
Aids, Childhood and Public Policies: The Construction of Subjects Through Discourse¹

Lara Brum de Calais²

Juliana Perucchi

Universidade Federal de Juiz de Fora, Juiz de Fora-MG, Brasil

Abstract: There is a concern about the incidence of Aids in women in the national Aids scenario, and vertical transmission of HIV has been pinpointed as a priority in prevention policies. However, when it comes to public policies specifically targeted at children living with HIV/Aids, invisibility and silencing will designate different subject positions within the context of Aids. In this sense, the present study aims to investigate the discourses that constitute Brazilian public health policies focused on the matter of Aids in children, and the mechanisms of knowledge/power that construct subject positions. For this purpose, a documental research analyzed 19 official documents according to units of meaning related to the objective of the survey (child/childhood; vertical transmission, pregnancy) found in a database of the Brazilian Ministry of Health. Different positions concerning childhood within the Aids scope were observed, characterizing a childhood that is stated as the target of public policies, even before their HIV status is known, and, conversely, a childhood marked by HIV/Aids that nonetheless ceases to be the target of public policies. Such invisibility positions surrounding the child produce effects within social practices in public health aimed at this segment of the population. Therefore, studies intended to analyze such policies are valid, considering that the discourses that approach childhood and Aids also create public health policies and reflect practices and knowledge.

Keywords: HIV/Aids; childhood; public policies.

Aids, Infância(s) e Políticas Públicas: A Construção de Sujeitos Através do Discurso

Resumo: No panorama nacional da Aids, há uma preocupação com sua incidência em mulheres, apontando a transmissão vertical do HIV como uma prioridade nas políticas de prevenção. Contudo, quando se trata de políticas públicas voltadas especificamente para a infância que vive com HIV/Aids, há uma invisibilidade e um silenciamento, que vão designar diferentes posições de sujeito no âmbito da Aids. Neste sentido, o presente estudo teve como objetivo investigar os discursos que constituem as políticas públicas em saúde no Brasil voltadas à questão da Aids na infância e seus dispositivos de saber/poder que constroem posições de sujeito. Foi realizada uma pesquisa documental, que contou com a análise de 19 documentos oficiais selecionados de acordo com os núcleos de sentido relacionados ao objetivo da pesquisa (criança/infância; transmissão vertical e gravidez/gestação) e encontrados em uma base de dados do Ministério da Saúde. Observou-se a existência de posições diferenciadas de infância no âmbito da Aids, sendo, uma infância que é, ao mesmo tempo, enunciada como alvo de políticas públicas, antes mesmo de se conhecer seu status sorológico e, por outro lado, uma infância que vive com HIV/Aids, que deixa de ser alvo de políticas públicas. Tais posições de invisibilidade da criança produzem efeitos no âmbito das práticas sociais em saúde pública voltadas a esse segmento populacional, sendo válido, portanto, estudos que se destinem à análise de tais políticas, considerando que os discursos que enunciam as infâncias e a aids também fabricam as políticas públicas na área da saúde e reverberam práticas e saberes.

Palavras-chave: HIV/Aids; infância; políticas públicas.

¹ *Support:* Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES).

² *E-mail:* laracalais@hotmail.com

Sida, Infancia(s) y Políticas Públicas: La Construcción del Sujeto a Través del Discurso

