



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

PERCEPTION OF SEROPOSITIVE WOMEN FOR HIV ABOUT REPRODUCTIVE RIGHTS

PERCEPÇÃO DE MULHERES SOROPOSITIVAS PARA O HIV SOBRE DIREITOS REPRODUTIVOS PERCEPCIÓN DE LAS MUJERES COM VIH PARA VIH ACERCA DE LOS DERECHOS REPRODUCTIVOS

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ABSTRACT

Objective: to identify the perception of HIV-positive women for HIV, about reproductive rights. **Method:** a descriptive, exploratory study of a qualitative nature, conducted with 13 HIV-infected women attended in a Sexual Health Reference Center of a town in the countryside of Bahia. Data production occurred from the guided interview by a script. The data were analyzed through Thematic Content Analysis Technique. **Results:** the perception of the meaning of reproductive rights is scarce among the participants and most do not consider holder of these rights, due to fear of transmitting the virus to the children. **Conclusion:** it was considered important to clarify the HIV-positive women about their reproductive rights, as well as foster among healthcare workers awareness about these rights, especially the nursing team that provides care for people with HIV. **Descriptors:** Reproductive Rights; Nursing; HIV; Woman.

RESUMO

Objetivo: identificar a percepção de mulheres soropositivas para o HIV, sobre direitos reprodutivos. **Método:** estudo descritivo, exploratório, de natureza qualitativa, com 13 mulheres infectadas pelo HIV atendidas em um Centro de Referência em Saúde Sexual de uma cidade do interior da Bahia. A produção dos dados se deu a partir da entrevista guiada por um roteiro. Os dados foram tratados por meio da Técnica de Análise de Conteúdo Temática. **Resultados:** a percepção sobre o significado de direitos reprodutivos é escassa entre as participantes e a maioria não se considera detentora desses direitos devido ao medo de transmitir o vírus para os/as filhos/as. **Conclusão:** considerou-se importante esclarecer as mulheres portadoras do HIV sobre os seus direitos reprodutivos, como também fomentar entre profissionais de saúde a consciência sobre esses direitos, especialmente a equipe de Enfermagem, que presta cuidados às pessoas infectadas pelo HIV. **Descritores:** Direitos Reprodutivos; Enfermagem; HIV; Mulher.

RESUMEN

Objetivo: identificar la percepción de las mujeres VIH-positivas para el VIH, en los derechos reproductivos. **Método:** este es un estudio descriptivo, exploratorio de carácter cualitativo, conducido con 13 mujeres infectadas por el VIH asistidas en un Centro de Referencia de Salud Sexual de un pueblo del interior de Bahía. La producción de los datos ocurrió a partir de la entrevista guiada por una secuencia de comandos. Los datos se procesaron mediante la Técnica de Análisis de Contenido Temático. **Resultados:** la percepción del significado de los derechos reproductivos es escasa entre los participantes y la mayoría no tiene en cuenta el titular de los derechos por temor a la transmisión del virus a los/las niños/as. **Conclusión:** se consideró importante aclarar las mujeres VIH-positivas sobre sus derechos reproductivos, así como fomentar la sensibilización entre los trabajadores de la salud acerca de estos derechos, especialmente el equipo de enfermería, que brinda atención para las personas con VIH. **Descriptores:** Los Derechos Reprodutivos; Enfermería; VIH; Mujer.

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INTRODUCTION

The decision considering to whether or not having a child is directly related to the importance given to this social function. Socially, motherhood is expected, valued and desired by many women, being incorporated into the construction of female identity as a major factor of fulfillment. For HIV-positive women for HIV, motherhood may be able to redeem their social identity,¹ so that all have the right to experience a desired maternity, welcome, shared and assisted in enforcing their reproductive rights.

The mobilization for women's rights has as its starting point the end of the nineteenth century, consolidating in the early twentieth century. During this period, discussions regarding fertility and reproductive rights will then be considered as a construction field of women's citizenship in the national and international scene. After the promulgation of the amnesty law in 1979 in Brazil, several feminists returned to the country and opened discussions related to reproductive rights, expressing the struggle of women for their sexual and reproductive autonomy.² A central factor that reproductive rights exists is secured recognition as a right of citizenship, recognizing the freedom of women to decide on their body and fertility.

