



ORIGINAL ARTICLE

HIV AND THE QUICK TEST: SOCIAL REPRESENTATIONS OF PREGNANT WOMEN

HIV E TESTE RÁPIDO: REPRESENTAÇÕES SOCIAIS DE GESTANTES

VIH Y LA PRUEBA RÁPIDA: REPRESENTACIONES SOCIALES DE LAS MUJERES EMBARAZADAS

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ABSTRACT

Objective: to describe the social representations of pregnant women about HIV and the quick test for HIV. **Method:** this is a qualitative, descriptive study based on the Theory of Social Representations, with 81 pregnant women, occurred in the Basic Health Unit, using a form and the Technique of Free Evocations of Words. We analyzed the data profile through descriptive statistics and through the software EVOC 2003, presented in the form of figure and table. **Results:** it comprises the central core of social representations of pregnant women about HIV by the terms illness, death, contamination and fear and about the quick test for HIV is composed by the terms fear, unknowledge, practicality and speed, knowledge-result. **Conclusion:** it is concluded that, for the term HIV inductor, the representation is negative, loaded with “pre-concepts” and anguish; and for the inductor quick test for HIV, appear negative aspects related to fear of the outcome of the testing. Permeate, by the term unknowledge, all categories and it makes itself present in the two tables of four houses. **Descriptors:** HIV; Pregnant women; Prenatal Care; Health Vulnerability; Vertical Infectious Disease Transmission; Social Stigma.

RESUMO

Objetivo: descrever as representações sociais de gestantes sobre HIV e teste rápido para HIV. **Método:** trata-se de um estudo qualitativo, descritivo, baseado na Teoria das Representações Sociais, com 81 gestantes numa Unidade Básica de Saúde, utilizando-se um formulário e a Técnica de Evocações Livres de Palavras. Analisaram-se os dados por meio da estatística descritiva e do software EVOC 2003, apresentados em forma de figura e tabela. **Resultados:** compõe-se o núcleo central das representações sociais das gestantes sobre HIV pelos termos doença, morte, contaminação e medo e sobre o teste rápido para HIV é composto pelos termos medo, desconhecimento, praticidade-rapidez, saber-resultado. **Conclusão:** conclui-se que, para o termo indutor HIV, a representação é negativa, carregada de “pré-conceitos” e angústias; e, para o indutor teste rápido para HIV, aparecem aspectos negativos relacionados ao medo do resultado da testagem. Permeiam-se, pelo termo desconhecimento, todas as categorias e ele se faz presente nos dois quadros de quatro casas. **Descritores:** HIV; Gestantes; Cuidado Pré-natal; Vulnerabilidade em Saúde; Transmissão Vertical de Doença Infecciosa; Estigma Social.

RESUMEN

Objetivo: describir las representaciones sociales de las mujeres embarazadas acerca del VIH y la prueba rápida del VIH. **Método:** este es un estudio cualitativo-descriptivo basado en la teoría de las representaciones sociales, con 81 mujeres embarazadas, en la Unidad Básica de Salud. Se utilizó un formulario y la Técnica de las Evocaciones Libres de Palabras. Se analizaron los datos a través de la estadística descriptiva y a través del software EVOC 2003, presentadas en el formulario de la figura y tabla. **Resultados:** comprende el núcleo central de las representaciones sociales de las mujeres embarazadas acerca del VIH por la enfermedad, la muerte, la contaminación y el temor en la prueba rápida del VIH, estando compuesto por el miedo, el desconocimiento, la practicidad y la velocidad, conocimiento-resultado. **Conclusión:** se concluye que, para el término VIH inductor, la representación es negativa, cargada con “pre-conceptos” y angustia; y para el inductor prueba rápida para VIH, aparecen aspectos negativos relacionados con el miedo de los resultados de la prueba. Completan, al final del desconocimiento, todas las categorías y en él se hace presente en los dos cuadros de cuatro casas. **Descritores:** VIH; Mujeres Embarazadas; Atención Prenatal; Vulnerabilidad en Salud; Transmisión Vertical de Enfermedad Infecciosa; Estigma Social.