Resumen: Existe en la escena nacional del SIDA una preocupación con la incidencia del VIH en las mujeres, señalando la Transmisión Vertical del VIH como una prioridad en las políticas de prevención. Sin embargo, cuando se trata de políticas públicas específicamente para los niños que viven con el VIH/SIDA, hay una invisibilidad y un silenciamiento, que designarán diferentes posiciones de sujeto en el contexto del SIDA. En este sentido, el presente estudio tuvo como objetivo investigar los discursos que constituyen las políticas públicas en salud en Brasil dirigidas al tema del SIDA en la infancia y sus características de saber/poder que construyen posiciones de sujeto. Fue realizada una investigación documental, con el análisis de 19 documentos oficiales seleccionados de acuerdo con las unidades de significado en relación con el objetivo de la encuesta (el niño/la infancia; la transmisión vertical, el embarazo/la gestación) que se encuentran en una base de datos del Ministerio de la Salud de Brasil. El análisis observó las diferentes posiciones de infancia con relación al SIDA, de un lado existe una infancia que es, al mismo tiempo, enunciada como un objetivo de las políticas públicas, incluso antes de conocerse su estado serológico y, de otro existe una infancia que vive con el VIH/SIDA que, sin embargo, deja de ser el objetivo de las políticas públicas. Tales posiciones de invisibilidad del niño producen efectos dentro de las prácticas sociales de salud pública dirigidas a este segmento poblacional, siendo válidos, por lo tanto, los estudios destinados para el análisis de tales políticas, teniendo en cuenta que los discursos que enuncian la infancia y el SIDA también fabrican las políticas públicas en el área de la salud, resultando en prácticas y conocimientos.

Palabras-clave: VIH/SIDA; infancia; políticas públicas..

Discussing the subject of Aids and of public policies that attempt to meet its demands certainly implies a reflection on the recent history of the Brazilian public health. In Brazil, the Aids epidemic scenario is built in a singular manner, since it mingled with the period of re-democratization and social pressure for political changes that were predominant in the country. Major structural transformations were bound to happen, such as the political crisis of the military dictatorship, the movement for the sanitary reform and the important position of power of some of its representatives, causing a redesigning in the public health system of the country, ruled by principles of equity, universality and health as a duty of the State. (Marques, 2002).

The discovery of the so called Acquired Immunodeficiency Syndrome (AIDS) configured not only a syndrome of important physiologic impact but also as a complex social phenomenon, being placed on the level of a problematic public health and becoming the target of social, governmental and academic interventions. (Brito, Castilho & Szwarcwald, 2000, Brasil 2011). However, several challenges remain and some elements are still essential to the construction process of the trajectory of this epidemic in the country, since, nowadays, according to the Brazilian Ministry of Health, the epidemic has been stabilized, but at a high level and concentrated in vulnerable groups of society. (Brasil, 2011).

In this context, some assertions concerning Aids are given in a scenario marked by discrimination and violation of human rights, prevailing, most of the times, social class inequality, sexual orientation, gender relations, among others. Throughout history, the epidemic frame suffered significant transformations mainly related to the increase of cases among heterosexual individuals, drawing attention to sexual transmission and to the substantial increase in the number of infection cases among women, resulting, as a direct consequence, in the transmission to babies born to HIV-positive mothers. (Batista & Gomes, 2000, UNAIDS, 2012). On the progress of Brazil in relation to the response to Aids in the period of 2010/2011 (Brasil, 2012), the analysis of Aids cases by gender shows an important decrease in the ratio by gender (M:F) from the beginning of the epidemic to nowadays. The difference, which in 1983 stood at 40 men by each woman, as of 2010 reaches 1.7 cases in men by each case in women, considering that in the age group from 13 to 19 years old the number of cases of Aids is higher among women. Nowadays, 35.0% of cases of Aids are recorded among women (Brasil, 2014). Changes occurred in the historical picture of Aids show the need to elaborate new ways of facing the epidemic and to plan strategies of prevention that are closer to our social reality.

From this perspective, this article aims to investigate the discourses that cross health public policies in Brazil concerning Aids during childhood, analyzing its devices of knowledge/power that constitute enunciations and subjective positions of a childhood marked by Aids, as well as drawing the trajectory of the feminization process of the epidemic, aiming to reach children who live with HIV/Aids, and public policies that concern this group.

Feminization of the Epidemic

In the early 1990s the increase in cases of Aids among women and, consequently, the increase in cases of Vertical Transmission (transmission of the virus from mother to baby) brought greater visibility to this public and the need to include this topic in the public health agenda.

