



RESEARCH

HIV TESTING: KNOWLEDGE, MEANINGS AND EXPERIENCES OF PREGNANT WOMEN

EXAME ANTI-HIV: SABERES, SIGNIFICADOS E VIVÊNCIAS DE GESTANTES

LA PRUEBA DEL VIH: CONOCIMIENTOS, SIGNIFICADOS Y EXPERIENCIAS DE LAS MUJERES EMBARAZADAS

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ABSTRACT

Objective: To learn the knowledge, meanings and experiences of pregnant women on anti-HIV serological testing during pregnancy. **Methods:** This was an exploratory qualitative study was conducted in five Basic Health Units Iguatu, Ceará, with 20 pregnant women through semi-structured interview in December 2010 and January 2011, after signing the agreement. We used analysis technique of the content. **Results:** Knowledge of the purpose of the review was limited by some, but attributed meanings representing maternal instinct, social responsibility and prevention of vertical transmission. All serology performed without difficulties of access, although some did not want to do it for fear of discovery of the disease. **Conclusion:** It is considered that these serological tests always offered to minimize the transmission of HIV. **Descriptors:** Pregnancy, Knowledge, HIV.

RESUMO

Objetivo: Conhecer os saberes, significados e vivências de gestantes sobre o teste sorológico anti-HIV no período gestacional. **Método:** Pesquisa exploratória e qualitativa realizada em cinco Unidades Básicas de Saúde de Iguatu, Ceará; com 20 gestantes mediante entrevista semi-estruturada em dezembro de 2010 e janeiro de 2011, após assinatura do termo de anuência. Utilizou-se a técnica de análise de conteúdo. **Resultados:** O conhecimento sobre a finalidade do exame encontrava-se limitado por algumas, mas atribuíram significados representando instinto materno, responsabilidade social e prevenção de transmissão vertical. Todas realizaram a sorologia sem dificuldades de acesso, apesar de que algumas não queriam fazê-lo por medo da descoberta da doença. **Conclusão:** Conclui-se que o exame sorológico seja sempre ofertado para minimizar a transmissão vertical do vírus HIV. **Descritores:** Gravidez, Conhecimento, HIV.

RESUMEN

Objetivo: Aprender los conocimientos, significados y experiencias de las mujeres embarazadas sobre la lucha contra el VIH las pruebas serológicas durante el embarazo. **Métodos:** Se realizó un estudio cualitativo exploratorio se llevó a cabo en cinco Unidades Básicas de Salud Iguatu, Ceará, con 20 mujeres embarazadas a través de entrevista semi-estructurada en diciembre de 2010 y enero de 2011, tras la firma del acuerdo. Se utilizó la técnica de análisis del contenido. **Resultados:** El conocimiento del propósito de la revisión se vio limitada por algunos, pero atribuye significados que representan a instinto maternal, la responsabilidad social y la prevención de la transmisión vertical. Todas las pruebas serológicas a cabo sin dificultades de acceso, aunque algunos no quieren que lo haga por temor a ser descubierto de la enfermedad. **Conclusión:** llega a la conclusión prueba serológica siempre se ofrece para minimizarla transmisión de VIH. **Descriptor:** Embarazo, Conocimiento, VIH.

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INTRODUCTION

Pregnancy is a special time in a woman's life and all the people that make up your household. It is regarded as a physiological process full of adjustments, physical and emotional changes that require care in a unique way.

For this it is necessary that the pregnant woman be accompanied by health professionals committed that can receive it from the beginning of pregnancy, while at the end of pregnancy, the birth of a healthy child and ensuring the welfare mother and newborn.¹

To promote the health safety of the mother and fetus, it is necessary that such professionals identify risk pregnancies and offer differentiated services across various segments, enabling the prevention of complications that determine higher morbidity and maternal and perinatal mortality.²

Among the actions is tracking diseases that may compromise the healthy development of pregnancy, childbirth and through various laboratory tests recommended by the Ministry of Health.³

Sample exams oriented prenatal serologic testing is HIV, by this virus has been transmitted in epidemic form in recent decades, especially in women of childbearing age, thus increasing the number of newborn babies exposed to HIV.⁴

Epidemiological data show that 15 to 30% of children born to HIV positive mothers acquire the virus during pregnancy, during labor or delivery, or through breastfeeding, due to the presence of viral load, and clinical status maternal immune; IST and other co-infections, nutritional status, risk behavior, prolonged rupture of

amniotic membranes, presence of intra-partum hemorrhage; prematurity.^{5,6,7}

With this scenario, HIV infection among pregnant women constitutes an emerging problem. In order to reduce and control of these cases, preventive measures particularly aimed at pregnant women continue to be developed.

