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Experience Report

Educational activities on HIV/AIDS in the alto sertão region of Paraíba, Brazil: an extension experience report

Atividades educativas sobre HIV/aids no alto sertão paraibano: um relato de experiência extensionista

Actividades educativas sobre el VIH/sida en el alto sertão de Paraíba: relato de una experiencia extensionista

José Fellipe Lima Araruna[1], José Daniel da Silva Monteiro[2], Vivian Lira Ferreira[1], Maria Aline Januário[1], Cícera Renata Diniz Vieira Silva[3], Petra Kelly Rabelo de Sousa Fernandes[1]

Corresponding author:
José Fellipe Lima Araruna
E-mail: ararunafellipe@gmail.com

[1]Universidade Federal de Campina Grande. Cajazeiras, Paraíba, Brasil.
[2]Escola de Saúde Pública da Paraíba. João Pessoa, Paraíba, Brasil.
[3]Universidade Federal de Campina Grande. Campina Grande, Paraíba, Brasil.

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Abstract

Objective: to describe the extension experience of educational activities on HIV/AIDS carried out in the Alto Sertão region of Paraíba. **Methods:** a qualitative and descriptive experience report, developed between August and December 2024 by the extension project "Health Care for People with HIV/AIDS in the Municipality of Cajazeiras-PB." The actions were directed at workers from private companies, older adults enrolled in Youth and Adult Education programs, and users and professionals of a university hospital, totaling 60 participants. The activities included conversation circles, the educational dynamic "Myth or Truth," use of the Care-Educational Technology "Globo da Saúde," rapid HIV testing, and the production of educational materials. **Results:** knowledge gaps regarding HIV/AIDS were identified, evidenced by doubts related to forms of transmission, prevention, and treatment, in addition to the lack of knowledge about PrEP and PEP. Misconceptions and stigmas associated with the infection also emerged, especially among older adults. The educational activities favored the clarification of myths and stimulated reflections on preventive practices, while the provision of rapid testing expanded access to diagnosis and reinforced the importance of early detection. **Conclusion:** university extension, anchored in dialogical educational practices, contributes to the critical training of students and to the expansion of access to information and to HIV/AIDS prevention.

Descriptors:
HIV; Acquired Immunodeficiency Syndrome; Community-Institutional Relations; Educational Technology; Disease Prevention.

Whats is already known on this?
Extension actions that employ active methodologies enhance learning and strengthen awareness by fostering reflections on self-care practices and health prevention.

What this study adds?
It demonstrates, in practice, that active methodologies, when applied in extension activities, increase community engagement and facilitate the understanding of information about HIV/AIDS in different social contexts.

Resumo

Objetivo: *Descrever a experiência extensionista de atividades educativas*

sobre HIV/aids realizadas no Alto Sertão Paraibano. ***Métodos****: Relato de experiência qualitativo e descritivo, desenvolvido entre agosto e dezembro de 2024 pelo projeto de extensão "Atenção à Saúde de Pessoas com HIV/aids no Município de Cajazeiras-PB". As ações foram direcionadas a trabalhadores de empresas privadas, pessoas idosas matriculadas na Educação de Jovens e Adultos e usuários e profissionais de um hospital universitário, totalizando 60 participantes. As atividades incluíram rodas de conversa, dinâmica educativa de "Mito ou Verdade", utilização da Tecnologia Cuidativo-Educacional "Globo da Saúde", testagem rápida para HIV e produção de materiais educativos.* ***Resultados:*** *Identificaram-se lacunas no conhecimento sobre HIV/aids, evidenciadas por dúvidas relacionadas às formas de transmissão, prevenção e tratamento, além do desconhecimento sobre PrEP e PEP. Também emergiram crenças equivocadas e estigmas associados à infecção, especialmente entre pessoas idosas. As atividades educativas favoreceram o esclarecimento de mitos e estimularam reflexões sobre práticas preventivas, enquanto a oferta de testagem rápida ampliou o acesso ao diagnóstico e reforçou a importância da detecção precoce.* ***Conclusão:*** *A extensão universitária, ancorada em práticas educativas dialógicas, contribui para a formação crítica dos discentes e para a ampliação do acesso à informação e à prevenção do HIV/aids.*

Descritores:
HIV; Síndrome da Imunodeficiência Adquirida; Relações Comunidade-Instituição; Tecnologia Educacional; Prevenção de Doenças.