Thinking of the specificity of the increase in Aids cases among women, the Integrated Plan to Combat the Feminization of the AIDS Epidemic and other STDs (2009) was created, aiming to fight the several vulnerabilities of the experiences of being a woman in our society and that make them more susceptible to the infection by HIV and other sexually transmitted diseases. These considerations show that men and women have different social positions in society and, therefore, it is necessary to pay attention to the fact that unequal relations of power cause women to have different positions, possibly leading to unequal access to health care and possibilities of autonomy.

The analysis of epidemiological levels ruling governmental strategies and, on the other hand, the attention to certain vulnerabilities that constitute a woman's position in our society translate the reflection by Louro (1996) regarding the meanings of sex and gender significations and their practical implications. According to the author, the concepts differ as sex relates to the biological identity of an individual, and gender refers to the social construction of the female and of the male individual. From this perspective, there is a need for a practical transformation after the understanding of what epidemiological data shows about the infection on the grounds of gender. Therefore, it is important to elaborate actions intended to understanding feminineness and manliness formation processes (Louro, 1996), putting into action public policies that are more real and efficient in face of the diversity of social positions.

The female subject, specifically concerning Aids, besides occupying social positions with conceptions significantly traditional and rooted, such as the lack of autonomy in relation to sexual choices, the sexuality experience – which is most of the time concealed and standardized –, and the constructions that legitimate conceptions regarding marriage, are also subjected to specific vulnerabilities related to their bodies, like the greater sensibility their organs have for infection, the experiences with sexual violence, the specificity of the vertical transmission, which involves particular processes of women, such as gestation, among others.

Considering these aspects particularly related to the feminization of the epidemic, it is relevant to pay direct attention to public policies that favor women and children's health concerning Aids. The priority given to vertical transmission, on one hand, leads to a specific context of the epidemic, in which the woman/mother assumes the main position concerning HIV prevention and transmission. On the other hand, the child begins to "appear" in this scenario, with a primary relation to his or her mother's HIV status. From this perspective, several factors become important, raising questions such as the accountability/blamefulness concerning Aids, the subjective aspects related to Vertical Transmission, the position occupied by the child and the perspective of public policies that are directly aimed at children with HIV/Aids.

Childhood and Aids: What Subject Positions are Constructed?

The position established for childhood and the discourses on what it means to be a child in our society refer to the construction of the idea of an "idealized childhood", which has the responsibility of achieving what has not yet been achieved and of being the guardian for a productive and prosper future.

Interwoven with this discursive practice, children born to HIV-positive mothers, in 1985, are incorporated into this context, demystifying it and bringing to light a childhood that differs from the standard idealized childhood; a childhood that is sometimes seen under the “nation’s salvation” view (Rizzini, 2008), and other times is characterized by discriminatory discourses concerning Aids.

This production of subjects and subjectivities is a crucial aspect when it comes to the creation of a childhood living with Aids, whereas there is a need to pay attention to the traps of the discourse that tend to capture and to lead us to a simple reproduction of places already established. Saying it differently, there is a need to consider that the position of the subject of childhood who lives with Aids is different from the positions assigned to childhood in a common sense. However, it is also vital that the games which point out these different positions are understood and that, when considering the characteristics of the experiences of children who live with HIV/Aids, there are no discourses that would reproduce hierarchies of any differentiated childhood that would need to occupy predetermined positions.

In this regard, there are certain singularities when considering moral, medical and psychological aspects on the everyday lives of children with HIV/Aids that should be respected, such as: the disclosure of the diagnosis, sexuality matters, mourning, orphanhood, relationships at school, compliance with treatment, need for frequent medical appointments and exams, vulnerabilities, frequently visited institutions, prejudice and discrimination, among other aspects. Such argumentation regarding specific questions related to living with Aids are relevant, since there is a need to consider strategies that resist the power of determining places of exclusion, but at the same time, elaborating public policies that are closer to reality.