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INTRODUCTION

Notified in Brazil, since 2000 until June 2016, 99,804 pregnant women infected by the Human Immunodeficiency Virus (HIV).¹

Comes to presenting the detection rate of pregnant women with HIV in Brazil a trend of increase in the last ten years; in 2005, the rate was of two cases for each thousand live births, increasing in 2014 to 2.6 cases, showing an increase in 30.0%. It presents, also, this trend among the regions of the country, and the increase was higher in the northern region (211.1%), which had a rate of 0.9 in 2005 to 2.8 in 2014. It is known that the age range between 25 to 29 years old is that presents the greatest number of cases of pregnant women infected with HIV since 2000 reported in the Information System of Reportable Diseases (SINAN).²

The Ministry of Health (MoH) the provision of quick test for HIV diagnosis, at the first consultation and in the third quarter of the prenatal recommends it, because the interventions can reduce vertical transmission. It can occur (vertical transmission from mother to child) at any stage of pregnancy, birth and postpartum (via breastfeeding), and approximately 65% of the cases of vertical transmission occurs late in pregnancy or during labor and birth.³

Established in 2011, the Network Stork, which aims to ensure a network of care for mother and child, related to HIV, and the coverage of HIV testing during prenatal care increased from 62.3% in 2006, to 83.5% in 2010. Implied the expansion of provision by this network of quick tests for HIV and syphilis in the increase of diagnosis in Brazil.⁴ One must consider, by health services that offer assistance to prenatal and postnatal care, the actions of acceptance and advice are essential to reduce infections and vertical transmission. It also contributes, by the act of welcoming, for the creation of linkages between maternal-service-health professional, providing a favorable condition for which the counseling develops more effectively.⁵

One must explain this time, whereas the quick test for HIV is an examination that can have an important impact on the life of the pregnant, because, from a positive result, changes are necessary, contrary to the expectations of motherhood for the majority of women, such as, for example, breastfeeding and normal birth.⁵

It is evidenced in studies close association between the unfavorable socioeconomic indicators and the increase in the incidence of HIV/AIDS, affecting more people with low level of schooling, income level and residency in geographic areas with low human development index, and incidence in women heterosexually.⁶

It is pointed, for this profile of the HIV/AIDS epidemic, the need to investigate best social factors, economic and demographic factors and the influence of the vulnerability to HIV in pregnant women at risk of vertical transmission.

It represents by various persons AIDS and HIV surrounded by stigma, prejudice, discrimination, and in a fine line between death and the chronicity.⁷ The social representations of this epidemic influence the way to act before it and its prevention. The person self-represents to represent the object, printing her identity what represents.⁸

Seek the representations of pregnant women regarding this theme can contribute to the training and reflection of health professionals, aiming to behaviors and actions pro-reduction of HIV vertical transmission, improvement in reception and advice, also to be able to draw educational actions turned to pregnant women, and in the formulation of strategies that serve to support the implementation of the fast-test.

In addition, we sought to answer the question: What are the social representations of pregnant women about HIV and quick test for HIV?

OBJECTIVE

- To describe the social representations of pregnant women about HIV and quick test for HIV.

METHOD

It is a qualitative-descriptive study, whose theoretical support was the Theory of Social Representations in the structural perspective of the Theory of the Central Core (TCC). It is believed that the larger premise of TCC says that the contents of social representations are subject to a structure organized around a central core.⁹

It contains, in this structure, two fundamental systems, in addition to a central core, the peripheral system and it is based between the intersections of frequencies of occurrence of the concepts associated with the object of representation with its order of evocation. It results in a discursive production free and spontaneous.¹⁰ This reveals that, in this study, the focus was the structure, especially the central core, being responsible for the change of a representation.

The study occurred in the city of Macapá (AP), in the Basic Health Unit (BHU) of the Federal University of Amapá (UNIFAP). Offers, among the actions of pre-natal care, for unity, quick test for HIV, hepatitis B, hepatitis C and syphilis. Informs that participated in the survey 81 pregnant women, and there was no established relationship with the participants before the study. This was followed in the sample, the existing recommendations among researchers in the area of social representations, a minimum necessary to achieve the recovery of a social construction about an object.⁷ Addressed to pregnant women during the search for the completion of the quick test for HIV that are scheduled by the unit.

It formed, as inclusion criteria, pregnant women enrolled in the pre-natal referred to BHU in the data collection period, excluding pregnant women who had difficulty in oral communication,

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and all signed the Informed Consent Form (pregnant women of age) and the Informed Consent (pregnant minor women). Signed the Term of Free and Informed Consent of minors by those responsible.

The data were collected in the period from April to October 2017, and as a tool, we used a form composed of two parts: Part I - Demographic profiles and gestational age; Part II - Evocations. Requested the production of five words or expressions that they come immediately to mind when thinking in terms inductors "HIV" and "quick test for HIV".

