BLACK WOMEN LIVING WITH HIV: PUBLIC POLICIES
MULHERES NEGRAS VIVENDO COM HIV: POLÍTICAS PÚBLICAS
MUJERES NEGRAS VIVIENDO CON EL VIH: POLÍTICAS PÚBLICAS

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ABSTRACT

Objective: to identify the advances and challenges of public policies aimed at black women living with HIV. **Method:** this is a bibliographical study, type integrative review. We searched the databases LILACS, BDNF, IBECs, MEDLINE and the SciELO Virtual Library. The sample was composed by 18 articles evaluated by the CASP instrument and classified according to the levels of evidence. Results were presented in the form of figures and tables. **Results:** it is reported that, in the analysis of the 18 publications found, 11 (61.1%) were in the LILACS database; 6 (33.3%), in the SciELO Virtual Library and 1 (5.55%), in the BDNF. Two categories emerged from the thematic analysis of the article: vulnerability and institutional racism as factors that hinder access to health services and compromise the care of women living with HIV, being the factors that preserve the epidemic in this population. **Conclusion:** weaknesses in the aspect of the contributions of public policies in the change of old social paradigms linked to HIV have been evidenced, a fact confirmed by the prominent role of vulnerability as protagonist of the reality experienced by black women. **Descriptors:** Ethnic Groups; Public Policy; Women; HIV; Population Vulnerable; Racism; Women's Health.

RESUMO

Objetivo: identificar os avanços e desafios das políticas públicas destinadas às mulheres negras vivendo com HIV. **Método:** trata-se de um estudo bibliográfico, tipo revisão integrativa. Realizaram-se as buscas nas bases de dados LILACS, BDNF, IBECs, MEDLINE e na Biblioteca Virtual SciELO. Compôs-se a amostra por 18 artigos avaliados pelo instrumento CASP e classificados de acordo com os níveis de evidência. Apresentaram-se os resultados em forma de figuras e tabela. **Resultados:** informa-se que, na análise das 18 publicações encontradas, 11 (61,1%) estavam na base de dados LILACS; 6 (33,3%), na Biblioteca Virtual SciELO e 1 (5,55%), na BDNF. Emergiram-se, da análise temática dos artigos, duas categorias: vulnerabilidade e o racismo institucional como fatores que dificultam o acesso aos serviços de saúde e comprometem a assistência às mulheres que vivem com HIV, sendo os fatores de preservação da epidemia nesta população. **Conclusão:** evidenciaram-se fragilidades no aspecto das contribuições das políticas públicas na mudança de paradigmas sociais antigos atrelados ao HIV, fato confirmado pelo papel de destaque da vulnerabilidade como protagonista da realidade vivenciada pelas mulheres negras. **Descritores:** Grupos Étnicos; Políticas Públicas; Mulheres; HIV; Vulnerabilidade em Saúde; Racismo; Saúde da Mulher.

RESUMEN

Objetivo: identificar los avances y desafíos de las políticas públicas dirigidas a las mujeres negras que viven con el VIH. **Método:** se trata de un estudio bibliográfico, tipo revisión integrativa. Se realizaron búsquedas en las bases de datos LILACS, BDNF, IBECs, MEDLINE y la Biblioteca Virtual SciELO. La muestra estuvo compuesta por 18 artículos evaluados por el instrumento CASP y clasificados según los niveles de evidencia. Los resultados se presentaron en forma de figuras y tablas. **Resultados:** se informa que, en el análisis de las 18 publicaciones encontradas, 11 (61.1%) se encontraban en la base de datos LILACS; 6 (33.3%), en la Biblioteca Virtual SciELO y 1 (5.55%), en la BDNF. Del análisis temático del artículo surgieron dos categorías: la vulnerabilidad y el racismo institucional como factores que dificultan el acceso a los servicios de salud y comprometen la atención de las mujeres que viven con el VIH, siendo los factores que preservan la epidemia en esta población. **Conclusión:** Se evidenciaron debilidades en el aspecto de las contribuciones de las políticas públicas, a cambio de paradigmas sociales antiguos, vinculados al VIH, un hecho confirmado por el papel de destaque de la vulnerabilidad como protagonista de la realidad experimentada por las mujeres negras. **Descriptores:** Grupo Étnico; Políticas Públicas; Mujeres; VIH; Vulnerabilidad em Salud; Racismo; Salud de la Mujer.

