



HIV/AIDS SOCIAL REPRESENTATIONS FOR HEALTHCARE PROFESSIONALS IN THE AMAZON CONTEXT: DIFFERENT SCHOOLS AND THEIR CONSENSUS

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ABSTRACT

Objective: To identify the central and peripheral elements of the structure of social representations of HIV/AIDS in health professionals from different categories of education. **Method:** a descriptive-exploratory study with a qualitative approach, supported by the theory of social representations in the structural aspect. It was developed with 58 health professionals from different education levels, higher and middle-level, in five services in the city of Manaus, AM, through the application of the technique of free association and hierarchization of words to the inductive term "HIV/AIDS". The data obtained were processed using the EVOC software and the structural analysis of the representations. **Results:** when comparing the representational structures of the two groups of professionals, there was a predominance of a negative dimension present in the central nucleus and some peripheral elements with equally negative features with the presence of positive elements, mainly outside the central nucleus. However, it is the same social representation that does not present structural differences because it is a group with a middle or higher level of education. **Conclusion:** the negative elements that remain in the central nucleus raise converging perceptions among professionals, which indicates the need to strengthen permanent education, expanding the reflection on HIV/AIDS in specialized units and services.

Keywords: HIV-1. Acquired Immunodeficiency Syndrome. Patient Care Team. Health Care.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) are topics discussed worldwide, whose genesis presents upward epidemiological transformations that require a deepening in sociodemographic, political, ethical, cultural, psychosocial, and health aspects⁽¹⁾.

The World Health Organization (WHO) defines HIV as the virus that causes the acquired human immunodeficiency syndrome - AIDS, an intracellular parasitic retrovirus that infects cells of the immune system, changing its function and destroying them⁽²⁾. AIDS was first

recorded in the early 1980s, a global phenomenon with rapid spread and biopsychosocial consequences⁽³⁾. As new social objects, the virus and the disease, until then unknown, constituted the essential elements for the formation of representations, making the unknown as known (HIV/AIDS), possible to be thought about and on which one could act. In four decades of the epidemic, different representations about the disease and its carriers have emerged⁽⁴⁾.

Social representations support the understanding of the world and the way people perceive it. The Theory of Social Representations (TSR) is widely used in several

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fields of knowledge, and proposed in 1961 in a study on psychoanalysis, involving elements of an informative, cognitive, ideological, behavioral, and imaginary order, which allow the translation of the perceptions of world or thoughts about a certain phenomenon, object or individual⁽¹⁾.

In Brazil and other countries, the symbolic constitution of HIV/AIDS had its principle based on the concept of infectious disease, observed mainly in men who had sexual involvement with other men. There was no scientific knowledge about the disease, as there was no understanding about the treatment and the ways of transmission⁽⁵⁾. In this scenario, the representations constructed by the professionals involved in health care in specialized units and services on HIV/AIDS influenced the care practices, with physical and relational distancing, induced by fear, contempt, prejudice, and moral judgments. These social representations guided behaviors and practices and justified taking positions and conduct over time⁽⁶⁾.

Over the years, social representations have changed, influenced by epidemiological changes, social organization, and scientific development in the area⁽⁴⁾. These transformations also led to changes in professional practices developed during the epidemic. Even with several advances in treatment and measures to prevent disease and promote health, the theme of HIV/AIDS has its specificities. AIDS has been stigmatized since its discovery because people living with HIV carry not only the virus, but the suspicion, apprehension, fear, prejudice, and social intolerance, consisting of negative points that tend to influence in coping with the disease and in personal and social relationships^(5,7).

The Theory of Social Representations (TSR), with greater emphasis on the structural approach known as Theory of the Central Nucleus, can assist in the understanding of this theme, as it enables to investigate and understand the meanings conferred by people when trying to explain their practices and their position in the world and the phenomena that exist in it⁽⁸⁾. Thus, representations are characterized as the knowledge that is socially elaborated and shared, differing from other forms of intellectual or sensory knowledge as it

implies a specific relationship between subject and object of knowledge, characterized as common-sense knowledge. The subject represents in his representation of the object, that is, he prints his identity in what he represents⁽⁹⁾.

Thus, this study aims to identify the central and peripheral elements of the social representations of HIV/AIDS among health professionals of different levels of education.