Explains that the Technique of Evocations Free of Words (TELP), also known as the Technique of Free Association of Words (TALP) or test by association of words, consists in the request, to the people, who speak a pre-determined number of words or expressions that they occur immediately to mind in relation to an inductor term.¹¹

We applied the form while awaiting the results of the quick test for HIV by a group of four collaborators trained, linked to the project, which took turns during the days of the week. The collection of data in the BHU in the morning and afternoon shifts, and each application of the instrument lasted approximately 30 minutes, in a place reserved, in which were present only a collaborator and the participant pregnant woman.

It was used for the organization of evocations, the order of production of words, to ensure the spontaneity, because it is assumed that the most important words are quoted in the first place. Prepare the data for the four collaborators who have made a collection for the project.

Insert the product obtained by means of the first part of the form in Excel 2010, analyzing them by means of descriptive statistics. It processed the product obtained by means of the second part of the form (TELP) in software Ensemble of Programs Permettant L'Analyse des Évocations - Evoc, version 2003. It calculates and informs the frequency of occurrence of each word raised, the weighted average of the occurrence of each word, in the order of evocation and the average of the orders weighted averages of all the terms mentioned.¹¹

It was obtained, from the result of the processing, the framework of four houses, which corresponds to the four quadrants with four sets of terms. Produced two tables of four houses, one for each term inductor. Allows, by the Technique of Four Houses, to combine two attributes related to words or expressions that are raised, the frequency and the order in which they were raised, the distribution of the terms produced by the spontaneous importance attributed by the subject.¹¹

Informs that the analysis of tables had as its focus the central core, because the whole social representation is organized around a central core, determining its meaning and internal organization,

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being a subset of the representation, consisting of one or more elements that, if they did not exist, would desistrustructure the representation or would accord a totally different meaning.⁹

Held, after obtaining the two tables of four houses, the semantic analysis and content of the terms contained in these tables, seeking to bring together the terms into categories associated with the object of study according to the semantic universe used by pregnant women. It describes that the analysis was the thematic type-categorical, which is configured as a set of techniques to analyze communications using systematic procedures and objectives of description of the contents of the messages.¹²

It is the technique, the entire text in the analysis, by passing it through a filter of classification and quantification, according to the presence and absence of items of meaning. Enables, therefore, the exploration of the material analyzed from the observation of different elements included in the text and can lead to different results in terms of understanding the messages.¹³

It is followed by the research, the Resolution 466/12 of the National Health Council, presenting them by the Committee for Ethics in Research of UNIFAP under the CAAE N 58429716.3.0000.0003.

RESULTS

Profile of the pregnants

Considered, of 81 pregnant participants (table 1):

Table 1. Distribution of the sample according to the variables. Macapá (AM), Brazil, 2017. (N = 81)

Variable	Categories	N	%	
Age (in years)	15 - 17	08	10%	
	18 - 24	30	37%	
	25 - 31	27	33%	
	32 - 39	16	20%	
Nationality	Pará	36	45%	
	Amapá	30	37%	
	Maranhão	2	3%	
	Amazonas	1	1%	
	French Guiana	1	1%	
	Paraná	1	1%	
	Rio Grande do Norte	1	1%	
	Santa Catarina	1	1%	
	not declared	8	10%	
	Color/race	Pardo	61	75%
White		13	16%	
Black		6	8%	
not declared		1	1%	
Schooling	not studied	2	3%	
	Incomplete elementary school	23	28%	
	Complete elementary school	7	9%	
	Incomplete high school	8	10%	
	Complete high school	22	27%	
	Incomplete higher education	10	12%	
	Complete higher education	9	11%	
Profession	Housewife	35	43%	
	Student	8	10%	
	not declared	8	10%	
	Teacher	5	6%	
	Executive Secretary	3	4%	
	Self-employed	3	4%	
	Unemployed	3	4%	
	Housekeeper	2	2%	
	Cashier	2	2%	
	General Services Assistant	2	2%	
	Other	10	13%	
	Family income	up to 1 minimum wage	26	32%
		more than one minimum wage to 2 minimum wages	20	25%
more than 2 minimum wages		27	33%	
not declared		8	10%	
Marital status	Stable union	55	68%	
	Single	11	13,5%	
	Married	11	13,5%	
	Dating	3	4%	
	Widow	1	1%	
Religion	Catholic	36	45%	
	Evangelic	26	32%	
	not declared	18	22%	
	Candomblé	1	1%	
Number of children	0 - 1	51	63%	
	2 - 3	21	26%	
	4 or more children	9	11%	
Gestational age	1 st trimester of pregnancy	27	33%	
	2 nd trimester of pregnancy	25	31%	
	3 rd trimester of pregnancy	24	30%	
	not declared	5	6%	
Completion of previous quick test	done	54	67%	
	not done	27	33%	
At the time of the test: sex without a condom within the past 30 days	Yes	53	65%	
	No	28	35%	

