



**SOCIAL REPRESENTATIONS OF PREGNANCY FOR WOMEN HIV-SEROPOSITIVE**  
**REPRESENTAÇÕES SOCIAIS DA GESTAÇÃO PARA MULHERES SOROPOSITIVAS PARA O HIV**  
**REPRESENTACIONES SOCIALES DEL EMBARAZO PARA MUJERES VIH-SEROPOSITIVAS**

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**ABSTRACT**

**Objective:** understanding the social representations and their implications in the decision of women to become pregnant or carry a pregnancy after a confirmed diagnosis of HIV seropositivity. **Method:** field research, qualitative, having the Social Representations Theory as a theoretical and methodological reference. It was used an open in-depth interview for data collection and structural analysis of narrative to establish the themes; study approved by the Ethics in Research Committee, Protocol 057/03. **Results:** three categories emerged: "Experience of Being Pregnant", "Preventive Behaviors" and "Experience of Seropositivity", being the first two with three subcategories and the last one with five. **Conclusion:** it was observed that there is for each element of representation, there is another present able to contradict it. Being a mother is the nature of women versus being infected with HIV does not match with pregnancy, or becoming pregnant being infected with HIV generates public revulsion versus social protection policies and social solidarity. **Descriptors:** HIV Seropositivity; Social Psychology; Pregnancy; Behavior.

**RESUMO**

**Objetivo:** compreender as representações sociais e suas implicações na decisão das mulheres de engravidar ou manter a gravidez após o diagnóstico confirmado de soropositividade pelo HIV. **Método:** pesquisa de campo, qualitativa, tendo a Teoria das Representações Sociais como referencial teórico-metodológico. Utilizou-se entrevista aberta em profundidade para coleta de dados e análise estrutural de narração para estabelecimento das categorias temáticas; estudo aprovado pelo Comitê de Ética em Pesquisa, Protocolo 057/03. **Resultados:** emergiram três categorias: "Vivência de Estar Grávida", "Comportamentos Preventivos" e "Vivência da Soropositividade", sendo as duas primeiras com três subcategorias e a última com cinco. **Conclusão:** observou-se que para cada elemento de representação, haja outro presente capaz de contradizê-lo. Ser mãe é da natureza da mulher versus estar infectada com o HIV não combina com gravidez, ou ficar grávida estando infectada pelo HIV gera repulsa social versus políticas públicas de proteção e solidariedade social. **Descritores:** Soropositividade para HIV; Psicologia Social; Gravidez; Comportamento.

**RESUMEN**

**Objetivo:** comprender las representaciones sociales y sus implicaciones en la decisión de la mujer de quedar embarazada o mantener un embarazo después de un diagnóstico confirmado de seropositividad por el VIH. **Método:** investigación de campo, cualitativa, teniendo la Teoría de las Representaciones Sociales como marco teórico y metodológico. Utilizamos abierta entrevista en profundidad para la recolección de datos y el análisis estructural de la narrativa para establecer los temas; estudio aprobado por el Comité de Ética en Investigación, el Protocolo 057/03. **Resultados:** tres categorías surgieron: "La experiencia de estar embarazada", "Conductas preventivas" y "Experiencia de Seropositividad", las dos primeras con tres subcategorias y la última con cinco. **Conclusión:** se observó que existe para cada elemento de la representación, otro presente capaz de llevarle la contraria. Ser madre es la naturaleza de la mujer versus a infectarse con el VIH no coincide con el embarazo, o quedando embarazada estando infectada por el VIH genera repulsión social versus pública políticas de protección social y de la solidaridad social. **Descriptores:** Seropositividad del VIH; Psicología Social; Embarazo; Comportamiento.

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## INTRODUCTION

The increased life expectancy of HIV-infected individuals associated with improvement in quality has, along the years, contributed to a growing number of infected women choose to have children. The legal framework seeks to protect the right to maternity, even when the woman is HIV-infected.<sup>1</sup> Society cannot force her to give up to achieve the dream of motherhood. From this comprehension arises the need to assure to people a safe and satisfying sex life. Must have as key elements in the intervention information, education, social, legal and health services, respect for specificities, beyond interactive and participatory community action with government action.<sup>2</sup>

In the case of pregnant women with positive HIV serology, are nine months of much anticipation and waiting beyond that existing. Pregnancy is a special and magical time for most women that must be lived with satisfaction and, to the extent as much as possible without stress.<sup>3</sup> Pregnancy is a transition that is part of the normal process of development of women, and this, a time very rich and can be lived intensely and seen as an opportunity for personal growth and maturation. Their emotional changes are evident; often manifest themselves through physical symptoms such as heartburn, increased appetite, weight, and desire to eat certain foods, decrease or even loss of sexual desire. No woman goes through pregnancy without changing.<sup>4</sup>

Despite the desire to be a mother considered as intrinsic to the woman, and, therefore, 'stronger than all', such issues are not only part of the daily work of health professionals who treat women, but reveal themselves as a sociological object being thorough understanding of the social fabric that involves health and disease process. In this sense, this study proposes to discuss, in a sociological perspective, the theme of pregnancy on HIV-seropositive women with the goal of understanding the social representations and their implications in the decision of women to become pregnant or maintain pregnancy after confirmed diagnosis of HIV seropositivity.

