



LESBIAN WOMEN IN THE CONTEXT OF HIV/AIDS: AN INTEGRATIVE REVIEW

MULHERES LÉSBICAS NO CONTEXTO DO HIV/AIDS: REVISÃO INTEGRATIVA

LAS MUJERES LESBIANAS EN EL CONTEXTO DEL VIH/SIDA: UNA REVISIÓN

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ABSTRACT

Objective: to analyze in the national and international literature the implications of being a lesbian woman in the context of HIV/AIDS. **Method:** an integrative review in order to answer the main question: << What are the scientific evidences found in healthcare publications about lesbian women in the context of HIV/AIDS? >>. There were consulted the databases LILACS, PubMed/MEDLINE, CINAHL and Science Direct and virtual library SciELO, using the keywords: lesbians, HIV and AIDS. For the analysis of articles sought to the units of meaning that make up the corpus of 12 selected articles. **Results:** highlights data on the transmission and infection of HIV/AIDS, vulnerability to HIV/AIDS and health care aimed at prevention and transmission of HIV/AIDS in lesbian women. **Conclusion:** lesbians are routinely neglected by the state, researchers, health professionals and society in general, regarding the prevention and transmission of HIV/AIDS.

Descriptors: Lesbians; HIV; AIDS.

RESUMO

Objetivo: analisar na literatura nacional e internacional as implicações do ser mulher lésbica no contexto do HIV/AIDS. **Método:** revisão integrativa, com vistas a responder a questão norteadora: << Quais as evidências científicas encontradas nas publicações da área de saúde sobre as mulheres lésbicas no contexto do HIV/AIDS? >>. As bases de dados consultadas foram LILACS, PubMed/MEDLINE, CINAHL e Science Direct e a biblioteca virtual SciELO, empregando os descritores: lésbicas, HIV e Aids. Para a análise dos artigos buscou-se os núcleos de sentido que compõem o corpus de 12 artigos selecionados. **Resultados:** destacaram-se os dados sobre a transmissão e infecção do HIV/AIDS, vulnerabilidade ao HIV/AIDS e cuidados de saúde voltados à prevenção e transmissão do HIV/AIDS em mulheres lésbicas. **Conclusão:** as lésbicas são rotineiramente negligenciadas pelo Estado, pesquisadores, profissionais de saúde e pela sociedade em geral no tocante a prevenção e transmissão do HIV/AIDS. **Descritores:** Lésbicas; HIV; AIDS.

RESUMEN

Objetivo: analizar en la literatura nacional e internacional las implicaciones de ser una mujer lesbiana en el contexto del VIH/SIDA. **Método:** una revisión integradora con el fin de responder a la pregunta principal: << ¿Qué evidencia científica que se encuentra en las publicaciones de salud de las mujeres lesbianas en el contexto del VIH/SIDA? >>. Las bases de datos consultadas fueron LILACS, PubMed/MEDLINE, CINAHL y Science Direct y biblioteca virtual SciELO, usando las palabras clave: lesbianas, VIH y SIDA. Para el análisis de los artículos solicitados buscóse los núcleos de significado que conforman el corpus de 12 artículos seleccionados. **Resultados:** resumen de datos sobre la transmisión e infección de VIH/SIDA, la vulnerabilidad al VIH/SIDA y la atención sanitaria dirigida a la prevención y la transmisión del VIH/SIDA en las mujeres lesbianas. **Conclusión:** las lesbianas son descuidadas sistemáticamente por el Estado, investigadores, profesionales de la salud y la sociedad en general con respecto a la prevención y transmisión del VIH/SIDA. **Descriptor:** Lesbianas; VIH; AIDS.

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INTRODUCTION

The Acquired Immune Deficiency Syndrome (AIDS), a disease caused by the Human Immunodeficiency Virus (HIV), has shown a kaleidoscopic and difficult to control the epidemic. It is considered an important public health problem in Brazil and worldwide, because it sets with high mortality and growth expectations and spread everywhere on the planet.

