



RESEARCH ARTICLE

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EXPECTATIONS FOR GETTING PREGNANT IN HIV-POSITIVE WOMEN CHALLENGES / CLASHES

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ABSTRACT

The present study aims to understand the expectation to get pregnant in HIV-positive women. This is a descriptive study with a qualitative approach, conducted in 2017 in a Specialized Reference Unit on Infectious and Special Parasitic Diseases (URE-DIPE), in Belém do Pará. A semi-structured script was used for the interview, aiming to understand the expectations to get pregnant and later the content analysis was performed according to Bardin. Ten HIV-positive women were interviewed. The research results together with the discussion were based on Bardin, divided into four categories. It is concluded in this study that there are high expectations to become pregnant in HIV-positive women, so this is relevant in order to contribute to nursing professionals, to realize strategies to improve care broadly with updated knowledge about this issue is also for future health professionals, who seek to provide a differentiated and humanized reception for these women who wish to become pregnant, with the aim of offering psychosocial support to achieve maternity with less suffering.

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INTRODUCTION

The human immunodeficiency virus (HIV) can cause AIDS, a disease that attacks the immune system, responsible for protecting the body from various pathologies, so the body cannot fight infections. HIV has in its viral particle, enveloped structure and in its nucleus has two copies of RNA being single stranded. This virus replicates by fusing to the cell membrane from contact with the virus-infected mucosa or blood. And the most affected cells are TCD4 + lymphocytes, as are macrophages and dendritic cells (BRASIL, 2013).

AIDS is a chronic viral disease that started from HIV infection in monkeys in Africa. In 1986, there was a prevalence of HIV-2 infection, with shorter incubation time and mortality. HIV-1 originated in 1992, with infection by "Pan troglodytes" chimpanzees by feeding Africans of this species. To get infected with HIV-1 and HIV-2, there are different ways of contact, which leads to infection if the individual is infected with the HIV virus (FRIEDRICH, *et al.*, 2016). In Brazil, between 2000 and 2015, 92,210 cases of HIV infection were reported, of which 2012 to 2015: 25,617 cases and in the

northern region corresponding to 2,751 cases, highlighting the state of Pará, the cases of pregnant women infected with HIV, corresponded to 1,062 per 1,000 live births (BRASIL, 2015). Considering a woman's seropositivity and expectations of becoming a mother can cause changes in biological, emotional, structural and social processes. The fact that women are seen as reproducers when they receive a positive diagnosis for the virus raise doubts, fears and apprehensions about motherhood. (BRASIL, 2013). Prejudice is still a feature present in the daily life of seropositive individuals. As a consequence of this situation, people with HIV are rarely seen as fathers, mothers and spouses. Thus, the desire for motherhood among HIV-positive women can be suppressed by society's fear of reprimand and prejudice for their serological status. (BRASIL, 2013). With technological and scientific advances, the vertical transmission rate (VT) has decreased due to the improvement in the quality of life especially of HIV-positive women, resulting in a greater reduction in the likelihood of vertical contamination, but to be avoided, It is necessary to follow recommendations of the therapeutic scheme, making it possible to realize the dream of having healthy (BRASIL, 2012).

It is known that a pregnancy of women living with HIV presents some risks such as: vertical transmission, breastfeeding infection, and childbirth. And so, to reduce the risk of transmission to offspring, women who intend to become pregnant should adhere to prophylaxis during pregnancy, at delivery, and after the birth of the baby. (CARTAXO *et al.* 2013). It is clear that these women, when they become pregnant, will need psychological support, not only aiming at reducing TV, but in order to be able to exercise maternity, with less martyrdom, where professionals, when providing care, must address physical and mental health issues. (GONÇALVES; PICCINNI, 2015). Regardless of the situation experienced, maternal desire is mostly part of the female reality, becoming something instinctive. Parallel to this female will, health teams have the function of minimizing risks and properly monitoring the entire process, aiming at an adequate assistance to this public. (SANTOS *et al.*, 2012). Pregnancy is a significant experience for many women as it is a dream come true, but when it comes to being HIV positive, doubts and difficulties arise in how to deal with this reality (MATÃO., *et al.*, 2014.). In this sense, it will be necessary to expand the health care of the couple, so that it is possible to prevent reinfection, vertical transmission and pregnancy care throughout the prenatal and after the birth of the baby (LANGENDORF *et al.*, 2015). This research aims to understand the expectations to get pregnant in HIV-positive women.