## METHOD

This is a study of exploratory and descriptive nature, with a qualitative approach. There was used the Social Representations Theory (SRT) as a theoretical framework to help understanding the problem proposed. The adoption of this framework

brings the contents of the common sense of the group as a result of interaction and communication between individuals who congregate in the same reality, forming a product and process of mental activity that gives specific meaning to a particular object.<sup>5</sup>

The study was conducted with seropositive pregnant women for HIV with age, who knew their HIV status and voluntarily agreed to participate. During their follow-up outpatient specialized obstetrics in Goiânia, was explained as the achievement and participation in the same study. For positive cases, we applied data collection through open in-depth interview with the following initial question: "Tell me about your life, about pregnancy, the decision to have a child right now." To forward the interview questions in all cases at a glance that could raise questions as previous children, desire for motherhood, achievement of women by way of pregnancy, current sense, among others. The study was approved by the Research Ethics Committee of the Federal University of Minas Gerais (057/03) and met all guidelines of Resolution n. 196/1996.<sup>6</sup>

With the exception of a pregnant woman, whose interview was recorded on paper pad, the others agreed with the recording of the interview. The written records were transcribed and the tapes destroyed at the end. The criterion for the termination of data collection was saturation, so after the second interview, we started to evaluate whether or not the conduct of others.

The interviews were subjected to structural analysis narrative<sup>7</sup>, enabling the emergence of empirical categories was seized as emotions, beliefs, values, representations, experiences, family and social life. Then, in the light of the theoretical framework and literature on the topics found, there was the closing of the analysis, revealing the representations and central and peripheral elements.

## RESULTS

The study was conducted with 13 pregnant women, all HIV-infected and knowledgeable of their HIV status. Ages ranged from 21 to 34 years old with a mean of 26. In the group most is illiterate and did not report to practice religion (but believed in God), had employment and legally single bond.

Emerged three thematic categories around pregnancy and HIV infection: I - Experience of Being Pregnant; II - Preventive Behaviors; III - Experience of HIV Seropositivity, described below:

• Experience of being pregnant

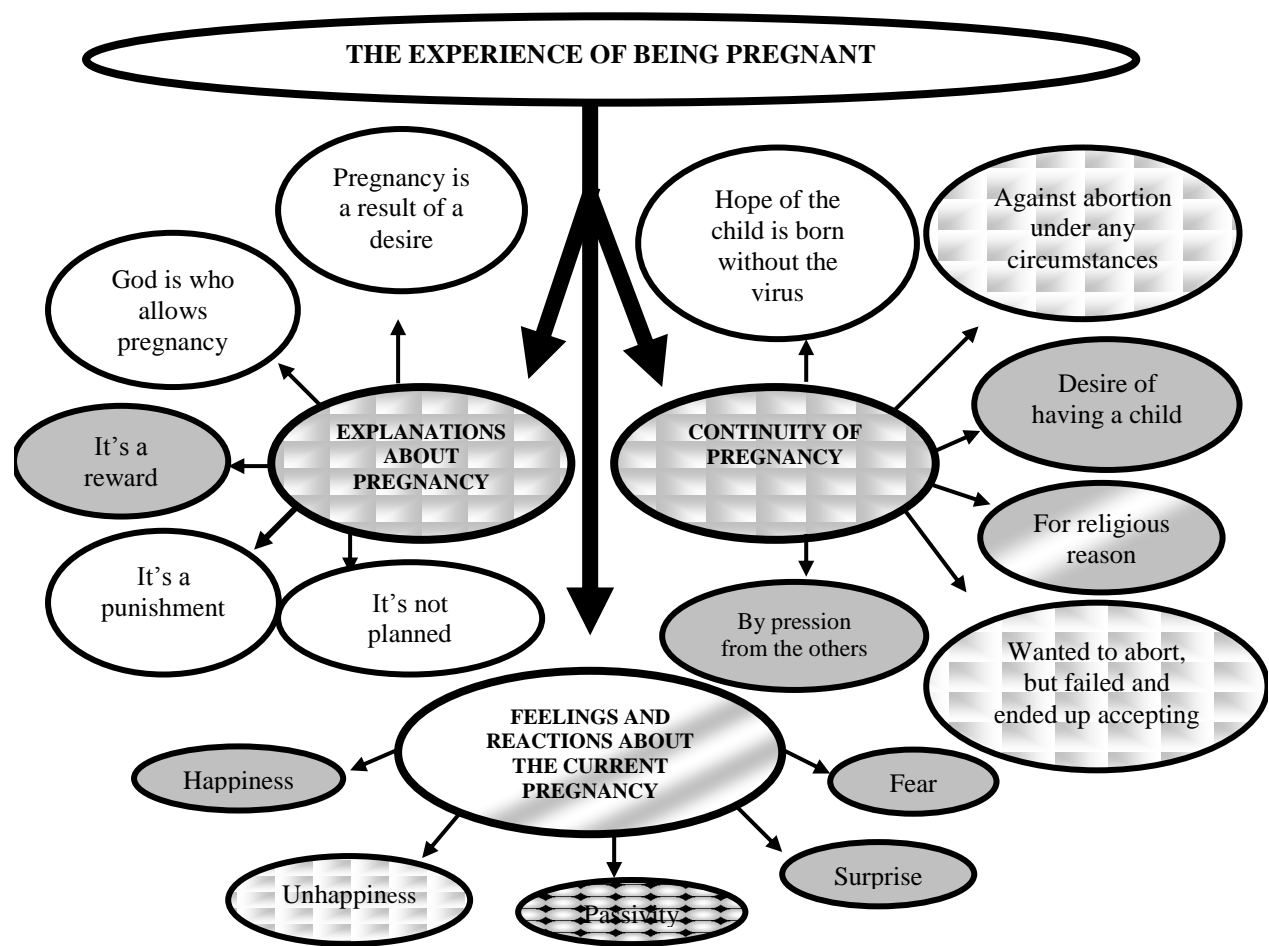


Figure 1: Integrative cores of the representations related to the experience of the current pregnancy for women infected with HIV.

In this category, the structural analysis of narratives indicates that include features present in the context of choice or decision that pregnant women experienced recently. From the perspective of these women, motherhood, although it has not been a choice or there are adverse circumstances, provides happiness. In such cases, it is perceived as a destination, a superior decision, magical-religious conception of the event. Their representations, then grouped, the explanations about the pregnancy itself, the feelings that emerge and then decide whether to continue the pregnancy (Figure 1).

♦ Explanations about pregnancy

As already registered, most interviewed claims to have planned the pregnancy. Thus, present an argument that can somehow explain pregnancy. In this sense, one may question about the reasons of pregnancy at that time, as to and fro this during the design context, or even refer to the neglect of preventive measures, and then pregnancy 'slipped'. In some cases, pregnancy is also explained as a result of 'accident'.

The first explanation is that objectified by the couple's desire to have children, even considering pregnancy also as a 'permission' of God and not completely planned:

*He had never, too eager to have a child, right! So yeah, ah we then... More since God allowed, then that's what I think "(E3) A second explanation is also the desire, but deemed not aware:" My husband got for him I wanted to have a child. I speak not. But he thinks that I wanted to have a child. Sometimes ... I deny that, but I wanted to know? (E1)*

Most, however, justifies her pregnancy as an 'accident', which is understood how desperate or a decision of God. In the first case, the resignation of prejudice and fear go together:

*I did not mean... I... when I found out, I did not. I find these days that I was pregnant "(E9) in the second case, women relate pregnancy to a destiny laid by God:" Sometimes I get so I guess it's God's plan, is that I am a believer, huh! I believe, I trust in Him too, right! (E7)*

Registered with the statements, we can learn how women explain how or why they became pregnant. In many cases when it is impossible to understand this fact from the 'data' goals, which contributed to the actual determination of the cause, sought to do so by way of assignment to a higher purpose, as a reward, as well. Only one interviewee refers to the idea of punishment, also from superior forces:

*I think until this one is grounded. I took so much to not have... and now I have it! (E13)*

#### ♦ Feelings and reactions about pregnancy

Seize-up in the emotional context revealed by the interviewees, feelings of happiness and fear as the most emotions experienced by them. Feelings and reactions of surprise, anger, fear, anxiety, sadness and passivity are reported. In the following speech, there is sadness and anxiety:

*Ah! About this... This... Before and after HIV... Ah! Once we know who is HIV positive is so terrible! It's horrible! (E4)*

For most, there is an acceptance and a happiness to be expecting a child, some have these feelings have immediate confirmation of pregnancy, others, when after some time the same, indicating the contradictions and paradoxes of living of a pregnancy being infected with HIV. The sensations and feelings of happiness experienced are explicit in reports such as the following:

*But the minute I heard that, I was very happy! (E1)*

As for the ambivalent feelings, happiness and fear the type or happiness and concern, these can be seized both the narratives of women who did not plan the pregnancy as the reports of that consciously or not made. For some of the interviewees in the first weeks of pregnancy, the emotions are more aimed at or near negative perception, but, over time, the perception changes and some come to feel happy, others become accustomed or conform.

Another interviewee emphasizes that, despite the concern brought the news of the pregnancy, she was welcomed and well accepted by it:

*But just at that moment I knew I was pregnant, I was a little worried, but I received ... well! I'm fine psychologically, right! (E11)*

Another interviewee did not express emphatically the feelings experienced by it during this pregnancy, like admitting perceive it as their destination and demonstrating yet, their hope for a baby's arrival:

*Sometimes we would have... even... Yeah... I'm waiting for his arrival, this son. I was a new experience being a mother with HIV, but it was very good! (E10)*

It is realized the impact of the diagnosis of pregnancy in the midst of their HIV status, especially when there was no prior knowledge of the presence of the virus in testimony as:

*But at the time I thought I was pregnant, did not think I had the virus, right! When I took the exam that was given. Then I found it very, very strange! (E4)*

One of these women, even though it experienced another pregnancy and already be in the last quarter of this reveals a feeling of rejection towards pregnancy and baby, with full conviction that this is due to the presence of HIV.