HIV is transmitted through sexual intercourse, parenteral exposure or mucous membranes to blood contaminated by the virus and through vertical transmission (TV), which takes place from mother to child during pregnancy, birth or breastfeeding.

According to the United Nations Program about HIV/AIDS (UNAIDS), 34 million people were infected with HIV by December 2011 and women represent more than half of cases.¹ In Brazil, according to Ministry of Health, 656.701 AIDS cases were reported between 1980 and June 2012. Among women, 230.161 cases were identified across the country in the same period. These figures point to the phenomenon of the feminization of the epidemic, which is evidenced by the continued reduction in the gender ratio of 15.3 men for every woman in 1986 and 1.7 men for every woman in 2010.²

HIV/AIDS have always risen in public health discussions, but with the feminization of the epidemic process of these discussions gained other proportions. Since the infection initially had prevalence in specific groups, and these, homosexuals, drug users and sex workers.³

For long AIDS has been a disease that affects only gay and bisexual men, but it also causes many women also living with the disease. The number of infected women has increased even among married heterosexual, in a stable relationship and do not use drugs, and sexual intercourse the main route of transmission of the virus.

This increase changes the epidemiological profile of the disease triggering the process of feminization and revealing the vulnerability of women, often reinforced by the majority still believe that AIDS is restricted to so-called "risk groups". This scenario ends by highlighting the stereotypes and prejudices about immoral sex and sexual identity, in which various behaviors and sex are not accepted and thus women do not believe in HIV transmission by monogamous heterosexual relationship or for sex with other women.

Women are still seen by society and the health sector only as mothers, not as subjects of rights, including unlinked sexuality

reproduction. The images released women show discriminatory and stereotypical realities. They, especially the younger ones, have difficult access to inputs and the necessary guidelines for their sexual and reproductive health, which makes them more susceptible to HIV infection and other sexually transmitted infections (STIs).

In the case of lesbians vulnerability also stems from the low perception of risk with regard to contamination by the virus. It is inferred that the invisibility of health issues these women is the result in part of preventive discourses of risk to HIV, heterosexual penetrative sexual practices and homosexual men and the scarcity of research on the vulnerability in this population group.

Contact with menstrual blood and vaginal secretions through the use of sex toys, it has the potential for transmission of HIV and other STDs such as syphilis, hepatitis B and C viruses, human papilloma if sexual intercourse is most or less traumatic.⁴ There is a growing scientific literature pointing out that lesbians are at increased risk of acquiring HIV because of previous heterosexual sex, blood transfusion, intravenous drug use, artificial insemination and occupational accidents.

These women look for diagnosis of HIV only when they relate to heterosexual practices and the occurrence of STDs. A portion of women who have sex with other women is considered to be immune to HIV, because it believes that monogamy, lesbian identity and/or any heterosexual relationship does not have repercussions on their HIV status and their sexual health.

Studies have shown that women who have sex with men and women have a higher risk behavior for contracting STDs and HIV than women who only have sex with men.⁵⁻⁶ Another study has identified STD/HIV acquired from sexual partners who self-identify as lesbian.⁷ In addition, because of fear of prejudice from health professionals or have experienced previous unpleasant experiences, some women fail to seek health services and thus makes this almost invisible population to caregivers.⁸

It is recognized that lesbian women are presented as a challenge to health professionals because their needs concern not necessarily its merits, but only the consequences of representations passed on their sexual practices and lifestyles, deemed deviant with respect to a supposed pattern of normality or implicated in health morally current heteronormativity.

In reflecting about the vulnerability of lesbians to HIV/AIDS, together with the

cultural and social issues that eventually trigger discrimination processes in various sectors of care to these women, it was deemed important to investigate the current context of this phenomenon in this population in order to contribute to actions in the field of health and sexual practices of lesbians, to implement broad range cultural behaviors that crystallize in educational attitudes and health care without discriminatory acts. In this sense, the present study aims to analyze, in the national and international literature, the implications of being a lesbian woman in the context of HIV/AIDS.