METHOD

This is a descriptive-exploratory study with a qualitative approach, based on the Theory of Social Representations in the perspective of the structural approach defined as the theory of the central nucleus⁽⁹⁾, developed in the Testing and Counseling Centers (TCC) and in the Specialized Care Services (SCS) of Manaus, Amazonas, totaling five services. It is a subproject of a national project entitled "The transformations of health and nursing care in times of AIDS: social representations and memories of nurses and health professionals in Brazil", funded by CNPq and FAPERJ.

The free word association technique was the first instrument applied, followed by the interview. This phase took place individually at the Health Secretariat carried out by two previously trained and qualified researchers; the application time was, on average, 25 minutes for each participant.

Data collection was carried out between November and December 2012 using a form created by the national research team and an interview divided into two parts: the first part was applied to the technique of free word association, followed by the interview for socio-professional characterization of the participants, defining their profile (gender, age, marital status, religion, workplace, years worked). The time of application of the instrument, on average, was 50 minutes for each participant, occurring individually, in a reserved place to preserve privacy. The interview was conducted by three previously trained and qualified nursing students from the 6th period.

We used the Free Word Association Technique, also known as the Word Evocation Technique to obtain free evocations, widely

used in Clinical Psychology. The technique consists of asking the participant to associate five words or expressions that occur to him, in the order in which they appear in his memory, assigning them positivity, negativity, or neutrality, associated with the inductive term "HIV/AIDS"⁽¹⁰⁾. We recorded their evocations written by the interviewer in the free evocations form. The objective of free association is to highlight implicit or latent elements through the apprehension of the reality of a given social group, based on a concrete, imaginary and symbolic semantic arrangement of the pre-existing reality⁽¹¹⁾.

We adopted a non-probabilistic, convenience sample, composed of all health professionals working in the context of the National STI/AIDS Program of the health units chosen for the study. The inclusion criteria were professionals in effective practice in the researched institutions, located in the Testing and Counseling Center and/or in the Specialized Care Services, and exercising care practices directed at people living with HIV/AIDS.

The research participants were 58 health professionals who worked at TCC and SCS. They were 18 doctors, 14 nurses, 2 nursing assistants, 11 nursing technicians, 6 Social workers, 6 psychologists, and 1 pharmacist.

The analysis of the data related to the socio-professional profile occurred with the help of the SPSS software, version 17. The product of the technique of free word evocations was treated with the software Ensemble of Programs Permettant l'Analyse des Evocations (EVOC) version 2005[®].

This technique allows distributing the terms produced in a table of four houses based on the criteria of frequency and order of evocation. In this table, at the top and on the left (upper left quadrant), there are the terms or expressions that present the most frequency and were promptly evoked, which constitute the central nucleus of the studied representation. The elements that are located in the right quadrants (upper and lower) are those that had less readiness for evocations and characterize the peripheral system. Those located in the upper right quadrant constitute the first periphery and those located in the lower right quadrant comprise the elements of the second periphery.

The cognitions located in the lower-left quadrant are called contrast elements, which have low frequency, but important evocation orders^(8,10).

The research was approved by the Ethics and Research Committee of the State University of Rio de Janeiro - UERJ with opinion number 074/2010, as recommended by Resolution number 466/2012 and 510/2016 of the National Health Council. The institutional authorization and individual participation of the participants were only possible after signing the Informed Consent Form.

RESULTS

Two of the five institutions surveyed are characterized as Specialized Care Services in HIV/AIDS (SCS), one as a Testing and Counseling Center (TCC), one is a specialized care clinic for people living with HIV/AIDS and two covers both characteristics, SCS and TCC. All assist five days a week, with an average of 8 hours a day.

The following characteristics predominate among the 58 survey participants: female gender (75.9%); age range from 30 to 39 years old (43%); education at a specialization level such as higher academic degree (48.3%); place of work in TCC (41.4%). The latter is also a reflection of the places with the greatest number of professionals.

Regarding the evocations analyzed, the participants produced 290 words or expressions to the term inducer, 20 of which were different. The mean evocation order was 3.0, on a scale of 1 to 5. The minimum frequency cut-off point was 10, and all words evoked less frequently than that were excluded from the composition of the four-box table. The calculation of the average frequency of the words analyzed was 18.

Table 1 shows the result of the combined analysis of these indicators.