Among the fears expressed by them, the serologic status of the child is what is most present. There are also other approaches to the feeling of fear in the course of that pregnancy, such as fear of accelerating the disease, dying and leaving the baby, birth, suffering discrimination, both she and the child:

*I'm just afraid my daughter has [HIV] (E2)*

The feelings of happiness and fear mingle during pregnancy, making their intense experiences, making them wonder about your strengths and weaknesses to carry forward the situation. Representations about pregnancy and HIV influence and organize the postures and feelings to continue the pregnancy.

#### ♦ Continuity of pregnancy

The reference regarding discontinuation or not the current pregnancy was mentioned by the interviewees. Most have never wondered this practice for reasons like a dream come true, faith in God, the child does not have guilt, found support and explanations received. The few women who floated this possibility, regardless of motivation, none had made any attempt succeeds when.

The interviewees who never thought in preventing the continuation of pregnancy revealed the following statements, convictions that have about it. An important representation binds to anti-abortion feelings of guilt mixed with moral and religious grounds:

*I never thought I had to take ... or anything else; whether the child will be born with HIV ... nothing came of it in my head! So we decided to have because we are totally against abortion is what the situation is. (E1)*

Together with the religious beliefs and moral precepts, come and sure hope that God will give you strength to bear and raise the child: "If God gave me the opportunity I have to live with the consequences, whatever happens." (E6)

With these justifications centered on the representation of pregnancy as well and a gift from God, some of the interviewees, regardless of having planned or unplanned pregnancy, reaffirm the desire to have a child and take care of it:

*I always wished! Even I'm crazy of him just born [laughs] sees me face him! "(E3)*

One of the interviewees stated that they had experienced this problem initially so different from the others: "First there was God; after, the guidance of doctors. They'd tell me they had no problem. Like that ... I'm just ... you know the virus, and now the result is giving more negative, so we had no problem." (E7)

One of them - a mother of two, married, infected by her husband - became aware of their HIV status during the current pregnancy, before to make sure I was pregnant, took some steps not to allow further development. It also reveals that if he had known of his infection early, would have stopped this pregnancy:

*If I knew [he was infected with HIV], if I could I prevent this. Would take in the beginning. (E13)*

Another research participant, with three children, divorced, living in stable condition with seropositive partner who infected her, knew before pregnancy that was infected and considered termination of pregnancy as a solution to hide their situation from their partner's family. The interruption did not materialize due to lack of financial resources. With the evolution of pregnancy and after receiving some information, he changed his mind on the subject.

Another of them - a widow without children, infected by her former late husband - became pregnant from her new boyfriend, whose serology is negative. The demand for services to perform the abortion occurred, but these were not found. In seeking such an alternative, did not willingly, but by pressure from the partner and friends. Also changed his mind after the information obtained.

The statements thus show that women who knew their HIV infection at the time of prenatal care, only one has considered terminating the pregnancy and that of others, only two thought of it.

#### ● Preventive Behaviors

Are present in this category the main behavioral changes perceived as necessary and which directly affect the course of pregnancy, consequently, the health of the woman and baby, although many do not adopt with the necessary rigor, as they themselves argue. For the women interviewed, the main preventive behaviors can be grouped on the (mis) use of condoms, adherence to medications and care with itself after knowledge of pregnancy (Figure 2).

##### ◆ The (mis) use of condoms

The majority of the women respondents focused on the theme condom. They were aware about the recommendations on the importance of its use as a barrier method for HIV, thereby preventing transmission of the virus or reinfection. However, several of them said they did not use condoms in a desirable way, making use of irregular shape. There is also a portion that despite the knowledge on safe sex, choose not to adopt it. In fact, the minority claims his use of generic and continuously. It calls for attention, moreover, that even in the case of serodiscordant couples, condom use is not regular.

The interviewees said that the couple does not use condoms present their arguments and justifications related to 'taste' of the couple and the refusal of the partner, as exemplified by the following quote:

*"He does not have the virus, but he knows that I have. Knows everything! I know that he cannot use condoms for HIV infection. We talk, more do not use! "(E8)*