METHOD

It was used as a research method of the resources of evidence-based practice⁹⁻¹⁰, integrative review, which allows to include in the theoretical and empirical literature study and studies with different methodological approaches.¹⁰ Integrative review enables the synthesis of published studies, allowing the generation of new knowledge¹⁰ grounded in results reported by previous research.

In preparing this review, six stages were carried out: the first step was to define the main question of the research, in the second stage there were established the criteria for inclusion and exclusion in the third stage were elected databases and virtual libraries and performed search of scientific production in the fourth stage of the data analysis was carried out in the fifth stage was developed discussion of the data and the sixth stage of the synthesis of the review was presented.¹⁰

Initially, it was defined as guiding question of the study: What is the knowledge produced about lesbians in the context of HIV/AIDS in health publications?

For selection of the publications to be included in the review, it was adopted as

inclusion criteria: only primary studies that have direct connection to the theme; it is available in full and without temporal delimitation proposal, since the intention was to compile all the studies that met the established criteria. They were excluded chapters of books, theses, dissertations, monographs, technical reports, reference works and articles that after reading the summary, did not converge with the proposed subject of study, in addition to the publications that were repeated in databases and virtual library.

The search and the selection were carried out in the first half of 2015 by two reviewers, ensuring rigor in the selection process of the articles in the databases of the Latin American and Caribbean Health Sciences (LILACS), Medical Literature Analysis and Retrieval System online (PubMed), Cumulative Index to Nursing and Allied Health Literature (CINHAL), ScienceDirect and Virtual Library Scientific Electronic Library online (SciELO). To obtain the publications were used standardized and available descriptors in Health Sciences Descriptors (DeCS): lesbian [and] HIV [and] AIDS, for searching the database LILACS and Virtual Library SciELO for the other databases there were used: Lesbians [and] HIV [and] AIDS listed in the Medical Subject Headings (MESH).

During the online search, we obtained 45 studies in CINAHL database 2 in the Virtual Library SciELO, 2121 in PubMed/MEDLINE, LILACS and 8 in 1267 in Science Direct, totaling 3443 publications. After careful reading of the title and summary of these, we excluded those who were not related to the subject (3431).

Using the inclusion criteria, the final sample of this review consisted of 12 items, as shown in Figure 1.