Resumen
Objetivo: *describir la experiencia extensionista de actividades educativas sobre VIH/sida realizadas en el Alto Sertão Paraibano.* ***Métodos:*** *relato de experiencia cualitativo y descriptivo, desarrollado entre agosto y diciembre de 2024 por el proyecto de extensión "Atención a la Salud de Personas con VIH/sida en el Municipio de Cajazeiras-PB". Las acciones estuvieron dirigidas a trabajadores de empresas privadas, personas mayores matriculadas en programas de Educación de Jóvenes y Adultos, y usuarios y profesionales de un hospital universitario, totalizando 60 participantes. Las actividades incluyeron círculos de diálogo, la dinámica educativa "Mito o Verdad", el uso de la Tecnología Cuidativo-Educativa "Globo da Saúde", pruebas rápidas para VIH y la elaboración de materiales educativos.* ***Resultados:*** *se identificaron lagunas en el conocimiento sobre VIH/sida, evidenciadas por dudas relacionadas con las formas de transmisión, prevención y tratamiento, además del desconocimiento sobre PrEP y PEP. También surgieron creencias erróneas y estigmas asociados a la infección, especialmente entre personas mayores. Las actividades educativas favorecieron la aclaración de mitos y estimularon reflexiones sobre prácticas preventivas, mientras que la oferta de pruebas rápidas amplió el acceso al diagnóstico y reforzó la importancia de la detección precoz.* ***Conclusión:*** *la extensión universitaria, basada en prácticas educativas dialógicas, contribuye a la formación crítica de los estudiantes y a la ampliación del acceso a la información y a la prevención del VIH/sida.*

Descriptores:
VIH; Síndrome de Inmunodeficiencia Adquirida; Relaciones Comunidad-Institución; Tecnología Educacional; Prevención de Enfermedades.

INTRODUCTION

Human Immunodeficiency Virus (HIV) infection and illness caused by Acquired Immunodeficiency Syndrome (AIDS) remain global public health challenges, particularly due to inequalities in access to testing, treatment, and health education. Despite a 39% reduction in new infections since 2010, approximately 1.3 million new cases were recorded in 2023, with increases observed in regions such as Latin America and Eastern Europe.[1] It is also estimated that 23% of people living with HIV in Latin

America are unaware of their serological status, and that 31% receive a diagnosis at an advanced stage, revealing weaknesses in early detection.[2]

In Brazil, despite a historical reduction in AIDS-related mortality, a 4.5% increase in new HIV cases was observed between 2022 and 2023.[3] In the state of Paraíba, the presence of HIV/AIDS in the population is evidenced by coinfection with Human T-lymphotropic Virus type 1 (HTLV-1), with a relevant prevalence of 1.5%, reinforcing the importance of regional epidemiological surveillance and integrated prevention strategies.[4]

Combined prevention integrates biomedical, behavioral, and structural dimensions; however, its implementation has prioritized biomedical interventions, such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and testing, thereby limiting the reach of policies in vulnerable settings, particularly among older adults and informal workers.[5] In the work environment, stigma and misinformation contribute to the discrimination of people living with HIV, compromising their professional inclusion.[6] In view of that, strengthening educational actions and intersectoral collaborations becomes essential to expand the reach of prevention and improve the quality of care.[7]

In this context, university extension, understood as an educational practice based on talking and on the critical problematization of reality, emerges as a pathway for fostering the critical development of individuals and strengthening the relationship between university and community.[8] This conception converges with the Freirean perspective, which proposes communication as a dialogical pedagogical practice, where educator and student learn mutually through a horizontal relationship oriented towards the collective construction of knowledge and social transformation.[9]

In the context of health education, the use of Care-Educational Technologies (CET) can enhance this practice by integrating information, welcoming approaches, and active listening.[10] Based on praxis and on the recognition of human multidimensionality, CET align with Freirean principles of critical, dialogical, and transformative education, which value popular knowledge and challenge the banking model of education.[11] In this sense, they constitute powerful tools for the implementation of active methodologies in health education and training processes.

Accordingly, this article has the objective of describing the extension experience from educational activities on HIV/AIDS conducted in the Alto Sertão region of Paraíba.

METHODS

This is a qualitative study, of the experience report type, with a descriptive approach to the educational activities carried out by the extension project "Health Care for People with HIV/AIDS in the Municipality of Cajazeiras-PB," which part of the program "Primary Health Care and Surveillance in Coping with Infectious Diseases," linked to the Laboratory of Information and Communication Technologies in Health (LATICS) of the Federal University of Campina Grande (UFCG) and the Federal University of the Southern Frontier (UFFS). The study description was guided by the recommendations of the EQUATOR Network, specifically the SQUIRE (Standards for Quality Improvement Reporting Excellence) guidelines.

