

SOCIAL REPRESENTATIONS OF FEMALE SEX WORKERS ABOUT AIDS

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ABSTRACT

The study aimed to identify the social representations of AIDS produced by female sex workers. This is a descriptive, exploratory study was conducted in five nightclubs in Teresina, with 30 female sex workers. Data were collected from October 2008 to January 2009, through the focus group technique, rendered in software Lexical Contextual Analysis of a Set of Segments Texts and analyzed by descending hierarchical classification based on the Theory of Social Representations. The results indicated four categories, namely: 1. Feelings related to AIDS; 2- Positioning for women facing AIDS; A disease 3- and 4- protective of other AIDS-related. The results show that social representation of AIDS as a disease of the other, incurable and fatal. These representations indicate a profile of vulnerability to AIDS, from the remoteness of the disease and stereotypical information about the forms of contagion.

Keywords: Aids. Prostitution. Nursing.

INTRODUCTION

AIDS, as a public health problem, implies an analysis of psychosocial cultural aspects, which contribute to the formation of behaviors/attitudes of people towards her that permeate the process of prevention/disease transmission. Therefore, reflect on the knowledge of common sense elaborated by sex workers and on the psychosocial aspects of AIDS also has important implications, especially related to prevention of HIV contamination by this social group, which is facing this problem in everyday interpersonal relations, established in the context of family, school, work, community, anyway, of the entire social span.

AIDS is a disease described by science for less than 30 years, whose Etiologic Agent is the HIV virus (Human Immunodeficiency Virus). It was in 1982 that science classified as disease acquired immunodeficiency syndrome. The characteristics of the routes of transmission of the AIDS virus (sexual secretions, blood and breast milk) influence people's behaviors in the dissemination of the

disease ⁽¹⁾.

HIV became the first modern pandemic with instability and volatility, presenting essential characteristics, acting in various social groups and economic classes, affecting every inhabited continent ⁽²⁾. Because of the instability and volatility of the AIDS pandemic, which observed in the present day is a change in the trend of infection of the disease, with reflection, pauperization, and feminization.

From the social construction of AIDS, there were forms of relationship of individuals with the disease. The first game was in the form of risk group, therefore the use of the term "risk group" marked the construction of historical, cultural, and social imaginary of AIDS. At the beginning of the epidemic, it believed that the disease was a restricted group, which included homosexuals, hemophiliacs, heroin addicts, and sex workers. Later, the disease was associated with the "risky behavior"; this expression blames the individual by infection or disease prevention ⁽³⁾.

Therefore, several issues have highlighted in the epidemic of the disease in Brazil, such as occurrence of micro regionalepidemics,

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feminization of AIDS and the increasing pauperization, characterized by the expansion of the disease to inland regions, smaller and more impoverished than proportional increase of cases among people with lower levels of education ⁽⁴⁾.

Linked pauperization highlight advancement feminization disease. In Brazil there was a jump in the number of men per woman 15.1 in 1986 to 1.3 men per woman in 2008, and in 2010, it has 1.7 cases in men to 1:0 pm women. In addition, there is an increase in the number of Brazilian municipalities with at least one case in women, which reflects both the internalization and the feminization of the disease ⁽⁵⁾.

As social representation of factor dependent on individual actions the direct sex workers, particularly associated with the AIDS epidemic since its inception due to a conjunction of actions arising, both their professional activity, gender, stigma, as the resulting discrimination. In relation to discrimination against people living with HIV/AIDS conceptually, there is a negative discrimination, which excludes the person in society, and positive discrimination, which consists of protective policy measures based on negative discrimination. In this perspective, the Sistema Único de Saúde (SUS) with the construction of a new paradigm of equity is an axis strengthening of positive and non-discriminatory policies ⁽⁶⁾.

Prostitution and AIDS are natural phenomena for which it is necessary to create spaces where are made possible the discussion and reflection, which facilitate the clarification of beliefs and conceptions that are still part of the social imaginary, as the design of the AIDS and prostitution constitute reason prosecution, with the perpetrators and the victims.

