

# Sexuality of women living with HIV: it's complicated

## Sexualidade de mulheres vivendo com HIV: é complicado

## Sexualidad de mujeres que viven con VIH: es complicado

Cleuma Sueli Santos Suto<sup>1</sup>, Mirian Santos Paiva<sup>2</sup>, Carle Porcino<sup>3</sup>, Pablo Luiz Santos Couto<sup>4</sup>, Andreia Silva Rodrigues<sup>5</sup>, Marília Emanuela Ferreira de Jesus<sup>6</sup>, Ana Caroline de Souza Batista<sup>7</sup>

**How to cite:** Suto CSS, Paiva MS, Porcino C, Couto PLS, Rodrigues AS, Jesus MEF, et al. Sexuality of women living with HIV: it's complicated. 2023; 12(2): 350-60. Doi: <https://doi.org/10.36239/revisa.v12.n2.p350a360>

### REVISA

1. Federal University of Bahia, Graduate Program in Nursing. Salvador, Bahia, Brazil.  
<https://orcid.org/0000-0002-6427-5535>

2. Federal University of Bahia, Graduate Program in Nursing. Salvador, Bahia, Brazil.  
<https://orcid.org/0000-0003-4399-321X>

3. Federal University of Bahia, Graduate Program in Nursing. Salvador, Bahia, Brazil.  
<https://orcid.org/0000-0002-6176-0105>

4. Guanambi College. Guanambi, Bahia, Brazil.  
<https://orcid.org/0000-0002-2692-9243>

5. Federal University of Bahia, Graduate Program in Nursing. Salvador, Bahia, Brazil.  
<https://orcid.org/0000-0002-0091-2849>

6. Federal University of Bahia, Graduate Program in Nursing. Salvador, Bahia, Brazil.  
<https://orcid.org/0000-0002-6844-6434>

7. State University of Bahia. Senhor do Bonfim, Bahia, Brazil.  
<https://orcid.org/0000-0002-4444-7731>

Received: 17/01/2023  
Accepted: 19/03/2023

### RESUMO

**Objetivo:** analisar a estrutura das representações sociais de mulheres que vivem com HIV sobre sexualidade. **Método:** Pesquisa qualitativa com referencial teórico-metodológico da Teoria das Representações Sociais, ancorada na Teoria do Núcleo Central. Foram coletadas evocações livres de palavras, nos meses de agosto a novembro de 2018, de 191 mulheres vivendo com HIV em um município da Bahia. Os dados foram processados pelo software Evoc conformando quadros de quatro casas. **Resultados:** Em sua estrutura apresenta as palavras sexo, se prevenir, não sei e complicado. Os termos remetem a concepção da sexualidade como algo "difícil" de ser nominado e que demanda cuidados preventivos. Os elementos centrais e periféricos apresentaram, sua maioria, uma conotação negativa da sexualidade. **Conclusão:** As representações se ancoram em situações de temor e no medo em expor a condição de vivência com o vírus. Sugere-se que a temática possa ser incorporada às práticas de cuidados de profissionais de saúde.

**Descritores:** Sexualidade; Hiv; Mulheres; Atenção secundária à saúde; Enfermagem.

### ABSTRACT

**Objective:** To analyze the structure of social representations of women living with HIV about sexuality. **Method:** Qualitative research with theoretical and methodological framework of the Theory of Social Representations, anchored in the Theory of the Central Nucleus. Word-free evocations were collected in the months of August to November 2018 from 191 women living with HIV in a municipality in Bahia. The data were processed by the Evoc software, forming tables of four houses. **Results:** In its structure it presents the words sex, to prevent, I do not know and complicated. The terms refer to the conception of sexuality as something "difficult" to be named and that requires preventive care. The central and peripheral elements presented, for the most part, a negative connotation of sexuality. **Conclusion:** The representations are anchored in situations of fear and fear of exposing the condition of living with the virus. It is suggested that the theme can be incorporated into the care practices of health professionals.

