Objective: to understand the experience of gestation by adolescents who were born infected with HIV in the life and care path. Method: this study is qualitative, based on the theoretical-methodological perspective of the Social Constructor Approach in Health, based on the Vulnerability and Human Rights Reference, using the scene methodology. The study scenario will be a specialized HIV service in Porto Alegre/RS. Participants will be adolescents/young people who experienced pregnancy in adolescence. The semistructured interview will be used, and the analysis of the conversation will be done in the perspective of Social Constructionism. The project was approved by the Research Ethics Committee of the Federal University of Rio Grande do Sul (UFRGS), CAAE 62408316.0.0000.5347. Expected results: the aim is to construct subsidies for health professionals to perform the sexual and reproductive rights of this group to a unique health care that considers the vulnerability situations to which it is exposed, giving visibility to innovative practices.

Descriptors: Adolescent Health; HIV; Pregnancy in Adolescence; Health Vulnerability; Nursing.

RESUMO

Objetivo: compreender a vivência da gestação por adolescentes que nasceram infectadas pelo HIV na relação com a trajetória de vida e de cuidado. Método: estudo qualitativo, baseado na perspectiva teórico-metodológica da Abordagem Construcionista Social em Saúde, a partir do Quadro da Vulnerabilidade e Direitos Humanos, utilizando a metodologia das cenas. O cenário de estudo será um serviço especializado em HIV de Porto Alegre/RS. As participantes serão adolescentes/jovens que vivenciaram a gestação na adolescência. Será empregada a entrevista semiestruturada, e a análise da conversação será feita na perspectiva do Construcionismo Social. O projeto foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal do Rio Grande do Sul (UFRGS), CAAE n° 62408316.0.0000.5347. Resultados esperados: almeja-se a construção de subsídios para a atuação dos profissionais de saúde na efetivação dos direitos sexuais e reprodutivos desse grupo, com o intuito de um cuidado à saúde singular que considere as situações de vulnerabilidade às quais ele está exposto, de modo a dar visibilidade às práticas inovadoras.

Descriptors: Saúde do Adolescente; HIV; Gravidez na Adolescência; Vulnerabilidade em Saúde; Enfermagem.
INTRODUCTION

Throughout the transition from childhood to adolescence, the girl adolescent who was born infected with the Human Immunodeficiency Virus (HIV) is now committed to her care, knowledge and tools to protect both her health and the health of other people, worrying about their health conditions and their relationships. In this transition, there is a movement of care dependent on the family and health professionals for a shared care, but determined by the desire of the adolescent. Thus, there is a need to understand the context in which the adolescent's biopsychosocial development takes place, as well as her continuous experiences related to coexistence, from birth, with a chronic condition still marked by stigma, implying emotional challenges and choices affecting her autonomy.

Adolescents who were born infected with HIV are sexually active. Consequently, it is necessary to invest in studies addressing the meanings of their practices in the dimension of sexuality and sexual and reproductive health, as well as pregnancy rates in this population and secondary prevention to avoid a second generation of transmission, coinfections and partner infections. In this sense, there is a gap in studies that address gestation in the context of HIV beyond the purpose of controlling vertical transmission, especially in adolescence. Only recently, this issue has been included as a question for integral health care, the discussion being triggered by anxiety and concern about the possible infection of sexual partners, the potential suffering resulting from eventual rejection or discrimination, and the experience of the maternity process.

Based on the voice of adolescents living with HIV, there is an urgent need to understand and analyze the senses related to gestation based on the life and care paths, which have elapsed in diverse sociocultural settings. By trajectories, it is understood a sequence of lived experiences, their circumstances, the intervals and the splits that combine the different social marks that delimit the areas of possibilities of the individuals: origin and social class, familiar history, stage of the life cycle they are and gender relationships found in the universe in which they live.

The Constructive Psychosocial Approach in Health, being one of the theoretical bases of the Vulnerability and Human Rights References (V&DH), enables to apprehend the socio-cultural scenario of conscience and behaviors occurring in social relationships, as dynamics operate in health outcomes. The use of the Constructivist Approach tends to broaden the understanding of how adolescents infected with HIV through vertical transmission experience different life and care paths in the socialization process.

Therefore, the question guiding the research is: how the experience of gestation by adolescents who were born infected with HIV is inserted in their life trajectories and health care by articulating with other psychosocial experiences?