In the area of health, to fetch a new focus of diseases occurs the removal of a biological and only vision approaches a process influenced by aspects of social structure. In this perspective, the importance of studies in the field of social representations on AIDS promotes the apprehension of processes and mechanisms by which the subjects build sense

of this epidemic in their everyday reality, once the sense that the individual gives AIDS can configure on adherence to prevention practices.

Based on the above the following guiding question emerged - what are the social representations of sex workers about AIDS? In order to answer that question and reflecting on the causes and consequences of AIDS, as well as its meaning in social context and perception of sex professionals, defined the objective of this study to grasp the social representations of AIDS prepared by women sex workers.

METHODS

It is a field study, descriptive, exploratory, and subsidized by the theory of social representations and held with 30 women sex workers performing activities in five nightclubs located in Teresina. The women were randomly selected, independent of serological status, registered in the Association of Prostitutes of Piauí (APROSPI), and invited as participants of the survey, since they were able to focus group. Such participation occurred after reading and signing the informed consent. The study approved by the Research Ethics Committee of the Universidade Federal do Piauí, as opinion CAAE nº 0030.0.045.000-08. The period for completion of the focus groups was from October 2008 to January 2009.

In this study, the Focal Group technique constitutes a discussion group that brought together people with similar experiences and backgrounds to discuss a specific topic. A moderator to introduce the topic, discuss, and help the group guided the Group of sex workers. In the study worked with five focus groups, formed five to seven participants, as the consent women participating in the study.

The focus groups transcribed in full. And the data were processed by software Analyse des Cooccurrents dans Lexèmes read Enoncés d' a Texte (ALCESTE) in version 4.8, which is characterized by analyzing the content present in the text through quantitative techniques of treatment of textual data. The ALCESTE works in four steps: In step 1, each focal group

is a unit of initial context (UCI), right after the text divided into smaller segments called elementary context unit (MCU). In step 2, the UCEs grouped according to similarity of words (semantic context). Next up is stage three in which the program displays the Dendrogram of the Descending hierarchical classification (CHD) that demonstrates the relationship between the classes. Finally, in step 4 the ALCESTE follows from the UCEs chosen in each class, the program puts the most significant vocabulary of classes⁽⁷⁻⁸⁾.

In relation to the selection of the words of each class for qualitative analysis of the study, the report from Alceste software, pointed words instrumentals averaging greater than or equal to five and a value of χ^2 to check equal to or greater than 3.84. In this, words distributed in four analyzable classes of this study, as follows: class 1 with 27 UCE's, corresponding to 33.33% of total UCE 's, class 2 with 33 UCE 's, corresponding 40.74% of UCE 's, class 3 with eleven UCE 's, corresponding to 13.58% of UCE's and class 4 with ten UCE's corresponding to 12.35% of the MCU's⁽⁷⁾.

This article takes on the basis of results of dissertation presented at Programa de Pós-Graduação Masters in nursing from Universidade Federal do Piauí (UFPI)⁽⁷⁾.

RESULTS AND DISCUSSION

Feelings related to AIDS

This category highlights the strong presence of socio-cognitive content through exposure of perceptions of AIDS with information and attitudes of fears, fears, and beliefs. The speeches show the disease protection anchored in women sex workers who do not take care of themselves.

"There's no cure yet, we need to protect ourselves, that's what I have to say, there are a lot of girls that it is not going to the doctor. AIDS is a death, he is dead, and it is not a disease like any other. Think it is a thing that has no cure and that we are in danger of all forms, both on the street as with her husband too." (GF2)

The perception of liability in connection with the AIDS in another is the result of the detachment of the risk and the possibility of

refusal can happen. These representations indicate a vulnerability profile from the distancing of the disease and stereotypical information about ways of contagion. A representation seized this category refers to information related to various forms of contracting the disease and the need for all careful.

"He (cousin of sex worker) too fond of my son, put him on your lap, in his arms, smell and all, everybody gets a little afraid, but you know that won't start that way, but it's very hard on the family, is something kind of boring, everyone knows he didn't take care [...]." (GF1)

Feelings are results of emotional representations of disease, which occur historically, but which still today circulate in the scientific world, and popular media. The fear of contagion is the main source of anxiety against AIDS. Strange social objects evoke fear, because they threaten people's sense of order⁽⁹⁾..