**Descriptors:** Sexuality; Hiv; Women; Secondary health care; Nursing.

### RESUMEN

**Objetivo:** Analizar la estructura de las representaciones sociales de las mujeres que viven con el VIH sobre la sexualidad. **Método:** Investigación cualitativa con marco teórico y metodológico de la Teoría de las Representaciones Sociales, anclado en la Teoría del Núcleo Central. Se recopilaron evocaciones sin palabras en los meses de agosto a noviembre de 2018 de 191 mujeres que viven con el VIH en un municipio de Bahía. Los datos fueron procesados por el software Evoc, formando tablas de cuatro casas. **Resultados:** En su estructura presenta las palabras sexo, prevenir, no sé y complicado. Los términos se refieren a la concepción de la sexualidad como algo "difícil" de nombrar y que requiere cuidados preventivos. Los elementos centrales y periféricos presentaron, en su mayor parte, una connotación negativa de sexualidad. **Conclusión:** Las representaciones están ancladas en situaciones de miedo y miedo a exponer la condición de convivencia con el virus. Se sugiere que el tema se pueda incorporar a las prácticas asistenciales de los profesionales de la salud.

**Descriptores:** Sexualidad; VIH; Mujeres; Atención secundaria de salud; Enfermería.

## Introduction

The World Health Organization (WHO) conceptualizes sexuality as something that is influenced by several factors, such as: biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual.<sup>1-2</sup> Thus, conceiving sexuality also pervades the sense of basic need of human beings, considering that this dimension cannot be separated from other aspects of life.<sup>1</sup>

In the context of sexual and reproductive rights, the experience of a sexuality (free from discrimination and prejudice) must be guaranteed to all people, and any decision, to be taken, in relation to sexual life, must be exercised with autonomy, full consent, free, informed and without coercive practices.<sup>2</sup>

In this aspect, the strength of unequal gender relations evidences conditions of inequalities between women and men, regarding the social construction of sexuality. In this sense, women are taught to experience the exercise of sexuality restricted to marriage, with a view to the satisfaction of the partner, as well as for the purpose of procreation. In this regard, a survey conducted in Mexico City, with doctors from public health services, revealed that normativity on gender and sexuality still legitimizes and reinforces social inequalities in reproductive health spaces, to the extent that body care is addressed in consultations.<sup>3</sup>

The infection by the human immunodeficiency virus (HIV), which was previously seen as a condition restricted to minority groups (gays, hemophiliacs and sex workers), has reached other population segments, such as heterosexual women, often in stable relationships, with repercussions in their daily lives and in everything that is intertwined in it: social relationships, affective relationships, sexual practices, self-esteem, pleasure and sexuality itself.<sup>4</sup>

However, it is considered that HIV infection has repercussions on the dynamics of sexuality, by compromising and limiting libido and sexual satisfaction, health professionals need to break with the biological practice regarding the care provided to people living with HIV. Thus, the approach in their care should contemplate issues related to subjectivity, since this can interfere in people's well-being. Especially, when studying women who are vulnerable (those living with HIV) by gender and historical inequities, whose illness process is closely associated with the culture of patriarchy and the power relations established in marriage.<sup>2</sup>

Epidemiological data revealed that the population group of women in Brazil, in 2008, presented a higher rate of AIDS detection among women aged 30 to 34 years (37.2 cases/100,000 inhabitants); in 2018, the ranges with the highest detection were women between 40 and 44 years of age (20.5 cases/100,000 inhabitants). In the distribution by sex, there was a reduction in the detection rate among women in the last 10 years in all age groups, except between 15 and 19 years.<sup>5</sup>

To cope with the HIV/AIDS epidemic in Brazil, it is necessary to have clinical management of Sexually Transmitted Infections (STIs) in the sexually active population, such as heterosexual cisgender women. However, it is observed that the issues related to gender and autonomy of the exercise of sexuality are still neglected, the experience of female sexuality is linked to the

function of contraception, so that these women end up blaming themselves and holding themselves responsible in relation to the events that occur as a result of sexual and reproductive life, where traditional gender norms are strongly installed.<sup>6</sup>

A study conducted with people living with HIV, in the state of São Paulo, revealed that the participants signaled that the infection/syndrome is still permeated by hegemonic representations, which stigmatize and discriminate by privileging the process of illness to the detriment of subjective aspects.<sup>4</sup>

Evidence points to the existence of a gap in the provision of care by health professionals, such as nurses, regarding issues related to sexuality, therefore, the deconstruction of barriers that surround the theme becomes relevant.<sup>1,7-8</sup>

Thus, it is observed that sexuality is rarely a topic discussed in the context of the training and/or care practice of nurses. These are aspects that potentiate the difficulties, to the extent that they need to address the subject with service users during care, even understanding this need.<sup>9</sup> Moreover, in the search system for PUBMED, BDENF and SCOPUS articles, through the descriptors "sexuality" and "women" and "HIV" and "social representations", in Portuguese and English, six articles on the subject were identified in the last five years.

