying HIV. When good pretest counseling occurs, there is, as a consequence, better engagement and adherence to treatment and self-care of people who have obtained a positive test,²³ which brings us, once again, to the importance of the notion of intersubjectivity and coexistence in the processes of treatment counseling.

One of the essential objectives of this step is to support the user, who experiences risk situations, in strengthening safer practices not to become infected, or in adhering to treatment in case of a reactive result. To this end, the community-based service or project should have a team of health professionals prepared to deliver the results, as well as provide counseling and referrals. Therefore, it is necessary to know the flow of health services in the region.²⁴

Post-test counseling is relevant because, if negative, it can stimulate changing preventive behaviors related to HIV infection and, if positive, can help with the potential for transmission and start antiretroviral treatment as soon as possible. possible.²⁴ Counseling is a key step in the testing process as it is a tool for reflection and joint decision making.

In this context, Merhy²⁵ pays attention to the use of light or relational technologies, that is, those that only have materiality in the act. Thus, the relations of intertwining in the act of counseling are highlighted, or, as Merleau-Ponty approached from the ambiguous character of his philosophy, those characterized by an open field through which the experience of coexistence is triggered.¹⁶

Professional perception of counseling

In this paper, professionals were given a voice to transcend the practical field, starting to talk about the meaning of the mode of action as an instrument of relationship with the world and, from lived experiences, complement the analysis of the phenomenon under study. Therefore, it is presented here the view of actors that influence, directly or indirectly, the perception of users from the vertical, continuous position, on the other side of the kaleidoscope. It deals with the phenomenon in its multiple facets.

Professionals involved in collective counseling perceive qualified listening as a fundamental tool. They also understand that users are inserted in particular sociocultural contexts and not dissociable from their lived experience. Thus, the information passed on is fundamental to prepare them for the various diagnostic possibilities.

I believe to be the most important tool of the service, it is fundamental. For the intention is a qualified listening to understand the individual and have a specific approach (P01).

[...] One of the most important tools of the service, because the information we give patients is fundamental (P02).

I perceive as a great learning, here they can ask questions, take away the fear, will not be judged by their conduct, a safe and open place (P03).

[...] we realize [...] that when the patient arrives later and does not provide counseling he misses, he will collect and receive the result even more insecure and fragile (P04).

Professionals are unanimous about the role of counseling. For them it is an educational task.

Educational issue, being the practice of asking fewer questions and giving more answers. CTC's mission should be counseling, as it solves everyone's doubts, reduces anxiety and distress. It is a health education giving guidance, thus reducing prejudice and guilt (P05).

Educationally, we talk about all STIs, we try to raise awareness so that they have a behavior change and so they can prevent themselves (P02).

We clarify what will be done, talk about STIs, provide patients with information, and so they can also disclose this information (P03).

The statements given by professionals are in line with research conducted in Minas Gerais, whose perception of professionals about counseling is reduced simply to guide the user to minimize the risks of a certain disease, but is considered relevant practice.^{26,27}

Pre-test counseling is understood by professionals as a lovely, differential, modifying / change-promoting activity because it generates new knowledge.

[...] one of the best things, because I can sensitize and thus show that the responsibility is multiple, I try to make the person realize, and he realize if he is in a risk situation. I am happy when the person has the courage to reveal things as intimate as their sexual practice to me, a sign of confidence, and thus I can be a transformative agent, and also empower them with information so that they can be a multiplier of information (P01) .

I really like it, I always try to modify it, to not be the same, to be more "the face of the group", even though the public is very diverse. I find it a shame when someone can't watch (P03).

I love. I think it helps a lot, and if I notice someone more distressed I call to talk, especially at the time of delivery of the result, because it is individual (P04).

I like to do it because they become more aware when they take the test. I think it is important to give this knowledge, so they can better prevent themselves and know the risks (P05).

Through the narratives, it is observed that the counseling by the professional is based on awareness, risk assessment and emotional support to the user.

The practice of counseling should transcend prevention and health promotion guidelines as it needs to address fears related to communicating STI diagnosis to you and your partner. In addition, the potential for psychological, physical and sexual harm in response to disclosure of the diagnosis must be recognized.²⁸

Professionals reveal a line regarding training / preparation to perform collective counseling practice. With the exception of P01, the others learned to learn by observing, reproducing and adapting what was done by other professionals in the service.