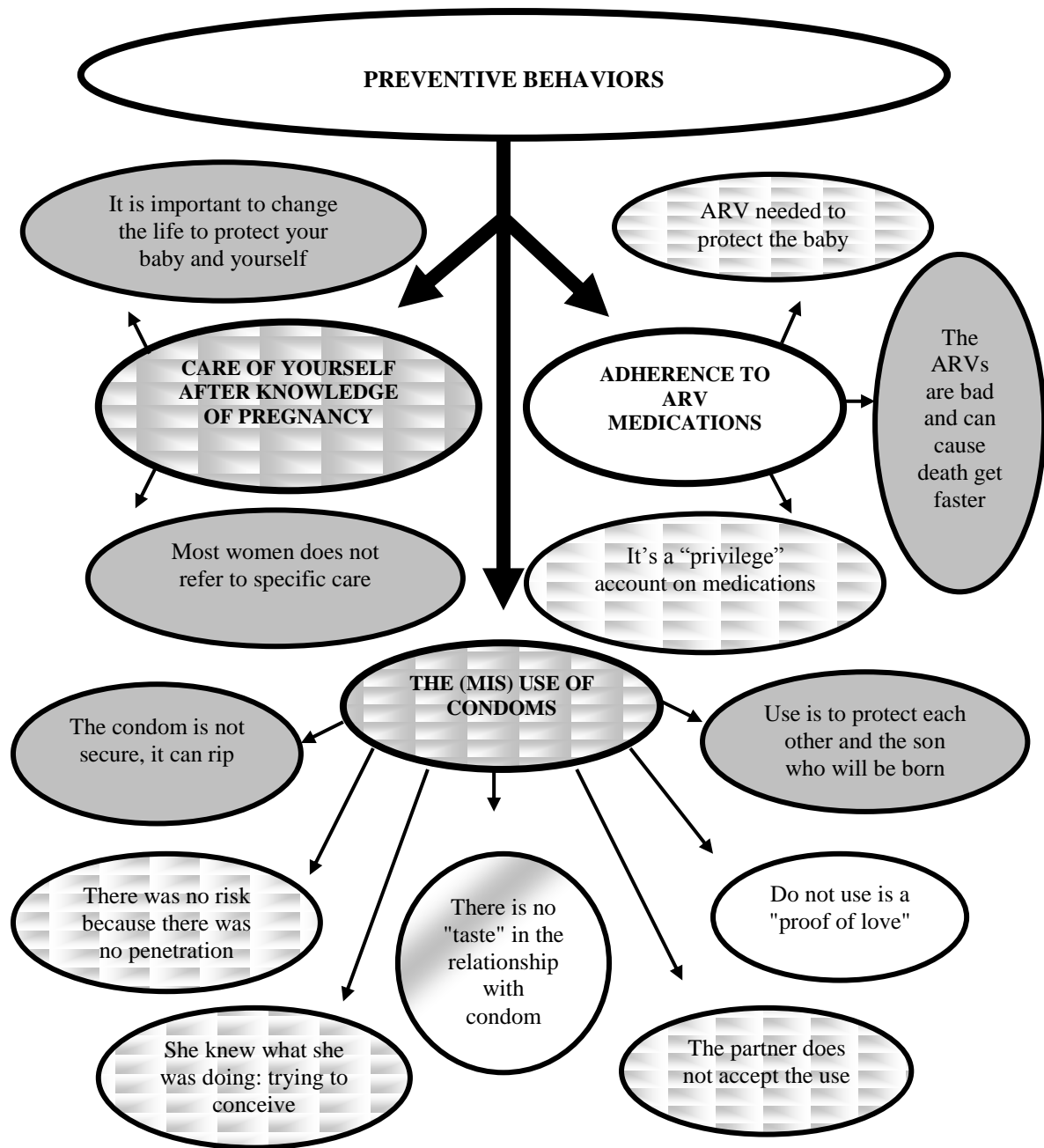


Figure 2: Integrative cores of prevention related representations after pregnancy of women infected with HIV.

Even for respondents who reported condom use on a regular basis, when they started their speeches there, throughout the interview, disjunctions in the speech showing postures not as linear in practices and representations of woman and partner:

*Wore, a few times, condoms. It was not constant. (E1)*

Some respondents said they regularly use condoms (where pregnancy occurred for their 'break' or carelessness), at least in recent months, according to the narrative below:

*I found it very hard condom bursts, so ... I thought ... I thought he avoided so it was not totally safe, but ... That was very difficult to happen ... Now we use every time! (E5)*

Of the total respondents, only one said to not use condoms when focused on occasion when 'suspects' have been infected, but not dealt with as has been the adoption, or not, these days. Another interviewee did not

mention in his speech on the subject condoms are therefore ignored its use, or not, for this woman.

As can be seen in the statements recorded, the condom has not been adopted by most interviewees, or used in regular or irregular shape, yet, but with problems, which seems to have been failed on the method.

◆ Adherence to antiretroviral drugs (ARVs)

All pregnant women with gestational age (GA) above 14 weeks were in use of ARV; the others were oriented as to its beginning as soon as this GA was reached. Specifically regarding this issue, all the group refers to (or intend to) correct use of these drugs because of their real benefits for the baby. Of knowledgeable women of their HIV status, most were taking ARV drugs when pregnant, some even contraindicated for pregnancy, which caused some distress to the woman, as explained in the following statement:

*And it was for me to have stopped taking the medication about three months before, right! Because if a miscarriage happens. And I have not stopped, and took the drugs. I even scared! (E1)*

For some of these women, the fact that they find themselves in the use of ARV drugs is seen apparently naturally and have reported that, somehow, the person is able to control its side effects, especially perceiving them either as an analgesic. Regarding the availability of treatment, as well as easier access to antiretroviral drugs, these are highlighted and valued, recognized as having the commitment of the country to adopt such policies.

Those who knew their HIV status before pregnancy and who have never taken ARV drugs have questions regarding their true benefits, which lead them to question their use when they need for themselves, for the mistrust effectiveness for fear of side effects, or simply because they reject the fact of being a carrier of the virus.

Of the three participants who knew their HIV infection in the course of this pregnancy, made no reference to drugs, although it was in use, the other two refer to failures in the use and fear of medicines worsen your frame.

One of the study participants, whose diagnosis of seropositivity was done before this pregnancy and the use of ARV was from this reveals that these drugs are generally well accepted, but sometimes, especially given the amount ingested, sit was impressed.