Among the Sustainable Development Goals (SDGs) related to the theme, goal 17 highlights Health and Well-Being, as important to ensure a healthy life and promote well-being for all, at all ages. In line with goal 3.3, Brazil commits by 2030 to reducing the impacts of epidemics of AIDS, viral hepatitis and other neglected diseases by ensuring universal access to sexual and reproductive health services and inputs with a focus on health education and sexuality.<sup>10</sup>

Therefore, it was asked: how are the social representations of women living with HIV about sexuality structured? To help answer this question, the objective was to analyze the structure of the social representations of women living with HIV about sexuality.

## Method

Field research of the qualitative type, with a theoretical-methodological focus on the Theory of Social Representations (SRT), guided by the tool COREQ (Consolidated Criteria for Reporting Qualitative Research).<sup>11</sup> Theory is understood as a space of production of everyday life, where common sense is seen as an appropriate force to reinvent and displace the subject.<sup>12</sup> The option to privilege the Central Core Theory was supported by being one of the strands of SRT, consisting of structured information and constituted by the sociocognitive system that is organized into two subsystems: a central (or central nucleus) and a peripheral one.

The research was developed in a Specialized Care Service for HIV (SAE), being the only service in the municipality of Feira de Santana-BA, the main road axis of the North/Northeast of the country that provides care to about 1,200 registered women. The nurses responsible for the NCS approached the participants and invited them to an initial conversation with the researcher, where they were presented with the objectives of the study and, after acceptance and signing of the Free and Informed Consent Form (ICF), the data collection instrument was applied. The study included 191 women, selected through non-

probabilistic convenience sampling, who met the following inclusion criteria: being 18 years of age or older, being followed up at the Specialized Care Service; and, being in use of Antiretroviral Treatment (ART). Those users of the service who were pregnant at the time of collection were excluded.

The Free Association of Words Technique (TALP) was used for data collection, composed of a script with two inducing stimuli "sexuality" and "sexuality for people living with HIV". In addition, the script included items (age group, level of education, race/color and economic situation; and data related to the disease and the affective sexual relationship), with a view to sociodemographic characterization, in order to delimit the group of belonging, considering that this is an essential aspect for the research anchored in the SRT.<sup>12</sup>

It is reiterated that TALP is a projective technique that allows the apprehension of verbal and/or written production through one or more inducing stimuli. This technique, in addition to allowing speed and expanding access to different participants, allows the constitution of the semantic universe of the term or object of representation, through latent elements in the discursive productions.<sup>13</sup>

The participants responded to the TALP individually via a form previously prepared, from August to November 2018, in a reserved room at the institution, in order to ensure confidentiality. In the application of the TALP the participants were asked to evoke up to five words, to come quickly to mind when listening to each of the inducing terms, the evocations were recorded and transcribed. The participants took an average of 45 seconds to respond promptly to each stimulus verbalized by the researcher. Then, in the stage of data organization, the evoked terms were stemmed for each stimulus and conformation of the corpora.

The corpora were processed by the software *Ensemble de Programmes permettant l'analyse des Evocations* (EVOC), in the 2005 version, which issued the Panel of Houses, which enables prototypical analysis by considering the criteria of hierarchy and salience, pointing to the possible elements that make up the central and peripheral systems.<sup>14-15</sup> For the stimulus "Sexuality", the mean absolute frequency of 16 and the minimum of 12 was defined; the criterion of salience of the mean order of evocations (OME) and the Rang adopted, was 2.4. These data organized together gave rise to the table of four houses (Figure 1), 90.1% of this corpus was obtained. The analysis of the second corpus, with the inducing term "Sexuality of people living with HIV" (Figure 2), had an average absolute frequency of 19 and a minimum of 13, with Rang of 2.7 and use of 95.4%.

The research project was approved by the Research Ethics Committee and was conducted according to the required ethical standards.