The pre and post-test is one such measure, which consists of a set of interventions that seek to interfere in the conduct of everyday life of the subject through a dialogue based on trust between users and service professionals that aims to provide conditions for a person to assess their own risks, make decisions and find realistic ways to face their problems related to STI / HIV / Aids.⁷

In counseling, health professionals explain to pregnant women about the disease, the significance of the test, the possible results; guides on ways of transmission of HIV and other STIs and preventive measures; reinforces that the test should be repeated with each new gestation.⁵

The guidance and emotional support for pregnant women are important components of counseling, it may help her to cope with conflict situations, and can contribute to the adherence test.

For the successful execution of the anti-HIV, in most cases, there must be a trust relationship established between professionals and pregnant women, as for being the HIV virus from a fearful disease, AIDS, some women refuse perform it during pregnancy.

It adds the consent signed by the mother and by health professionals in deciding test at both times recommended, ie, the first and third trimester. The term shall ensure the confidentiality of the same and voluntary, the

guidelines for how the procedure in the lab, importance, benefits of early diagnosis.

According to the Ministry of Health, the diagnosis of HIV infection in the pre-conception or in early pregnancy, enables better control of maternal infection and satisfactory results in preventing vertical transmission of this virus.

Despite the availability of highly effective interventions to prevent vertical transmission of HIV and these should be available in the Unified Health System (SUS), the Brazilian reality dawns that many pregnant women fail to undergo HIV testing by difficult access, low adherence to prenatal care late or capture.

Duncan; Schmidt; Giugliani reinforce stating that the coverage of HIV testing for HIV among pregnant women in Brazil is still low, thus becoming one of the main barriers to reduce vertical transmission of HIV.

The reversal of this situation is not only dependent on interventions that can be specifically targeted to a population affected by the AIDS epidemic, but depend on the provision of quality care to all people, whether or not considered at risk behavior, knowledge of and the meanings attributed to the examination and disease.

It is imperative that research be done on the subject in order to investigate how are the knowledge and practices regarding the prevention of HIV. Thus, this research is conductive questions: what are the knowledge of pregnant women about HIV serologic testing during pregnancy? What are the meanings they attach to this test? And what experiences in effecting the examination.

Therefore, the object of study conforms with information about the knowledge, meanings and experiences of pregnant women on serologic testing for HIV during pregnancy.

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METHODOLOGY

An exploratory study with a qualitative approach, this allows grasp and comprehend the universe of meanings, beliefs, attitudes and values of each person.¹⁰

The survey took place in five Basic Health Units in the City of Iguatu-EC with the participation of 20 women who were in the 3rd trimester of pregnancy, which had at least 18 years of age and had completed at least once HIV status. The delimitation of respondents was due to saturation of the speeches at the time of application of the instrument for data collection.

Regarding the data collection procedure, it is considered that the Municipal Secretary of Health was contacted for approval of the research by signing in office.

After approval by the Ethics and Research involving humans, the researchers attended the UBS to schedule the days of data collection. Tuesdays in the months of December 2010 and January 2011 (day consultation prenatal) applied to semi-structured interviews with pregnant women after explaining the object of study and solicit participation by signing the same term of agreement.

The interview involved questions about age, number of pregnancies, duration of study, family income, marital status, knowledge, meaning and experiences of pregnant women about HIV testing during pregnancy.

All interviews were recorded to later be read carefully and fully transcribed.

Data analysis occurred after reading the replies of the participants and identified the themes, followed by the construction of themes, characterizing the technique of content analysis (author, year). He met then headed into three thematic categories: knowing pregnant women;

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knowledge and meanings attributed to the pregnant women tested for HIV, and the experiences of pregnant women testing HIV-Anti. The results were analyzed according to the literature.

The excerpts of the texts obtained were identified by the name "G" word of Pregnancy and the sequence number of the interview, thus preserving the anonymity.