With regard to information concerning various forms of transmission of AIDS, emerge in the discourse of fear attitudes related to false beliefs, which in some ways reinforce knowledge developed historically, through social relations and communication.

Therefore, the more AIDS brings us to symbolic representations, the higher the effective fear of contamination, because AIDS represented by the word death. Thus, the social representations elaborate information, attitudes, myths, and taboos, acquired in common sense, and objectified in daily practice.

"There in the square, for example, was a group of girls, one had AIDS and she was sitting on a bench, stood up and then another said: I'm not going to sit there because she has AIDS. She was thinking that sit on the bench will catch things that we need to know [...]." (GF5)

These representations reinforce ideas of infectious diseases associated with sexual "fault" which, in turn, give rise to the fear of contagion easy and fantasies about the transmission by sexual means in public places⁽¹⁰⁾. In this sense, seek unusual explanations for AIDS demonstrates the distance of the

subject in relation to disease. It is observed that the sex workers in your lines seek to keep certain distance from AIDS, this means little understanding and prejudice.

The bias makes people vulnerable, in all respects, including the reduction of possibilities of a proper choice about their attitudes and conduct of life ⁽¹¹⁾. In this perspective, in some studies the empirical observation of transformation of social representations of AIDS, these representations in Brazil, developed from the historical transformations, scientific development, with important implications for public policy ⁽¹²⁾.

The sex workers, subject of this study, for the most part, understand the disease and its transmission empirically, prevailing popular knowledge, even with the information and the knowledge passed on by multiplying the systematic APROSPI. This denotes that the information understood in such a way as ineffectively therefore unable to modify representations anchored, or level and quality of information is insufficient, which confirms the social distance of prostitutes about AIDS, including the construction of prevention actions specific to these women.

Thus, even in the face of advances in the deployment and implementation of public policies in the field of STD/AIDS, still persists the delay in implementation of some coping strategies of the feminization of the AIDS epidemic and the breakdown of services and health professionals who still represent and impact in their daily lives the imaginary "risk group". Another issue is the invisibility of women and lesbians sex professionals in health services ⁽⁸⁾.

Positioning of women facing AIDS

In this category, AIDS represented sex workers as incurable and fatal disease, synonymous with death, imposing fear and suggests preventive attitudes to avoid.

"For me it is a terrible disease, is a trip of no return. Is an incurable disease without end. There is no cure at all, if caught you will die at any time. Is an end to life. [...]. AIDS is a death, if pick up is fatal, died, ready." (GF1)

One of greatest challenges for the confrontation disease associated to death, element of greater complexity, because, being still incurable, this relates to the end of the life carriers, i.e. something that seems inevitable ⁽⁹⁾. In this way, social representations of aids are associated with the metaphorical diseases (cancer, leprosy, tuberculosis, epilepsy ...) who assume a historic character provoke intense social mobilization. AIDS becomes a conviction in which everyone inevitably will be contaminated ⁽¹⁰⁾.

To overcome the fear of the disease it is important to include the death in its trajectory of life and to administer your live associating it with the possibility of his own death with or without AIDS ⁽¹²⁾. The representation of AIDS as a negative attitude, mainly death, historically linked to the disease. Death regarded as something inevitable for people living with HIV ⁽¹³⁾.

The sex workers, through the lexical world that belongs to them, feature AIDS as a terrible disease, an incurable and fatal end. Pointing common sense knowledge of disease. You can see the lines of women the metaphor of journey of no return. In other words, people living with HIV, faced with impossibility of cure, have left them only death.

Therefore, AIDS represented as negative (death, incurable, fear), remoteness and rejection to disease, causing individual vulnerability. In this perspective, the vulnerability can be deployed in three basic analytical plans: individual, social and programmatic, that relate dynamically and interdependent world. Individual vulnerability refers to aspects of cognitive and behavioral order, consider the behaviors that can create a greater opportunity for individuals infected and/or sick, are associated with the degree of awareness that they have the HIV/AIDS epidemic and its way of transforming these attitudes ⁽¹⁴⁾.