Especially concerning children, these public policies have taken different directions when we deal with childhood and childhood with Aids. With the publishing of Law 8.069 in 1990, which rules over the *Estatuto da Criança e do Adolescente* [Child and Adolescent Statute] (ECA), childhood becomes an outstanding subject in public policies, set as a priority for the governmental agenda. According to Heleno (2010), the ECA brings innovations in the sphere of the public policies related to childhood and adolescence, understanding them as subjects of rights supported by a protection policy created for them. However, the author discusses that many changes have occurred, mainly on the legal level, not reaching the reality in which we live.

This advance in the legislation field does not prevent, however, in many daily situations in the Brazilian context, essential rights from being disrespected, and it has not been able to make people, especially authorized adults, stop talking about childhood. However, as for HIV/Aids public policies specifically, it is possible to consider the existence of an evident invisibility surrounding children with Aids, which, most of the times, make children be inserted into attention strategies aimed at mothers/pregnant women.

According to an international report by the JLICA (Joint Learning Initiative on Children and AIDS) (2009), titled “Home Truths: Facing the facts on children, AIDS, and poverty”, there was a historical negligence concerning children facing Aids, since “For more than a quarter-century, affected children have remained peripheral to the aids response by governments and their international partners.” (p. 4). The publication is especially intended to countries in sub-Saharan Africa, where these vulnerabilities reach alarming levels, but it is clear that the recommendations and results on the report are relevant to several contexts, including in countries with small prevalence. On global debates concerning Aids, affected children occupy a marginalized position, which shows a flaw in the attention paid to this population and its needs. The child is oftentimes seen within this sphere, as being strictly related to the condition of an orphan, but “children’s needs, not their orphan status, must be the primary focus when designing and implementing policies.” (JLICA, 2009, p.12).

There is, therefore, according to Cruz (2005), a concern that is primarily tuned to the treatment of the infection, to their life expectancy perspective, to the influence of the virus in the child’s organism, to policies for preventing mother-child transmission, to incidence levels, among others. These concerns have generated discussions and ended up with the elaboration of plans that targeted the actions aimed at this theme, such as that of the *Plano Operacional para a Redução da Transmissão Vertical do HIV e da Sífilis* [Operational plan to reduce the vertical transmission of HIV and Syphilis], by the Ministry of

Health (2007) and the recently launched “Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive”, created by UNAIDS and ONUSIDA (2011).

The knowledge of these aspects was and continues to be of vital importance so that children may live longer and better, as it is seen nowadays. However, it is also necessary to consider the needs of these children, not only with regard to physical ones, but also to their doubts, fears and concepts that they construct about themselves and their condition, through that which passed on to them implicitly or explicitly (Abadia-Barrero & Cruz, 2005).

In this perspective, public policies targeting HIV/Aids, particularly in the childhood case, use devices that show and approach (Deleuze, 1996) a conception of childhood marked by visibility and invisibility strategies, varying according to authorized discourses in our society.

In this context, sexuality stands as a relevant aspect and, most times, hidden, for according to Foucault (1988) sex is encompassed by a censorship that dictates on discourses that should/can be spread out. The failure to discuss, to problematize, may, therefore, be reflecting the representation that the adult/society has about a child's sexuality, that is, the perception of a pure childhood that does need interventions addressing sexuality as a theme.

However, when this point of view allies to enunciations on Aids, territory where discourses on sex and sexuality are prominent, logic would lead us to think that, in this context, we would not be able to bypass the sexuality theme. However, logic does not follow history and the sexuality of children with Aids also continues to be veiled, including public policies aimed at them.

Therefore, it is not about discussing sexuality because these are children inserted in the Aids epidemic context, – although some specific subjects are more emphatically discussed such as means of transmission, disclosure of diagnosis, prevention strategies, the need for some frequency of treatment –, it is rather about deconstructing this idea of asexual childhood, so that actions intended to this public may meet the invisible demands in the view of society.

