

# Application of the brief intervention method in prevention of HIV/AIDS spread - 6 years of project implementation

Lidmila Hamplová, Soňa Jexová, Veronika Pišová, Petr Hulinský

University of Health Sciences, Prague, Czech Republic

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**Abstract:** The National Programme for Addressing HIV/AIDS in the Czech Republic 2018-2022 is a strategic document for combating the spread of HIV/AIDS and other sexually transmitted infections in the Czech Republic. The activities of the programme are funded by the Czech Republic's Ministry of Health's subsidy programmed called the National Programme on HIV AIDS. The target population groups of the programme are not only persons at high risk of HIV/AIDS infection due to risky sexual behaviour, but also adolescents, teenagers, and other persons of reproductive age with a lower level of health literacy. One possibility that could increase their level of knowledge is the short intervention method, which is also applicable in the field of prevention of sexually transmitted diseases.

The aim and purpose of the brief intervention method recommended by the WHO is to increase the health literacy of the intervened persons, eliminate their risky behaviour and promote their reproductive health. Reducing the incidence of HIV-positive persons in the population brings significant financial savings in terms of reduced treatment costs for both HIV-positive patients and especially those with advanced AIDS.

The application of the brief intervention method in the field of prevention of HIV/AIDS and other STIs was the essence of the 6-year project conducted by the University of Health Sciences in health care facilities across the Czech Republic. Patients were privately familiarised with the content of educational cards and were offered the opportunity for a closer consultation on the topic. After the education, the effectiveness of the intervention was evaluated by a short questionnaire.

5,146 people of reproductive age were intervened in more than 150 health care facilities across the country during the implementation of the 6-year project. A total of 1,347 patients (26%) reported that their loved ones were not adequately protected from HIV/AIDS and other STIs. Only 56% of the male and 66% of the female respondents reported that they had ever

spoken to their loved ones about STI prevention. After the education, 56% of the reproductive-age interveners requested copies of the education cards for their loved ones. Increased health literacy due to education was more often acknowledged by women than men, and especially by those in the 15–25 age group, where 74% of those in this age group who intervened confirmed increased health literacy. Women (75%) were more likely than men to believe that their loved ones were not adequately protecting themselves from STIs. Patients with lower levels of education were more likely to admit an increase in health literacy than those with university education (64%). 71% of patients with only primary education, completed at fifteen years old in the Czech Republic, said their health literacy had increased. 70% of patients who finished their schooling after secondary education, completed at eighteen years old in the Czech Republic, said their health literacy had increased.

Over the course of 6 years, more than 5,000 people of reproductive age were educated in the project. The health care environment in which the interventions were implemented contributed significantly to the success of the brief intervention method. The realisation of the project by the College of Health contributed to the implementation of the National Programme for Addressing HIV/AIDS in the Czech Republic 2018–2022 and at the same time the National Action Plan, entitled Development of Health Literacy.

**Key words:** brief intervention, education, intervention, HIV/AIDS prevention, health literacy

## **CONTRIBUTION**

### **Introduction**

The Government Resolution No. 839 on 29 November 2017 adopted a strategic document called the National Programme for Addressing HIV/AIDS in the Czech Republic 2018–2022, which mandates the implementation of a wide range of activities in society to combat the spread of HIV/AIDS and other sexually transmitted infections. A subsidy programme from the Ministry of Health in the Czech Republic called the National Programme for Addressing HIV/AIDS serves to financially support these activities. The implementation of these activities is to be carried out in cooperation between governmental and non-governmental organisations, which provide a wide range of educational and intervention activities. The activities are aimed at reducing the risks of the emergence and further spread of HIV infection in the target population by increasing health literacy and strengthening responsibility for one's own health. Patient education using the brief intervention method is in line with the

competences of non-medical health professionals, who are required by Decree 55/2011 Coll., as amended, to “motivate and educate individuals, families and groups of people to adopt a healthy lifestyle and to take care of themselves”.