A disease on the other

The sex workers also represented AIDS as something from the other, in which the other often belittles the possibility of contagion of the disease. Another issue is the healthy appearance

of the customers, which often mask the possibility of being carriers of HIV.

"We have contact with the person, but I don't know a person who has AIDS, is not written in the forehead. [...] They (sex workers) do not yet believe because AIDS weakens too late. In addition, you live contaminating, that thing is sick, it seems okay, and the person has no conscience. It ends with everyone, with Hooker and vice versa, and homemaker and anything else. The everyday is spreading, nobody prevents (...) everyone has to prevent." (GF2).

The use of terms such as every human being, nobody, people, everyone, reiterates the gap, not taking preventive attitudes, but everyone, something impersonal, vague and imprecise. The disease in their representations directly linked to death. Prostitutes tend to be abolished at the same time want to delete as a group that historically has held responsible for the transmission of the disease.

AIDS can be seen as another disease and presents a dominant aspect in all categories of this study, usually modulated by a criticism of the behavior of the "other", with a general, vague, superficial speech that does not compromise directly, and this usually arises as who obeyed the rules laid down by the health programs. This low perception of risk contributes to increased vulnerability, unless people are convinced of their personal risk of contracting HIV/AIDS. Therefore, it is understandable if the AIDS as a disease on the other, distant from the individual context⁽¹⁵⁾.

In this perspective, such placements make if reporting that the subject's relationship with the other, indicates the existence of two moments: the first in which the other is perceived in situation of risk and exposes the third risk; and the second moment would be when the subject is at stake by the inability to see the danger, due to "normal" appearance who is contaminated or even by the voluntary-hide the disease on the part of the carrier, in this case, specifically, the client of the women sex workers⁽¹⁴⁾.

This defensive posture is the driving force in the formation of social representations of AIDS, which diverts attention from the threat posed by the disease to "I" (and the internal

group), and focuses on the "other," victim and perpetrator. That way, people defend themselves of fears associated with, through the projection of the responsibility for its origin and its development in other, distancing himself, thereby threatening situation⁽⁹⁾.

Therefore, the social representations of AIDS seized in speeches directs the disease to "other", making it blamed for the spread of the disease and contagion and at the same time putting himself victim because no one realizes in situation of risk. Preventive information must fit certain logic adopted by the subject and should build this strategy from the knowledge of the common sense of these people. This distancing from AIDS implies greatly in attitudes vis-à-vis the illness, the analysis on the knowledge of common sense can redirect preventive actions for this specific population that are effective and appropriate to the socio-cultural singularities.

Related protective of AIDS

The social representations of sex workers still described as attitudes concerning the use of condoms in sexual intercourse, as his primary form of prevention of the disease. The attitude of protection related to the use of condoms.

"[...] condom use in any kind of sex. [...] to avoid have to use a condom. [...] do all condoms. [...] condom prevents Aids and other diseases. [...] You may get if you do not use a condom. [...] If you do not have condom, no sex. [...] to avoid have to use a condom anyway. [...] How to avoid getting aids is to use a condom." (GF3)

According to Moura et al. (2009), the sex workers reported difficulties in acquiring condoms, so that its use charged to the customer. A condom is used only in relations with unknown clients and recent, so, as their fixed partners. There is also the context of submission of venal relationship that legitimizes the customer the use of condom, putting in doubt the health of sex worker, if she does not accept the relationship without a condom⁽¹⁶⁾.

It is therefore necessary to extend the preventive actions to men/clients of sex workers, so they are encouraged reflections on their actions and adoption of safe sexual

practices⁽¹⁷⁾. To this end, it is necessary to ensure the implementation and consolidation of a policy of continuous distribution of condoms articulated health education practices, considering the socio-cultural factors intrinsic to the lives of people and their social relationships.