Term HIV inductor

It is raised by 81 pregnant, 389 words associated to the term “HIV” inductor, and of these, 81 were distinct. It presents, in figure 1,

the distribution of the words mentioned, forming the framework of four houses on “HIV”. It was obtained in this framework minimum frequency 10, intermediate frequency 19, and Order Mean

Evocations (OME) 2.9 (within a range from one to five); in it, there are 13 words or terms mentioned, which are divided into four quadrants, being the upper left quadrant corresponding to the central core; the upper right quadrant, those elements of the first periphery; the lower left quadrant, the elements of contrast and the lower right quadrant, the elements of the second periphery.

It evokes, in the upper left quadrant, the central core of the representation about HIV with the words: “contamination”, “disease”, “fear” and “death”, and these words are expressed in frequency greater than or equal to 19 and obtained averages of evocation of less than 2.9, thus being the most instantly raised.

OME <2,9				OME ≥2,9		
Average frequency	Evoked term	Frequency	OME	Evoked term	Frequency	OME
≥19	Contamination	21	2,857	Unknowledge	30	3,100
	Disease	47	1,447			
	Fear	21	2,476			
	Death	23	2,826			
<18	Serious illness	10	2,100	Care	10	3,700
	STD	13	1,538	Prejudice	12	3,583
	Incurable	18	2,500	Prevention	13	3,846
				Suffering	10	3,400
				Treatment	18	3,278

Figure 1. Picture of four houses for the term inductor “HIV” - situation of normality. Macapá (AM), Brazil, 2017. N=81.

Term inductor quick test for HIV

Mentioned for the inductor term “quick test for HIV”, by 81 pregnant women, 378 words associated to the term, and of these, 85 were distinct. It presents, in figure 2, the distribution of the words mentioned, forming the framework of four houses on “quick test for HIV”. It was obtained, in this framework, minimum frequency of eight, intermediate frequency 17 and Order Mean Evocations (OME) 2.9 (within a variation

from one to with). Have, in it, 12 words or terms raised.

It contains, in the upper left quadrant, the central core of the representation about rapid testing for HIV with words and expressions: “unknowledge”, “fear”, “convenience-quickly”, “know-result”. Express these terms or words in a frequency greater than or equal to 17, and at the same time, they obtained averages of evocation of less than 2.9, thus being the most instantly and often evoked.

OME <2,9				OME ≥2,9		
Average frequency	Evoked term	Frequency	OME	Evoked term	Frequency	OME
≥17	Unknowledge	25	2,440	Anxiety	22	3,227
	Fear	29	2,241	Prevention	20	3,000
	Practicality-speed	24	2,542			
	Knowledge-result	23	2,348			
<16	Care	9	2,444	Health	9	3,667
	Illness	10	2,400	Safety	13	2,923
	Important	8	2,750	Treatment	14	3,429

Figure 2. Picture of four houses for the term inductor “QUICK TEST for HIV” - situation of normality. Macapá (AM), Brazil, 2017. N=81

DISCUSSION

Serve to factors such as low educational level, the non-exercise of some labor activity and low or no income as the backdrop for a process called “impoverishment of Aids”; since the involvement is more frequent in the poorer strata of economically developed societies and in underdeveloped countries, there is greater vulnerability to HIV/Aids.¹⁴

It was in this context that the pregnant women in this study showed a low degree of schooling, and this variable indicates vulnerability factor when it comes to prevention methods, since the low schooling influences the autonomy in requesting the use of condoms by the partner, which interferes with the perception related to the risk of contracting HIV.¹⁵

It was found that the majority of pregnant women infected with HIV in Brazil have until the 8th grade incomplete, being 31.6% of the cases reported in 2014 in the SINAN.² Shows, by incidence rates, higher risk of contamination for women with the lowest degree of schooling, configuring tendency of increased incidence for women living in the North, Northeast and Midwest regions with lower education and lower income.¹⁶