## **Objectives**

Brief interventions are WHO-designed and are clearly defined, practical procedures that use pictorial educational cards to clearly explain to intervenes the influence and impact of their behaviours that result in demonstrable increases in health risks and threats to their health. The short interventions address the most common lifestyle risk factors, namely excessive alcohol consumption, smoking, lack of physical activity, unhealthy diet and refusal of flu vaccinations, factors that have been shown to affect public health. The cards can also be used successfully to promote reproductive health and prevent the spread of sexually transmitted diseases. The application of short intervention in practice increases the health literacy of the people intervened and may eliminate or reduce the prevalence of lifestyle risk factors in the population. The long-term goal of the widespread application of brief interventions is to eliminate risky behaviours and reduce the incidence of selected diseases. An important aspect of the intervention is to reinforce the patient's motivation to change his/her own attitudes, beliefs, and behaviour. The financial and time costs of brief interventions are minimal. Within the framework of the subsidy procedure from the Ministry of Health in the Czech Republic, entitled National Programme for Addressing HIV/AIDS, a project entitled Application of the Brief Intervention Method in Preventing the Spread of HIV/AIDS and Other STIs was repeatedly supported in 2016-2021.

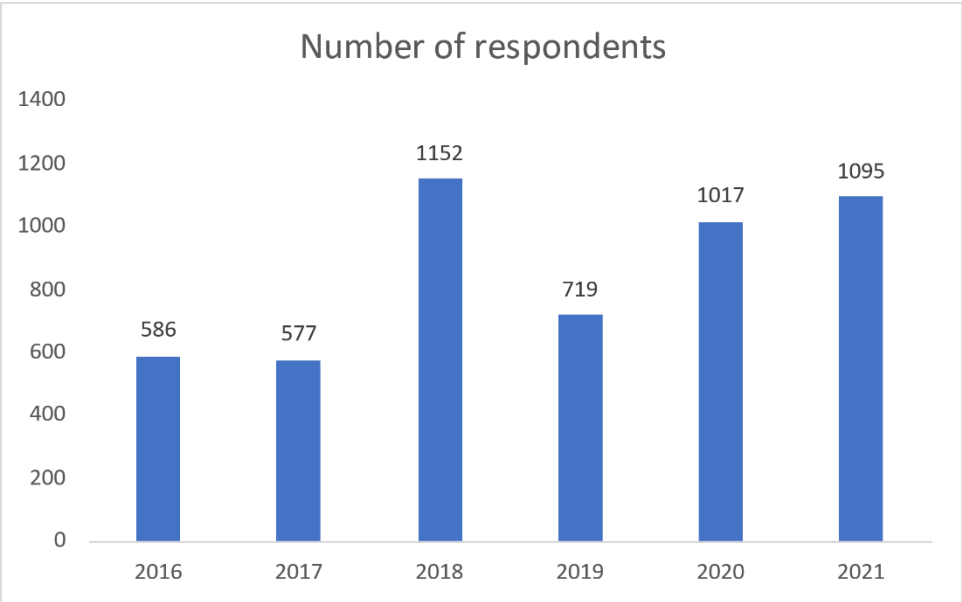
## **Methods**

In the period 1. 1. 2016–31. 8. 2021, a project of the University of Health Sciences was implemented and dedicated to a short intervention of risky sexual behaviour by patients. It focused on patients of reproductive age in outpatient and inpatient health care facilities across the Czech Republic, where students of the bachelor's degree programmes in General Nurse and Midwife were doing their professional practice or working. The students were trained in the application of the brief intervention method by the project supervisor and subsequently carried out the intervention using a set of 4 educational cards created by the State Institute of Health. The educational cards are devoted to the issue of sexually transmitted diseases with a focus on HIV/AIDS and are accompanied by colour photo documentation. Patients suitable

for the intervention were selected on the basis of a referral from the attending physician or station nurse and were offered participation in the project. The patients approached were privately familiarised with the contents of the educational cards and offered the possibility of further consultation on the topic. After the education, patients' attitudes and opinions on the benefits of the intervention were mapped with a short questionnaire. All data collected during the questionnaire were converted into an electronic form and subsequently analysed and evaluated.

**Results**

In the period 1 September 2016–31 August 2021, a total of 5,146 people of reproductive age were intervened in more than 150 cooperating outpatient and inpatient health facilities across the Czech Republic.



*Figure 1.* Number of intervention patients in individual years.