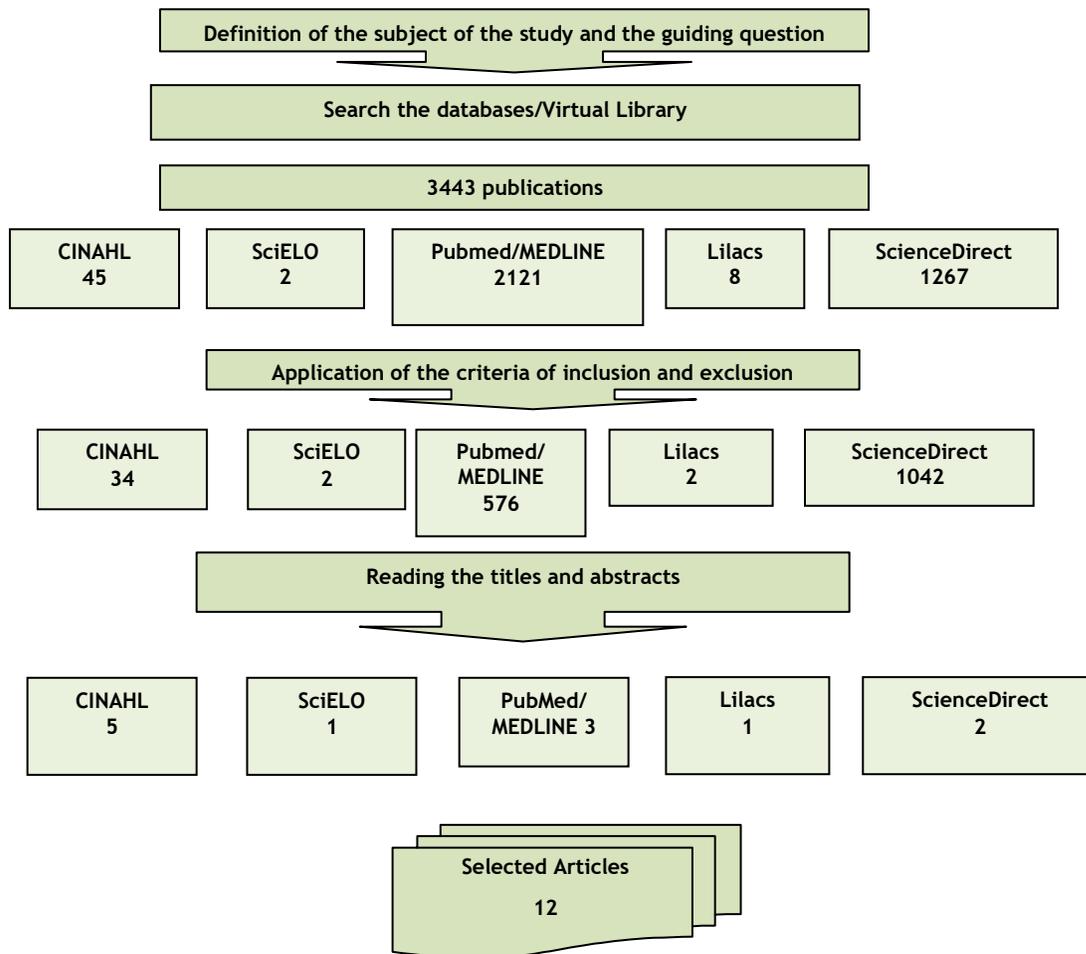


Figure 1. Search strategy for selection of articles included in the review. Teresina/PI, 2015.

After reading the titles and the abstracts, the selected studies were analyzed with the help of a collection form prepared for this purpose by the authors of the study, containing information about the year, country of publication, databases/virtual library, titles, authors, results, completion of studies and level of evidence⁹: 1 - Systematic reviews or meta-analysis of relevant clinical trials; 2 - Evidence of at least one clinical trial randomized controlled well defined; 3 - Well-designed clinical trials without randomization; 4 - Cohort studies and well-designed case-control; 5 - Systematic review of descriptive and qualitative studies; 6 - Evidence of a single descriptive or qualitative study; 7 - Opinion authorities or expert committees including information interpretations not based on research.⁹

By theme or category analysis type of content analysis technique¹¹, operated Text break in units (categories), according analog systematic reunification.¹⁰

The analysis is constituted by the reading of 12 selected articles, later sought to discover the meaning collections that make up the corpus of the study, concerned with the frequency of these nuclei, in the form of targetable and similar data which was held new analysis and they emerged three categories respectively: data transmission and infection of HIV/AIDS in lesbian women, vulnerability of lesbian women to HIV/AIDS

and health care aimed at prevention and transmission of HIV/AIDS in lesbian women.

RESULTS

Figure 2 presents a summary of the studies included in the review, which constituted the study corpus and represented the essence for the preparation of results, discussion and its conclusion on the issue of lesbian women in the context of HIV/AIDS.

It was found that most of the studies which have been published in the year 2003 correspond to a total of three (25%). In relation to the journal, there were 8 different journals, highlighting the Journal of the Association of nurses in AIDS care, which published three articles and the Public Health Magazine and the Social Science & Medicine, which published two articles each. Of the twelve (12) selected articles, six (06) were published in the United States, showing that the concerns and studies about the health of lesbian and bisexual women are limited almost exclusively to that country.