Such considerations, according to Cruz (2005), lead us to think that in our society sexuality in childhood has a position that is culturally established which, several times, blocks the elaboration of projects comprehending gender relations, health promotion, and prevention strategies, among others. Not even the insertion into the widely publicized debate on Aids has caused relevant changes on the position constructed for childhood by discourses that address it.

It is possible to notice, by following an investigative way, the presence of two positions in the designation of childhood within the Aids context. The first one that sees the child as asexual and reproduces the idea of innocence; the second one sees the child as a being born to HIV-positive mothers, inserting him or her into the context of HIV vertical transmission and establishing a strict relation to policies and actions aimed at the woman/mother.

Method

Taking as reference the objective of this research, which unfolds in this article, that is, the analysis of public policies aimed at children who have Aids in Brazil and the discourses related to this context, the design of a documental research is a valuable resource. Through this methodological design, it is possible to observe that devices support certain discursive formation about childhood and Aids, problematizing the production of certain truths and viewpoints. In this sense, the reflection on the position of Psychology and the power it has of legitimizing determined social realities is present as well.

Having the discourse as a focus of analysis of the proposed method, the practice of documental research presupposes the organization and treatment of the data collected from several types of documents (Perucchi, 2008) – in this case, documents of different modalities, which compose the legislation on HIV and Aids in Brazil. Due to the context of the research, we collected mainly data about public health policies, their guidelines and regulations in the context of the Brazilian public health and intended to the Aids theme, more specifically, to Aids in childhood.

Sharing the concept approached by Araújo and Sampaio (2006), that public policies are “... answers to certain social issues, formed from demands and tensions generated in society” (p. 01), we

understand how such conceptualization acquires a relevant signification when we enter Aids scenario, considering the great impact caused by the epidemic on the worldwide public health.

Guareschi, Lara e Adegas (2010) also highlight the position of the State on the field of public policies, stressing that “the State, along with other institutions, produces public policies that, after formulated and developed, take shape as plans, programs, projects, database or information and research systems” (p.333). Thus, authors characterize public policies as actions for the life of individuals, that is, an investment by the State for the life of the population.

This perspective on public policies is consonant with the Foucauldian discussion about the concepts of Biopolitics and Biopower, as the former points the life regulation mechanisms that fall upon populations (such as birth control, morbidity, mortality, longevity and population control), and the latter stresses the impact of power on the individuality of bodies, control over life and, consequently, over sexuality (Foucault, 1998). Therefore, public policy texts, from the perspective of this study, characterize public documents containing relevant data on the construction of a reality and, according to Bernardes and Menegon (2007), discursive practices that are important to the formulation and maintenance of government strategies.

In this sense, the compiled documents were all about public policies that made reference to the research descriptors (Aids, childhood/child and public policies), considering their relevant influence on social arrangements and on the production of subjectivities. From the used definition of sources, it was necessary to search carefully for documents that would meet the goals of the research, building a documental *corpus* to produce data composed of a compilation of documents available on a database of the Ministry of Health (the current website for the search is: http://www.aids.gov.br/sites/default/files/legislacao_cd/index.htm), that treats specifically of the DST/Aids matter. We have found 430 documents referring to federal, state and municipal legislations, as well as regulations and guidelines that constitute programs and public policies on HIV/Aids. During the stage for the construction of the file 42 documents were selected, having as inclusion criteria to be documents that necessarily addressed public policies and to make reference to the research categories of analysis.

After the file was structured, a second moment began, aiming to select documents to be effectively analyzed. For such a purpose, a more careful reading of the forty-two documents was carried out, highlighting, by means of a lexical analysis of the frequency of appearance of the descriptors aids, childhood/child, public policies, the nuclei of meaning that fit the goal of the research, that is, discourse units that aggregate sets of enunciations about childhood in the context of public policies on HIV/Aids.

Thus, three nuclei of meaning that compose the discursive web about childhood within the context of Aids in the researched documents were described, namely: child/childhood, vertical transmission and pregnancy. Therefore, 19 documents on public policies that formed the *documental corpus* and this research's field were listed (the selected documents are part of a general framework of official documents, all belonging to national, state and municipal spheres, considering the lack of documents that approach childhood with HIV). After that, a descriptive analysis of the selected material was carried out, prioritizing the appearance of enunciations related to children positions within the context of Aids.