The activities were developed between August and December 2024, in the municipality of Cajazeiras, Paraíba, in private companies, classes of Youth and Adult Education (EJA) of the Social Service of Commerce (SESC), and at the reception of the Júlio Maria Bandeira de Mello University Hospital (HUJB). During this period, health education actions, rapid testing for HIV, and the development of educational materials aimed at HIV/AIDS prevention were carried out. Educational interventions were conducted through active methodologies, including conversation circles, educational dynamics such as the "Myth or Truth" activity, use of CET, and distribution of educational leaflets.

The activities addressed content related to HIV/AIDS prevention, including forms of transmission, preventive methods, combined prevention, condom use, PrEP, Post-Exposure Prophylaxis (PEP), HIV diagnosis, and treatment. Active methodologies were conducted through collective discussion, problematization of everyday situations, and interaction among participants, aiming to stimulate reflection and the shared construction of knowledge.

The executing team consisted of four nursing students, one coordinator, and one advisor. Initially, planning meetings were held to align goals and schedule, along with the study of the Clinical Protocol and Therapeutic Guidelines (PCDT, as per its Portuguese acronym) for the management of HIV infection and training on the use of rapid tests for the diagnosis of HIV infection, syphilis, and hepatitis B and C, provided by the Oswaldo Cruz Foundation.

The students participated in planning, mediating educational actions, performing rapid tests, and developing educational materials, under the pedagogical and technical supervision of the advisor. In addition, records of the activities were descriptively organized based on field notes and the experiences lived by the extension participants, and were later systematized into four thematic axes corresponding to the main contexts of extension activities.

Although this is an experience report and does not involve the collection of sensitive data, the extension project is linked to the umbrella project "Development, Validation and Evaluation of Care-Educational Technologies in the Field of Infectious Diseases," approved by the Research Ethics Committee (CEP) of the Center for Teacher Education of the Federal University of Campina Grande (UFCG), under Opinion No. 6,736,169.

RESULTS

The educational activities were carried out in three distinct settings: private companies, EJA classes at SESC, and the reception area of HUJB. During the activities, doubts, perceptions, and reports emerged related to stigma, forms of transmission, prevention, and treatment of HIV/AIDS. Thus, the educational actions were structured using active methodologies and accessible language, adapted to the specificities of each audience.

During the activities, the CET "Globo da Saúde" was used, applied in the format of an educational question-and-answer game. In this dynamic, participants were divided into groups and, with each correct answer, placed pieces on a board, which stimulated interaction among participants (Figure 1).

Figure 1. CET "Health Globe." Cajazeiras, Paraíba, Brazil, 2025.

Source: authors (2025).

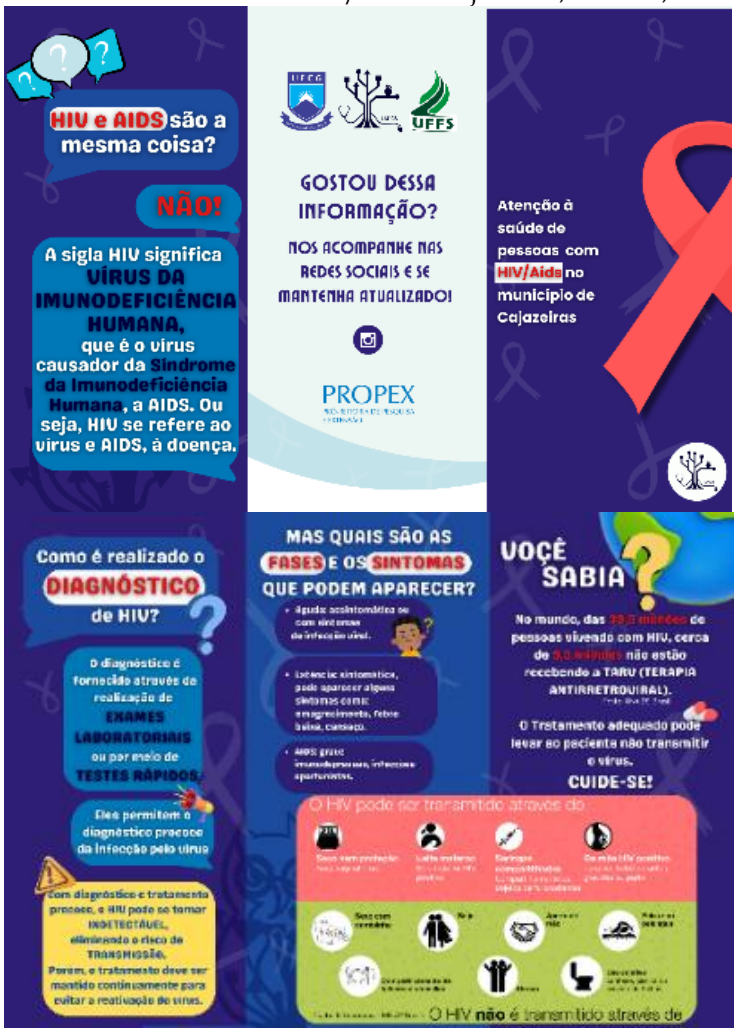
In private companies, the activities took place on August 2 and September 26, 2024, with an average of 15 participants, predominantly adult men, and an approximate duration of two hours. During the interventions, doubts and reports emerged related to stigma and the social repercussions of a possible positive diagnosis in the workplace. One participant reported: "If someone here finds out that a person has HIV, it spreads quickly. We are even afraid to get tested." Another mentioned: "The problem is not just the disease, it is what others will think if they find out."