The constitutionally recognized reproductive rights in Brazil were widely discussed at the Third International Conference of the United Nations (UN), about Population and Development (ICPD) held in Cairo in 1994. It includes in its action plan the basic definition of reproductive rights as human rights in which every person must decide freely and responsibly the number, spacing and the opportunity to have a child and to have access to information and thus the means to do so, including the right to make decisions concerning reproduction free from discrimination, coercion and violence, focusing on the development of the human-being.^{1,3}

Reproductive rights represent a historic achievement, the result of the struggle for citizenship and human rights mainly by feminists who fought against the imposition or denial of access to fertility ways of control by national and international bodies.^{1,4} Although considered a basic human right, guaranteed by the Brazilian federal constitution, various laws and international consensus documents on human rights, reproductive rights of people living with HIV/AIDS are still committed by stigma and prejudice.

Considering the right of every woman or couple to decide freely and responsibly the number, spacing and the opportunity to have a child, HIV infection, not restrict, for the desire or not to have a child is considered an autonomous right in Brazil, the State must make available ways to do so, including supply of drugs and HIV tests in prenatal care.^{1,5} However, the social stigma surrounding living of people with HIV/AIDS, low power woman's decision to the health services and the lack of quality services, undertake their free will in this field.¹

Moreover, although considered as a basic human right, guaranteed by the Brazilian Federal Constitution, several laws and international consensus documents about human rights, reproductive rights of people living with HIV/AIDS are still questioned and stigmatized by society in general, especially by health professionals, either by technical unpreparedness or the misguided values about sexuality and reproductive rights that permeate the vision of these professionals. The deficient or lack of family planning programs, and the development of their actions geared mostly to contraception is a reality for many women, notoriously interfering in their choices and reproductive rights.⁴ This situation becomes even more worrying when the HIV positive woman becomes pregnant by having been deprived to make safe reproductive choices, and thus denied their reproductive rights, in addition to passing a source of vertical transmission of the virus and face prejudice and stigmatization by the possibility of generating an infected child.

The possibility of transmitting the virus to the child, to make them rethink their reproductive choices and the desire to be a mother can become threatened by HIV status, it is fundamental to establish policies that support so that they can exercise their rights without barriers.¹

Although AIDS cases reported in Brazil are higher for males, the epidemic growth rate is higher among women, especially of childbearing age, requiring actions related to child transmission of HIV. This fact becomes relevant, because this type of transmission means that many HIV-positive women give up motherhood. However, preventive measures can contribute to reduce vertical transmission of HIV, among them the adoption of antiretroviral therapy (ART) during pregnancy. Other measures should be taken during childbirth and the postpartum period, including the prevention of vertical transmission during childbirth and

postpartum, appropriate choice of mode of birth, antiretroviral chemoprophylaxis in the newborn, the replacement of breastfeeding for infant milk formula.⁶ This postpartum condition is another step in the care of women dependent on health professionals actions with technical and relational competence.

However, despite progress on the treatment and control of the AIDS epidemic with universal and free access to antiretroviral therapy, many with HIV cannot win the right to make safe reproductive choices. Thus, the complexity involved in the context of HIV and reproductive rights linked to the professional practice of care to women and the training of nurses formed the starting points for the development of this research. In this context the study aimed to identify the perception of HIV-positive women for HIV on reproductive rights.

METHOD

This is an article drawn from the TCC << Perception of HIV-positive women for HIV about their reproductive rights, against the risk of vertical transmission of the virus >>, presented the State University of Southwest Bahia - UESB as a mandatory requirement for obtaining a bachelor's degree in nursing. Jequié/Bahia, Brazil, in 2012.