The words that form the central nucleus of the social representation of HIV/AIDS reveal central cognitions composed both by elements of care practice in the context of the clinic - treatment and disease -, and elements of the image of the disease in the context of social relationships - prejudice and fear. In this sense, they are antagonistic attitudes towards the

phenomenon.

Regarding the peripheral elements of the representation, we could observe the affirmation of a positive dimension for HIV/AIDS in the first periphery, especially for conferring a supportive character in the expression “help”. In the second periphery, the words adherence, change and despair express the relationship between representation and the

concrete reality of living with HIV/AIDS, related to drug treatment, the adaptations required in daily life, and the affective dimension imposed by AIDS. This system has elements that have a regulatory function, protecting the central core and expressing more functional facets of representation linked to everyday practices. They also express what the individuals experience in their daily lives.

Table 1. Description of four houses of the central and peripheral elements of the social representations of HIV/AIDS among health professionals in Amazonas, Manaus, 2013.

A.O.I. < 3.0				≥ 3.0		
Average frequency	Evoked term	Evocation frequency	A.O.I.	Evoked term	F	A.O.I.
≥ 18	Preconception	70	2.42	Help	18	3.88
	Treatment Fear	30	2.42			
	Disease	28	2.60			
		22	2.45			
< 18	Care	16	2.50	Adherence	10	3.80
	Death	16	2.25	Change	10	3.60
	Prevention	14	2.00	Despair	10	3.20
	Suffering	12	2.50			
	Rebirth	10	1.80			
	Chronic disease	10	2.20			

Legend: f - frequency of evocation. A.O.I. - average order of importance

Source: Authors' data.

Considering the contrasting elements of the central core of the representation, the terms “care”, “illness”, “chronic illness”, “death”, “prevention”, “rebirth” and “suffering” are observed in the lower left quadrant. In this space of the representational structure, we observed two opposite attitudes: a negative one in the terms “disease”, “chronic disease”, “death” and “suffering” and a positive one related to professional activities towards patients, expressed in “care” and “prevention” cognitions, although it can also show a transformative connotation, which is manifested in the term “rebirth”.

This quadrant contains elements that characterize variations in representations, without, however, changing the central elements, observed in terms of death, chronic disease, and care. We can hypothesize the existence of two subgroups that are at different moments in the representational construction. One that anchored the construction of the AIDS representation in death, while the initial representations remained; and a second group that associates AIDS with a chronic disease,

revealing antagonistic trends of the phenomenon.

Tables 2 shows the analysis of the representations according to the level of education for health professionals with higher education and Table 3 shows the middle-level education.

In the group of higher education professionals, we analyzed 45 individuals. The minimum frequency was defined at 8 and the average frequency at 12.

The social representation of higher education professionals is very close to the result of the general group, different by accentuating its negative dimension by incorporating the word “death” into its central core. The presence of this element in social representation in this professional group is because HIV/AIDS is associated with a deadly disease and reflects the image of the individual through the cognitions of “fear” and “prejudice” present in the same quadrant.

We observed that the representation of this group is organized around two analytical categories, one with a negative character of the

infection/disease “fear”, “death”, and “prejudice” and the other characterized by an assistance dimension, “treatment” as an activity linked to the development of professional practice.

Table 2. Description of four houses of the central and peripheral elements of the social representations of HIV/AIDS among higher education health professionals in Amazonas, Manaus, 2013.

A.O.I. < 3.0				≥ 3.0		
Average frequency.	Evoked term	Evocation frequency	A.O.I.	Evoked term	f	A.O.I.
≥ 12	Preconception	52	2.46	Help	12	3.83
	Treatment Fear	22	2.81	Disease	12	3.00
	Death	18	2.33			
		12	2.50			
< 12	Suffering	10	2.60	Adherence	10	3.80
	Chronic	10	2.20	treatment	10	3.60
	disease Rebirth	10	1.80	Change	10	3.20
	Care	08	2.25	Despair	10	3.50
	Prevention	08	1.50	Health	08	3.00
				Welcome		

Legend: f - frequency of evocation. A.O.I. - average order of importance

Source: Authors' data.

Among the contrasting elements, the presence of words common to the central nucleus of the general group stands out. However, some expressions highlight the presence of a positive dimension: “care”, “prevention” and “rebirth” overlap with the negative dimension “chronic disease” and “suffering”, reflecting a greater positivity in the terms evoked in this quadrant. The periphery of the representation confirms this last inference due to the presence of the terms “help” and

“disease” in the first periphery and in the second periphery the cognitions “welcome”, “adherence-treatment”, “despair”, “change” and “health”. In this sense, the terms are opposed in the representations of the professionals for having opposite dimensions, anchoring their positivity and negativity, reflecting the experience of the professional who lives with a sick individual and the provision of care directed to him.

