ABSTRACT
Objective: to elaborate set of nursing diagnoses for older women in the context of vulnerability to HIV/AIDS and make the cross-mapping with the concepts of predefined diagnostics ICNP®. Method: descriptive study developed based on the guidelines of the International Council of Nurses, ISO terminology Model 18.104 and a Bank of terms. For the diagnosis and the result is used under judgment and focus axis. For interventions we used terms shaft action and focus. Results: 67 were built set of nursing diagnoses, ranked in the conceptual framework of vulnerability. Conclusion: facing the epidemiological change of AIDS, nursing care to elderly woman in the context of vulnerability to HIV/AIDS, is increasing the visibility of nursing interventions based on the identification of nursing diagnoses, allowing for systematic planning care. Descriptors: Aging; Women's Health; Acquired Immunodeficiency Syndrome; Nursing process; Health Vulnerability.

RESUMO

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1. Nurse, PhD in nursing, Collaborator Professor of the Graduate Program in Nursing/Federal University of Paraíba (PNS/F/UFPE). João Pessoa (PB). Email: greicykel@gmail.com; 2. Graduate nursing. Scholarship of Scientific Initiation (PIBIC/UFPB). João Pessoa (PB). Brazil. Email: alfreda2@gmail.com; 3. Nurse, Master of nursing, Graduate Program in Nursing/Federal University of Paraíba. João Pessoa (PB). Brazil. Email: miriamalceu.ufpb.br; 4. Nurse, Professor Doctorate in Nursing, Department of Public Health Nursing and Psychiatry/Graduate Program in Nursing/Federal University of Paraíba. João Pessoa (PB). Brazil. Email: miriamalceu.ufpb.br; 5. Nurse, Professor Doctorate in Nursing, Department of Clinical Nursing/Graduate Program in Nursing/Federal University of Paraíba. João Pessoa (PB). Brazil. Email: miriamalceu.ufpb.br; 6. Nurse, Professor Doctorate in Nursing, Department of Public Health Nursing and Psychiatry/Graduate Program in Nursing/Federal University of Paraíba. João Pessoa (PB). Brazil. Email: miriamalceu.ufpb.br; 7. Nurse, Professor Doctorate in Nursing, Department of Public Health Nursing and Psychiatry/Graduate Program in Nursing/Federal University of Paraíba. João Pessoa (PB). Brazil. Email: alfleda2@gmail.com.
This epidemiological transition characterized a specific group that deserves specialized attention of health services. Therefore, the Special Secretariat of Policies for Women and the Ministry of Health, through the Department of STD and AIDS and Health Technical Area of Women, present to the institutions operating in the field of human rights and sexual rights reproductive Brazilian women the Integrated Plan the Feminization of the AIDS Epidemic and other STDs which aims to guide the deployment and implementation of actions to promote the health and rights, sexual and reproductive area, at the federal level, state and municipal. To this end, they settled intersectoral strategies to expand access to inputs and the prevention, diagnosis and treatment of sexually transmitted diseases and AIDS for women from different regions of our country and it is important that in each state, county, community, women of the features are mapped to which the shares will be prioritized. 

The nurses and health professionals, have an acting role in the implementation of public policies, as well as user assistance both in health promotion, prevention and the care of health problems aimed at an improvement in their quality of life. Therefore, you need professional practice classification systems to assist in the description and communication of nursing practice activities, featuring a standardized language.

In this context, we highlight the International Classification for Nursing Practice (ICNP\textsuperscript{9}), developed by the International Council of Nurses (International Council of Nurses - CIE), as one of the rating systems, which allows the development of a universal language, need and objective, ensuring continuity of care provided by the nursing staff. The ICNP\textsuperscript{9} can facilitate communication between nurses and the implementation of the phases of the nursing process, representing a form of improvement in nursing record, the user assistance and professional strengthening.\textsuperscript{9}

It should be noted, however, that there are specific classifications for all nursing practice areas, but the CIE need to collect and codify terms used by nursing in specific areas and customers, organizing and creating the terminology subsets defined as a set of statements diagnoses, results and nursing interventions. These subsets are essential for the provision of individualized care to clients and their families, as a handy reference for nurses, diagnoses, interventions and nursing outcomes for a given selected area or
specialty of nursing care based on the model seven axes of ICNP\(^9\).