It consists in a descriptive research of a qualitative approach, carried out in a Reference Center for Sexual Health, located in the state of Bahia city, located 360 km from the capital. The study included 13 women who met the following inclusion criteria: to present their HIV status and be monitored in the Reference Center for Sexual Health.

The average age of participants ranged from 17 to 49 years old, and three were 17-27 years old, five out of 28 to 38 years and five 39-49 year old. In relation to marital status, six were single, three married, two in a stable relationship and two widows. Regarding education, nine had elementary school, three high school, a higher education and one illiterate. Predominated monthly family income from 1 to 2 minimum wages, ten women, and the other lived with less than a minimum wage.

Data were collected from January to February 2012. There was used an interview form with closed questions to obtain characterization data of the participants and a guide with semi-structured questions to obtain data about the object of study. The guiding questions were: For you, what means

reproductive rights? Do you consider a holder of rights?

Interviews were conducted in a private room. The responses were recorded by the researcher at the time of the interview taking advantage of the recent memory for the data to be described faithfully.

The data were analyzed by Thematic Content Analysis Technique.⁷ There was initially performed initial reading of the statements to define the analysis corpus, which was made up of 13 interviews. Then it was started the exhaustive reading of these testimonies to establish and prioritize analysis of goals. Therefore, the elements were selected (words and phrases endowed with meanings) that formed as important variables to the process of evaluating the sense of perception of women, which are called the unit of analysis. Then proceeded to the codification of these units, according to the analogy of meanings, and then result in the abstraction of the category << Reproductive rights versus the right to maternity >>.

Whereas it comes to research **with human beings, they have been met the criteria of Resolution N° 466/2012 of the National Health Council**, in the current period of realization, with record publication under N° 0139.0.454.000-11, of the Ethics Committee Research at the State University of Southwest Bahia (CEP/UESB). To ensure anonymity and confidentiality we assign fictitious names the deponents.

RESULTS

♦ Category: Reproductive rights versus right to maternity

The study participants consider reproductive rights as rights to have a child, regardless of their HIV status, as can be seen in the following statements:

Right which a person has to reproduce, to have their descendants. (Themis) / The right of women and people in general to have children. (Selene) O... what I do know is that being a mother doesn't have anything better. (Pandora) / One very important thing that a person has to have. (Gaia) / For me is a good right to people to have a child, I even wanted another. (Ariadne) / It is when you have the right to have a child, to reproduce... (Ananke) / I think it is the right of every human being to have children, regardless of anything. Every person has the right to have children. (i.) (Aphrodite.)

Some of the participants consider themselves owners of their reproductive rights, because they believe that every woman should enjoy the right to have a child,

regardless of HIV infection, breaking barriers, as reported in the statements:

For sure I have this right, because as every woman I have dream to have children. (Aphrodite) / ... It is an opportunity that every woman has to have as a child really helps us. (Ariadne) / ... I have this right, it is not because I have HIV it will stop me from having a child ... (Artemis) / ... Have the right to be a mother, all women have to have, because children do a lot of companion for us (Athena) / As a woman I greatly desire to be a mother, it is the right of every woman to be a mother. (Diké) / ... I have this right; it is good for every woman to have children, not much, just one. (Iris) / As every citizen I think I also have the right to have children, because everyone is equal (Rhea).

However, we found women who assume they should deprive of enjoy the desired motherhood to avoid having a / one son / daughter with HIV. So, they get free also from guilt of contamination:

As much as I know that deep down I have this right, I believe I have not, because I'm afraid of transmitting the virus to the baby, no matter how careful I am. (Ananke) / I guess I do not have that right. To that for anyone else sick in the world? I think those who have this disease have to be just for you ... (Hera) / Do not consider myself a holder of this right, because I'm afraid of transmitting the virus to a child (Gaia).

Some participants do not know what reproductive rights are, as can be seen:

Do not know. (Rhea) / I do not quite know what that means... (Pandora) / Do not know. (Iris) / "I do not understand about it, do not know what it is not." (Diké) / Do not know. (Hera) / Do not know. (Athena) / Do not know what it means (Artemis).

