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## ORIGINAL ARTICLE

### SEROPOSITIVITY DISCOVERY IMPACT FOR HIV IN WOMEN DURING THE PRENATAL MONITORING

#### IMPACTO DA DESCOBERTA DA SOROPOSITIVIDADE PARA O HIV EM MULHERES DURANTE O ACOMPANHAMENTO PRÉ-NATAL

#### IMPACTO DE LA DESCUBIERTA DE SOROPOSITIVIDAD PARA EL VIH EN MUJERES DURANTE EL ACOMPAÑAMIENTO PRENATAL

Petra Kelly Rabelo de Sousa<sup>1</sup>, Karla Corrêa Lima Miranda<sup>2</sup>, Dafne Paiva Rodrigues<sup>3</sup>, Léa Dias Pimentel Gomes Vasconcelos<sup>4</sup>

#### ABSTRACT

**Objective:** to analyze the impact of the discovery of HIV seropositivity in women during prenatal care. **Method:** it is a descriptive study with a qualitative approach, developed with six women reported with HIV/AIDS during pregnancy in a hospital in Fortaleza/CE. Information was collected from semi-structured interviews and analyzed using content analysis. The research had the project approved by the Research Ethics Committee, with Opinion Number 11222424-5 and FR 446202. **Results:** the statements allowed measuring the impact of diagnostic discovery of HIV in women during pregnancy because of problems involving both the maternity context and the personal, family and social aspects. **Conclusion:** it becomes extremely important the support of nurses so that they can understand the context of these women's lives and adequate care to their singularities, achieving a better quality of care. **Descriptors:** AIDS Serodiagnosis; Women; Prenatal Care.

#### RESUMO

**Objetivo:** analisar o impacto da descoberta da soropositividade para o HIV em mulheres durante o acompanhamento pré-natal. **Método:** estudo descritivo, com abordagem qualitativa, desenvolvido com seis mulheres notificadas com HIV/AIDS no período gestacional em um hospital de Fortaleza/CE. As informações foram coletadas a partir de entrevista semiestruturada e analisadas pela técnica de análise de conteúdo. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, com o Parecer nº 11222424-5 e FR 446202. **Resultados:** os depoimentos permitiram dimensionar o impacto da descoberta diagnóstica do HIV em mulheres durante a gestação, devido a questões que envolvem tanto o contexto da maternidade quanto os aspectos pessoais, familiares e sociais. **Conclusão:** torna-se de fundamental importância o apoio dos enfermeiros, para que possam compreender o contexto de vida dessas mulheres e adequar o cuidado às suas singularidades, alcançando uma melhor qualidade na assistência. **Descritores:** Sorodiagnóstico da AIDS; Mulheres; Cuidado Pré-Natal.

#### RESUMEN

**Objetivo:** analizar el impacto de la descubierta de seropositividad para el VIH en mujeres durante el acompañamiento prenatal. **Método:** estudio descriptivo, con enfoque cualitativo, desarrollado con seis mujeres notificadas con VIH/SIDA en el período gestacional en un hospital de Fortaleza/CE. Las informaciones fueron recogidas a partir de entrevista semi-estructurada y analizadas por la técnica de análisis de contenido. La investigación tuvo su proyecto aprobado por el Comité de Ética en Investigación, con Parecer nº 11222424-5 y FR 446202. **Resultados:** las declaraciones permitieron dimensionar el impacto de la descubierta diagnóstica del VIH en mujeres durante la gestación, debido a problemas que envuelven tanto el contexto de la maternidad así como los aspectos personales, familiares y sociales. **Conclusión:** se torna fundamental el apoyo de los enfermeros, para que puedan comprender el contexto de vida de esas mujeres y adecuar el cuidado a sus singularidades, alcanzando una mejor calidad en la asistencia. **Palabras clave:** Serodiagnóstico del SIDA; Mujeres; Cuidado Prenatal.