Table 3. Description of four houses of the central and peripheral elements of the social representations of HIV/AIDS among health professionals in the middle-level of Amazonas, Manaus, 2013.

A.O.I. < 3,0				≥ 3,0		
Average frequency.	Evoked term	Evocation frequency	A.O.I.	Evoked term	f	A.O.I.
≥ 9	Prejudice	18	2.33			
	Illness	10	1.80			
	Fear	10	2.60			
< 9	Caution	08	2.75	Help	06	4.00
	Treatment	08	2.00			
	Prevention	06	2.66			

Legend: f - frequency of evocation. A.O.I. - average order of importance

Source: Authors' data.

Regarding the group of middle-level professionals, we analyzed 13 individuals. The minimum frequency for this group was set at 6

and the average frequency at 9.

The group of middle-level professionals has a representation whose central core is

characterized by expressing a strictly negative dimension associated with HIV/AIDS. They include the terms “disease”, “fear” and “prejudice”, demonstrating their incorporation into the representation of the individuals from their exposure to the sick people and, possibly, from the inclusion of these meanings linked to the deadly disease.

On the other hand, the negative attitude in the centrality establishes a tension with the positive attitudes that are present in the periphery and the elements of contrast. The contrasting elements demonstrate the aforementioned contradiction between the positivity expressed by the cognitions of “care”, “prevention” and “treatment” and the negativity present in the central nucleus of the social representation of middle-level professionals.

As a result of the tension observed between the central nucleus and the contrast elements, we also observed the presence of the positive element “help” in the second periphery, while the professionals did not reveal any element of the first periphery.

The symbolic constructions around HIV/AIDS reflect how the group of professionals has been symbolically elaborating the daily lives of their experiences. Because the individuals are inserted in the care actions, people living with HIV face situations in which care is confronted with the perception of infection/disease, strongly marked by the ideas of fear and prejudice, as elements shared in the central nucleus of three analyzes.

DISCUSSION

The central nucleus constitutes the common and consensual basis of a social representation, resulting from the collective memory and the system of norms to which a certain group refers to give meaning to a given representation; determine their internal organization; and provide significant stability⁽¹²⁾.

The results are similar to a study carried out in Recife, in which the meaning of HIV/AIDS is still permeated by negative elements, such as “prejudice”, “fear” and “disease”. However, the presence of the word “treatment” shows positivity in the central nucleus⁽⁶⁾, pointing to the progressive incorporation of perceptions related to the biomedical coping with

HIV/AIDS. The meaning of HIV/AIDS by the interviewees is shown precisely by these cognitions, which have a direct reflection on collective memory, in the system of norms and values that determine the attitude of the individuals and are marked by the functional and normative dimensions⁽¹³⁾. In this way, we observed that the term “prejudice” appears as the element with the highest frequency and highest average order of evocation, placing it as the most important component of the central nucleus. It seems to express the way the individuals represent HIV/AIDS in its general aspects, an inference that is reinforced by the “fear” cognition.

The word “prejudice” can be defined as unproblematic anticipation of a concept, that is, a wrong idea about something or understood as a judgment pronounced before an in-depth knowledge⁽¹⁴⁾. Since its inception in the 1980s, the AIDS epidemic is characterized as a public health problem of great gravity and social stigma. It is socially represented as a fatal disease, which affects certain groups in society, characterized as different⁽¹⁵⁾.

In a deep relationship with the previous term, the word “fear” is defined by an uneasiness before a particular person or by a threatening event, involving the individual with a feeling of apprehension and/or fear⁽¹⁴⁾. The word is related to different situations in which the individual can associate with fear of contagion of the disease or because it is related to a deadly, incurable, and stigmatized disease, a fact that produces even the fear of contact with people with HIV/AIDS⁽¹⁵⁾.

The emergence of AIDS was described as a tragic and fatal disease, interpreted as a disease-punishment due to sexual irresponsibility, stigmatized by several interpretations of its mode of transmission until then, not well defined⁽¹⁶⁾. Despite scientific knowledge, the mode of transmission, and therapeutic advances, the health professional is afraid of acquiring the disease, and the possibility of accidents with sharps and body fluids, influencing the professional practice of interviewed individuals⁽¹⁵⁾.