METHODOLOGY

This is a descriptive study with a qualitative approach. The research was conducted at the Specialized Reference Unit on Special Infectious and Parasitic Diseases (URE - DIPE), located in the city of Belém / Pará, which serves as a reference outpatient clinic for the treatment of infectious diseases such as HIV / AIDS. Participated in this study 10 HIV-positive women who wish to become pregnant, attended at the reference unit with a minimum age of 18 to 35 years, reproductive age. Data collection was initiated after approval by the ethics committee and signing of the participants of the Informed Consent Form. Data were collected through a semi-structured interview following a script with questions related

31210-31214 to the subject. And the results were made possible according to Bardin's technique. This study is based on the ethical and legal aspects provided for in Resolution 466/12 of the National Health Council and it was submitted to the Committee of the University of Amazonia and was approved on September 18, 2017, the number of opinion 2.282.698 and CAAE: 74960017.5.0000.5173.

RESULTS AND DISCUSSIONS

Answering the objectives of this study was based on Bardin and divided into four categories. The first categorization shows the profile of HIV-positive women interviewed at URE-DIPE. While the subsequent categories demonstrate the knowledge, expectations and ways to cope with living with HIV and the desire for motherhood, they are shown in the interview clippings.

Category 01: Profile of Interviewed Women

Ten HIV-positive women, aged between 21 and 34 years, participated in the research. In order to identify the study participants, while preserving their anonymity and describing their responses, we assign them the "color" designation. In which colors are: pink, blue, yellow, green, lilac, red, gold, silver, white, violet. In this category we address issues such as age, religion, marital status, occupation, family income, residence and number of children as shown in the table below:

Table 1. Profile of seropositive women interviewed at URE-DIPE and variables Belém / Pará, Brazil, 2017

Variables	Number of women	%
Age		
18 to 23	02	20
24 to 29	02	20
30 to 35	06	60
Religion		
Catholic	02	20
Evangelical	07	70
Without religion	01	10
Marital status		
Stable union	07	70
Single	03	30
Occupation		
Housewife	05	50
Employee	03	30
Unemployed	01	10
Student	02	20
Family income		
1 minimum wage	05	50
2 minimum wage	01	10
More than two minimum wages	04	40
Place of Residence		
Abaetetuba	01	10
Acará	01	10
Barcarena	01	10
Belém	02	20
Icoaraci	02	20
Mosqueiro	01	10
Aurora do Pará	01	10
Ponta de Pedras	01	10
Children		
Nobody	02	20
A child	03	30
Two children	04	40
Three children	01	10

Source: Produção das Autoras, 2017.

Regarding age, the age group with the highest index was 30 to 35 years. These data are in agreement with the study by ALDRIGHI *et al.* (2016), who state that currently, the world

advance. Among the factors that contribute to this, is the greater insertion of women in the labor market, growth of financial stability and education. In addition, it was found in the study that 60% of women consider they are at the ideal age to get pregnant (30 to 35 years), because they are no longer so young, and the fact that they still have the body able to generate a baby, as a consequence of social, emotional and structural factors feels more prepared to exercise motherhood. Regarding religion, the highest rate was 70% of evangelical women. Religiosity is used by people living with HIV as a way to strengthen the individual in facing the disease. In churches patients use faith as a source of strength, comfort, and hope for healing the disease. Religiosity is viewed positively in the face of facing HIV, as patients experience religiosity even with all the changes that the disease can bring to each person's personal, social and psychological life (PINHO *et al.* 2016).