It follows that, in variable income, when summed the number of pregnant women who reported an income of up to one minimum wage with the WHO declared income of up to two minimum wages, the percentage of 57% notes that the greatest portion represents the low-income population, strengthening the vulnerability factor. It is, by increasing rates of incidence in recent years, which, in pregnant in conditions similar to

this study, there is greater vulnerability to HIV infection, for biological reasons, relationship of younger women with older men and by unequal treatment in terms of political, cultural and socioeconomic factors, with less access to goods, social protection and education.¹⁷⁻⁸

It is perceived that the age range with a higher percentage in this study (15-24 years old) is also the target of greatest concern in the international sphere, since overall statistics on HIV indicate approximately 7,000 young women between 15 and 24 years old, of HIV infected per week. "In sub-Saharan Africa, three to four new infections are among girls aged between 15 and 19 years old. Young women between 15 and 24 years old are twice more likely to be living with HIV than men (juvenile)".¹⁹

It should be stressed that, to associate the marital status, 81% of pregnant women in this study live in a stable union or are married, and yet 65% of pregnant women reported having sexual intercourse without condoms in the last 30 days, generating concern related to immunological window, it can cause doubts as to the final outcome, since this expression of the virus in the blood is not immediate. It is, therefore, the vulnerability, because the pregnant women are at young age and marital status allows the establishment of a relationship of trust with the partner, not considering the possibility of extramarital relationships. Adding that there is the aggravating factor that the younger women submit themselves to the will of the partner, and this creates a risk of infection in pregnant women and, consequently, the risk of vertical transmission, because, "in the period of pregnancy, decreased immunity of women, the change of vaginal pH and a higher frequency of ectopic cervical and vaginal moniliasis increase the fragility of the vaginal mucosa".²⁰ underscoring the need, even while she was pregnant, to use a condom.

Influences, by religion, the trust established between the couple, because many women don't bother to protect themselves with condom use by believing that the husband commits adultery and, despite the doubts about the previous relationships of partner, they accept the situation by believing that they would be following the doctrines of the church such as them.²¹ It is understood that the professionals have difficulty to overcome this barrier of communication for fear of the customer feel their intimacy attacked, intimidated, since the subject religiosity has meant very subjective.

Details that, regarding the gestational age, 33% of the pregnant women underwent anti-HIV testing during the first trimester of pregnancy, indicating greater control and sensitivity about infections during pregnancy and prevention measures during the prenatal period and, for the majority of pregnant women, do the test at the beginning of the pre-natal means demonstration of love, care and protection, allows you to save the child from future suffering from an infection as stigmatized

as HIV.²² It is understandable, on the contrary, that the percentage of women who took the test in the second trimester of gestation may reveal a late beginning of prenatal care or lack of understanding of the benefits implied to test for mother and child.

It is demonstrated in a study that addressed the implementation of the quick test for HIV, that only 15.4% of the participants had performed the test earlier,²⁰ in contrast to the results of this study, in which 67% of pregnant women reported having performed the test earlier, which suggests that the increase in demand by the quick test may be due to the promotion of campaigns and the disclosure of its availability in the health units. It is important, in order to achieve positive results, that the advice if you ask for a clear and detailed at the time of testing, promoting ownership of knowledge by pregnant women and adoption of ducts with reduction of risk for HIV and Aids.²²

The term "HIV" inductor spoke the word "disease" 47 times and she had 1.447 as average order of evocation. Derives the term disease of *dolentia*, Latin, which means pain and disturbance of health, which manifests itself in the symptom(s) which may or may not be noticeable (EIS); disease.²³

It is expressed, for pregnant women interviewed, the term disease direct correlation about being HIV and manifesting the disease AIDS, as a representation of the same condition, showing a lack of difference with the virus and develop the acquired immunodeficiency syndrome.

Arose the word "death" 23 times and she had 2.826 as average order of evocation; from Latin *mortis*, means the cessation of life or existence, disappearance or order anything.²³

Mentioned the word "contamination" 21 times, presenting an average of evocation of 2.857; its definition is action or act to contaminate yourself, become infected or unclean with the presence of micro-organisms, which became infected or contaminated; derives from the Latin word *contaminatio*.²³

It relates the expression contamination directly to unprotected sexual intercourse, which implies the risk of contaminating and transmit the virus, and to the ignorance about the forms of transmission, which include the taboos belonging about HIV and Aids. Contaminate yourself, as the evocations, most of the times, means a death sentence.