In a previous study, we developed a database of terms coming from the Feminization Integrated Plan to Combat the AIDS Epidemic and other STDs with cross-mapping between identified terms and terms of ICNP\(^9\) 2011. We identified 648 terms that were submitted for validation content by a group of researchers/staff nurses. 209 terms obtained a concordance index ≥ 0.80 between the study participants were considered valid for the construction of diagnoses, results and nursing interventions for older women in the context of vulnerability to HIV/AIDS. These terms were analyzed semantically, that is a synonym of analysis of the terms was carried out and; therefore, were consulted terms and definitions in the dictionary of the Portuguese language, as well as terms and definitions of ICNP\(^9\) 2011 to verify the relationship of terms that had, common meaning.

The result of this process were 181 terms subject to cross-mapping with the terms of the model of Seven Axes of ICNP\(^9\) 2011.\(^1\) After cross-mapping, it identified 77 non-constant terms in ICNP\(^9\) 2011, from which they were removed 4 terms because they constitute medical diagnostics, totaling 73 104 terms not constant and the terms in ICNP\(^9\) 2011 which were the Bank of terms for the practice of nursing for older women in the context of vulnerability to HIV/AIDS. During the construction of the terms of bank realized the need to organize your settings according to CIEP\(^7\) 2011 and the literature concerning the matter to thus proceed with the construction of statements of nursing diagnoses for older women HIV/AIDS.

From the construction of this database aimed to prepare statements of nursing diagnoses for older women in the context of vulnerability to HIV/AIDS and make the cross-mapping with the concepts of predefined diagnostics ICNP\(^9\).

### METHOD

A descriptive study of exploratory nature to meet the proposed objective was developed as follows: Preparation of statements of nursing diagnoses - held an applied research that was developed based on the guidelines of the CIE reference terminology model of ISO 18.104\(^1\) and the Bank of terms for the construction of statements of nursing diagnoses for elderly women with HIV/AIDS.\(^10\)

In ICNP\(^9\), a nursing diagnosis is defined as a title given by the nurse to refer the decision on the client state, problems and/or needs and is considered the focus to the nursing interventions; nursing outcomes is defined as the extent or state of a given nursing diagnosis in a point of time after the implementation of nursing interventions; and interventions are defined as actions taken in response to the nursing diagnoses to produce a result.\(^12\)

For the construction of statements diagnostics/nursing outcomes were included, necessarily, a term Focus axis and a term of Judgment axis as well as additional terms, as needed, the Customer axes, Location and Time.\(^12\)

In the construction of the statements of nursing diagnoses, there were identified a focus of nursing practice, followed by the employment of a trial to describe the phenomenon of interest. Before stated nursing diagnoses were identified nursing outcomes to be achieved through the implementation of nursing interventions.

The statements of nursing diagnoses for older women in the context of vulnerability to HIV/AIDS built in this study were classified according to the conceptual framework of vulnerability within the context of three types of important vulnerability, they being the individual vulnerability, vulnerability programmatic and social vulnerability.\(^13\)

Individual vulnerability is determined by the individual behaviors that bring infection or illness, the various forms of HIV transmission. However, an individual cannot be considered vulnerable, it may be open to a given situation at a given moment of your life depending on the conditions to which it is exposed, as the practice of unprotected sex, the use of injectable drugs sharing syringes, blood transfusion without compliance criteria, and vertical transmission are risk exposure situations, ie individual vulnerability condition. The degree and the quality of information that the individual has about the contamination risks, the ability to transform their own practices, and the notion of risk is also individual vulnerability factors.\(^13\)