<sup>1</sup>Nurse, Master degree, Graduate Program in Nursing and Health Clinical Care, State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: [petrinha\\_kelly@hotmail.com](mailto:petrinha_kelly@hotmail.com); <sup>2</sup>Nurse, Ph.D. Professor, Graduation Nursing Course and Graduate Program of Nursing and Health Clinical Care, State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: [kfor026@terra.com.br](mailto:kfor026@terra.com.br); <sup>3</sup>Nurse, Ph.D. Professor, Graduation Nursing Course and Graduate Program of Nursing and Health Clinical Care, State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: [dafneprodriques@yahoo.com](mailto:dafneprodriques@yahoo.com); <sup>4</sup>Nurse, Master degree Professor, Graduation Nursing Course, Faculdade Metropolitana da Grande Fortaleza/FAMETRO. Fortaleza (CE), Brazil. E-mail: [leadpg@ig.com.br](mailto:leadpg@ig.com.br)

INTRODUCTION

Infection with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a serious public health problem and a challenge for science because, despite the advance of antiretroviral therapies, AIDS still represents a serious epidemic.

In Brazil, since the identification of the individual with AIDS in 1980 until 2013, 686,478 new cases were reported, with 241,223 being female.<sup>1</sup>

The increasing number of infected women, especially of childbearing age is worrisome because children become a growing risk group for HIV infection because of the real possibility of transmission to the child during pregnancy, childbirth or breastfeeding.

In Brazil, from 2000 to June 2013 there were 77,066 reported cases of HIV infection in pregnant women, which greatly increases the risk of mother to child transmission, being the major route of HIV infection in children.<sup>1</sup>

For the prevention of vertical transmission of HIV, it is recommended a testing be done in pregnant women during the prenatal, and if the result is positive, antiretroviral chemoprophylaxis be assured to these pregnant women. It should also be held notification of HIV-positive pregnant women and children at risk.<sup>2</sup>

Thus, it can be seen through empirical observations, a concern of professionals with adherence to antiretroviral therapy as a strategy to reduce this form of transmission. However, pregnant women with HIV positive seek not only drug treatment but also people who welcome them and understand in their entirety, as women and mothers with unique characteristics that require different care by health professionals. It is understood that more than a biological phenomenon, the process of transformation of the woman to be a mother is part of a wide network of meanings, and, in the presence of HIV/AIDS, this process becomes even more complex.

In addition to factors related to HIV/AIDS and the possibility of mother to child transmission, women also experience dilemmas and conflicts relating to the maternity process, which is often marked by ambivalent feelings and the need for psychological adaptations before the diagnosis.

Therefore, finding to be seropositive for HIV is a time of intense change in feelings for the woman, from the denial of diagnosis, passing by several conflicts, to the acceptance and mobilization efforts for the balance of physical and emotional conditions, and control of the disease and its repercussions.<sup>3</sup>

Therefore, it is evident the importance of the nurse's performance through nursing consultation, not only in the clinical evaluation and providing appropriate guidance, but mainly in developing the capacity of attentive listening, strengthening the bond with the woman and maintaining a posture that promotes the establishment of confidence-building in search of comprehensive health care.<sup>3</sup>

Given the above, this study is justified by the concern about the impact of this discovery during pregnancy, arising after an experience lived in the nursing internship, at the time the researcher witnessed the revelation of the positive result of HIV testing for a pregnant woman in prenatal care.

Thus, the following guiding question arose: what is the impact of the discovery of HIV seropositivity in women during prenatal care?

It is believed that the knowledge produced from this study may contribute to health services to the direction of public policies geared to women with HIV/AIDS, and for health professionals, especially nurses to provide improved quality of care, since they can better understand the impact of a positive result in the mother's life and develop a guided advice on dialogue, listening, empathy and acceptance, as well as for pregnant women with HIV/AIDS, especially to emotional support, which is critical for dealing with emerging issues after the discovery of seropositivity.

OBJECTIVE

- To analyze the impact of the discovery of HIV seropositivity in women during prenatal care.

METHOD

It is a descriptive study with a qualitative approach. This type of research is characterized by the possibility of exploiting a not known situation, in which it needs more information.