The investigation complied with the provisions of Resolution 196/96 of the National Health Council which deals with research on human beings, which, from the perspective of the individual, incorporates four basic principles of bioethics: autonomy, beneficence, non-maleficence and justice. The study was approved by the Ethics and Research of the Catholic University Queen's Hinterland with the protocol number 20100152.

RESULTS AND DISCUSSION

Knowing the Pregnant Women

The interviews with 20 pregnant women have identified that they were in the reproductive phase of life by having age between 18 and 41 years. Of these, two were considered to have high-risk pregnancies because they have over 35 years of age.

We found seven primiparous and multiparous other, which suggests the latter, the historic accomplishment of HIV testing in previous pregnancies, experiences and knowledge on the subject. It reinforces the need for the primigravidae must always receive guidance about the test and their meanings.

Regarding the time of study it was found that 15 had less than nine years of schooling, which may contribute to limited access

appropriate information is at comprehension deficit or the accessibility guidelines.

The low education may hinder women's knowledge about the adherence of safe behavioral practices, thus corroborating with Langendorf, Padoin, Vieira e Mutti¹³ to say that in Brazil are observed high rates of Aids incidence in the lowest category of instruction.

The family income of the respondents was not more than two minimum wages. With this result confirms the knowledge of Figueiredo¹⁴ stating that the groups most vulnerable to Aids are women and teenagers particularly benefited less economically and with low education, thus favoring the main cause of not understanding the modes of transmission of the disease.

With regard to marital status, 17 had stable relationship with their spouses, which requires security and trust in the relationship. However, it is important that there is still putting a growing number of cases of heterosexual couples in HIV6 even these denoting knowledge about HIV transmission.

Maia, Guilhem, Freitas¹⁵ explained that the numbers of cases of HIV transmission between couples can be related to cultural issues of each spouse not to adopt preventive behaviors or even the choice of pregnancy.

Knowledge and Meanings of Pregnant Women Assigned to Anti-HIV Test

The prenatal care becomes a privileged moment for healthcare professionals to discuss and clarify issues that are unique to each woman. However, there are pipes which are considered routinely for all pregnancies, for example, the recommended tests.

In Program for Humanization of Prenatal and Birth¹⁶ are the relevant guidelines for health professionals to target pregnant women in the

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realization of routine tests. Among them is the HIV test, which must be requested at the first visit after the pre-test counseling.

During the pre-test counseling, health professionals can apply a set of clinical procedures and education, with the goal of promoting maternal and fetal health. It is inferred that this is the time for the establishment of an active listening, coupled with a practical communication and adequate information along to pregnant women, to clarify questions and learning new skills. As a result, the mother can understand the meaning and purpose of the exam, going to gain more autonomy in decision making assertive.¹⁷

In this study, we investigated the knowledge of pregnant women about the serology for the HIV virus, considering that all they had done in the current pregnancy and 13 in previous pregnancies. It was found that 12 pregnant women had limited knowledge when they reported that the examination is to identify disease, however, did not specify the name of this disease.

I know not. All I know is that to find out if the person're sick and you're done, right! So if vai sick take medicine. (G1)

Do not know, never told me, but I have done both times I was pregnant and this was the third time. I imagine it is to identify any disease. (G13)

I know well that the mother needs to do to see if they're sick. (G20)

This can result is associated with low education levels, lack of understanding or because of failures in the process of pre-test counseling for HIV serology.

The deficit of knowledge about HIV testing was also significant among multiparous, to observe the placement of the participant G13. A fact that requires a strengthening of the guidelines during prenatal consultations.

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Upon pre-test is needed to assess the professional knowledge of pregnant women about HIV / Aids and other STIs; inform her about what she did not know about it, especially about its etiological agent, transmission media, difference between being a carrier of the infection and develop Aids; explain what is the HIV test, as is done by explaining the significance of the results and the benefits of early diagnosis in pregnancy for both the mother and for the baby; enhance the chances of reducing vertical transmission by specialized monitoring and preventive measures during pregnancy, childbirth and postpartum, and ensuring the confidentiality and voluntary survey.

The professionals who were taking the prenatal the other witnesses followed the recommendations above being proven through eight pregnant women who demonstrated knowledge about the exam when they explained their purpose.