On October 22, 2024, the educational activity carried out at SESC had an average participation of 20 older adults and lasted approximately three hours. The activity began with the "Myth or Truth" dynamic, followed by a conversation circle mediated by the extension team. During the interactions, doubts

and comments emerged related to the association of HIV/AIDS with certain groups or historical periods. One participant stated: "I thought this disease did not even exist anymore nowadays." As a complementary strategy, the CET "Globo da Saúde" was used.

At HUJB, the educational activity took place on December 18, 2024, with an average of 25 participants and an approximate duration of two hours. The activities were carried out in the waiting room, with patients, companions, and staff, through verbal guidance and distribution of educational material (Figure 2). During the interactions, doubts emerged related to forms of transmission, prevention, and treatment of HIV, highlighting the question about the possibility of transmission among people undergoing treatment, exemplified in the statement of a participant: "If the person is taking the medication correctly, can they still transmit it?".

Figure 2. Educational leaflet on HIV/AIDS. Cajazeiras, Paraíba, Brazil, 2025.



Source: authors (2025).

HIV e aids são a mesma coisa? Não! A sigla HIV significa Vírus da Imunodeficiência Humana, que é o vírus causador da Síndrome da Imunodeficiência Adquirida, a aids. Ou seja, HIV se refere ao vírus, e aids à doença. Gostou dessa informação? Nos acompanhe nas redes sociais e se mantenha atualizado.

Are HIV and AIDS the same thing? No! The acronym HIV stands for Human Immunodeficiency Virus, which is the virus that causes Acquired Immunodeficiency Syndrome, AIDS. In other words, HIV refers to the virus, and AIDS to the disease. Did you like this information? Follow us on social media and stay updated.

Health care for people with HIV/AIDS in the municipality of Cajazeiras. How is HIV diagnosed? The diagnosis is provided through laboratory examinations or through rapid tests. They allow for the early diagnosis of the virus infection.

With early diagnosis and treatment, HIV can become undetectable, eliminating the risk of transmission. Nevertheless, treatment must be maintained continuously to prevent the virus from reactivating. But what are the stages and symptoms that may appear? Asymptomatic acute or symptomatic viral infection. Symptomatic latency: some symptoms may appear, such as weight loss, low-grade fever, and fatigue. Severe AIDS: immunosuppression and opportunistic infections.

Did you know? In the world, of the 39.8 million people living with HIV, about 3.0 million are not receiving the ART (Antiretroviral Therapy). Adequate treatment can lead the patient to not transmit the virus. Take care!

HIV can be transmitted through: Unprotected sex (anal, vaginal, and oral); Breast milk (if the mother is HIV positive); Shared syringes (sharing sharp objects); From an HIV-positive mother to her baby during pregnancy or childbirth.

HIV is not transmitted through: HIV is not transmitted through: Sex with condom use; Shared use of cutlery and utensils; Kiss; Handshake; Hug; Through the air or water; Collective use of facilities (bathrooms, swimming pools, or bus seats).