[...] I learned in my own sector, on a daily basis (P02).

[...] I have only been here for 3 months, so I learned by seeing my colleagues, watching what they ministered and I was "getting it" (P03).

[...] I learned in practice, getting it right, wrong, what I saw a colleague doing that worked, implemented (P04).

[...] I learned from others, watching when they performed (P06).

The practice of counseling by professionals, be built through the development of distinct skills (cognitive, attitudinal, communicative), training skills, continuing education and readjustments in the service routine, aims to legitimize the doctrinal and organizational principles that govern SUS.²⁹

One aspect observed and reported informally by respondents was post-test counseling, especially when the result is positive. This diagnosis usually impacts both the person and the professional. Therefore, it is essential that the professional is prepared to offer emotional support, respecting, of course, the patient's time and his reaction to the result. Therefore, regardless of a negative, positive or undetermined result, the professional needs to be trained to perform the appropriate approach.³⁰ It is also worth mentioning the importance of the elaboration and implementation of permanent education projects.

Regardless of the situation, counseling is a privileged stage for educational actions of welcoming, teaching and clarification. However, studies show that health professionals need to be trained, including in service, for counseling and clinical management. In this sense, it is important that the person performing the rapid test and counseling holds up-to-date knowledge, with periodic retraining on STD, HIV and Aids. The qualification for the professionals who work at the UBS can be accomplished through classroom and / or distance training. In addition, professionals should be supported by colleagues with more experience in issues related to HIV infection and aids.³¹

It can be identified that some aspects of the interviews stood out, such as: experience prior to the realization of the RT, in which the awareness took place through the I-in-the-world experience; the intentionality of feelings, based on intentional senses and affections in the way of experiencing the phenomenon, through

resignifications from perceptions of the user's experiences, and what converged and / or diverged in the perception of advice and acceptance by the user; research on the perception of individual counseling in the post-test and the professional's perception on counseling, which were revealed in a thin line concerning the training process.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The manifestation of the phenomenon studied here allowed a better apprehension, understanding and perception of the meanings and meanings attributed to users who seek RT in the context of HIV / Aids, as well as its better care. Therefore, it is necessary that the user be advised and feel welcomed by the professionals who perform the collective counseling. In addition, these professionals should provide adequate emotional support to ensure continuity of treatment.

It was understood that counseling, especially collective counseling, is perceived by users as a class / lecture on STI / Aids, which employs a language accessible to the most diverse levels of understanding (functional literacy), which uses attractive visual aids, emphasizing the negative consequences and the attitude of the facilitators. Regarding individual counseling, unlike collective counseling, users were more comfortable asking questions and raising their doubts. Converging in the same direction, in the understanding of professionals, even knowing the importance of counseling, they perform the practice empirically, reducing the act to the transfer of information with educational content, aiming at the user to learn and disseminate knowledge, thus trying to reduce the transmission chain of IST / Aids.

However, it is noteworthy that the results presented here are based on the analysis of a restricted number of cases that constituted the sample of this research. It is evident the need for further studies on the subject, involving users, partners and all health professionals involved in the context, to better understand the context / reality and ensure comprehensive and continuous care, not restricted to a specific moment like this. study.

This research is expected to contribute to the improvement of health care management and to the refining and reflection of health professionals, especially those involved in the practice of counseling, who deal directly with care and have the responsibility to educate / inform / clarify / advise / welcome the user in their questions and concerns related to STI / HIV / Aids. It is also intended that managers can implement effective public policies to serve these clients with quality, in order to offer working conditions to the multiprofessional team that serves the user at risk.

AUTHORS' CONTRIBUTIONS

Conception of study design. Acquisition, analysis and data interpretation. Findings discussion. Writing and revising critically of the manuscript. Final approval of the version of the article. Taking responsibility of all aspects of the manuscript contents, the accuracy and scientific integrity of published article:

Paula Barreto Silva Xenofonte Costa Lima. Analysis and data interpretation. Findings discussion. Writing and revising critically of the manuscript. Final approval of the version of the article. Taking responsibility of all aspects of the manuscript contents, the accuracy and scientific integrity of published article: Maria Alix Leite Araújo Anna Karynne Melo João Marcos de Araújo Leite.

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