Using as a fundamental methodological resource the Discourse Analysis, supported by Michel Foucault's theory, a work of description of the enunciations that form discursive structures and their conditions of existence, of citation and of repetition in the context of knowledge/power relations that cross public policies on health care in Brazil was performed. According to the author, the discourse analysis as a methodological resource seeks to understand the singularity of what has been said and its correlations to other enunciations.

With this methodological format, the intention was to learn about the forms of interpretation that relate subjects and meanings, considering that the discourse is not separate from the subject and that the subject himself or herself is inserted into an ideology. Therefore, treating the documents as products of society becomes a relevant method, considering the knowledge/power games that cross discourses on public policies and that, at the same time, are producers of certain subject positions.

Results and Discussion

Considering the nuclei of meaning surveyed according to the goal of the research – child/childhood; vertical transmission; pregnancy –, categories that emerged from these nuclei were analyzed. Three stood out among them: the discussion about the position of children born to HIV-positive mothers and children living with HIV/Aids; the position of the mother/woman in face of the vertical transmission; and the regulations derived from policies aimed at this public. However, this article will present the analyses related to the position of childhood and women concerning public policies that fight HIV/Aids.

In the course of the analysis, a matter that is worthy of attention was the existence of a childhood that receives prophylactic care and that is inserted in the discourse about Aids prevention and treatment while coexisting with another childhood that is silenced as of the moment it is recognized as HIV-positive. Two enunciations start to guide a visibility/invisibility game in this context. They are: children born to HIV-positive mothers and children living with HIV/Aids.

These positions begin to appear in the documents as certain actions are developed and intended to newborn children of HIV-positive mothers that should receive care for preventing the virus from being transmitted from mother to baby, as it is the case of the Decree No. 2014 of 2002, which points out specific actions for newborns and stresses that there is a set of actions with a focus on the beginning of the child's life, until he or she is 6 months old. This indication ends up designating a childhood inserted into the Aids matter – concerning prevention and treatment, to be more specific –, which is target of interventions, that is, the childhood of the newborn who needs to receive technical/medical interventions so that he or she is not infected by the HIV virus.

Still on said decree we see that, after the confirmation of the HIV-positive diagnosis in the woman, following the moment she gave birth, the orientation is that lactation should be definitively inhibited (maintenance of bandaging and/or the use of an inhibitor of lactation), that the woman should be referred to clinical/laboratorial and therapeutic follow-up by a special HIV service (SAE), and that the newborn should be referred to a clinical and laboratorial follow-up by a special service for children exposed to HIV. That is, a child that is exposed to HIV is referred to clinical follow-up and adequate medical procedures but up to now, it is unknown whether he or she child is HIV-positive or not.

Something similar may also be observed on the Resolution of the *Conselho Regional De Medicina de São Paulo* [Regional Council of Medicine of São Paulo] (CREMESP) No. 95 of 2000, which points out the confirmed efficiency of the antiretroviral treatment during pregnancy, delivery and first weeks of life, decreasing the risk for a newborn to be infected by HIV from a pregnant mother who is HIV-positive. Again, the expression “first weeks of life” (p. 20) leads us to problematize the existence of “childhoods” that are the target of public policies, that is, there is a concentration of actions aimed at newborn children, which are part of the context of actions to prevent the vertical transmission (TV) of the virus. In the end, the document stresses the need for healthcare services to provide conditions for the work (by providing inputs) “as well as prenatal, birth and postpartum care, in addition to assistance to the newborn” (p. 20). In turn, the “Normative Manual for Maternity Healthcare Professionals - Reference for HIV-positive Women and Women who Cannot Breastfeed”, of 2005, suggests some ways to protect the newborn, such as the use of AZT in oral solution, feeding and lactation inhibition.