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INTRODUCTION

In the international panorama, the Acquired Immunodeficiency Syndrome (AIDS) is a serious disease that still presents high prevalence rates related to a strong social component, either in the forms of transmission or in the control measures. There were 36.9 million people living in the world living with the Human Immunodeficiency Virus (HIV) in 2017 and an incidence of new infections in the 1.8 million cases, with 940 thousand related deaths with AIDS.¹

It is often pointed out that public health policies are directed as the best strategies to combat and control this aggravation, a fact evidenced by the historical evolution of the health strategies adopted in Brazil at the beginning of the years, since the beginning of the epidemic in the decade of However, it is inferred that these national policy advances have not yet achieved all the social and racial differences found in the vast cultural diversity of the country.²

In Brazil, the number of HIV cases is higher among blacks and browns (51.5%), and in the sex category 55.9% of the cases are found in black and brown women ; there was also a reduction in the percentage of HIV cases among white people; even in those that declared themselves to be brown, the proportion increased 35.7%, the proportion of cases in brown men being lower than that of brown women.³

Gender inequalities, insufficient access to education, poor sexuality education, poor access to reproductive health services, poverty, food insecurity and violence are at the root of the increased risk of HIV in women.⁴

Several ministerial policies have been instituted in a historical manner, aimed at improving the health care of women. It is known that the first action aimed at the female population was materialized through the Integral Assistance Program for Women's Health (PAISM) in 1983, with actions directed to family planning.⁵

It is reported that in 2004 the National Policy for Integral Attention to Women's Health was published, which provided for improvements in the health conditions of the female population, reduction of morbidity and mortality, as well as actions aimed at the prevention of Sexually Transmitted Infections (STIs) and HIV-Aids.⁶ It is added that, in 2005, the National Plan of Policies for Women had, as its main proposal, the fight against all forms of discrimination against women from a gender perspective, operating the actions of the instituted policy, however, there was still no specificity of conduct directed at black women living with HIV.⁷

The National Policy on Integral Health of the Black Population (NPIHBP) was formalized by the Ministry of Health, through ordinance 992, dated

May 13, 2009. It is detailed that this policy had already been approved in 2006, in response to the inequalities historically instituted in the country, recognizing that there are inequities in health and injustices resulting from social, cultural and economic processes for this population. Its main objective is the integral promotion of the health of the black population, with the reduction of ethnic-racial inequalities, the fight against racism and discrimination in the institutions and services of the Unified Health System (UHS).⁸

It is noticed that, even after a decade of the approval of the NPIHBP in Brazil, there was little change in the actions and services directed to the black population, remaining the administrative as well as ideological, political and cultural challenges; thus, strategies to strengthen the conduct of women's rights, racial equality and human rights need to be re-evaluated, above all, for the control of HIV in this population.⁹

It is necessary, in this sense, to recognize the nuances that permeate the existing relationships between the spread of HIV as well as the experience and control of the disease among black women and the public policies defined to contemplate this important aspect.

OBJECTIVE

- Identify the advances and challenges of public policies aimed at black women living with HIV.

METHOD

It is a bibliographical study, type integrative review, that is, a study that allows the synthesis of previous studies and shows the conclusions of the literature on a specific subject.¹⁰

The following methodological steps were followed for the execution of this study: 1) elaboration of the research question; 2) sampling or searching the literature for primary articles; 3) data collection; 4) analysis of the studies included in the sample; 5) discussion of results; 6) presentation of the review.¹¹ It was established as a research question: "How do public policies interfere with the reality of black women living with HIV / AIDS?" with the purpose of answering the hypothesis that there were improvements in the health care of these women after the implementation of the health policies directed at them.

They were listed as inclusion criteria for primary studies: original articles that were electronically found in the databases investigated; without limitation of year of publication to capture the development of the theme over time; published in Portuguese, English or Spanish. The ones who were excluded were: works in thesis format; dissertations; experience reports;

duplicate texts or that did not meet the objectives of this study.

The bibliography was compiled between April and June 2018. For this purpose, the following descriptors were used to identify the following descriptors: ethnic groups, public policies, women, HIV, with the descriptor Boolean AND and in the Portuguese, English and Spanish languages.

The search was done in pairs and later, individually, so that possible differences could be corrected. For the selection of the sample, the search for articles indexed in the following databases was undertaken: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Spanish Bibliographical Index in Sciences de la Salud (IBECS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and the Virtual Library Scientific Electronic Library Online (SciELO).

It was added that, although the thematic of this study is about a Brazilian reality, the MEDLINE vitrtual library in the search in order to find works developed in Brazil that eventually had been published in another language.