Ruled the entry "fear" 21 times, presenting an average of evocation of 2.476, and its meaning is unsettling feeling that has in the face of danger or threat; anxiety before an unpleasant sensation, the possibility of failure; derived from *metus*, in Latin.²³

It is observed that the knowledge of these pregnant women is perpassed by mistake, given that the virus is the etiologic agent and Aids corresponds to the clinical manifestations resulting from the set of opportunistic infections due to the fall of the immune system. It has been

caused by AIDS and HIV, a social response of panic and fear justified by the popular concept based on unknowledge or distortion, especially about infection.²⁴ It is assumed that, even after almost four decades of the beginning of the epidemic, the role of professionals about people living with AIDS is still uncertain, and study points out that “the representational content of nurses and nursing technicians influence the processes of social interaction and stigmatization, as well as the symbolic construction of illness faced with the possibility of death related to HIV”.^{25:3341} This problem also evidenced in the negative view about the evocations by pregnant women, a public that is supposed to have even less contact with the scientific information on the topic of that health professionals.

Drew, to observe the organizational structure of the framework of four houses of the term “HIV” inductor, organizing three categories presented below.

From the virus to the disease

It is demonstrated that the connotations that comprise this category are “contamination”, “disease”, “serious illness”, and “incurable”, “STD”. It is evident how pregnant women participating in this study are unaware about the difference between HIV infection and the syndrome itself installed when represent “disease” and “serious illness”.

It is this confusion caused by the seropositivity due to the latency period where there is a carrier of the virus, but do not occur clinical manifestations that characterize the disease, causing chaos and uncertainties relating to an evil that is real and unreal at the same time, including the HIV in a special category of individual that is not healthy; however, she is not sick.²⁶

Permanence of social stigmas

Include, in this category, the evocations “fear”, “death”, “suffering” and “prejudice”, because, in addition to all of the terms that express negative feelings, they also show that, despite the improvement of access to information, it is still difficult to dissemination of knowledge in society, remaining the prevalence of the stigmata as inherent truth passed over the years since the virus was discovered in the years 80, when this was mainly related to moral judgment, promiscuity and the sinful behavior, associating them to something embarrassing.

It is also included in the category, the term “unknowledge”, as it has direct influence on the permanence of social stigmas. It is favored by the absence of consistent medical/scientific knowledge about the disease early in the epidemic, the symbolization trend of the disease, allowing people to create theories about the ways of contamination and about the people contaminated.²⁷

It is, by pregnant women, alluding to the stigmata formed at the beginning of the epidemic, when the disease manifested quickly after the diagnosis, because there was no treatment and it

took to death their carriers in a short time. It is understood that, despite not having been developed a treatment that completely eliminate the viral load of the organism, or even a vaccine to immunize the person against infection, the information that this pregnancy brings, when not superficial, has stigmatizing content, since, in their view, the carriers would be condemned to a life of social isolation and suffering.²⁸

This will help in addressing about healthy pregnancy even with the possibility of having HIV, to invalidate social stigmas related to both the mother and the child.

Attitudes for coping

Please note that, in this category, the terms of highlights are: “care”, “treatment” and “prevention”, where the words prevention and treatment present themselves as branches of care, having impacts that can be negative or positive in making decisions from each other.

There are these attitudes of coping in ways to envisage the possibility of a positive diagnosis for HIV, to deal with the diagnosis, in order to ensure quality of life in all dimensions of human life.

We suggest, by the term “treatment”, coping mechanisms to health, for pregnant women in this study, and the knowledge about HIV can take two forms of coping: persists in preventive measures, knowing the risk behaviors and avoiding or coping with by means of treatment, in the case of already present the virus in the body.

It is recommended that before dealing with treatment, the ideal would be to have “prevention” as one of the possible ways to confront and deal with HIV, and that term should have a degree of greater importance, because the majority of people, especially in relationships considered stable, does not adopt prevention methods. Sometimes, pregnant women do not feel vulnerable by not being inserted into groups called risk, and in spite of obtaining some kind of knowledge about the theme; this does not guarantee the use of preventive methods.²⁹

We need, today, if the information is not enough to incorporate the use of condoms in sexual relations, incorporate senses that permeate the decision about its use, including within the relationships, making it difficult to perform a task of promoting this act of self-care.³⁰