DISCUSSION

Although reproductive rights are constitutional and considered as a basic human right, many women with HIV cannot enjoy the same or at least know them, because it is subject still little common in society and among health professionals, who often find themselves unprepared to guide these women about their rights. A very important instrument for knowledge and empowerment in this context is the reproductive planning. In seropositive situations for HIV for particulars, as women need information about planning pregnancy to a more favorable clinical moment, the possible consequences of pregnancy and on the methods of conception and contraception, so you can make free reproductive choice, informed and safe.⁸

In their testimonies, women associate reproductive rights to the realization of women for motherhood, so naturalized and idealized, as is laid socially. Recognizing the existence of this law, it is expected to seek reliable information regarding reproduction free from discrimination, because the desire to have a child is something culturally cultivated. Therefore, it is vital that health services, especially reproductive planning, understand the complexity of reproductive rights in the context of HIV/AIDS and are structured in perspective of completeness, in order to accommodate these women, respecting their particularities and providing information necessary for their reproductive choices to be also respected.⁹

It is important that these women have a dialogic health education, which will enable the acquisition of more knowledge about their health, share experiences, create a dialogic environment and acquire instruments to increase their autonomy, allowing them to be able to take appropriate decisions for their lives.¹⁰

The right to have a child, for the participants, gives up the appreciation of the dream of being a mother and being able to enjoy the companion of the children, because in our culture, motherhood is valued and expected by society, being commonly desired by most women. It is still seen as a determinant of social identity, which can be redeemed by HIV-positive women.¹ Thus, the desire to realize the dream of motherhood and ideally have the companion of a child, corresponds to the existence of risk for infection of the child and the fear and insecurity of being a mother with seropositivity.

Among the reasons that make women give up to be a mother, we emphasize the possibility of transmitting the virus to the child and of infecting the seronegative partner.¹¹⁻² Although motherhood is a right of all women to seropositive for HIV, this is coated as an important issue of social nature: pregnant women infected with HIV is considered irresponsible by the companion to generate a child who may be born infected.¹

It is necessary to invest in public policies that enhance the reproductive rights of women living with HIV guaranteeing and respecting the right to make choices about their body and health. It is therefore essential to provide consistent information about all the procedures necessary for the mother's protection and children in all health care levels, considering the level of understanding,

knowledge related to infection and the social context in which the woman is inserted.¹³

Not all professionals are trained to guide HIV-positive women about the various reproductive options. Among the difficulties, there were listed by the professionals: lack of resources, and refresher courses to update their knowledge.¹⁴ In this sense, health professionals should be trained as mainly about the subjective questions of the health-disease, to be able to value the feelings, desires and expectations of women infected with HIV in order to inform them and support them in their reproductive choices, offering them a humanized assistance, informing them about safer alternatives to get pregnant, care for pregnancy for protection and prevention of vertical transmission of the virus.¹⁵

It is necessary that the monitoring of the pregnancy happen from the beginning and with the participation of the couple to achieve adherence to treatment, assistance to control and commitment to newborn care increases the possibility of better results in HIV infection TV.¹⁶

CONCLUSION

Reproductive rights were designed by the participants as a right to motherhood, considered as a place of fulfillment for women, playing an idealized and naturalized vision of a culture inherent to the identity of the woman.

The HIV seropositivity does not prevent women from having children, but for lack of information and proper assistance, some participants had their desire to become pregnant, modified by the fear of getting one son HIV positive, which inevitably would lead them responsibility and guilt, opting thus for not having them.

Other women do not relate the expression reproductive rights as something that makes emerge some conception of the same, which does not exclude the right to maternity and the possibilities of getting pregnant by motivations that accompany the identity of women.

Considering that reproductive rights of HIV-positive women are still stigmatizing target in society, for those who believe that the right to have a child should not be extended to HIV carriers, it becomes necessary that HIV-positive women for HIV and who want to be mothers, to be aware of these rights, so they can exercise them as citizens.

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Submission: 2015/07/22

Accepted: 2016/07/06

Publishing: 2016/08/01

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