In the first stage of the survey of the texts according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes-PRISMA.⁴³ It began with the reading of the titles and summaries of the 523 files found in the searches. 31 duplicate articles were deleted and 492 titles and abstracts were read; of these, 64 complete texts were evaluated for eligibility and read in full, in order to verify if they answered the question raised by means of the guiding question, excluding 43 articles that did not answer it, going to the next stage 21 articles for qualitative synthesis, and 18 articles were included for the

quantitative synthesis. The final sample was then composed of 18 articles (Figure 1).

The articles were hierarchized, in terms of levels of evidence, in seven levels according to the established criteria: Level I - systematic review or meta-analysis; Level II - randomized controlled trial; Level III - controlled study with randomization; Level IV - case-control study or cohort study; Level V - systematic review of qualitative or descriptive studies; Level VI - qualitative or descriptive study; Level VII - opinion or consensus.¹²

For the extraction of the data, a checklist was used, which included the following items necessary for the article's identification: article identification; institution of the study; type of publication; methodological characteristics of the study and evaluation of methodological rigor.¹³

The critically selected articles were also evaluated for methodological rigor with the instrument adapted from the Critical Appraise Skills Program (CASP),¹⁴ developed by the University of Oxford in 1993, and that instrument contains ten scoring items. The texts can be classified, according to the score achieved, into two categories: A (six to ten points) - study with good methodological quality and reduced bias and B (at least five points) - studies with satisfactory methodological quality, but with increased bias potential.

RESULTS

It was evidenced through the search of articles the following flow chart of choice:

Figure 1. Flowchart of study selection⁴³. Recife (PE), Brazil, 2018.

It was evidenced among the studies included in the review that, as a public health area, public health was the most found, where 14 (77.1%) were published by research institutions focused on health policies. It is highlighted in figure 2 the publications selected according to the databases investigated.

Databases / Virtual Library	Articles found	Selected articles after initial reading of titles and abstracts	Final sample after the analysis
LILACS	189	33	11
IBECs	7	-	-
BDENF	28	6	1
MEDLINE	120	4	-
SCIELO	179	21	6
TOTAL	523	64	18

Figure 2. Selected publications on public policies of women living with HIV-AIDS in Brazil. Recife (PE), Brazil, 2018.

The 18 articles in Figure 3, in chronological order of publication, were distributed to better represent the results. It is shown that among the studies evaluated, 11 articles present a greater focus of discussion on the factors that permeate vulnerability in black women to HIV and its predictive factors, but one focused on vulnerability interpolated with institutional racism; four presented institutional racism as a determining factor for the negative scenario associated with HIV in black women, in which two of them made a discussion linked to public policies, and finally, only three articles

contemplated public policy as a predictor for the formation of actions in health.

It is understood that the vulnerability factor of black women with HIV, highlighted in the articles, shows as main results the socioeconomic inequalities experienced by these women from low access to education and good job opportunities, sexism attributed mainly to the still preponderant social model of machismo and social neglect of

gender represented by institutional racism. Institutional racism was highlighted as a factor of impact in access to health care as well as social and economic opportunities, and the specialized public policy was presented highlighting the socio-political context in which it is inserted, being therefore the aspects that emerged with more emphasis on evaluated context.

Author	Year	Country	Type of study	Level of evidences ¹²⁻⁴
Lopes, Buchalla, Ayres. ¹⁵	2007	Brazil	Descriptive cross-sectional	VI A
Fry, Monteiro, Maio, Bastos, Santos. ¹⁶	2007	Brazil	Case study - HIV	VI B
Carvalho, Braga, Silva, Galvão. ¹⁷	2008	Brazil	Documentary research	VI B
Albuquerque, Moço, Batista. ¹⁸	2010	Brazil	Descriptive cross-sectional	VI-A
Silva, Lima, Hamann. ¹⁹	2010	Brazil	Quali-quantitative.	VI A
Miranda-Ribeiro, Simão, Caetano, Lacerda, Torres. ²⁰	2010	Brazil	Grade of Membership Technique (GoM)	VI A
Riscado, Oliveira, Brito. ²¹	2010	Brazil	Qualitative	VI A
Spiassi, Faustino, Viso, Cavalheiro, Vichessi, Sant'Anna, et al. ²²	2010	Brazil	Qualitative	VI A
Garcia, Souza. ²³	2010	Brazil	Qualitative	VI A
Araújo, Costa, Schilkowsky, Silva. ²⁴	2010	Brazil	Qualitative descriptive	VI A
López. ²⁵	2010	Brazil	Qualitative ethnographic	VI B
Bastos, Paiva, Carvalho, Rodrigues. ²⁶	2013	Brazil	Qualitative	VI A
Santos. ²⁷	2016	Brazil	Descriptive Epidemiological	VI A
Mafra , Pereira, Varga, Mafra. ²⁸	2016	Brazil	Cross-sectional	VI A
Prestes, Paiva. ²⁹	2016	Brazil	Critical review of the literature	V A
Werneck. ³⁰	2016	Brazil	Descriptive	VI B
Villela, Barbosa. ³¹	2017	Brazil	Qualitative	VI A
Carneir. ³²	2017	Brazil	Qualitative ethnographic	VI B