## Results and Discussion

The study allowed to characterize the profile of women whose ages ranged between 18 and 75 years, with a higher concentration between 33 and 42 years (37.7%); were black/brown (97.9%); with eight and eleven years of schooling (62.3%); regarding marital status, (69.1%) reported consensual union and/or married, and 50.5% revealed seroagreement with the partner; regarding paid work activities, (36.1%), while the others depended on the income of

partners and/or family members. A significant number of women had lived with HIV for more than six years (40.3%) and 11.5% of them for more than 15 years.

The data from the evocations, processed by the Evoc software, considered the average and minimum frequencies and OME in each of the four-house tables. The responses to the inducing term "Sexuality" contributed with 639 words evoked, among these, 112 were different, as shown in Chart 1.

**Table 1** - Table of four houses to the inducing term "sexuality". Feira de Santana, Bahia, Brazil, 2020.

Central core			First periphery		
Frequency $\geq 16$ Rang $< 2.4$			Frequency $\geq 16$ Rang $\geq 2.4$		
<b>Sex</b>	<b>68</b>	<b>2,088</b>	Affection	20	2,550
Prevent yourself	30	2,233	Woman	17	3,118
Sexual Relationship	28	2,036	Partner	16	3,125
<b>I don't know</b>	<b>21</b>	<b>1,619</b>			
Pleasure	18	1,889			
I don't want it anymore	17				
Contrast elements			Second periphery		
Frequency $< 16$ Rang $< 2.4$			Frequency $< 16$ Rang $\geq 2.4$		
Love	15	1,933	Man	15	2,467
<b>Good thing</b>	<b>14</b>	<b>1,786</b>	Relationship	15	2,467
Nothing	14	2,000	Fear	13	2,692
Watching out	13	2,231	Condom	12	2,750

Source: EVOC Software.

In turn, the data from the stimulus "Sexuality of a person living with HIV" resulted in 746 terms, 79 of which were different, the table in Chart 2.

**Chart 2** - Table of four houses to the inducing term "sexuality of people living with HIV". Feira de Santana, Bahia, Brazil, 2020.

Central core			First periphery		
Frequency $\geq 19$ Rang $< 2,7$			Frequency $\geq 19$ Rang $\geq 2,7$		
<b>Difficult</b>	<b>59</b>	<b>1,746</b>	Fear	40	2,825
<b>Normal</b>	<b>48</b>	<b>1,625</b>	Acceptance	40	2,700
<b>Complex</b>	<b>32</b>	<b>1,813</b>	Prejudice	23	2,870
Prevent yourself	27	2,407			
Can't anymore	22	2,091			
Horrible					
Contrast elements			Second periphery		
Frequency $< 19$ Rang $< 2,7$			Frequency $< 19$ Rang $\geq 2,7$		
Barrier	15	2,133	Do not speak	18	3,500
Sadness	13	2,308	Responsibility	18	2,889
Changed	13	2,462	Partner	17	3,235

Source: EVOC Software.

## Discussion

The profile of the participants in this study is consistent with a study conducted in Ceará, with women of childbearing age living with HIV, where it was evidenced that low income increased the chance of infection by four times and that the main markers of vulnerability to infection of the virus, among women, were associated with socioeconomic aspects and programmatic components.<sup>16</sup>

In social representations, the elements that are arranged in the central nucleus do not compose it only by quantitative criteria, but also by qualitative aspects considering the manifestation of social thought. Thus, the centrality of a given element needs to be defined based on the meaning attributed to the representation. Thus, each social group represents its reality and reconstructs it in its cognitive system, in view of its symbolic repertoire in a given socio-historical-cultural and ideological context.<sup>12</sup>

When considering the overhang criterion (Chart 1), the term 'I don't know' presented the lowest OME, due to having been the most readily evoked. It is inferred that this aspect refers to the (inter)subjective/affective dimension of sexuality, based on the difficulty reported by participants in approaching sexual life, probably due to the fear of revealing to others their serological condition or the experience of exercising sexuality. Consequently, sexuality, when associated with sexual practices, sex and/or linked to social discourses, can produce and reaffirm genders, polarities, patterns and differences that bear the marks of biopolitics and power relations established in societies still governed by patriarchy. Such marks have repercussions on the experience of sexuality due to the maintenance of taboos, stigmas and coercive practices, which prevents discussion on this subject in public spaces.<sup>2,17</sup>