The highest percentage of women in the interviews was 70%, who are in a stable union. The fact that women have a partner is a positive aspect for planning a pregnancy, studies show the importance that the father presence has in the decision to get pregnant. Being a mother and a father seems to build a very complex process in the face of HIV / AIDS, the research identified that what led HIV-positive women and their partners to decide to get pregnant, even knowing the risks of contamination and the strong desire to exercise motherhood and fatherhood as a way of giving meaning to the couple's life (CORDOVA *et al.*, 2013). Regarding occupation, the highest rate was 50% of women considered to be housewives. Women seek different strategies to deal with HIV, allowing them to have an occupation and responsibilities, some seek to study, work, broaden social relationships, as well as being a form of distraction, avoids thinking only about the disease. Other women with HIV choose to take care only of the home, because they believe that working or having an activity can arise difficulties in reconciling work such as signs of illness or need for treatment (RENESTRO., *et al.*, 2014). The participant index showed that the concentration of HIV cases is not concentrated in only one place in the state, but in several municipalities. According to the study by Santos *et al.* (2012), prevalence studies indicate that the proportions of people infected with HIV are no longer concentrated only in large cities, inland the incidence indicates that the degree to which transmission is occurring and infected groups grows by day, making it difficult to rely on estimates of HIV incidence. It was observed in the survey that 80% of women living with HIV already have one or more children and still want to get pregnant again. Based on the study by the authors GALVÃO; WEDGE; LIMA (2014), women who are seropositive for HIV during pregnancy or who already have prior knowledge of the diagnosis experience moments of uncertainty about the contamination of vertical transmission.

Category 02: Life Expectations with the Discovery of Seropositivity

Pink Color: *"I hope to live a lot, because I take care of it, I think I'm healthy, I exercise, I eat well. So, everything the doctor tells me to do for a long life I do. I do not smoke; I do not drink. So, for me I think 100 (one hundred years), my grandmother lived 102 (one hundred and two years), my average is close to that."*

According to RENESTRO *et al.* (2015) say that when there is a positive diagnosis for HIV, women are forced to experience changes in their awareness of themselves and their lives. Expectations and anguish present themselves, but for some women there are changes in their experience as they gain understanding of the infection. It is observed in the speech of pink that: feeling the vitality when taking care to live more with quality of life having good habits, is exercise as a way to maintain a healthy life, yet reinforces that care prolongs life the same intends to live many years with the goal of reaching old age.

White says it was "frustrating because my partner was HIV positive, so it was something I didn't expect despite everything we are never ready for. Nowadays I followed, but at the time of discovery it was frustrating. I kept doing the things I did, but unmotivated I didn't isolate myself because I have a wonderful family."

As LANGENDORF., *et al.* (2015) emphasize that the diagnosis for HIV positive is impactful when it comes to a stable union, in which the woman has a presupposed judgment of the partner's infidelity, disrupts, lowers confidence or nullifies expectations that were deposited in the relationship.

The blue color said: "it was a shock, because I didn't expect for myself everything was normal, it was like I had nothing, so when I received the diagnosis it was a shock, I was for weeks with that (HIV), I isolated myself, I didn't tell anyone."

"Now I'm already aware, it's been a year, so for me that now becomes a normal thing, now I'm leaving a lot now everything is normal, I'm kidding, I'm going to the beach."

The discovery of seropositivity is related to the limitation of a normal life by the woman who gets the diagnosis, is marked by feelings of anguish and fear of isolation social and family rejection. Many prefer concealment over revelation of their personal identity (RENESTRO *et al.* 2014).

Category 03: Expectations of living with seropositivity and wanting to become pregnant

Blue Color: "Living is not easy; it becomes difficult for me because every time I take my medicine comes the memories and everything."

"I want to get pregnant, he also wants to, but the fear is that we and we try and he will be contaminated too."

The difficulties experienced by people with HIV are evidenced in several aspects, among them the non-acceptance of the disease, the prejudice experienced in the family and social context, in the affective and sexual life, in the treatment management and quality of life (BACCHINI, 2012). Even in the face of the risks that a discordant serum couple may face, it was possible to recognize motivations that lead them to choose a pregnancy. Professionals assisting couples of childbearing age should prioritize listening to their clear or implicit manifestations, to guide the understanding of the uniqueness and desires of each couple, clarifying questions and making family planning (FERNANDES, *et al.*, 2015). As CORDOVA *et al.* (2013) clarify that men and women with HIV have the right to exercise reproduction, but it is up to health professionals to discuss actions to help serodiscordant or seroconcordant

couples according to the family planning that has been developed by the Ministry of Health. Lilac color "Expectation of living today I already adapt well"

"If I can get pregnant, I want one more time. But being informed that I have the participation of several professionals who can help me, but other than that, not alone".