Figure 3. Results found in the studies according to the author, the year of publication, the country, the type of study and the level of evidence. Recife (PE), Brazil, 2018.

DISCUSSION

It was evidenced, in the sample constituted at the end of the analysis, that the texts produced were published, mostly (8 = 44.4%), one year after the institution of the National Policy of Comprehensive Health of the Black Population and, after ten years , the production presented a considerable reduction, with an irregular average of five (27.8%) in the following years. It is noteworthy that only five (27.7%) articles of the study carried out studied the implications of public policy directly on aspects of access to diagnosis and follow-up, vulnerability and sexism.

It is pointed out that, although the health policy for the black population in Brazil is already in place, new studies must be carried out in order to ascertain the impact of the policy on the

population and to meet the real health demands involved in the related particularities disease and the demands of gender and color.

The importance of this public policy is linked to the possibility of applying, monitoring and evaluating strategies aimed at confronting racial inequities, and this information contributes to the elimination of racial inequalities, especially in the female population, historically most affected by the social implications.

From the results found in this study, it is verified that in the quantitative as well as in the qualitative aspect, the scientific productions published in the last years regarding the thematic population of black women with HIV in Brazil, need studies with methodological rigor increased to capture differences over time. It should be noted that in this review there were no studies

Silva MAS da, Souza FS de, Baptista RS, *et al.*

with rigid methodological rigor that could compare groups with different vulnerabilities.

They become crucial, taking into account that social factors and inequalities due to disease such as HIV suffer from periodic profile undulations and characteristics, studies and surveys to understand the pattern of these oscillations and to identify more effective measures.²

The work presented in this study points to vulnerability and institutional racism as major factors that hamper access to health services and compromise the care of women living with HIV / AIDS, which are the elements that emerge with greater frequency in the articles as factors of preservation of the epidemic in the population of black women with the disease.

♦ Vulnerability of black women living with HIV / AIDS

It is understood that black women are often more vulnerable when compared to white women with HIV, and factors such as low school level, low income, number of people under financial dependence, possibility of access to health services as well as the understanding of the health information showed statistically significant differences between black and non-black.³³⁻⁴ It thus becomes clear how the social vulnerability experienced by black women permeates the disadvantages in health and the restriction of access to services, increasing the risk for the acquisition of the disease.

Through concepts like "risk factor" and "risk behavior", different conceptions and performances are presented in the scenario of black women, where the same reproductivity in the non-black women scenario is not supported. It has resulted in this framework for many years, and it can still be seen today in a form of personal guilt as a risk factor, attributing to the social condition a risk factor to acquire diseases and not as a factor of vulnerability.^{29,35}

It should be understood by vulnerability, in this context, as the conjunctures that stimulate the appearance of health problems by conditioning to a low capacity of response of action and reaction to the conditioners of the diseases, also known as risk factors.^{29,34-5}

It is described, then, that factors such as low levels of schooling and income, sexism and institutional racism, highlighted in the selected articles that address this issue of vulnerability, are factors that create and foment greater vulnerability among black women to HIV and their nuances.^{18,27} There is an important point of discussion here, which is not only to see these factors in isolation, but rather as a set of factors that integrate and favor higher rates of illness.

Women in situations of progressive vulnerability are placed in the same direction by culturally

Black women living with hiv: public...

instituted factors, as well as by social and economic factors, and health policies and programs directed at the female public are required to make more incisive interventions in prevention and the strengthening of the support network, through partnerships with public and private institutions.³⁶⁻⁷

Public policies must emerge with the role of breaking with inequities, promoting gender and race equality, and thus transforming institutions.²⁵ To this end, education and health actions that empower women to reduce gender inequalities, making it possible to choose the use of condoms and reduce harm to health, as well as the incorporation of practices involving women in their health and disease contexts.^{26-7,29,38}

♦ Institutional Racism and Black Women Living with HIV-AIDS

Institutional racism should also be emphasized as a prominent aspect in future research that should have its debate widened among health professionals and managers, since the literature on the subject expresses it as a limiting factor for access to health services studied black population.