The analysis of the central nucleus reveals that the meanings attributed to a given object by the subject come from information related to the practice and dynamics of its interrelations.<sup>15</sup> In this sense, the central nucleus of SR manifests social thought and corresponds to the identity and constancy of the social group.<sup>12</sup> The meanings attributed to sexuality by women living with HIV revealed an attitudinal dimension through the elements 'to be prevented' and 'I don't want anymore' and evidenced the "fear", translated into estrangement, to the extent that they are added to the taboos and hegemonic discourse. Such findings reinforce the stigma and prejudice around people living with HIV, especially by pointing to a serological condition resulting from contamination resulting from sexual practice.<sup>16</sup>

Social representations can be classified into three types: hegemonic, emancipated and controversial.<sup>18</sup> In this study, by presenting as central elements 'sex/sexual-relation/pleasure' we can point out that this representation is hegemonic due to being widely (with)shared by the members of the group. Thus, the representational structure, with regard to social aspects, reveals the meaning attributed by society, where sexuality is still seen as synonymous with sex and sexual practice.

Sexuality is constituted as the desire for contact and affection that can include affections and pleasures. This aspect is important for the human being because it encompasses not only the sexual act, but a reflection of broader social

changes and stage of important identity achievements and for a new order of individualization and pleasure.<sup>19</sup> The first periphery of figure 1 contains evocations that approach idealized romantic love, connoting an opposition to the elements of the central core. For, due to the load of meanings and meanings constructed historically-socially and attributed to the sexual behavior of women, the terms "love and affection", given their range of senses, feelings and values, are considered and socially accepted as essential elements for the composition of the affection that is demonstrated among people, especially by women.

In the structure of the SR on sexuality, the elements that make up the second periphery reaffirm the meaning of sexuality objectified in the 'sexual practice' and denote, for the studied group, aspects concerning the experience of sexuality itself. The theme of sexuality is conceived as universal and, at the same time, singular for each person for carrying historicity, practice, behavior and symbolizations lived.<sup>6</sup>

The second table of four houses (Chart 2), had in its central nucleus two terms that presented the highest frequencies (59 and 48). These evocations allowed us to infer the existence of two ideas, one centered on the 'denial' of sexuality/sex and the other signaling a notion of 'normal(age)' that requires attitude/action of the woman as 'being careful' and 'preventing'.

In the theoretical-reflexive basis of the Theory of Social Representations, in its structural aspect, it is assumed that the elements of social representation with importance for the central nucleus occur due to their prototypical character, considered as the most accessible to consciousness, while the less evoked terms form the peripheral elements.<sup>12,14</sup> The most readily evoked terms form the association 'difficult, complicated, can no longer and horrible' - when added together they appeared 138 times - revealing the presence of fear, to the extent that they signal the impossibility of experiencing sexuality when the person presents the HIV positive serological condition.

Thus, it is possible to affirm that the social representation about 'Sexuality of people living with HIV' is anchored in fear. Thus, it is possible to conceive that "fear" is subliminally present in the representational field and reaffirms the difficulty of experiencing sexuality after knowing the serological condition for HIV. It is noteworthy that due to constant vigilance, fear and stress are related to care not to transmit or be infected by other STI or other subtypes of HIV.

It is observed in research that the use of antiretrovirals is being increasingly common as a prevention technology, before exposure to HIV, called pre-exposure prophylaxis therapy.<sup>20</sup> Despite the progress that has happened, since the introduction of new therapies, the fear of contagion/transmission is still seen as a threat to the physical integrity of the human being. In this sense, the terms 'fear' and 'prejudice', which make up the peripheries, are consistent with the idea of sexuality being considered something difficult and complicated for someone living in this condition. However, the reception and social support perceived/received, whether in the service or in the family environment, indicates that the condition of "normality" can be reestablished. It is considered that good adherence to treatment and coping with the disease may have repercussions on the elevation of the level of self-esteem and maintenance of quality of life.

Moreover, the acceptance of living with HIV as a chronic disease, which requires uninterrupted care and attention, tends to interfere with people's quality of life and can result in levels of limitation and disabilities.

However, a study conducted with people living with HIV attended in public health services showed that quality of life was positively evaluated, especially in the psychological, spirituality, religion, personal beliefs and social relationships, which revealed the importance of interpersonal relationships and the social support network to ensure better levels of quality of life, especially in a chronic health condition, which involves stigma, prejudice and exclusion as major challenges to be faced.<sup>21</sup>

However, with regard to sexuality, the quality of life can be presented differently, so that the representation about the sexuality of people living with HIV also proved hegemonic by assigning through "fear", an (inter)subjective dimension, constructed from the social imaginary and incorporated by them when pointing to (im)possibilities(s) in experiencing the exercise of sexuality.