At the end of the activities, rapid HIV tests were offered in a private setting, with individualized care, assurance of confidentiality, and the provision of pre- and post-test guidance and counseling.

During the development of the activities, the extension students participated in planning, conducting educational actions, performing rapid testing, and mediating conversation circles, interacting directly with different audiences and social contexts.

Based on the experiences lived, the findings were organized into four thematic axes: 1) HIV/AIDS Prevention in the Workplace; 2) Sexual Health and HIV/AIDS Prevention among Older Adults; 3) HIV/AIDS Prevention in the Hospital Setting; and 4) Contributions of Extension to Civic Academic Training.

DISCUSSION

HIV/AIDS prevention in the work environment

The activities carried out in private companies revealed gaps in workers' knowledge, especially among men, regarding HIV/AIDS prevention, reflecting inequalities in access to information and health care. This context reinforces the influence of social determinants and the need for professionals capable of practicing active listening and inclusive approaches.[12-13] Barriers such as stigma, misinformation, and lack of awareness regarding PrEP, PEP, antiretroviral therapy, and the concept of "undetectable = untransmittable" were also identified, highlighting the need for clear communication adapted to participants' vulnerabilities.[14]

In the work environment, organizational changes directly impact health and reinforce the importance of educational actions that promote prevention.[8] Nevertheless, stigma and fear of dismissal foster silence regarding HIV, preventing the workplace from being perceived as a safe environment and contributing to resistance to rapid testing.[14]

The CET "Health Globe" facilitated content mediation through talking, active listening, and playfulness, aligning with the proposal of a critical and emancipatory learning process based on the participants' lived realities.[9-10] This strategy integrated technical knowledge with workers' experiences, operationalizing active methodologies. In this sense, the use of educational games has been shown to be effective in promoting health learning, fostering engagement and content assimilation.[15]

The activities in the work environment facilitated the sharing of information about HIV/AIDS, contributing to the reduction of stigma and misinformation, as well as encouraging participants to act as knowledge multipliers. By promoting talking and participation, these actions reaffirmed the role of university extension in social transformation.

Sexual health and HIV/AIDS prevention among older adults

Aging with HIV has increased globally and requires specific responses from health systems in the face of challenges such as persistent stigma, multiple comorbidities, and insufficient preparedness of services to care for older adults.[16] In addition, older adults often present low risk perception and lack of awareness regarding preventive measures, influenced by taboos surrounding sexuality in old age.[17] This context was reflected in the educational activity conducted at SESC, which revealed misconceptions, such as the belief that HIV affects only young people or that stable relationships eliminate the need for condom use.

The interactions revealed knowledge gaps regarding HIV among older adults, such as the perception that the infection is no longer present today. A participant's statement, claiming that "they thought this disease no longer existed nowadays," illustrates this misconception. The literature indicates that aging is still permeated by taboos related to sexuality and by insufficient guidance on HIV prevention.[18]

The educational activity used the CET "Health Globe" and the dynamics "Myth or Truth" as active methodologies that integrated technical content with the lived experiences of older adults. Grounded on Freirean principles, it valued prior knowledge, stimulated critical thinking, and reaffirmed university extension as a space for education and social transformation.[9]

This approach contributed to deconstructing stigmas related to sexuality in old age, including the notion of asexuality, which reflects ageism and hinders older adults' participation in preventive actions.[19] Aligned with a critical and emancipatory educational perspective, it also promoted autonomy and reflection on infectious risks, being particularly relevant in light of the increasing number of HIV cases among older adults, with more than 19,000 reported cases between 2007 and 2024, predominantly among men.[3]

The findings reinforce the urgency of specific and continuous educational strategies based on listening, talking, and the valorization of lived experiences, in order to promote dignity, expand access to information, and improve the quality of care provided to the older population.