Another major issue concerns the access and availability of condoms in sufficient quantity and quality for all people. Specifically the availability of condoms in places of prostitution is crucial. Means easy access to a group that is far from health services and seek to strengthen the linkages created between the multipliers and the target population.

The "condom" is understood as the main method to avoid the disease, but despite this, the sex workers insist on using it only in sexual relations with clients, whereas with affective partnerships do not use. This condom use results in a differentiation between the client and the client, it is not, through this attitude, a symbolic divider between private and professional life of woman sex worker. Could this be perceived in this study by virtue of most parenting, which shows the logic that if you got pregnant is because did not use a condom.

In this perspective, it is necessary to explore the affective dimensions of social representations of AIDS among women, sex workers or not, because the so-called stable relations are in and consider the notions of love and trust, such women justify unprotected sexual practice, thus contributing to the feminization of AIDS⁽¹⁸⁾.

CONCLUSION

In the speech of sex workers, are misperceptions and permeated with feelings of fear and fear in relation to forms of disease transmission, which reiterates prejudices and lead to inappropriate attitudes. Therefore identifies the need for effectiveness of public policies effective in relation to AIDS and of governmental actions that really affect the effective confrontation of this disease.

The social representations of these women, seized and analyzed, reflect the feelings related to AIDS as an incurable and fatal disease, which implies the withdrawal and rejection of the disease, resulting in an individual vulnerability. Also persists, the representation of the "other" as person responsible for its prevention. In this context, AIDS represented as a hindrance to the exercise of prostitution as a form of danger, although recognizing the condom as an instrument of protection from disease.

In this perspective, is expected that these results may assist in prevention programs and actions geared to groups of women sex workers, preventive actions should be undertaken not only by the health sector, but also by the various sectors of society, the media, health professionals, activists of social movements and other volunteers from civil society organizations.

Seized and analyzed representations in this study refer to a momentary picture, being appropriate to remember that social representations change slowly, and that any changes seen in this scenario require time and a thorough reflection of this object in search of lead a fruitful path in the improvement of preventive actions.

REPRESENTAÇÕES SOCIAIS DE MULHERES PROFISSIONAIS DO SEXO

RESUMO

Este estudo objetivou conhecer as representações sociais de mulheres profissionais do sexo acerca da AIDS. Estudo descritivo, exploratório, realizado em casas noturnas de Teresina, com 30 mulheres, profissionais do sexo, os dados foram coletados no período de outubro de 2008 a janeiro de 2009, por meio da técnica de grupo focal. Os dados foram processados pelo software Análise Lexical Contextual de Conjunto de Segmentos de Textos, que permitiu a organização do pensamento em quatro categorias que foram analisadas pela Teoria das Representações Sociais. Os resultados mostram a representação social da AIDS como uma doença do outro,

incurável e fatal. Essas representações indicam um perfil de vulnerabilidade à AIDS, a partir do distanciamento da doença e informações estereotipadas sobre as formas de contágio da doença.

Palavras-chave: Aids. Prostituição. Enfermagem.

REPRESENTACIONES SOCIALES DE MUJERES PROFESIONALES DEL SEXO ACERCA DEL SIDA

RESUMEN

Este estudio tuvo como objetivo conocer las representaciones sociales de mujeres profesionales del sexo sobre el SIDA. Estudio descriptivo, exploratorio, realizado en clubes nocturnos en Teresina, con 30 mujeres, profesionales del sexo. Los datos fueron recolectados en el período de octubre de 2008 a enero de 2009, por medio de la técnica de grupo focal. Éstos fueron procesados por el software Análisis Lexical Contextual de un Conjunto de Segmentos de Textos, lo que permitió la organización del pensamiento en cuatro categorías que fueron analizadas por la Teoría de las Representaciones Sociales. Los resultados muestran la representación social del SIDA como una enfermedad del otro, incurable y mortal. Estas representaciones indican un perfil de vulnerabilidad al SIDA, desde el alejamiento de la enfermedad e informaciones estereotipadas sobre las formas de contagio de la enfermedad.

Palabras clave: Sida. Prostitución. Enfermería.

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