A counterpoint to this negative configuration, expressed in the terms of “prejudice” and “fear” can be seen in the expression “treatment” that seems to indicate

the importance of advances have had since the emergence of antiretroviral therapy. The natural history of the disease was only transformed after the advent of combination therapy, called cocktail or HAART (Highly Active Antiretroviral Treatment). It shows that the number of hospital admissions, AIDS morbidity, and the number of opportunistic infections decreased considerably⁽¹⁷⁾. The presence of such term evoked to the social representation of HIV/AIDS is related to the emergence of treatment, which provides the patient with the disease with a longer life expectancy and with quality⁽¹⁸⁾.

The term “help” has the meaning of helping, assisting, and rescuing⁽¹⁹⁾. It shows a more positive speech and attitude about people living with HIV/AIDS, with a more humanistic character and the perception of the need for a social support network for those who live with the disease⁽¹⁵⁾. The bonds of solidarity aimed at people living with HIV were historically inaugurated by NGOs/AIDS that renewed the bonds of social solidarity based on the relationships they established with government spheres, researchers involved with the theme, and other NGOs⁽²⁰⁾.

Solidarity in the philosophical sense cannot be seen only by an indemnifying risk, in the logic of the welfare state. In the institutional sense, it would consist of a set of services that express this solidarity in guarantees accessible to every citizen. In the case of AIDS, it is not just a matter of guarantees about risk, as the presence of HIV-positive people with AIDS denotes that it has already taken place. However, it is in creating mechanisms that guarantee the expression of people living with HIV, suppressing the level of inequality engendered by a new social condition⁽²¹⁾.

The positivity in the first periphery is shown in the second periphery. In this representation quadrant, we observed positive attitudes towards HIV/AIDS, expressed by the words “adherence-treatment” and “change”, but, at the same time, reinforce negativity with the word “despair”. However, we should consider that the elements present are the most changeable of the representation, that is, they oscillate and reveal more clearly the transformations undergone by the representation due to the practices developed and the variations of the

external context, which may explain the presence of the mentioned terms⁽²²⁾.

Regarding the data obtained from higher education professionals, we can highlight the term “death”. This term can be defined as the end of life, destruction, ruin, unforeseen termination of life due to illness, often related to something difficult to bear, although for some people, it can be the beginning of a life cycle that admit the immortality of the soul^(14,19).

The tension between the elements of the structure of middle-level professionals points out that the representational structures are organized from two polarities. This probably occurs due to the implementation of public policies and the reorientation of health services for the care of patients, influencing new professional practices⁽²³⁾.

Two elements are important in an analysis of the presented quadrants. The first is related to the unfolding of the negative dimension present in the central nucleus and some peripheral elements. The second is the presence of positive elements, mainly outside the central nucleus or with only one expression in its context, indicating that the related words seem to reflect the reified knowledge about the disease and the interpersonal relationship in carrying out the practices of care.

This reality is highlighted since, despite the new advances that have been happening in the scope of HIV/AIDS, health professionals still associate AIDS with negative elements, demonstrating a similarity with the perception of the disease at the beginning of the epidemic, initially represented death, contagion, and sex⁽⁴⁾.

The expansion of the health care network, progress in scientific research and antiretroviral therapy, is reflected in the diversity of positive elements present in the studied representation. In the periphery of the analyzed representation, the professionals incorporate both their demands of the function they perform and the issues arising from the bonds observed in the daily activities developed for the individual with HIV/AIDS.

FINAL CONSIDERATIONS

The results obtained from the structural

approach show that elements such as disease, fear, prejudice, death, and treatment have a central place in the social representation of different health professionals, although the treatment and monitoring of HIV/AIDS enable to live with the disease. Despite some variations in the central elements of the analyzed groups, it is the same social representation that does not present structural differences because the group has a middle or higher level of education. This finding raises the need to strengthen continuing education actions among professionals from different categories of education, expanding the reflection on HIV/AIDS in specialized units and services and improving care actions.

The results show that, despite maintaining elements that complement stereotyped cultural and social values, it is clear that the group of professionals begins to reframe these concepts, having already incorporated meanings such as “treatment”, arising from health policies and the practice of caring, and new elements such as “chronic disease”, probably due to experiences, access to training and demands

arising from the practice of caring.