As narratives, adherence to ARV drugs during pregnancy is assumed by women as a commitment to the baby but with some discomfort and even failures in everyday life for some. In addition, regular use during pregnancy to protect the baby cannot guarantee that these women will do the same in the case of personal treatment. For them, the representations of the harm done by drugs have an important weight in continuity, with even the fear of early death for them.

#### ♦ Care of yourself after the knowledge of pregnancy

The majority of respondents make no reference as to the necessity of adopting specific care, except the use of ARV, on account of pregnancy. However, in some cases, this pregnancy has completely changed the life of the woman, leading her to print significant changes in their routine, which explain how to care for preserving the life of the woman herself and also the baby when

pregnancy was somehow planned. However, a pregnant woman claims to have had changes in your life after knowledge of pregnancy, but questions their attitudes:

*So the record of people seem to not yet fallen. We keep doing what we did before. So, like, we got totally normal! (E1)*

Such statements point to the realization of the need for adjustments in the ways of life for these women after pregnancy, but it is necessary to point out that most if not caring perceives himself in a particular way, which suggests that women who did not plan this pregnancy have greater difficulties in dealing with the situation.

#### • Experience of HIV seropositivity

In the report of the majority of participants in this study pregnant women, explain the representations of HIV and its impact on their lives. These relate to imminent loss, discrimination and prejudice when the diagnosis of infection; over time, the experience of living with HIV alters partially such representation. There are those who attribute a 'right' normality to their lives and also a group that emphasizes the personal growth that infection generates from the diagnosis of seropositivity. Also appear as the perspectives that have to hope or not to cure the injury, as shown in Figure 3.

#### ♦ Physical Alteration and hastening death

How early in the epidemic, everything related to HIV infection, soon after diagnosis, for most interviewees still expressed through concerns about death, to themselves manifestations of disease, physical deterioration and consequent dependence will be subject. One interviewee goes further, stating that knowing the diagnosis hastens the arrival of death: "From the moment we know, sick sooner! So I knew I die faster! "(E13)

Even with information that shows AIDS as a chronic injury, it is a synonymous with early death, and HIV infection leads almost invariably to the impact of a physical opportunistic diseases caused by denouncing a seropositive status.

#### ♦ Discrimination

Prejudice, discrimination and exclusion are experienced or feared by the women interviewed, as explained in this speech: "For the greater prejudice think comes first, the seropositive. I know that people out there have several people who are prejudiced, discriminating, but I think that since we have the bias cut it for us to do. "(E10)