Year/Country/Base/Virtual Library	Title of the article	Authors	Results/Conclusions	Evidence Level
2009, Brazil, Lilacs	All Sexed Up: the response of women young black lesbians sex (more) secure in Johannesburg, South Africa.12	Zethu Matebeni; Thais Medina Coeli Rochel de Camargo; Kenneth Rochel de Camargo Jr; Laércio Fidelis Dias.	There is a widespread misperception that safe sex issues do not affect lesbian women as much as heterosexual women.	IV
2009, Brazil, SciELO	Arguments around the possibility of infection with STDS and AIDS among women who self-define like lesbians.13	G.Almeida	The advent of the HIV/AIDS epidemic has contributed to the continuing invisibility of lesbians under the belief that the "lesbian body" would be the only body immune to infection by sexually.	VI
2013, South Africa, PubMed	Forced Sexual Experiences as Risk Factor for Self-Reported HIV Infection among Southern African Lesbian and Bisexual Women.14	Sandfort TGM, Linda RM, Baumann ZM, Vasu R, Southey-Swartz I.	Despite the image of invulnerability to HIV/AIDS, this is a reality of Lesbian and bisexual women in South Africa. The forced sex is major risk factor for HIV infection among women participating in the study.	IV
2012, Canada, PubMed	"We don't exist": a qualitative study of marginalization experienced by HIV-positive lesbian, bisexual, queer and transgender women in Toronto, Canada.15	Carmen H Logie; LLana James; Wangari Tharao; Mona R Loutfy.	Structural factors increase the risk of HIV among LGBT women. The limited access to HIV prevention as a barrier to care and support those women.	IV
2014, Canada, PubMed	A group-based HIV and sexually transmitted infections prevention intervention for lesbian, bisexual, queer and other women who have sex with women in Calgary and Toronto, Canada: study protocol for a non-randomised cohort pilot study.16	Carmen H Logie; Daniela Navia; Marie-Jolie Rwigema; Wangari Tharao; David Este; Mona R Loutfy.	Study has shown that there is insufficient attention to the implementation of interventions to address the risk of HIV/STI among lesbians.	V
2013, South Africa, CINAHL	"I thought we are safe": Southern African lesbians' experiences of living with HIV.17	Zethu Matebeni; Vasu Reddy; Theo Sandfort; Ian Southey-Swartz	In the context of HIV, lesbian cannot be considered as a group "no risk". Services and health professionals should be encouraged to meet the health needs of lesbians living with HIV.	IV
2003, USA, CINAHL	Perception of HIV and Safer Sexual Behaviors among Lesbians.18	Joyce Fishman; Elizabeth H. Anderson	The belief that lesbians are not at risk for contracting HIV is a find that repeats and that belief may expose women to a much greater risk.	IV
1994, USA, CINAHL	HIV prevention education for lesbians and bisexual women: a cultural analysis of a community intervention.19	Stevens PE	The structure of the intervention has been effective and has sparked interest in information on HIV prevention, and intention to change in behavior.	V

2000, USA, CINAHL	Predictors of HIV antibody testing among gay, lesbian, and bisexual youth. ⁵	Shira Maguen M.A; Lisa P. Armistead; Seth Kalichman.	Gay, lesbian, bisexual youth are at risk for HIV infection and are often not tested for anti-HIV antibodies.	IV
2003, USA, CINAHL	The Politics of Invisibility: HIV-Positive Women Who Have Sex with Women and Their Struggle for Support. ²⁰	Elizabeth D. Arend	The problems faced by women who have sex with HIV-positive women from low-income families are often the same as those faced by all women of low income.	IV
2003, USA, ScienceDirect	Nuances and shifts in lesbian women's constructions of STI and HIV vulnerability. ²¹	Kathleen A. Dolan; Phillip W. Davis	Some women describe changes in the interpretations of their own vulnerability, passing from one position to another in response to getting information.	IV
2007, USA, ScienceDirect	Scaffolded interviewing with lesbian, bisexual, transgender, queer, and questioning youth: A developmental approach to HIV education and prevention. ²²	Welle DL, Clatts MC.	Through participation in the interview, Scaffolded young people are encouraged to develop their own understanding about HIV and its prevention.	IV

Figure 2. Summary of publications included in the review about lesbian women in the context of HIV/AIDS. Teresina/PI, 2015.