The examination is to find out if you are positive serum or not. Why has the virus and the disease itself, which is already Aids. (G9)

This is the test that is to detect and to the positive female sera, are already contracted the virus, HIV, before or during pregnancy. (G18)

The HIV test is intended rather to detect the HIV virus, and when diagnosed early, permits treatment and prevents vertical transmission may occur during pregnancy, childbirth and postpartum.¹⁸

In this context, we also asked the interviewees about the meanings attributed to the implementation of HIV testing during prenatal and demonstrated that they realize it is an expression of love, care and protection to the child who will be born; maternal instinct; social responsibility, and prevention of vertical transmission if they are infected.

If I do this exam and if by chance is positive, as has already treating me not to go to my son, right! (G4)

With the test results greatly decreases the number of children that may be born with this problem, right! (G2)

It is a way of avoiding having the infant to contract the disease. (G12)

This examination is critical because if detected before the child is born, the child will be prevented, huh! She will be protected so that she does not also contract the virus during childbirth. (G19)

Information about the meaning and implications of HIV testing for the day-to-day are as important as the implementation of the same. With regard to pregnant women, it becomes even more priority, because it involves the life of another being⁵.

According to the Ministry of Health, the assurance of HIV testing is the first step in prevention of vertical transmission, since it is from the result, which can adopt recommendations aimed at reducing maternal transmission of this pathway.

All pregnant women should take the examination anti - HIV during pregnancy, childbirth or intrapartum by clarification of the exam objectives, advice and consent of the patient before and after the examination¹.

Regarding the effectiveness of HIV testing identified that all participants underwent, although some did not want to do it because of fear of discovery of the disease, while recognizing their meanings.

I felt scared because of the result. I was afraid with the result. (G5)

Oh, I almost die of fear. My God! Okay I'll have Aids, that's what I thought. I really did not want to do this exam. I was thinking ... well, do not know if I do, then I asked the nurse what she

thought. She said of course it's good, it's good for you and child. And if I have Aids? She (the nurse) said, if you do the treatment. Then I finally decided to do it once and have repeated again now in late pregnancy. (G15)

I got a little nervous because we get a lot of things, right!. Because I had many boyfriends (laughs), then we get nervous. From my first girl I did not a. Over this time I did. But I do not want one, was more important is that I made. (G8)

I did not want to do because I am not obliged, I'm a ... I think that there is for those walking with a woman and not another and so has her husband. But then I found normal because all "buchuda" have to do, which is to know if you have the disease and especially for the child that is inside of us. (G10)

Fear is a feeling experienced by pregnant women and prejudice when interviewed G10 also said that only women with more than one partner can get the virus. Thinking this, what do couples do not use preventive measures during sexual intercourse, thus, exposed to risky situations.

With the increase of Aids cases in women, required to implement concrete measures for public health, with examinations for the diagnosis of HIV infection during pregnancy¹⁵.

With this scenario, it reinforces the need for counseling during prenatal care, which aims to open a dialogue and allows a relationship of trust between professionals and pregnant women, when doubts are clarified and decision making becomes conscious¹⁷.

Queries prenatal spaces are desirable for these actions, it is the moment that occurs proximity of work and strengthening the bonds pregnant¹⁴.

Experiences of Pregnant Women in Achievement Test Anti-HIV.

The National STD / Aids recommends HIV testing with counseling and consent for all

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pregnant women at the first prenatal visit and when they are in the 3rd trimester.¹⁹

The request, completion and outcome of HIV testing during pregnancy favors the identification of women with the virus and the possibility of early referral to appropriate treatment and monitoring of pregnant women. However, it is necessary for the health services offer examination and promote the accessibility to same.

The women in this study stated that they had great difficulties to perform such a test, because attributed the speed and simplicity of the result of serum collection.

They (doctors) ask and you will generally do the same week. The result is faster than a guess is not difficult. (G6)

I thought it was easy because only reap the blood and wait for the result. (G14)

I think it was good, just like any other exam, such as hepatitis, toxoplasmosis, because only drew a little blood and ready. For me this is easy. (G3)

The request for examination may be made by health professionals who perform prenatal consultations in Basic Health Units, due to the ease of geographical access of pregnant women and partnership with laboratories or insured's own county of residence of these women. Therefore, prenatal care should be organized to meet the real needs of pregnant women, ensuring continuity of care, monitoring and evaluation of maternal and perinatal.⁴

CONCLUSION

It is undisputed that a prenatal care quality is essential for the woman to have a healthy pregnancy and to ensure the welfare

mother and newborn. However, it is necessary to sensitize and mobilize health professionals, managers and society to the alarming problem of vertical transmission of HIV and together seek solutions to reduce new cases and manage existing ones.