HIV-positive women can have a safe, quiet pregnancy with low risk of HIV infection by carrying out family planning and preventive measures. It is guaranteed by law a monitoring that interacts the health professional with the couple, so it is essential to encourage women to seek assistance in health services (SANTOS; SOUZA, 2012).

Pink: "Now I have it in a positive way, at first it was not easy." "I thought I could not get pregnant anymore because the child could get the disease, but over time I opened my mind and saw that there is no chance of it happening. It's just safe, so now I can."

Maintaining good mental health in conjunction with a multi professional, psychosocial and spiritual network, as well as proper treatment since the discovery of the diagnosis, contributes significantly to the better perception, confidence and understanding of the disease, thus ensuring the acceptance of effective and effective treatment. Positively influenced to achieve pregnancy with less suffering or fear (CARTAXO et al., 2013).

Category 04: Significance of motherhood and uncertainty as to whether the baby will be born HIV positive

White color: "It's great to be a mother. It's wonderful, it's company and sure that raising a child is someone I can always have there."

This is precisely my fear, I never had a welcome, I never looked for it, but I imagine it is complicated, I doubt if I will pass to a child".

The reality evidenced in the participant's speech that reinforces the study ALDRIGHI (2016) says that HIV associated with lack of information and guidance, makes mothers and women who want to get pregnant establish barriers in living with their child and care, limiting their role because she believes she can transmit the virus to the child.

Violet color: "Very great responsibility, I would have to take care, it is happiness".

"Fear, I was going to cling to God to be born healthy."

The discovery diagnosed for people with HIV is marked by a set of feelings. It is characterized by feelings of guilt and non-acceptance of the disease, this set of suffering leads one to reflect on the meaning of life and consequently the cultivation of spirituality. In this way the feelings of love, faith in healing and miracle, hope and willpower are expressions experienced by people with HIV. Maternity is also highlighted, as having a child can be a source of feeling for life (RENESTRO, et al, 2014).

Green color replied: "Joy."

"I doubt because when I got pregnant, I did not know that I had this (HIV), it was through him (baby) that I came to know, I doubt, because he was born and died as if he had pneumonia."

For many HIV-positive women, motherhood is marked as a unique moment in which new opportunities and a moment of happiness emerge, enabling them to continue their existence through a child that strengthens the appreciation of life (SANTOS et al. 2012). Doubts regarding the possible infection of the fetus by the HIV virus are highlighted and for this to be remedied it is essential that the woman receive all the information in family and prenatal planning, so the lack of knowledge leads to the belief that the probability is high. of vertical transmission (JORDÃO et al. 2016).

Conclusion

During the academic experience in Bachelor of Nursing it was possible to observe the expectations to get pregnant in HIV-positive women, so this study became relevant in order to contribute to nursing professionals so that they can perform strategies to improve care. broadly with updated knowledge on the subject and seek to provide a differentiated and humanized reception for these women who wish to become pregnant. We understand that although participants in this research are aware of the infection, the risks of contamination of the serodiscordant partner and / or the fetus, the expectation of becoming pregnant is similar to that of serodiscordant women. Thus, women who seek information and guidance from nursing professionals are able to answer questions and have the strongest desire to get pregnant, and report that with more caution to avoid vertical transmission, and while caring for themselves while maintaining a life. healthy, with antiretroviral therapy added to quality of life, they will live longer and value life more with the coming of a child. It is concluded in this research that women who have expectations to conceive parallel to the fear of maternal and child transmission, there is still perseverance and hope to conceive a baby without the virus, by gaining greater knowledge about all measures for prevention of vertical transmission, treatment medication, reinfection, serodiscordant infection, this encourages women to make their choice, conscious and autonomous. Given this, it is understood that the care provided to them must be integral and humane, with respect to their choice.

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