DISCUSSION

The analysis of the titles, results and conclusions of the 12 selected articles allowed the group into three thematic categories: data transmission and infection of HIV/AIDS in lesbian women, vulnerability of lesbian women to HIV/AIDS and health care aimed at prevention and transmission of HIV/AIDS in lesbian women.

◆ Data on the transmission and infection of HIV/AIDS in lesbians

HIV transmission cases among women have been described in the literature²³; however lacking statistical data. The potential risk of transmission of HIV was estimated at 0.8% to 3.2% in receptive anal sex and 0.05% to 0.15% in heterosexual vaginal sex unprotected²⁴. However, the statistical probability of transmission between lesbians is still unknown.

Clinical investigations and observations claim that any sexual practice that involves semen, vaginal fluid, menstrual blood or urine infected and come into contact with mucous membranes or non-intact skin, carry risk for HIV transmission. Consequently, lesbian women may engage in risky behavior for contracting HIV in a homosexual relationship.

Traditionally, it was thought that lesbians were STD risk-free, HIV and AIDS. However, studies of gays and lesbians in South Africa show that this is not true, as 8% of women who defined themselves as lesbians in the

research were tested and the result was positive for HIV.²⁵

Other research results showed that out of every ten lesbians who know their HIV status, one reported to be living with HIV.¹⁴ However, these women were not tested, the prevalence may be greater than the self-declared. To the authors lesbians have higher risk factors for the health and less protection than non-lesbian women as drug use, violence and discrimination tend to occur more frequently in this population group.

Another study pointed out that 57% of lesbians reported they had never at risk for contracting HIV, and 53% believed in the possibility of becoming HIV positive. However, HIV rates are very high in the lesbian community. For starters, these rates may be attributed to cases of rape, sexual violence, bisexual partner and unprotected sex with men.²⁶

In the United States, 67% of participants in a survey that declared themselves as seronegative, only 34% had been tested in the past three years and 33% have never been tested. This suggests that these women have no interest in recognizing their HIV status or they assumed to be HIV negative without ever being tested. Probably because they believe they are immune to HIV because of their sexual behavior or that monogamy eliminates the possibility of contracting the virus;¹⁸ however, there is another issue that can be raised. For lesbian, disclose their positive

status for HIV is compromising their sexual orientation, as such, could not explain the infection to your partner, which relate the change of status to a relationship with a man and break the honest communication which guarantees interpersonal trust between them.

In lesbian community, as in many heterosexual contexts, STDs and HIV/AIDS can be seen as infidelity symbols, disloyalty and promiscuity. It may stigmatize lesbian due to alleged sexual identity immunity, so if someone in the group reveals their positive serostatus HIV can be proving his bisexuality.²¹

Lesbian women surveyed in South Africa there are high rates of HIV, but these results were attributed to alarming levels of rape, sexual violence and casual sex with men in that country.²⁷

Although there is no evidence that lesbian women can be infected with HIV in sex with other women, many HIV-positive women reported having sexual relations exclusively with their partners. However, women, regardless of their sexual orientation, are at risk for HIV because what makes vulnerable is the risk behavior and not their sexual identity.¹²

Young gay men, lesbians and bisexuals were surveyed in the United States and the results showed that a third of survey participants practiced anal and vaginal sex without a condom, and one in four young people had at least one risk behavior for HIV; and of those, one-third had not done testing for the virus. This research shows that young people are at high risk for HIV infection and they often do not realize the test. Unprotected anal sex appears as a significant factor for the test for HIV in the population studied.²⁸

Most studies shows that the possibility of HIV transmission during sexual intercourse among women, but based on the risk behavior and not on statistical data. However, in March 2014 the Control and the US Disease Prevention Center (CDC) confirmed laboratory, the first case of HIV transmission during a lesbian relationship. The agency reported that the case is rare, but there is possibility of transmission of HIV in women when one of the partners is infected.¹³ This case comes to demystify the elusive category of protection that ends overshadowing the possibility of HIV/AIDS in lesbian.