OBJECTIVES

- To understand the gestational experience of adolescents who were born infected with HIV in their life and care pathways.
- To investigate aspects of the life history of adolescents who were born infected with HIV and the implications of experiencing pregnancy.
- To explore how the experience of pregnancy in this group is signified according to the markers of personal identity, the sociocultural background in which these adolescents are inserted, the social experience in the seropositive condition and the diagnosis and health care trajectory built in the interaction with professionals and specialized services.

METHOD

This study is a qualitative research, based on the theoretical-methodological perspective of the Social Constructionist Approach in Health, based on the Vulnerability and Human Rights References, using the methodology of the scenes.

The study scenario will be a specialized HIV service in the city of Porto Alegre/RS. Participants will be adolescents/young people infected with HIV by vertical transmission who experienced gestation in adolescence. The inclusion criteria will be considered: adolescents (15 to 19 years old) or young people (20 to 24 years old), HIV infected by vertical transmission who became pregnant during the age group of 15 to 19 years old; those who have experienced gestation during the period between 2013 and the first half of 2017; and who are being followed up at the specialized service, at the adult or pediatric infectious clinic. The exclusion criteria will be the adolescents/youth who have any health impairment that prevents the interview from being carried out, either by physical or psychological impossibility, will be discarded.
The number of participants in the research will be stipulated previously between 10 and 16, respecting the criterion of saturation.9

The contact with the participants will be through the indication of the professionals of the health service. The selection will be for convenience with approach of the adolescents/young people in the specialized services the day they have consultation in the clinic of infectology. The approach will take place through an informal conversation in a relationship of empathy and trust.

A semi-structured individual interview technique will be used, in depth, from the perspective of the construction of scenes. It is intended that a private location be available in the service for the development of the interviews to satisfy the collection of subsidiary data of the trajectories to be analyzed. An interview script will be used which will be composed of open questions and the construction of scenes based on the constructionist perspective.7,8 The duration of interviews may vary from 40 to 60 minutes. These interviews will be recorded in mp3 audio format to be later transcribed. Conversational analysis will be used in the perspective of Social Constructionism.10

The research project was approved by the Research Ethics Committees of the Federal University of Rio Grande do Sul (UFRS), CAAE 62408316.0.0000.5347, and Hospitalar Conception Group, CAAE no. 62408316.0.3001.5350. Also, the project was prepared in accordance with the terms of Resolution 466/2012 of the National Health Council, assuring the participants confidentiality, anonymity, voluntary participation and withdrawal at any time without any harm to themselves. The adolescents will sign the Free and Informed Consent Term (TALE) and those responsible will sign the Informed Consent Form (TCLE). When the adolescent is more than 18 years old or with emancipation situation, the TCLE will be given to her.

**EXPECTED RESULTS**

The contribution of this study is the importance of understanding the experience of gestation by adolescents who were born infected with HIV in their life and care pathways. Thus, in assessing the dimensions of sexuality, reproduction and motherhood, and therefore of the sexual and reproductive rights of adolescents living with HIV, this study intends to emphasize the psychosocial dimension of daily life that operates in the individual, programmatic and vulnerability. In the case of the studied population, vulnerability to unplanned/desired gestation, restricted desire and reproductive rights, partner infection and co-infections.

With this study, it is expected to contribute to the triad research, teaching and health care. For the research, giving visibility to the health demands focused on the care trajectories of the HIV-infected adolescents by vertical transmission and on the effectiveness of their sexual and reproductive rights, contributing to the solidification of knowledge. For teaching, with the expansion of discussions about health care, in the sense of allying theory and practice. Also, it is possible to reflect on the visibility and importance of nursing care in the exercise of sexual and reproductive rights through specific actions that compete with the professional in this area. For health care, it is expected to contribute to the increase of the actions developed, giving them a more effective educational character for the development/strengthening of the sexual subject, understood as the dimension of the individual that regulates the sexual life7, possible through the perception and critical awareness of their reality. Besides giving visibility to the lack of space in health services for adolescents in general of both genders, in particular for adolescents living with HIV and their partners. Therefore, the intention is to contribute to a greater visibility of the health needs, the themes and the specificities of this population, which, when contemplated, can qualify the care offered.

**REFERENCES**


Pregnancy experience for adolescents who...