The qualitative approach is concerned with a level of reality that cannot be

quantified; that is it aims at understanding and explaining the social dynamics, working with a universe of beliefs, values, attitudes, reasons, and aspirations.<sup>4</sup> Also, the feelings that are involved in the subject's speech are considered.

The place of the research was a district hospital of the VI Regional Executive Secretary in the city of Fortaleza-CE. The reason to choose it was because this hospital has a maternal and child profile and provides emergency care in gynecology and obstetrics. In addition, this hospital has developed a series of programs that go beyond medical or surgical procedure, complementing their work with the community, such as counseling program on STD/HIV and specialized care in STD/HIV/Hepatitis.

Inclusion criteria selected for this study were women aged over 18 years old and found seropositivity in pregnancy during prenatal care, and may be pregnant or have already experienced the process of labor and birth. Thus, the study participants were six women, three pregnant women, and three mothers.

Information was collected from April to December 2011, through a semi-structured interview with a script that included identification data, obstetric data, and guiding questions.

For analysis and interpretation of the testimonies, the Bardin content analysis technique was used, which constitutes the set of analysis techniques of communication and uses systematic procedures and description of message content objectives. This analysis was organized into three stages: pre-analysis; exploration of the material; treatment and interpretation of the results.<sup>5</sup>

The research started after the project was approved by the Ethics Committee of the State University of Ceará - UECE under the Process number 11222424-5, FR 446,202.

Regarding the legal and ethical aspects of research involving human beings, as recommended by Resolution 466/12 of the National Health Council, the participants involved in this study were invited to participate in the interview, being assured confidentiality and the right to participate or not in the study.<sup>6</sup> The participants signed the Informed Consent Form (TCLE), to clarify the purpose of the study and ensuring their anonymity.

## RESULTS AND DISCUSSION

As for the characterization of the participants, the age ranged from 20 to 34 years old. As for education, three attended incomplete elementary school, two attended complete elementary school, and one attended high school. Concerning to marital status, four of them were married or had a stable relationship, and two were single. About the religion, three reported being Catholic, two were Evangelical, and one reported no religion.

In carrying out the pre-natal, all they regularly reported in the consultations, and the number of visits ranged from five to seven. When asked about the discovery of the diagnosis period, three reported having discovered in the fourth months of gestation, two in the eighth months and one in the seventh months. From the three pregnant women, two had already had another child before the diagnosis of HIV and from the three mothers, one had already had two children before diagnosis; while for others, the diagnosis was established in the first pregnancy.

By analyzing the statements of the participants, issues emerged at the time of discovery of the diagnosis regarding the manner how women reacted, thoughts before positive for HIV and feelings that have arisen before the detection of HIV seropositivity.

When asked about the timing of the discovery of the diagnosis, all study participants reported having been a very difficult time and that the diagnosis was a shocking experience. Some reported the thought of death at the time of revelation.

*At first, it was very difficult. It was horrible. The world collapsed. Life ends for me. To this day I can not recover. (E1)*

*It was very hard. You think you're going to die, it's over. (E2)*

*When I found out, I was paralyzed. It was shocked because it is a shocking thing. (E5)*

In another study of six women who had discovered their HIV status during prenatal care, it was also revealed the difficulty felt at the time of diagnosis discovery. In this study, knowledge about the positive result of HIV testing triggered a series of reactions and had a negative impact on the lives of pregnant women, mobilizing many feelings.<sup>7</sup>

The testimonies of women living with HIV/AIDS are shown with feelings such as fear, shame, rejection, prejudice, sadness and hopelessness. Behind these feelings, these women have difficulties and the problems of living with HIV/AIDS, a disease marked by stigma and discrimination.<sup>8</sup>

In this way, the meaning of seropositivity may represent an impact on the lives of these women since HIV infection requires confrontation with femininity and sexuality, with beliefs and values. Associated with this, the moral conception created around AIDS also refers to a social stigma that can lead to the exclusion of the person, often by associating the infection to behaviors considered socially deviant.