Of the 5,146 patients, 917 (37%) were male and 3,229 (63%) were female. The age structure of the intervention population is shown in Figure 2 and the level of education is shown in Figure 3.

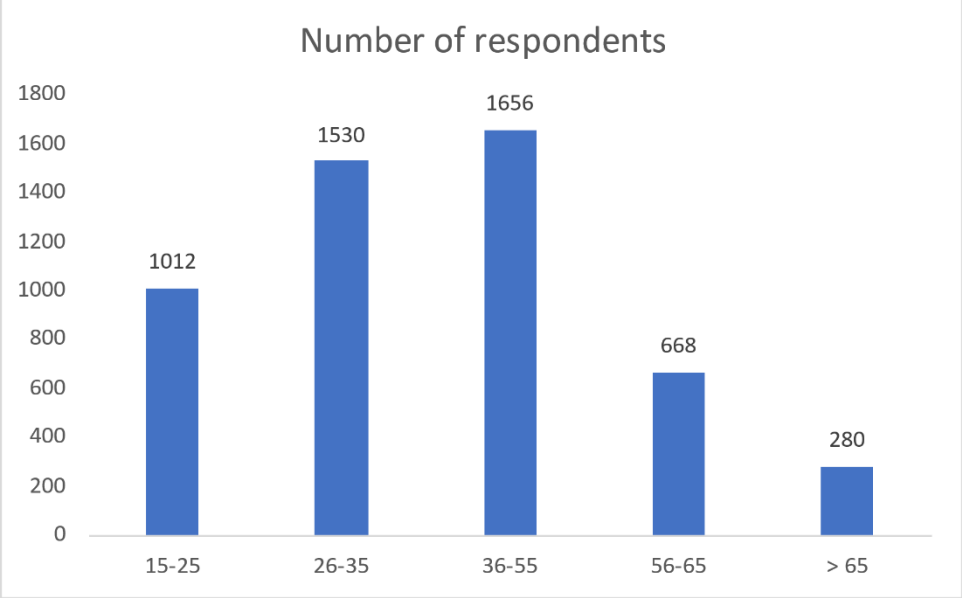


Figure 2. Age of the group of intervention patients.

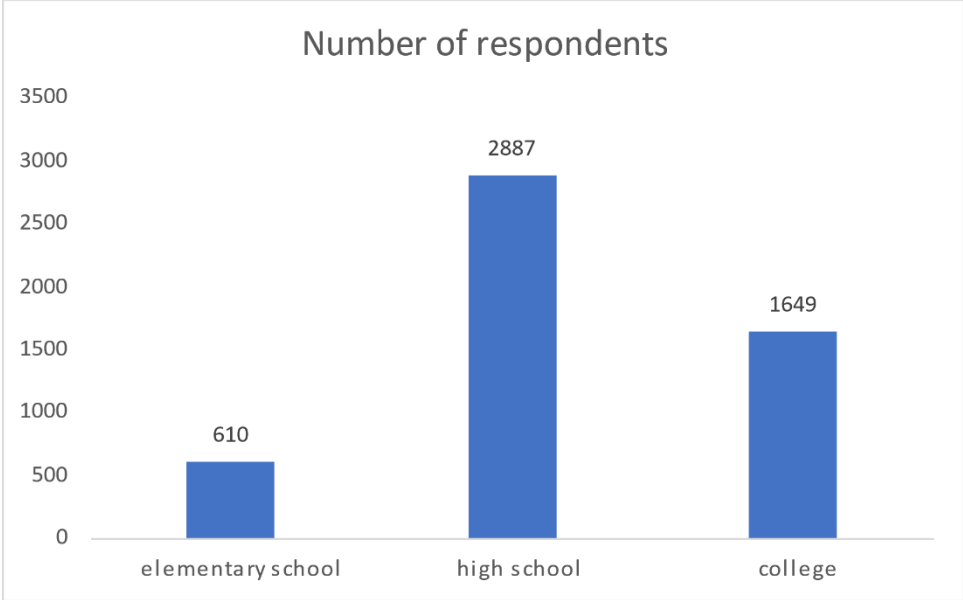


Figure 3. Education of the group of intervention patients.

The results of the questionnaire are presented in Figure 4.