Programmatic vulnerability, which refers to the institutional level, is directly related to policies and actions to fight HIV/AIDS. The evaluation of this vulnerability mode can be made from such aspects as the authorities' commitment to the issue, the actions proposed and implemented by them, funding and evaluation of programs, planning and management actions, links between institutions and civil societies, among other.\(^13\)

While social vulnerability, in turn, is related to social, political and cultural articulated. In this context may be inserted the housing issues, access to consumer goods and information, education level, availability...
of material resources, power to influence political decisions, possibilities to address cultural barriers, freedom of thought and expression, where the less capacity interference in decision making, the greater the vulnerability. It can be understood as a reflection of the social welfare conditions.13

In this study there were built above nursing diagnoses based on the guidelines of the CIE, reference terminology model of ISO 18.10411 and the Bank of terms for the construction of statements of nursing diagnoses for elderly women with HIV/AIDS, as shown in Figure 1.

As shown in Figure 1, there was the construction of 68 statements of nursing diagnoses. Of these, 42 were classified in the individual vulnerability context; 2 listed diagnoses were classified as programmatic vulnerability context and 24 were in the context of social vulnerability.

The 42 statements of nursing diagnoses, ranked in the individual vulnerability context, demonstrate that the individual vulnerability is determined by the individual behaviors that make possible to infection or illness, the various forms of HIV transmission. However, an individual cannot be considered vulnerable; it may be open to a given situation at a given moment of your life depending on the conditions to which it is exposed. The degree and the quality of

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**RESULTS**

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**NURSING DIAGNOSTIC STATEMENTS/NURSING RESULTS**

<table>
<thead>
<tr>
<th>Individual vulnerability</th>
<th>Programmatic vulnerability</th>
<th>Social vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Improved social isolation</td>
<td>2. Improved health policy</td>
<td>2. Improved moral distress</td>
</tr>
<tr>
<td>5. Fear of death</td>
<td>5. Social support impaired</td>
<td>5. Social support improved</td>
</tr>
<tr>
<td>7. Low self-esteem</td>
<td>7. Negative social condition</td>
<td>7. Negative social condition</td>
</tr>
<tr>
<td>8. Improved self-esteem</td>
<td>8. Improved social condition</td>
<td>8. Improved social condition</td>
</tr>
<tr>
<td>13. Psychological process hindered</td>
<td>13. Impaired social process</td>
<td>13. Impaired social process</td>
</tr>
<tr>
<td>15. Decision-making process affected</td>
<td>15. Improved decision-making</td>
<td>15. Improved decision-making</td>
</tr>
<tr>
<td>17. Absent autonomy</td>
<td>17. Autonomy</td>
<td>17. Autonomy</td>
</tr>
<tr>
<td>27. Risk for infection</td>
<td>27. Impaired health</td>
<td>27. Impaired health</td>
</tr>
<tr>
<td>32. Improved health</td>
<td>32. Alcohol abuse</td>
<td>32. Alcohol abuse</td>
</tr>
<tr>
<td>33. Knowledge about sexual behavior harmed</td>
<td>33. Knowledge about sexual behavior harmed</td>
<td>33. Knowledge about sexual behavior harmed</td>
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<td>34. Knowledge about sexual behavior</td>
<td>34. Knowledge about sexual behavior</td>
<td>34. Knowledge about sexual behavior</td>
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<td>35. Impaired sexual behavior</td>
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<td>36. Improved sexual behavior</td>
<td>36. Improved sexual behavior</td>
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<td>37. Impaired sexual process</td>
<td>37. Impaired sexual process</td>
<td>37. Impaired sexual process</td>
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<td>38. Improved sexual process</td>
<td>38. Improved sexual process</td>
<td>38. Improved sexual process</td>
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<tr>
<td>40. Improved intercourse</td>
<td>40. Improved intercourse</td>
<td>40. Improved intercourse</td>
</tr>
<tr>
<td>41. Alcohol abuse</td>
<td>41. Alcohol abuse</td>
<td>41. Alcohol abuse</td>
</tr>
<tr>
<td>42. Alcohol abuse improved</td>
<td>42. Alcohol abuse improved</td>
<td>42. Alcohol abuse improved</td>
</tr>
</tbody>
</table>