They have two fronts, to speak in caution: the prevention and treatment, treatment being a caution after the discovery of the disease and the prevention comes earlier; however, most of the times, it is linked to prevent the disease, bringing a reflection, since it is known that the field of prevention is very wide and involves affective and sexual practices more healthy that take into account the dimensions of pleasure and sexual rights of persons.³¹

It is noted that, despite the many advances in scientific knowledge, improvements in the treatment and diagnosis, little has changed in relation to the determination of the vulnerability,

therefore, the importance of prevention remains significant in current days. Special attention should be paid to how it is transmitted to the information, because it put fear, terror, only alienates people from the problem and increases the discrimination and prejudice, as well as take care to use the definition of risk groups, since it results in qos, generalizations, isolation and erroneous beliefs that only certain groups are susceptible to contamination and illness by HIV/Aids.²

For the inductor term, “quick test for HIV” expressed the word “fear” 29 times, with an average of evocations of 2.241. There are grouped in the dictionary created by the authors with the terms mentioned, the words agony, panic, fear of giving positive, fear of judgment, fear and fear of the outcome. It relates, in this configuration, the fear to make the test and the fear of the outcome; this may not be a reagent or reactant, influencing the fear for the judgment imposed by society before a positive diagnosis, causing anxiety, and even panic at the time of waiting for the result.

Uttered the word “unknowledge” 25 times, presenting an average of evocation of 2.440 and signifying a lack of knowledge, unknowledge, because it is noticeable that a large proportion of pregnant women had never heard speak earlier about the test, or held at another time without being properly oriented about what it is, which infections could be detected and, consequently, were unaware of its free availability in the BHU and its importance.

Delivered the expression “practicality-speed” 24 times and their order average was 2.542. It is defined by it, the ease, efficiency and agility test, demonstrating the positive view of trust in the exam and quick result, ensuring an accurate diagnosis and secure in a few minutes.

Recalled the expression “knowledge-result” 23 times, being his order average of 2.348. Compile related terms to know the diagnosis, check if it is infected, and appreciated this points to the confidence of pregnant women to have a result reliable because they make the test would diagnose HIV or not.

It has expressed anxiety, by pregnant women, before the face of the rapid testing for HIV. It was researched that for Freud, there are three types of anxiety: realistic anguish, anxiety and neurotic moral distress.²¹ You can relate, in the case of pregnant women forward to the completion of the test, the two types of anxiety: “realistic”, displayed on the fear of a sero-reagent diagnosis and in the act of the quick test in itself; and “moral”, as evidenced by fear or guilt for having consciousness of their acts, the lack of care required to avoid contamination, giving opportunities for infection.

Joined in the observation of the organizational structure of the framework of four houses of the inductor term “quick test for HIV”, the three categories organizers to follow.

Feelings that the test triggers

This category is composed by the terms “fear”, “anxiety”, “safety” and “unknowledge”.

It would entail, by the possibility of finding sero-reagent for HIV, significant impact on all aspects of the life of the person, modifying the structure of her personality, values and vision of the world, especially for women, since pregnancy and motherhood become even more complex; therefore, being a mother and living with HIV provides an ambivalent situation permeated by guilt, anxiety and fear.

Included is the “unknowledge” to the category by the influence of the information in the form as it sees the quick test, because the woman who has no knowledge about HIV, about the importance of condom use, or about the means of transmission, among others, ultimately face the quick test with fear and anxiety, the possibility of having entered into contact with the virus; as that which obtains the necessary information to prevent an accidental contamination can take the test more safe result, projecting positive feelings about the same.

It bases “safety”, evocation which represents the positive feelings about the end inductor, on two points: the principal is the knowledge, because the woman well educated, besides knowing about the process and the reliability of the test, you can protect yourself with greater effectiveness of a contagion; and the second is to trust in your relationship with your partner, since it believes to have a monogamous and loyal relationship.²¹

Scores that the woman who has no knowledge about HIV, about the importance of condom use, or about the means of transmission, among others, by the rapid test with fear and anxiety by the possibility of having entered into contact with the virus; as long as that which obtains the necessary information to prevent an accidental contamination makes the test more safe result, projecting positive feelings about the same, and the majority of pregnant women seeking the service without knowledge of the importance of the test and the relevance that it has on their lives.

Positive aspects of the test

It is demonstrated by the evocations of this category, a positive vision in relation to the rapid test, these being: “practicality-speed”, “prevention”, “health”, “important”, and “knowledge-result”. It seems to relate to this recognition with the increase of the dissemination and access to the exam available today in the health units free of charge.