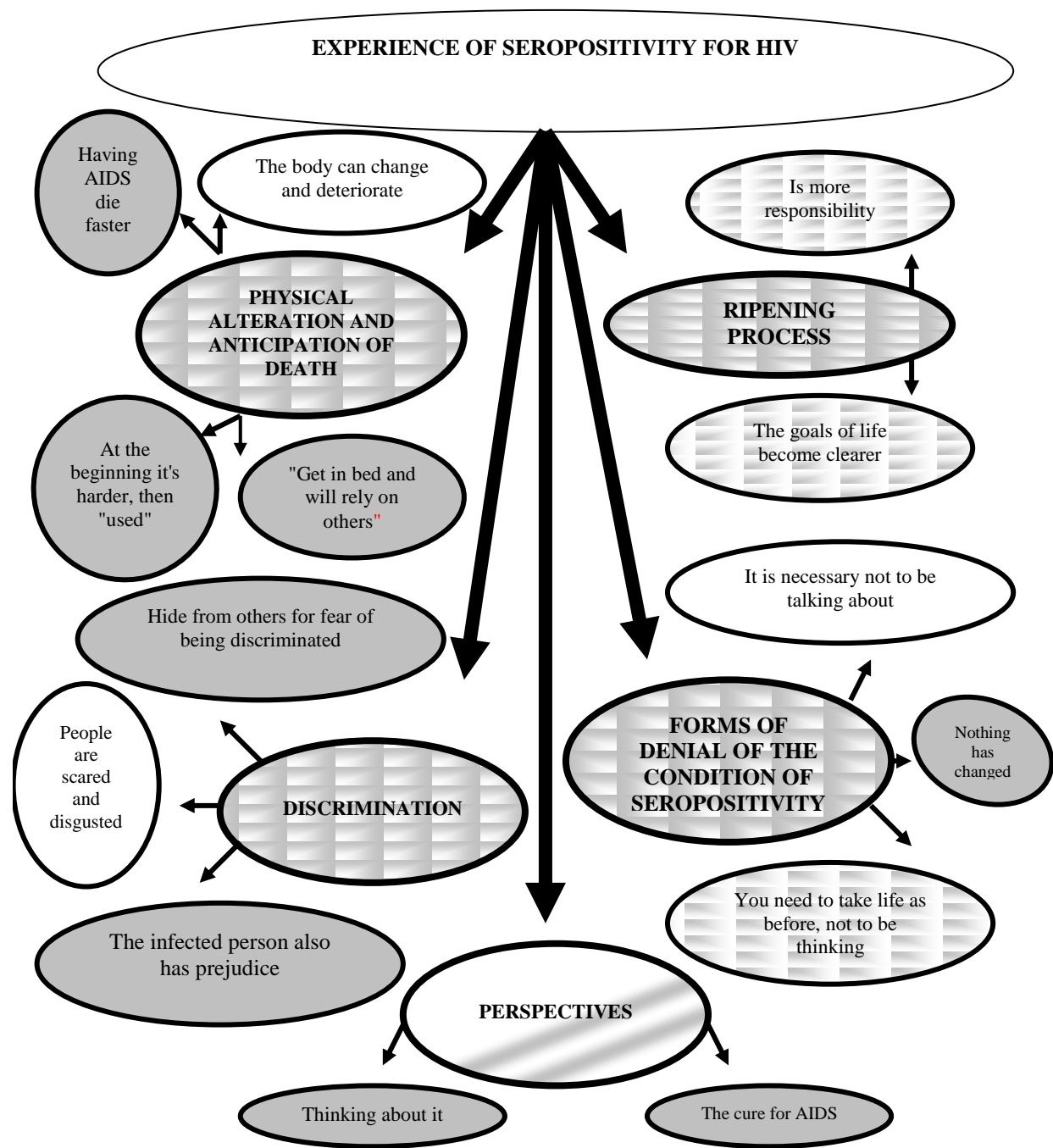


Figure 3: Integrative cores of representations related to experience of seropositivity for HIV in pregnant women.

It can be observed that prejudice, lived or imagined, that revolves around HIV infection leads subjects to not disclose their HIV status as a strategy to avoid unfavorable reactions of others. The interviewees consider that they too, before you know infected, had prejudice, indicating to confirm the weight that brings stigma for those infected.

◆ Maturity process

Throughout traumatic experience, people say they come to see the world differently and have new values as a reference for life. The experience of HIV infection was stated by some interviewees as responsible for bringing them to have clear goals and accountability, bringing maturity, as exemplified in the following statement:

*Changed, much has changed! I became more responsible! Now I have a goal, which is to take care of my health and*

*the health of my baby, my other daughter. (E2)*

New experiences, especially from the knowledge of serostatus of HIV positivity, are accompanied to a greater or lesser degree, the struggle for citizenship and for deep and fruitful reflections, leading to personal empowerment.

◆ Forms of denial of the condition of HIV seropositivity

Do not talk about the HIV infection itself is one of the forms found by many pregnant women group, apparently to deny or forget this condition. Also perceives a certain 'indifference' as to what has changed in their lives, as another mechanism used to soften the event:

*I do not have it in my head, you know? I look for is improving! Do not keep thinking about it, that it will end with me. I think not! (E2)*



One can therefore say that the forms of denial are concentrated in secret, in silence, not planning on staying in your situation and take life as before HIV infection.

#### ◆ Perspectives

Since the beginning of the epidemic, many advances achieved, the effort of the international scientific community for new discoveries about the HIV / AIDS issue, beyond the daily improvement of ARV drugs available, especially with regard to attempts to decrease the side effects, have contributed not only to provide better and more dignified life for those infected, but also to keep the hope of all, infected or not, discovering the cure for AIDS and the production of an anti-HIV vaccine. For the interviewees, such evidence can be seen in: *"Because I'm also hoping to leave the cure too. I very much hope to leave the cure!"* (E3)

Note that if HIV-infected in the presence of a pregnancy, women are motivated for life, especially because of child and also believe in the ingenuity of man which can lead him to find the cure for AIDS. Women construct for themselves the prospect of dropping not well supported in their faith in God.

### DISCUSSION

The empirical data shows social, and family characteristics related to infection by HIV of pregnant women, who comprise the present study, similar to the other 8 seropositive pregnant women in the country and that is not far or diverges from the population profile of uninfected pregnant women HIV as age, education, job and marital status.<sup>4</sup>

Leaving the field in that pregnancy, in most cases, there was no more than a desire discarded and passing to the plane of the real, the concrete fact, the search for and explain how it happens, though with individual characteristics, is guided in a regular, ie, transposition or displacement of autonomy over their body to the Creator of all things and as such, also with power over their life. So now as a reality, pregnancy in general and everything else, done or experienced by humans, comes amid an emotional component, as in every emotion, every one of them has a different motivation.<sup>3</sup> It is known that during pregnancy, especially in the first months, it is common to experience ambivalent diverse feelings<sup>3</sup>, woman to a greater or lesser intensity. Are common in this period, references to states of joy versus sadness, happiness versus bitterness, uncertainty versus certainty, without any association with planning pregnancy or not, or whether it was wanted or not.<sup>9</sup>

The same happens with the participants of this study, since most refer to feelings ranging from happiness to fear, through anxiety, being possible to understand, ambivalently, feelings of happiness and fear, happiness and worry, joy and fear; these findings independent of any other factor that could bring them closer or distancing them regarding the socioeconomic and cultural conditions.

It is noteworthy that the GA appears as able to influence the perceived sense, ie, in the first weeks after diagnosis of pregnancy, emotions are more tending to or close to negative perceptions such as fear, anger, anxiety, or even fear. As mentioned, over time, the perception of pregnancy will be changing, and you can focus it, more broadly, with moments of joy and happiness, basically motivated by the realization of a dream, of being a mother, even that apprehension about the future to continue to exist.