◆ Vulnerability of lesbians to HIV/AIDS

Lesbians are routinely neglected by the state, researchers, health professionals and society in general regarding the prevention of HIV/AIDS. Even the Center for Disease Control and Prevention (CDC) considers "rare

occurrence" transmission of the virus during sexual intercourse among women, despite indicating in its reports that the vaginal fluids and menstrual blood are potentially infectious.

Most health policies are aimed at the female population, homogenizing a universe with heterogeneous sexual identities. Within this universe there are women who identify themselves as lesbian, bisexual, or who do not accept any label. However, these women need attention when it comes to prevention and transmission of HIV, making them invisible in health services.

The invisibility of lesbian women has to do with how the spread of the virus was thought. Epidemiologically the virus would be transmitted by the penetration and sharing of body fluids, making the immune lesbian body to HIV infection, contrary to the gay body was propelled to the epicenter of the epidemic.²⁹

However, lesbians cannot be thought of as invulnerable to STDs and HIV/AIDS, since their specific genre that is independent of their sexual orientation, classified as vulnerable, are by anatomical and/or cultural issues.¹⁶ In this logic, lesbians are vulnerable because they come in contact with menstrual blood and vaginal lubricant, considered body fluids capable of transporting infectious agents from one body to another.²⁹

Many factors can contribute to that lesbians are vulnerable to HIV infection: sex with men, prostitution, intravenous drug use and/or sexual violence. Political, social, economic and cultural factors also contribute to inequality and sexual discrimination. There is a higher incidence of HIV among drug users; women who have sex with women compared to heterosexual women, this is due in part to social isolation, poverty, various sexual practices and risk behavior.¹⁶

Evidence shows that there STD transmission among women, such as trichomoniasis, human papillomavirus, herpes simplex and hepatitis B. Bacterial vaginosis and candidiasis, although they are not considered STDs can increase up to three times the transmission of HIV, as well like other STD'S, because these infections cause a local inflammatory process, an accumulation of lymphocytes by which HIV has increased tropism.

It is important that the sexual practices of high incidence, such as tribadism, oral sex, penetration and even genital manipulation, deserve more attention from health professionals during orientation for STD prevention and HIV.¹³

There is also the risk of STD infection and HIV at the time that women who define

themselves as lesbians wish to become pregnant. The fact that most women do not have access to assisted reproduction techniques, would make these women seek homemade solutions such as insemination semen donated to the use of syringes, sex with friends or impersonal for the sole purpose of getting pregnant.¹³

The lack of knowledge about the transmission and prevention of HIV among women who define themselves as lesbians makes vulnerable these women.¹⁹ Women of all cultural groups need information to enable the same to develop negotiating skills in search of support, resources and legal protection so that they can break away from the stress of immunity, whether the population LGBT or not contingent.

The behaviors that put lesbians at risk for HIV transmission and infection include oral sex or unprotected vaginal and anal sex with HIV-positive partner, male or female. Other risk behaviors include sharing sex toys or razors, have sex during menstruation, brushing your teeth or use dental floss just before oral sex, remove cuticles of the nails before penetrative sex with your fingers or sexual behavior that results in a break in the skin and/or mucous membranes.¹⁸

There is a lack of knowledge about the social determinants of HIV and STDs in lesbian women, but qualify gender violence and gender discrimination as significant factors that increase the risk for HIV and STIs in these women.¹⁶ It is necessary to consider that lesbians and other women who have sex with women are at similar risk to become infected sexually as much as heterosexual women.