Therefore, it is relevant that the serological test is offered during prenatal consultations after counseling and later made an investigation is recognition of knowledge understood by pregnant women.

It entails that this research has contributed to this awakening. The gaps could subsidize new studies on the subject, as that also had some limitations because we cannot say that the results of this study coincide with the reality of pregnant women in the same municipality.

REFERENCES

1. Ministério da Saúde (BR). Secretaria de Saúde Pública. Área Técnica da Saúde da Mulher. Assistência Pré-natal e Puerpério: atenção qualificada e humanizada. Brasília: Ministério da Saúde, 2005.
2. Duncan BB, Schmidt MI, Giugliani ERJ. Medicina Ambulatorial: condutas de atenção primária baseadas em evidências. 3ª ed. Porto Alegre: Artmed, 2004.
3. Ministério da Saúde (BR). Manual Técnico de Pré-Natal e Puerpério: atenção qualificada e humanizada. Brasília: Ministério da Saúde, 2006.
4. Barros SMO, Marin HF, Abrão ACFV. Enfermagem Obstétrica e Ginecológica Guia para Prática Assistencial. 1ª ed. São Paulo: Roca, 2002.
5. Rodrigues I, Carneiro ISS, Pivatto LF. Exame anti-HIV na gestante: conhecimento das puérperas. Boletim de Enfermagem. 2008; 2(1):57-71.
6. Ministério da Saúde (BR). Departamento de DST, Aids e Hepatites Virais. 2010. Disponível em <http://www.aids.gov.br>. Acesso dia 10 de fevereiro de 2011.
7. Azevedo RB. Doenças Sexualmente transmissíveis. 1ª ed. São Paulo: Saúde e Vida, 2004.

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8. Ministério da Saúde (BR). Manual de Controle das Doenças Sexualmente transmissíveis, DST 4ª ed. Brasília: Ministério da Saúde, 2006.

9. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Programa Nacional de DST e Aids. Protocolo para a prevenção de transmissão vertical de HIV e sífilis. Brasília: Ministério da Saúde, 2006.

10. Minayo MCS, Deslandes SF, Gomes R. Pesquisa social: teoria, método e criatividade. 25ª ed. Petrópolis: Vozes, 2007.

11. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras da pesquisa envolvendo seres humanos: Resolução nº 196/96. Brasília (DF); 1996.

12. Rezende J, Montenegro CA. Obstetrícia Fundamental. 10ª ed. Rio de Janeiro: Guanabara Koogan, 2006.

13. Langendorf TF, Padoin SMM, Vieira LB, Mutti CF. Gestantes que tem HIV/Aids no contexto da transmissão vertical. Revista de Pesquisa Cuidado é Fundamental Online. 2011, jul/set. 3(3):2109-25.

14. Figueiredo NMA. Ensinando em Saúde Pública. São Caetano do Sul, SP: Yendis Editora, 2005.

15. Maia C, Guilhem D, Freitas D. Vulnerabilidade ao HIV/Aids de pessoas heterossexuais casadas ou em união estável. Revista de Saúde Pública. 2008 42(2): 242-248.

16. Ministério da Saúde (BR). Secretaria Executiva Programa Humanização do Parto: Humanização no Pré-Natal e Nascimento. Brasília: Ministério da Saúde, 2002.

17. Ministério da Saúde (BR). *HIV/Aids em gestante se importância do aconselhamento pré e pós-teste anti-HIV.* 2010. Disponível em: www.aids.gov.br/.../main.asp. Acesso: 25 março de 2010.

18. Ministério da Saúde (BR). HIV/Aids, Hepatites e outras DST. Caderno de Atenção Básica nº 18. Brasília, 2006.

19. Ministério da Saúde (BR). Manual de Controle das Doenças Sexualmente Transmissíveis - DST. Programa Nacional de DST/Aids. 4ª ed. Brasília: Ministério da Saúde, 2006.

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