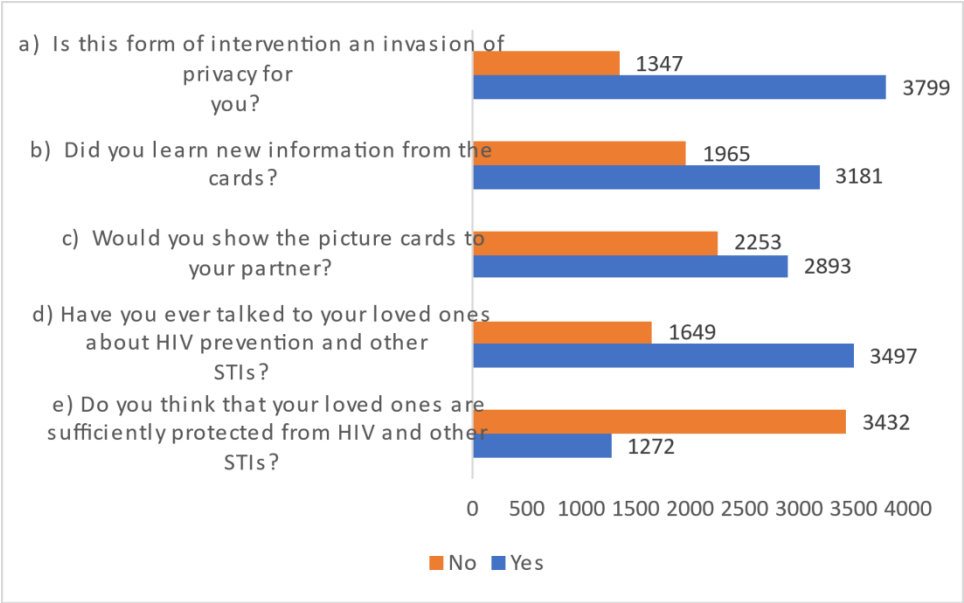


Figure 4. Questionnaire after the intervention.

A total of 1,347 intervention patients (26%) indicated that they did not think that their relatives were sufficiently protected against STDs. Only 56% of the male and 66% of the female respondents reported that they had ever spoken to their loved ones about STD prevention. After the education, 56% of the reproductive-age interveners requested copies of the education cards for their loved ones. Women were more likely than men to admit an increase in health literacy due to education, especially those in the 15-25 age group, where 74% of those in this age group who intervened confirmed an increase in health literacy. Women (75%) were more likely than men to believe that their loved ones are not adequately protected from STIs. Patients with lower levels of education were more likely to admit an increase in health literacy than those with university education (64%). 71% of patients with only primary education, completed at fifteen years old in the Czech Republic, said their health literacy had increased. 70% or patients who finished their schooling after secondary education, completed at eighteen years old in the Czech Republic, said their health literacy had increased. Men are more likely to consider the intervention as an invasion of privacy than women, and patients with only primary and secondary education are the most likely to consider the intervention as an invasion of privacy.

## Conclusions

The implementation of the 6-year project was evaluated annually by the evaluation committee of the Ministry of Health in the Czech Republic and the project received a rating of 1 in all 6 evaluated years. The project was completed in an excellent manner and the effect was fully achieved. The project brought increased awareness of STD prevention to both inpatients and outpatients. The information was mainly targeted at preventing the spread of HIV infection and AIDS in the population, but also addressed other sexually transmitted diseases and motivated patients to engage in safer sexual behaviour. It guided patients to change attitudes that influence decision-making in favour of healthy reproductive behaviour and empowered them to take responsibility for their own health. From the implementation of the 6-year project, it has become clear that adolescents and young people gained the highest increase in health literacy through education, and this population group should be targeted for reproductive health promotion activities. The implementation of the project by the University of Health Sciences has contributed to the implementation of the important strategic document National Programme for Addressing HIV/AIDS in the Czech Republic 2018-2022. The action plans were approved by the Government of the Czech Republic, in particular AP 4 Reduction of Health Risk Behaviour, AP 6 Management of Infectious Diseases, AP 9 Ensuring Quality and Safety of Health Services, AP 10 Lifelong Learning of Health Workers and AP 12 Health Literacy Development.

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