Figure 1. Classification of nursing diagnoses listed in accordance with the conceptual framework of vulnerability - João Pessoa, 2014.
information that the individual has about the contamination risks, the ability to transform their own practices, and the notion of risk is also individual vulnerability factors.\textsuperscript{13}

In this study, we identify how impressive is the responsibility of the individual himself by the vulnerability to HIV/AIDS since the set built diagnoses were classified based on the individual vulnerability concept. Thus, it is understood that there is an association that the subject is the primary cause of the disease and/or the difficulty of coping with a chronic disease and stigmatized as HIV/AIDS.

Some statements diagnoses classified based on individual vulnerability concept as social isolation, Fear, Fear of death have characteristics that allow classify them, too, in the context of social vulnerability.

The Social isolation can be seen as an individual choice behavior, characterized by the removal of the individual from society, where it prefers to be in their own environment, keeping in touch with a few people, even in your home creates distancing behaviors, do not accept invitations, refuses to live with the society\textsuperscript{14}, but this behavior can be defined exclusively by social causes, where the refusal to live in society comes from a history of prejudice and stigma of foreign judgments, treatment of contempt, of lack of understanding.\textsuperscript{4} Thus, seeing the causal context, are social practices that isolate that individual in some cases, while in other cases repentance, introspection about their life choices, and other personal feelings act in the cause of this isolation.

As the elderly now has a support from significant others and/or health professionals can achieve an improved social isolation that stimulates to play their social role and will encourage you to participate in social and community activities.

Fear and Fear of death are influenced by the fact that the elderly woman already has a social critique with reference to increased susceptibility to death. There is a close association of death because it is old and it passes to the case of a chronic disease associated with immune reduction,\textsuperscript{15} such as HIV/AIDS, this death appears to be even closer in the social point of view and the very elderly woman, leaving hidden the possibility of prevention and treatment of disease.\textsuperscript{16}

More recently, aging has been associated with the positive image of living longer and better.\textsuperscript{15} Thus, the fear and the fear of death are minimized when the elderly have the opportunity to voice their concerns about vulnerability to the disease with family or health professionals and access to information on means of transmission and prevention of infection, among others.

Besides these provide diagnostic, others, classified, even in the context of individual vulnerability are remarkable for being featured in the literature review. They are: Self-esteem low, Suffering (specify) Negative Emotion impaired psychological process, impaired decision-making process, absent Autonomy, impaired spiritual belief.

The low diagnostic self-esteem comes from an intimate point of the elderly woman in the context of vulnerability to HIV/AIDS. The physical characteristics of aging have decreased self-esteem and when this woman is identified in the changing physical characteristics, to which their sexual activity as well as jeopardize their interaction with society and family, self-esteem is compromised, suffering direct interference the emotional and psychological state that the woman is.

Suffering (specify) is a negative emotion represented by prolonged feelings of great sadness associated with martyrdom and the need to tolerate devastating conditions such as chronic physical symptoms such as pain, discomfort or injury; chronic psychological stress, poor reputation or injustice.\textsuperscript{9}

The statement diagnosis of Negative Emotion Nursing reflects an area of difficult intervention, because it is a psychological dimension, reflective, which is not easily solved, nor is able to establish trust with the person; so that he will interfere with his thinking about practices and lifestyle. The way to deal with the feelings and the stigma that society prints on HIV status,\textsuperscript{16} by health professionals, which have a stigmatized and prejudiced erroneous view can compromise approach to sexuality with the elderly.\textsuperscript{6}

It is observed that the elderly presenting suffering and negative emotion will likely be changed with the psychological process. Nurses should attempt to intervene in the psychological process; advise; encourage the expression of feelings and advise on group therapy; refer the patient to psychotherapy in order to improve the psychological process of the elderly.