◆ Health care aimed at the prevention and transmission of HIV/AIDS in lesbians

Access to health of lesbian women is marked by obstacles such as discriminatory service by professionals, misconduct, constraints, prejudices and/or verbal abuse made by these. We are far from a field of efficient health, equitable, egalitarian and detached from the prevailing heteronormativity in health services.³⁰

One issue raised most lesbians involving research is that maybe they do not feel comfortable in revealing their sexual orientation to health professionals. Often they present themselves as heterosexuals for fear of receiving an inadequate or insufficient treatment.

In Brazil, access to health services, would be hampered by structural issues of the Unified Health System (SUS), it is basic to shortage of professionals and consultations thus consider the possible sexual orientation

of women would be a luxury. It is believed that the bad relationship with health professionals is a highlight of both the public service and in private and that the doctor-patient relationship is often represented as a space for ethical violations silenced by fear, misunderstanding, possible discrimination and shame.¹³

Nurses and health professionals should know the orientation, behavior and sexual practices of assisted population by them as well as providing health education about safe sex. Many women do not talk about their sexual orientation even for not realizing the need of health professionals in wanting to know.¹⁸ It is considered important for nurses to develop skills and competencies to accommodate this population, recognizing that the behavior and not to orientate sex is what makes it vulnerable to HIV.

For many lesbian women health services are presented as access barriers as the insensitivity of health professionals and inaccessible means of protection may deter them to look for guidance and/or treatments. It is recognized that health professionals need appropriate training in health needs of lesbians, so as not to make them invisible, as it may aggravate the perception of being low risk.

Some authors believe that health professionals should take ownership of the nuances of lesbian women about risk and vulnerability, for this they need to know the daily lives of these women and the diversity of their sexual experiences. Only thus could provide more efficient care without relying on misconceptions or simplistic images of the sexual practices and behaviors of the same.²¹

In order to implement the STD prevention strategies and HIV in non-heterosexual women, it was conducted a pilot study of a protocol that will be developed in a psycho-educational group for prevention and intervention for STD and HIV in Calgary and Toronto, Canada. The authors aim with this study, still in progress, promote safer sex practices, encourage testing for HIV serology more often, provide social support, facilitating access to health care, reduce gender bias and improve self-esteem, thereby reducing depressive states.¹⁶

In another survey was used Scaffolded interview or life story with young gay men, lesbians, bisexuals, transvestites and transsexuals to, with the intention of facilitating communication, trust and relationships in health and also to raise awareness on the risk of HIV infection. According to the researchers, the approach

uses the story of life as a clinical interview favors the construction of a biography, not only focuses on education as a way of preventing HIV, as she works on self-development perspective, facilitating self-revealing and understanding the risk for HIV.¹⁷

Studies show that the first step to increase the visibility of lesbian women within the health services is awareness, especially the medical community with regard to recognizing the possibility of HIV transmission among these women. There is still little available literature involving the theme and this ends reflecting in medical practice.²²

In a survey of women living with HIV and who have sex with women questioned if visibility women and the struggle for support of these women. In the study, the authors identified three types of support required for the development of effective visibility policy: physical support, including nutrition, medications for HIV housing and stable treatment against drug addiction; social support, including support networks, friends, family or the LGBT community and psychological support. For that interviewed 16 women who have sex with women and found that the problems faced by low-income women with HIV are often the same problems that are faced by all women of low income and color.²³

CONCLUSION

The data transmission and infection of HIV/AIDS in lesbian women showed that the risk behavior and not sexual orientation is to be taken into consideration whether prevention or treatment of HIV/AIDS.

Regarding vulnerability to HIV/AIDS, it was shown that lesbian women are vulnerable to HIV infection because they are subject to individual, social and programmatic vulnerability.

Health professionals from different areas should know that many lesbian women have had or continue to have sex with men, thus these professionals should be aware that sometimes lesbian women may become pregnant, transmit and become infected with the virus HIV and therefore require care related to prevention and transmission of HIV/AIDS.

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