Thus, this study was conducted in line with the qualitative approach, as such, a situated study, which relied on a specific, intentional and non-probabilistic sample. For this reason, the data presented here do not allow the generalization of the results, except with the group itself. It is noteworthy that the scarcity of studies in social representations with interface to sexuality and its specificities in the experience of chronic illness made it difficult to establish greater comparisons between the findings of the research and the reality of similar vulnerable population groups, in different national/international contexts. Thus, the limitations of this study are the restriction of data collection to a single service in the Northeast region of the country.

It is expected that these findings, when revealing the social representations of women living with HIV, point out demands, subsidize the implementation of permanent education actions and changes in the work process and in the qualification of care for health professionals, particularly for nurses. Since social representations are a guide for changes in practices and attitudes, aspects related to and referred to the "fear" of experiencing sexuality, in the face of HIV positivity, can have repercussions on well-being and quality of life, as well as on treatment adherence. These aspects need to compose nursing planning and care focused on sexual and reproductive autonomy/health.

## Conclusion

The representational structure pointed out that sexuality was conceived by women living with HIV as something difficult to be named and associated both with sexual practice and demands preventive care to be lived, as well as the need to stay away and/or distanced due to their serological condition.

The participants reveal the meaning given to sexuality as equivalent to sex and the sexual practice that brings them closer to society in general. By attributing meaning to the sexuality of people living with HIV, the women interviewed represent them through negative and/or impeding connotations and anchored in the fear of revealing their serological condition. Ideas that need to be accepted by health professionals as a problem to be considered in the systematization of care from the perspective of the expanded clinic.



## Aknowledgemnt

The Foundation for Research Support of the State of Bahia (FAPESB) – doctoral scholarship.

## References

1. World Human Organization [homepage na internet]. Sexual Health and Its Linkages to Reproductive Health : An Operational Approach. 2017 [acesso em 15 mar 2023]. Disponível em: <https://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf?sequence=1&isAllowed=y>
2. Sehnem GD, Pedro ENR, Ressel LB, Vasquez MED. Sexuality of Adolescents Living with HIV/AIDS: Sources of Information Defining Learning. Escola Anna Nery. 2018; 22(1):1-9. DOI: <https://doi.org/10.1590/2177-9465-ean-2017-0120>
3. Sosa-sánchez IA, Erice JE. Narrativas sobre género y sexualidade em médicos mexicanos. Sus implicaciones sobre las regulaciones corporales, sexuales y reproductivas. Sexualidad, Salud y Sociedad Mexicanos. 2017; (27):46-65. DOI: <https://doi.org/10.1590/1984-6487.sess.2017.27.04.a>
4. Silva TCF, Sousa LRM, Jesus GJ, Argolo JGM, Gir E, Reis RK. Factors Associated with the Consistent Use of the Male Condom among Women Living with Hiv/Aids. Texto e Contexto Enfermagem. 2019; 28:1-12. DOI: <https://doi.org/10.1590/1980-265x-tce-2018-0124>
5. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Boletim Epidemiológico de HIV e Aids [Internet]. 2019 [acesso em 13 Mar 2023]. Disponível em: <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/especiais/2019/boletim-epidemiologico-especial-hiv-aids-2019/view>.
6. Carvalho JMR, Monteiro SS. Visões e práticas de mulheres vivendo com HIV/aids sobre reprodução, sexualidade e direitos. Cad. Saúde Pública. 2021; 37(6):e00169720. DOI: <https://doi.org/10.1590/0102-311X00169720>
7. Costa LHR, Coelho EAC. Sexualidade e a Interseção Com o Cuidado Na Prática Profissional de Enfermeiras. Revista Brasileira de Enfermagem. 2013; 66(4):493-500. DOI: <https://doi.org/10.1590/s0034-71672013000400005>
8. Almeida NG, Britto DF, Figueiredo JV, Moreira TMM, Carvalho REFL, Fialho AVM. PLISSIT Model: Sexual Counseling for Breast Cancer Survivors. Revista Brasileira de Enfermagem. 2019; 72(4):1109-13. DOI: <https://doi.org/10.1590/0034-7167-2018-0525>