Many feelings were reported by the interviewed after the discovery of the diagnosis, which is described as an impact that generated feelings of sadness, pain, grief, despair and guilt, as evidenced by the following statements:

*I was very distressed. Great sadness. Much pain. (E1)*

*I blame myself. (E2)*

*It was sad. The saddest thing in the world. (E6)*

This last line shows the difficulty to put into words the feelings and sufferings resulting from the discovery of the infection, which is said to be: "The saddest thing in the world". This speech reveals a void or an impossibility of speech to account for feelings and issues that words cannot explain.

Thus, it is up to health professionals, especially nurses, to listen to the suffering resulting from diagnostic discovery, which cannot always be expressed clearly in words, because language cannot explain this feeling. Therefore, a care centered on the speech, not the disease, and professionals may use a judgment-free listening as a way to relieve this suffering.

From this, the nursing consultation becomes an important device to understand the subjectivity and singularity of each subject as well as being an opportune time for the exchange of knowledge and narrowing links.<sup>9</sup>

Fear was also one of the feelings expressed by women, being related to rejection, illness, type of birth and death.

*Only the fear of them [family] to know and ignore me. Fear only even of the prejudice, reject me from talking. (E2)*

*Fear, because it is a disease that has no cure, it has treatment but no cure. (E5)*

*I have enough fear [cesarean section] because the caesarean section is an operation. Fear of dying. (E5)*

It can be seen from the speeches, that this fear is not just about their suffering due to illness, but also to social rejection, the perception of the society towards the disease, or how others may react in front of seropositivity.

Discrimination sometimes starts within the family, the judgment, the misunderstanding and the non-acceptance of the fact that a family member is HIV infected. For this reason, the woman prefers to hide in silence, hiding their HIV status for fear of consequences in the family, social and labor relationships.

Therefore, the statements enabled to identify the impact of the discovery of seropositivity, which is reinforced by the difficulty of accepting the diagnosis and feelings of sadness, pain, grief, guilt and fear. Some of these feelings about the diagnosis can last throughout the pregnancy. Thus, HIV-positive pregnant women for HIV need special attention and specialized care by nurses, not only to be accompanied by antiretroviral therapy but mainly to receive emotional support, essential to face the challenges triggered by the discovery of the diagnosis.

## CONCLUSION

The data presented allows to scale the complexity of contamination by HIV in women. When the infection is discovered during pregnancy, this reality tends to become even more complex due to issues surrounding both the maternity context and the personal, family and social aspects. So learn to deal with this new reality is a challenge for these women, who are already weakened by their pregnancy status.

The discovery of seropositivity in the maternity experience was perceived as a difficult time and impact. Reports showed that feelings of women under the impact of the diagnosis in some cases were similar and reflected sadness, pain, grief, despair, guilt and fear of illness and social rejection.

The impact of the discovery of HIV seropositivity during prenatal care involves several issues related to motherhood sense that generate feelings and difficulties after the diagnosis revelation, interfering with



family and social relationships and revealing the fear of recrimination and social exclusion.

It is emphasized the importance of health professionals, especially nurses, in following this woman not only during pregnancy but also during all the times when they feel fragile with so many challenges triggered by that result.

Nurses should use devices such as counseling and care, therapeutic listening and other references that can assist these women, trying to understand their complex life context and providing emotional support to minimize the suffering and fear of lack of social support.

The approach of the nurse should be centered in the speeches of the subjects so that they can understand the dimensions that concern them and answer their questions. The nurse would be the intermediary of these speeches and the facilitator of issues not revealed yet, as in the statement: "The saddest thing in the world", where words have not been able to express the feelings of the discovery of the diagnosis.

It is essential to consider that the copying of AIDS in women remains a challenge. In this sense, to reach a different reality, a nursing action that permeate the social, ethical, moral, political becomes necessary, the power relationships between the sexes and gender issues, and then think of a care adequate to the singularities of every woman, thus achieving a better quality of nursing care.

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**Corresponding Address**

Petra Kelly Rabelo de Sousa  
Programa de Pós-Graduação Cuidados Clínicos  
em Enfermagem e Saúde  
Universidade Estadual do Ceará  
Avenida Dr. Silas Muguba, 1700, Bairro Itaperi  
CEP 60740-000 – Fortaleza (CE), Brazil