Raised the term “important” in prominent positions, demonstrating that the participants have the same science that offers benefits, such as the early diagnosis, preventing the contact of children with the HIV virus or the improvement of the prognosis in case of infection.²⁴ Relate to other benefits of testing the evocations “practicality and speed” and “knowledge-result”,

which are at the core, expressing the fact that it is carried out in a simple way, drawers and generate the result in a few minutes.

Uttered “practicality-speed” pointing to the importance of a test that requires little time and material, avoiding that the mother has to come back another day to search for the result, as occurred before the quick test be offered, and that the mother is exposed to anxiety and fear for a prolonged period, because it tends to calm down when you have the results in hands. It is associated to this evocation the term elucidated “knowledge-result”, expressed as a form of encouragement and safety, since the doubt about the possibility of contamination was present during the wait, generating fear and tension, and as a result, both non-reagent, expressing the non-contamination, as the reagent, allowing an early treatment and avoiding the contamination of the baby, proved to be more advantageous than the unaware.

It is also related, for them, the entry “health”, which may be associated to the test as a health care, about the outcome, to recognize how the health is, whether she has the virus. It should be emphasized once more that the health during pregnancy extends to the mother-baby and that women would be both directed to its early treatment in the case of a reagent, on precautions to ensure that the baby is born healthy.²⁴

It was evidenced, in a study about the perception of pregnant women about the anti-HIV test, the results of 15 pregnant women, only four reported having received satisfactory guidelines about the test²¹ and this result raises concern, since the time of counseling is the opportunity to start a conversation more direct and offer clarifications about the topic, aiming to promote real reflections on the health habits of this customer.

Joins the entry “prevention” to early diagnosis and immediate treatment in the case of a reagent; however, caution is required for this approach at the time of counseling, because this evocation also refers to the fact that only make the test may represent for these pregnant women, to avoid infection, without the elimination of risk behaviors.

From the result to coping attitudes

Warns that, after the completion of the quick test, look at the result is a moment of tension that triggers a series of feelings that will influence how the subject will deal with the result and can influence the coping with the “disease”, “care” and “treatment”, which are the evocations grouped in this category.

You can, analyzing the meaning of the word “disease” to the term inductor “quick test for HIV”, relate it to an outcome reagent, characterizing the patient by the necessity of treatment with antiretroviral drugs, as well as the association reiterated the misunderstanding between HIV (virus) and Aids (symptoms), where

the stigma of the ill is evidenced in a sero-reagent.

It is understood, to evoke “caution”, that the pregnant women see the quick test for HIV as a measure of caution to prove a diagnosis serum reagent; however, you can easily confuse the test with a means of preventing the contamination, leading them erroneously to the contempt of the forms of precautionary principle of contagion.

It is expressed by “treatment” related to the quick test for HIV, the vision of a result sero-reagent, showing its conception of importance of the test in the diagnostic process and treatment. Exposes itself, to consider the important treatment, the reflection of the great concern in relation to the baby causing, including adherence to the medication. It is, therefore, the importance of coping, fundamentally, to provide quality of life to the child, since the post-pregnancy tendency is to neglect the care, requiring greater psychosocial support to give continuity to the treatment with commitment.

To be the education in health as a strategic contribution in health practices directed to HIV/Aids emphasizes the development of educational actions, not just focused on vertical transmission of information, but a possibility of transformation of the individual in critical subject regarding health problems. Highlights the role of the health team, while strategic to combine information about prevention, diagnosis and treatment that emerge from the interaction between the different professionals with the population.³²

CONCLUSION

It was noted that the social representations of pregnant women about the term “HIV” inductor are negative, the central nucleus reveals pre-concepts and anguish, and the stigmas, doubts and prejudices created since the beginning of the epidemic is manifested in the emerging categories.

It is inferred, on the inductor term “quick test for HIV”, that social representations are both negative and positive, the central nucleus reveals the unsafety and fear of the test result, but also highlights the practicality and speed in knowing the result that the test offers. It manifests the ignorance in all categories, making present in the two tables of four houses.

It reinforces, based on the findings, the need for interventions with pregnant women mediated by educational technologies on HIV and rapid test for HIV not only to the personal empowerment, but for the dissemination and wider dissemination in the social context, so that the population (re) learn about the importance and the availability of HIV testing, promoting an increase in the coverage of HIV testing in the general population.

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