HIV/AIDS prevention in the hospital environment

The activity at HUJB required brief and accessible strategies due to the short length of users' stay in the waiting room and the diversity of the audience present. Educational activities were carried out collectively, involving users, companions, and professionals simultaneously, using accessible language and a dialogical approach. The educational leaflet (Figure 1) facilitated the understanding of the information and supported dialogue with participants, in line with the Freirean perspective of dialogical education.[9]

Despite the employed educational resources, challenges persisted, particularly male resistance to rapid testing. Conversely, higher adherence was observed among women, a phenomenon associated with their more frequent use of health services and demands related to reproductive health.[20] The lower participation of men is related to barriers such as fear of diagnosis, shame, and the belief that the absence of symptoms eliminates the need for health care.[14]

Hospitals are strategic spaces for HIV/AIDS education, contributing to the reduction of stigma and the strengthening of prevention.[5] Staff training, counseling, and rapid testing remain essential for safe care delivery.[21] Limited familiarity with PrEP, PEP, and transmission routes highlights informational gaps that require clear and accessible communication, while stigma continues to keep users away from health services.[22] The integration of interdisciplinary actions and educational strategies that consider social determinants and promote autonomy is fundamental for effective preventive practices, as demonstrated by interventions that significantly expand knowledge about HIV.[23]

The extension activity reinforced the centrality of prevention in different care settings and stimulated talking between professionals and users, contributing to the promotion of comprehensive care.

Contributions of extension activities to the academic and civic training

Extension activities articulated technical knowledge and social reality through accessible resources, such as educational leaflets and the educational game "Globo da Saúde." Aligned with the concept of CET, these strategies promoted contextualized educational practices based on the appreciation of care, listening, and inclusive communication.[10]

The use of active methodologies centered on dialogue, listening, and problematization surpassed traditional models and recognized participants as protagonists of the learning process.[25] This approach expanded educational care by integrating affective and territorial dimensions, in line with emancipatory education.[26] Extension practice strengthened civic education by articulating technical knowledge and critical awareness, while the training of students in HIV/AIDS and in the Freirean framework enhanced their performance and encouraged sensitive and committed attitudes toward respecting participants' experiences.[25-26]

The diversity of audiences, such as workers, older adults, general users, and professionals, required methodological and linguistic adaptations. The appreciation of local knowledge and the use of dialogical strategies reaffirmed the potential of extension as a space for meaningful learning and the development of

student protagonism.[24,27] Thus, the articulation of technical and social competencies supports a critical civic education committed to reality, preventing citizenship from becoming an empty concept.[26]

The educational materials used fostered dialogue and valued participants' knowledge, in line with Freirean pedagogy.[28] The rapid testing offered during the activities also contributed to early diagnosis, being conducted in a private setting, with individualized care, confidentiality, and pre- and post-test counseling.[29]

The limitation of this study is related to the short period of interaction with participants, which hindered the development of deeper bonds and made continuous follow-up of educational changes unfeasible, thereby limiting the assessment of medium- and long-term impact.

As a contribution, the systematization of educational actions grounded in Paulo Freire and in active methodologies, applied in different contexts, stands out. The experience reinforces the potential of extension in health education and in the development of interprofessional strategies for HIV/AIDS prevention.

In the field of civic education, the project expanded students' critical awareness of the social determinants of the health-disease process and strengthened their ethical commitment to vulnerable populations, as well as their understanding of health as a human right, consolidating essential competencies for professional nursing practice.

CONCLUSION

The extension activities carried out in the Alto Sertão region of Paraíba demonstrated the potential of educational actions in HIV/AIDS prevention by promoting dialogue, access to information, and the appreciation of participants' knowledge in different social contexts. Thus, the experience made it possible to identify doubts, misconceptions, stigmas, and barriers related to HIV prevention, diagnosis, and treatment.

The use of active methodologies and care-educational technologies fostered listening, participation, and the shared construction of knowledge, in addition to contributing to the clarification of doubts and the expansion of access to rapid testing. For the extension students, the experience contributed to technical, ethical, and critical development, reaffirming the role of university extension in civic academic training and the university's social commitment.

Finally, the importance of continuous and contextualized educational actions in addressing HIV/AIDS is emphasized, as well as the need for future studies to investigate the effects of these practices on the promotion of health equity.

CONTRIBUITIONS

Contributed to the conception or design of the study/research: Araruna JFL, Monteiro JDS, Ferreira VL, Januário MA, Fernandes PKRS. Contributed to data collection: Araruna JFL, Monteiro JDS, Ferreira VL, Januário MA, Fernandes PKRS. Contributed to the analysis and/or interpretation of data: Araruna JFL, Monteiro JDS, Ferreira VL, Januário MA, Fernandes PKRS. Contributed to article writing or critical review: Araruna JFL, Monteiro JDS, Ferreira VL, Januário MA, Silva CRDV, Fernandes PKRS. Final approval of the version to be published: Araruna JFL, Monteiro JDS, Ferreira VL, Januário MA, Silva CRDV, Fernandes PKRS.

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