Impaired decision-making process was a nursing diagnosis identified and classified in the context of individual vulnerability towards the understanding of women's difficulty in negotiating condom use, the practice of prevention without sex to satisfy their partner and not raise doubts about the couple's fidelity,\textsuperscript{2,3} where the injured gender role is also present.\textsuperscript{19}

This finding shows that accountability for vulnerability to HIV/AIDS cannot be directed
only to the individual context, so that the individual vulnerability, in this case, too, is associated with social vulnerability, where some guy society interferes with the conduct of individual and about their preventive practices.

Autonomy corresponds to self-governance and self-direction condition of the patient with regard to her rights,9 when the nurse realizes that she is absent, in older women, need to act in order to guide on patients' rights; promote conditions that encourage patient autonomy so that the autonomy of the individual can improve.

Spirituality can be contemplated, in old age, as one of the coping resources to adverse situations, becoming emotional and motivational aspects in the search for a meaning to life.20 Spiritual Belief is personal conviction and willingness to maintain and abandon actions taking into account the principles of life that invade, integrate and transcend the biological and psychosocial.9

The statements diagnostic knowledge absent health, impaired learning, absent prevention role, risk of infection, self-care deficit (specify), and impaired health show interrelated characteristics.

Health knowledge requires the individual to be aware of common health problems, healthy practices and health services; ability to recognize signs and symptoms of disease and to share information with others.9

Although it is already evident the increasing number of cases of HIV/AIDS in the elderly population, there are few information about the knowledge of these individuals about the issues related to infection prevention and treatment.

Adequate knowledge about HIV transmission and the implementation of strategies indicated for prevention are of great relevance in Gerontology. Despite the knowledge about HIV/AIDS demonstrated the population, authors point out that, in some studies, still prevail important questions that can change the situation of the epidemic, including the fact that beliefs related to sexuality of the elderly, the low education and low income. Check the level of knowledge among the elderly shows gaps in relation to risk factors that may contribute to the increase of HIV infection in this age group. Whereas concepts involved by beliefs and myths, become necessary clarification measures of modes of transmission of HIV/AIDS.21

When knowledge on health of the elderly is absent, either by impaired learning or lack of adequate information, may result in a missing prevention role, risk of infection, self-care deficit (specify) and hence in impaired health.

If the elderly woman has health aware, through learning improved by access to appropriate information, may result in an improved prevention role, minimized risk of infection, improved self-care and improved health.

The statement nursing diagnosis Risk of infection prevailed in a study where it was presented by all of the study participants, evidenced by the following risk factors: immunosuppression, inadequate secondary defenses and insufficient knowledge.15

Experiments to maintain the welfare and/or dealing with the illness are constant in the lives of those facing aging, it is necessary to promote health and encourage behaviors aimed at maintaining autonomy and successful aging. Whereas this type of aging is a condition to be achieved by those who deal with the changes inherent to aging, reflected that this is an achievable goal for those who plan and work for him. This fact reveals the so-called behavior - self-care - seeking the potential, understand the limitations, valuing the welfare / health and finding ways to take care.22

Self-care is a self-performance of activity: take care of what it takes to maintain, ensure the survival and dealing with individual and private basic needs and activities of daily living.9 Health is a dynamic process of adaptation and dealing with the environment, meeting the needs and achieving the maximum potential for physical, mental, spiritual and social well-being.9

Taking into account the sexuality of the elderly woman in the context of vulnerability HIV/AIDS, the listed diagnoses were elaborated: Knowledge of impaired sexual behavior, knowledge of improved sexual behavior, impaired sexual behavior, improved sexual behavior, impaired sexual Process, Process sexual improved, impaired sexual relations, improved sexual relationship.

Knowledge of impaired sexual behavior can interfere and hinder the sexual behavior of the elderly woman, resulting in impaired sexual intercourse process and harmed for this individual.