The results of this study may be the basis for strengthening health actions, reflecting on how care has been directed, envisioning the possibility of minimizing the process of stigmatization and the formation of prejudice around HIV and AIDS, since, the social representation formed guides the practice of social groups. Also, it can provide changes in care behaviors and practices among health professionals, and it can contribute to the understanding about the construction of knowledge about HIV/AIDS, expand discussions and stimulate new research on social representations and the meanings attributed to health and disease.

As limitations of the study, we emphasize the research carried out in two modalities of specialized care services that have specific objectives, which raises the need for investigations at other levels of health services. Also, the composition of a non-probabilistic sample, which limits the possibilities of inference of these results to other social groups.

REPRESENTAÇÕES SOCIAIS DO HIV/AIDS PARA PROFISSIONAIS DE SAÚDE EM CONTEXTO AMAZÔNICO: DIFERENTES ESCOLARIDADES E SEUS CONSENSOS

RESUMO

Objetivo: identificar os elementos centrais e periféricos da estrutura das representações sociais do HIV/AIDS entre profissionais de saúde de diferentes categorias de escolaridade. **Método:** estudo descritivo-exploratório de abordagem qualitativa, apoiado pela teoria das representações sociais na vertente estrutural. Pesquisa desenvolvida com 58 profissionais de saúde de diferentes escolaridades, nível superior e médio, em cinco serviços na cidade de Manaus, AM, por meio da aplicação da técnica de associação livre e hierarquização de palavras ao termo indutor “HIV/AIDS”. Os dados obtidos foram processados no *software* EVOC e a análise estrutural das representações. **Resultados:** ao se comparar as estruturas representacionais dos dois grupos de profissionais, verificou-se nos dois o predomínio de uma dimensão negativa presente no núcleo central e em alguns elementos periféricos de traços igualmente negativos com a presença de elementos positivos, principalmente fora do núcleo central. Verificou-se, no entanto, que se trata de uma mesma representação social que não apresenta diferenças estruturais em função de se tratar do grupo com nível médio ou superior de escolaridade. **Conclusão:** os elementos negativos que permanecem no núcleo central suscitam percepções convergentes entre os profissionais, o que indica necessidade de fortalecer a educação permanente com vistas a ampliar a reflexão sobre HIV/AIDS nas unidades e serviços especializados.

Palavras-chave: Síndrome de Imunodeficiência Adquirida. Equipe de Assistência ao Paciente. Atenção à Saúde.

REPRESENTACIONES SOCIALES DEL VIH/SIDA PARA PROFESIONALES DE SALUD EN AMAZONIA/BRASIL: DIFERENTES ESCOLARIDADES Y SUS CONSENSOS

RESUMEN

Objetivo: identificar los elementos centrales y periféricos de la estructura de las representaciones sociales del VIH/sida entre profesionales de salud de diferentes categorías de escolaridad. **Método:** estudio descriptivo-exploratorio de abordajecualitativo, apoyado por la teoría de las representaciones sociales en la vertiente estructural. Investigación desarrollada con 58 profesionales de salud de diferentes escolaridades, nivel superior y secundario, en cinco servicios en la ciudad de Manaus, AM-Brasil, por medio de la aplicación de la técnica de asociación libre y jerarquización de palabras al término inductor “VIH/sida”. Los datos obtenidos fueron procesados en el *software* EVOC y el análisis estructural de las representaciones. **Resultados:** al compararselas estructuras representacionales de los dos grupos de profesionales, se verificó, en ambos, el predomínio de una dimensión negativa presente en el núcleo central y en

algunos elementos periféricos de características igualmente negativas con la presencia de elementos positivos, principalmente fuera del núcleo central. Se constató, no obstante, que se trata de una misma representación social que no presenta diferencias estructurales por tratarse del grupo con nivel secundario o superior de escolaridad. **Conclusión:** los elementos negativos que permanecen en el núcleo central suscitan percepciones convergentes entre los profesionales, lo que indica la necesidad de fortalecer la educación permanente a fin de ampliar la reflexión sobre VIH/sida en las unidades y servicios especializados.

Palabras clave: VIH-1. Síndrome de Inmunodeficiencia Adquirida. Equipo de Asistencia al Paciente. Atención a la Salud.

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