It can be understood through collective failure to guarantee social equity regardless of racial, ethnic, or cultural differences, manifesting itself through discriminatory norms, practices and behaviors of institutions and organizations. Institutional public policies should be able to meet the expectation of suppression of this type of racism by means of more effective actions that are in keeping with the reality of social standards.³⁰

The PNSIPN, in accordance with the 1988 Constitution, was instituted so that the principles of citizenship, dignity, repulsion to racism and equality could be applied with the intention of promoting good to all, without prejudice of origin, race, sex, color, age or any other form of discrimination, since there is the recognition that ethnic and racial inequalities are determinants and health determinants.³⁹

It is revealed that the increase in the number of HIV cases in 2005 in the Afro-descendant population drew attention to the relationship between poverty and racism as determinants of health in this population. This fact was shown by a study reporting that the data available in the banks of the National STD-AIDS Program would not be a consistent basis for the development of public racial policies to control the epidemic in Brazil.¹⁶

It was found that women are victims of racial prejudice and forms of violence, whether domestic or institutional, devalue the dignity of black women and disrespect them in a dual way, for public health and human rights, and more actions are needed in health education and

actions that improve the coping of the disease for the promotion of health and gender equality.²¹

Health is promoted through joint actions between managers, professionals and the social movement, as well as strengthening the policy on coping with STD / AIDS. It is understood that racism generates impacts on the conditions of access to health services, and increasing access, overcoming institutional racism and increasing the qualification of professionals working in this area, is an action that, together with the research, becomes a relevant factor for these barriers to be knocked over.^{22,40}

Attention is drawn to the fact that the formulation of the principles of the Unified Health System (UHS) and social participation were not enough to break the barriers posed by racism as a generator of health vulnerabilities. It is necessary, for such racial differences to be eliminated and the responses to the promotion of the health of black women, the institution of affirmative action at various levels, taking into account the policies in force and the singularity of each culture, with the establishment measures to facilitate access to it.^{30,41}

A strong result of this review is observed: factors that permeate black women's access to health services are surrounded by prejudices and inequities, emphasizing the importance of the actions of health professionals in attracting women to the service and strengthening the knowledge and attitudes towards HIV.^{17,42}

It is demonstrated by more recent texts, published after more than ten years of the institution of the NPIHBP, that some factors are perpetuated in the living conditions of women living with HIV / AIDS. It is recalled that a recent study carried out in 2017 on the trajectory of women with HIV in six Brazilian cities, where more than half the sample was of brown or black women, found, as a result, a panorama of social vulnerability due to the low educational level, non-inclusion in the labor market and violence, factors that are not different from what has been discussed until now, although years have passed since the formulation of the policy.³¹

It is worth noting that offering prevention and diagnosis actions during all stages of life, providing support for the reduction of social and gender inequities, and promoting the qualification of professionals for affective care and qualified listening, together with measures that break with the barriers of prejudice, are of urgent and challenging importance for the implementation of the policy already instituted.

CONCLUSION

It appears that the institution of NPIHBP was extremely important to direct actions of services aimed at improving factors that interfere in the

health reality of black women living with HIV, but the real change in the lives of these women still can not be elucidated through the studies listed. It is known that although there has been an improvement in the conditions presented in their access to services, with the evident reduction of morbidity and mortality among women living with HIV, much has yet to be rebuilt.

In this sense, it is important to observe the existing gaps in the literature regarding the contributions offered by the actions carried out through the institution of the current policy, as well as the necessary steps to improve its practice. The study was limited due to the small scientific production found that captures the real condition of public policy impact in solving the health problems of women living with HIV and it is urgent to develop studies that compare the reality of groups with different vulnerabilities.

It is detailed that the MASS carried out the methodological outline, the writing of the article, as well as the analysis, the interpretation of the results and the discussion; MSA collaborated in the critical review and approval of the version to be published; CAROD participated in the thematic design, writing, analysis and interpretation of the results and discussion of the article; CMPF carried out the writing of the article, the critical revision and the approval of the version to be published; FSS collaborated in the critical review and approval of the version to be published and RSB collaborated in the critical review and approval of the version to be published.

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