It is understood that education in poor health, provided for in utterance diagnosis of nursing knowledge as absent or poor health can be one of the main responsible for the appearance of knowledge diagnoses of impaired sexual behavior and impaired sexual behavior, resulting in the formation of these locks and the extinction sexual activity of life of elderly women.23
Compared to young people, the elderly have less concern and knowledge about AIDS. Thus, for this and other reasons implied in prejudice that even the health professional has about sexuality of the elderly, discussions and approaches of sexually transmitted diseases, including HIV/AIDS, remain reduced in the care contact. The difficulty in communication between health professional and patient has a strong responsibility in difficult HIV/AIDS in this age group.4

The statements diagnoses impaired sexual process, defined as the reproductive system process: ability to engage in sexual intercourse and in men to ejaculate6 and impaired sexual intercourse set to run: sexual activities of two people, usually of the opposite sex; sexual union with the aim of mutual arousal and orgasm,6 can be seen in the context of the elderly woman, caused by physiological factors occurring in the body of this woman. However, if the old woman has HIV, taboos and prejudices that society prints on it and it also has about herself24-5 generates the blocking of sexual life, the interruption of affective relationship with her partner. The thought that before existed of sexless old,23 is associated with a load of guilt by the thought that the sexual practice should be prohibited, when in fact it can happen, but in a protected form.26 This thought has been modified when begins to discuss sexuality in the elderly, which can lead to an improved method and improved sexual intercourse for these individuals.

The increase in the number of sexually active older people with unsafe sexual practices associated with the use of alcohol, drugs and lack of knowledge about the risks for infection by HIV/AIDS, are factors that contribute to vulnerability to HIV/AIDS this population.27 Therefore, we highlight the stated nursing diagnoses alcohol abuse and improved alcohol abuse.

The statements diagnoses partial health policy and improved health policy have full integration in the context of elderly woman with HIV/AIDS, because for this population are scarce actions that address their specific within health policies in general, including in policy health related to coping with the feminization of the HIV/AIDS epidemic studied in this research.

Addressing plan of the feminization of HIV/AIDS considers the elderly woman a vulnerable group, however, the health actions that professionals need to develop, from this plan, bring little significant approach to the specifics of this population.1

The context of social vulnerability is determined by the interference that social factors have on the vulnerability of the elderly woman to HIV/AIDS. Thus, 3 of them are highlighted in the literature with this approach, they are: Access to impaired information, discrimination by age and Stigma.

A comprehensive view of social and cultural context of the elderly, and especially on ways to experience their sexuality is needed. This is a condition to be able to understand the process of weakening the elderly when it comes to prevention against HIV/AIDS and that knowledge reach these seniors and solidify the health promotion process.23

The statement diagnosis access harmed information was identified in a study as one of the main factors of vulnerability due to the low level of knowledge identified by the elderly on HIV/AIDS, where consequently the clarification on the prevention, transmission and other issues involving AIDS do not happen effectively to this population.23 It is extremely important to ensure that consistent information is being offered by various members of the health care team, so that the elderly have a access improved information.

The statements diagnoses Discrimination by age, Discrimination minimized by age, Stigma and minimized, ranked in the context of social vulnerability, have a consequence of relationship where one is able to generate the other. The default culturally stigma against people living with HIV/AIDS generates discrimination. If society does not stigmatize the elderly and the person with HIV/AIDS, they would not feel discriminated against or suffer prejudice. Thus liability of coping with discrimination suffered these people should be divided among health professionals, society, family and individual.4

The elderly are victims of various forms of violence from family and society. This kind of thing is quite common. Violence whose practice sometimes is not even perceived, but is devastating for the elderly as physical aggression and psychological or moral violence.28

For the World Health Organization (WHO) "violence" is a concept referring to processes, to interpersonal social relations, groups, classes, gender, or objectified in institutions, when they employ different ways, methods and means of another annihilation , or its direct or indirect coercion, causing them physical, mental and moral damages. The violence against the elderly also is often called mistreatment and abuse, used as a synonym for violence. This set of terms refers to physical, psychological and sexual abuse; as well as the abandonment, neglect, financial abuse and self-neglect. It is noteworthy, as
relevant and that negligence, defined as the refusal, omission or failure on the part of the responsibility for the elderly in dock you the care you need, is one way to present more violence on both domestic and institutional level our country. It come often, injuries and physical, emotional and social trauma for the person.29

In this context, the study highlights the statements of nursing diagnoses for older women in the context of vulnerability to HIV/AIDS: Violence (specify), risk of violence, moral distress, this sexual abuse, missing family support, impaired social support, negative social condition, impaired dignity.