9. Lima ACS, Alves MJH, Pereira EV, Albuquerque GA, Belém JM. Gender and sexuality in the training of nurses in brazilian public higher education: a documentar study. *R. Enferm. Cent. O. Min.* 2021; 11. DOI: <https://doi.org/10.19175/recom.v11i0.3877>
10. Ministério da Saúde. Instituto de Pesquisa Econômica Aplicada (IPEA). Agenda 2030: ODS - Metas Nacionais Dos Objetivos de Desenvolvimento Sustentável. 2018 [acesso em 15 Mar 2023]. Disponível em: [https://repositorio.ipea.gov.br/bitstream/11058/8855/1/Agenda\\_2030\\_ods\\_metas\\_nac\\_dos\\_obj\\_de\\_desenv\\_susten\\_propos\\_de\\_adequa.pdf](https://repositorio.ipea.gov.br/bitstream/11058/8855/1/Agenda_2030_ods_metas_nac_dos_obj_de_desenv_susten_propos_de_adequa.pdf).
11. Tong A, Sainsbury P, Craig J. Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-Item Checklist for Interviews and Focus Groups. *International Journal for Quality in Health Care.* 2007; 19(6):349–57. DOI: <https://doi.org/10.1093/intqhc/mzm042>
12. Sá CP. Teoria e Pesquisa Do Núcleo Central Das Representações Sociais. in *Estudos de psicologia social: história, comportamento, representações e memória*, edited by EdUERJ. Rio de Janeiro. 2015
13. Costa FG, Coutinho MPL. The Construction of the Psycho-Sociological Knowledge on Diabetes Mellitus. *Psico-USF.* 2018; 23(2):191–201. DOI: <https://doi.org/10.1590/1413-82712018230201>
14. Wolter RP, Sá CP. The Relationship between Representations and Practices: The Forgotten Trail. *Rev Int Cienc Soc Hum.* 2013; 23:87–105.
15. Wakiuchi J, Oliveira DC, Marcon SS, Oliveira MLF, Sales CA. Meanings and Dimensions of Cancer by Sick People-a Structural Analysis of Social Representations. *Revista Da Escola de Enfermagem.* 2020; 54:1–8. DOI: <https://doi.org/10.1590/S1980-220X2018023203504>
16. Chaves ACP, Sousa CSP, Almeida PC, Bezerra EO, Sousa GJB, Pereira MLD. Vulnerability to Human Immunodeficiency Virus Infection among Women of Childbearing Age. *Rev Rene.* 2019; 20:e40274. DOI: <https://doi.org/10.15253/2175-6783.20192040274>
17. Oka M, Laurenti C. Between Sex and Gender: An Exploratory Bibliographic Study of Health Sciences. *Saude e Sociedade.* 2018; 27(1):238–51. DOI: <https://doi.org/10.1590/s0104-12902018170524>
18. Jodelet D. Social Sciences and Representations: A Study of Representative Phenomena and Social Processes, from Local to Global. *Sociedade e Estado.* 2018; 33(2):423–42. DOI: <https://doi.org/10.1590/s0102-699220183302007>

Suto CSS, Paiva MS, Porcino C, Couto PLS, Rodrigues AS, Jesus MEF, et al.

19. Neves DM. Sexualidade: Saber e Individualidade. Rev. Estud. Fem. 2019; 27(2):e54146. DOI: <https://doi.org/10.1590/1806-9584-2019v27n254146>

20. Eakle R, Venter F, Rees H. Pre-exposure prophylaxis (PrEP) in an era of stalled HIV prevention: Can it change the game?. Retroviroy. 2018; 15(1):29. DOI: <https://doi.org/10.1186%2Fs12977-018-0408-3>

21. Cecilia HPM, Oliveira DS, Marques SC, Apostolidis T, Oliveira DC. Qualidade de vida de pessoas vivendo com HIV atendidas em serviços públicos de saúde. Rev. Enferm. UERJ. 2018; 26:e37461. DOI: <http://dx.doi.org/10.12957/reuerj.2019.37461>

**Correspondence author**

Ana Carolaine de Souza Batista  
Juracy Magalhães Square, 26. Zip: 48.970-000-  
Center. Senhor do Bonfim, Bahia, Brazil.  
[carolainesouzaz18@gmail.com](mailto:carolainesouzaz18@gmail.com)