Research shows that feelings are ambivalent, these being of happiness and fear, the first obviously related to pregnancy and child and second, the possibility of transmitting the virus to the baby.<sup>10</sup> It should be apparent impediment to record the polarization one of them, so maintaining a 'happy medium'. So it seems that they balance themselves emotionally and thus organize themselves and strengthen themselves in order to 'survive' the criticism still present in society about the occurrence of pregnancy in women with positive HIV serology.

The results indicate that pregnancy, for most of these women, happened in absentia of planning between the couple. Nevertheless, the decision to continue with the pregnancy was observed over the first option, not with an HIV infection or the possibility of vertical transmission impediments for pursuing.<sup>11</sup>

In the perspective of women, particularly those of this study, the practice of abortion is explicitly condemned, and is linked to negative feelings such as guilt and cowardice, including yourself, then, the notion of crime that such a practice is in Brazil a few.<sup>12</sup> Participants focused on the termination of pregnancy as a possible option and failed to make it effective not question / criticize the ban by national laws. Rather, the argument for not realizing it is guided by the personal aspects such as lack of financial resources and knowledge of HIV infection at an advanced stage of pregnancy.

With a view to obtaining the best physical condition, both as a baby, pregnant women of this study are to adopt the measures recommended for all pregnancies, also

adhering to the use of antiretroviral drugs, which are findings consistent with other studies in the literature.<sup>10</sup> Is that adherence to treatment at that stage happens unconditionally, because the aim of treatment is the baby and to follow it, proves to be a caring mother to her son. Representations about the effectiveness of medications, however, put, for some, the question whether the treatment would if it were only for them, which can be confirmed by other studies.<sup>13</sup>

These scientific advances that resulted in a bigger and better life expectancy for people living with HIV/AIDS show insufficient to unbind the perception of 'death foretold' the existence of HIV linked to the origin of the epidemic.<sup>14</sup> It is important to note that, in beginning of the epidemic, AIDS was diagnosed only in advanced stages with risk of imminent death because there were no examinations to detect the virus and prophylactic treatments were not known at the time.<sup>15</sup>

The fear of death is basic and present in all but the man does not think, in fact, death itself. It goes further and argues that the unconscious only accepts the idea of immortality, and therefore easier to consider and accept the death of the other.<sup>16</sup> Every disease whose treatment is ineffective towards healing tends to be full of meaning because it is considered more fatal than it actually is, ie, the injury is identified as death itself. Thus, AIDS became something more than an illness, a myth that suggests and symbolizes an illusory truth accepted by people and represents significant role in their behavior.<sup>17</sup>

Regarding the representation of women in this study group has motherhood, this did not significantly differ from other studies.<sup>4</sup> The representation of motherhood could be expressed in the simple result of an equation in which motherhood is equal to the continuous source of affection, affection and tenderness, and embodying, consistently, the scope of female role.<sup>3,18</sup> Also the existence of ever more efficient prophylaxis of vertical transmission acts favorably contributing to it since, always less, exercise of motherhood that group women differs from the others in regard to the health of babies.

It is observed on the one hand, sure of HIV infection and state of the art about that lead them to the recognition of the impossibility of returning to his previous serologic, situation and, secondly, the promising scientific studies and faith in God nourish hopes this reversibility. Thus, the constant expectation around that provides the non-recognition of

this new status as an attack situation existing social representations.<sup>19</sup>

Although the scientific, political and social scene, both nationally and internationally, showing significant changes with regard to all matters relating to HIV/AIDS, the experience of pregnancy for a woman with serology positive for the virus is still dramatic. For women of this study, motherhood amid HIV seropositivity shows contours of 'social and psychological' suffering caused by many experienced conflict, however, it can mean symbolically feel more alive and healthy<sup>14</sup>.

## CONCLUSION

A key issue when it comes to HIV/AIDS is the stigma. In this study, diagnostic disclosure of HIV status to family members of close relationship aroused reactions of support, affection and solidarity. Contrary to this, there are reports of remoteness from people who lived socially with these women, prompting many to choose not to reveal their seropositivity.

Among the group, there are statements concerning the discernment of the difference between HIV infection and AIDS disease. The disease is closely linked to the idea of physical change and dependence on others, being related to the death as an early occurrence in their lives representation. Material fact to be highlighted was the way the educational information held by health professionals of the reporting unit were perceived by these women, especially to reassure them about the impact of HIV infection on pregnancy and fetus.

Despite advances, the epidemic of HIV/AIDS has been faced by society in general, with prejudice and discrimination, which influences directly in shaping representations of people and groups. The use of SRT allowed a different look that technical and scientific markedly present in the professional field, enabling value the expression of subjectivity and common sense that undeniably fall into the construction of the social.

Affirm yourself the many challenges to be supplanted that, among so many others not less important, we highlight the reframing of HIV/AIDS and pregnancy for infected women, both for those infected and for the other, and the availability of professional health with technical and scientific capacity and human attitudes to the care of the general population, particularly those living with HIV/AIDS. Thus, one might think that there is, for each element of representation, another gift able to contradict him, for example,

being a mother is the nature of woman versus being infected with HIV does not match pregnancy, being pregnant or getting infected HIV causes social revulsion versus public policies of social protection and solidarity, among many others experienced conflict.

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