We emphasize the importance of developing laws that address the needs and guaranteeing the rights of this population is widening. It is the duty of the State and the family, contribute to the achievement of a dignified old age, preferably, within the family. Thus the concern of public attention with the elderly is notorious with the promulgation of the National Policy for the Elderly - PNI in 1994, and its regulation in 1996, which reaffirmed contained in the Organic Law of Health (1990), ensuring social rights Elder, as well as the right to health. The Elderly Statute, in relation to fundamental rights and the elderly population protection needs.30

The National Health Policy for the Elderly - PNSPI announced, in 1999, an important device for the recognition of social rights already pursued by PNI, which reached their goals with their adequacy, reformulation, and enactment in 2006.30 Based on this reflection, elucidated the statements of nursing diagnoses: violence (specify) minimized, minimized violence risk, distress improved morale, minimized sexual abuse, improved family support, improved social support, improved social condition, Dignity improved.

Still, in this context, it is noteworthy the female front of the HIV/AIDS epidemic is necessary to understand the involvement of gender relations and power between men and women, so that vulnerability to HIV/AIDS is seen associated with gender violence that women face. This comprehensive vision identifies the quality of decision-sexual and reproductive decisions allowed or not the female.19 In this context, it is understood that the statement diagnosis impaired gender Paper, rated within the social vulnerability, considers gender relations a social issue where the male to female overlaps. The asymmetrical relationship of gender and power stands out as vulnerability factors for HIV, where gender relations permeate the perception of risk and the decision to adopt preventive measures for sexual transmission of HIV, and the man responsible for the use preventive measures to STDs.2

The statement diagnosis impaired gender Paper can be planned in order to support gender role, and encourage patients to play their part, based on the CIPE 2011 to achieve improved gender Paper.

The privacy and respect for the elderly as people who maintain sexual activity is diminished by little credibility that is given to their sexuality and lack of maintenance of sexual expression, where the dignity, respect and acceptance lose focus, where myth and the ignorance are transferred from sexual practice in general in the past for sexual practice among elderly.26

In this study, it is understood that the individual, social and programmatic aspects of vulnerability need to be interconnected when planning the nursing interventions, considering the elderly woman in the context of vulnerability to HIV/AIDS. During the planning of nursing interventions for a nursing diagnosis, social, individual and institutional contexts need to be addressed, given that the human being is understood within its range of factors where the performance, only on a vulnerability mode not it is sufficient to achieve satisfactory results.

**CONCLUSION**

As objective in this study were constructed set of nursing diagnoses for older women in the context of vulnerability to HIV/AIDS. As a result of the study, 68 stated nursing diagnoses were classified based on the vulnerability context.

It is understood that discussions are needed on ways of nursing care to the elderly woman vulnerable to HIV/AIDS, as well as the encouragement and nurse practice of processing on the epidemiological change of AIDS, with regard to aging and feminization of AIDS, so that the absence of specific classifications for all areas of nursing, the preparation of statements diagnostics aimed at vulnerable elderly woman to HIV/AIDS contributes to the nurse's judgment upon her performance in attention to the sexual health of the elderly and context of vulnerability to HIV/AIDS.

To instigating discussions on the theme, in order to encourage subsidies for nursing care for elderly woman in the context of vulnerability to HIV/AIDS given some care strategies to be planned by the nurse. It is believed, therefore, that in the face of AIDS epidemiological change, nursing care to elderly woman in the context of vulnerability...
to HIV/AIDS, highlights the need for nursing interventions, and based on the results obtained from the nursing diagnoses identified, allowing a plan of systematic care.

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Corresponding Address
Patrícia Josefa Fernandes Beserra
Bairro Cidade dos Colibrís
CEP 58073-206 – João Pessoa (PB), Brazil