The demarcation of actions towards the prevention of the HIV virus transmission from mother to child – which begins during pregnancy but, considering vulnerability factors that affect the access a woman has to specialized services, ends up being done after birth - is stressed in public documents, and its attributions are assigned to the public power. These are the considerations on which Brazilian policies for the decrease of HIV Vertical Transmission find a support and which are compiled on the document “*Recomendações para Profilaxia da TV do HIV e Terapia Anti-Retroviral em Gestantes*” (Prophylactic Recommendations for Vertical Transmission of HIV and

Antiretroviral Therapy in Pregnant Women) (2003). The document points out the main guidelines to be followed, such as offering a diagnostic test in all moments of contact with the pregnant woman (voluntary and confidential test), offering antiretroviral therapy and prophylaxis with AZT during labor, delivery and for the newborn, informing the woman about the risks of transmission by breastfeeding and the beginning of lactation inhibition, and feeding the child with a formula for babies. For mothers who were diagnosed during labor, the document suggests a special attention to the bond between mother and baby, family support, and psychological and social support, which becomes relevant when it comes to a technical recommendations document.

At the center of discussions and interventions are the children born to HIV-positive mothers. Children distinguished as a target of policies not for being children who may or may not have Aids, but for having mothers who are HIV-positive. And since the trajectory of Aids has, as a primordial prevention, the childhood that enters the discursive web is that which can still be saved, the childhood which, if all artifices of control of the mother's body are applied, may be part of the imagery of an ideal and pure childhood that represents the guardian of the future.

The place of a certain childhood that is the target of care actions in the Aids context is therefore consolidated, as it can be observed on the Provisory Measure No. 2.206 of 2001, which states: "Children born to HIV/Aids positive mothers may receive benefit as of their birth." (p. 1). According to this logic, we can understand that children will receive the benefit since birth. However, they are not, necessarily, HIV+, since the document states that children born to HIV-positive mothers will receive the benefit, that is, these children do not need to be infected by vertical transmission to receive the benefit, being a child of an HIV-positive mother suffices.

Two questions are raised about this subject: Does it suffice for a mother to be HIV-positive for the child to receive the benefit? Or, are children born to HIV-positive mothers regarded as children who live with HIV/Aids? We have to question and, in an effort to resist the hierarchy of positions, affirm that children born to HIV-positive mothers are not necessarily HIV-positive children. On the other hand, however, the fact that he or she is born to an HIV mother includes him or her in public policies related to HIV/Aids, whereas being himself or herself HIV-positive prevents him or her from being included in these policies.

There seems to be certain misperception when approaching the different positions of a child within the context of Aids, being the latter crossed by different forms by the designations children of HIV-positive mothers, and children living with HIV/Aids. Children born to HIV-positive mothers become targets of public policies due to the emphasis given to vertical transmission; however, they may or may not be infected by the virus, what is unknown until the confirmation of the diagnosis. But children who live with HIV/Aids, that is, those who get attention even before knowing if they are HIV-positive, are no longer the target of policies after the diagnosis, being rarely mentioned on public documents related to Aids.

According to Louro (2000), social identities, anchored on bodies, are defined in the context of culture and history, and are, mainly, policies, as this research elucidates in its documental analysis. In this case, there are identity positions that become a visibility device within the context of public policies, such as the case of children born to HIV-positive mothers and others that remain silenced. In this social identity construction, some identity positions gain visibility, while others are silenced through power games that constitute the discourses.

This logic leads us to question: what knowledge/power games are involved in this web of visibility/invisibility related to children, that make children born to HIV mothers visible, and make children who live with Aids invisible? Therefore, it is worth thinking what devices evidence and approach this logic? If it is not Aids that occupies this position, would the mother/woman be the device that subsidizes public policies towards childhood in the context of Aids?

However, there are still children living with HIV/Aids who have singular needs and who are drowned in the context in which discourses about sex, prevention, morality, and prejudice are constant and cross their constitution as subjects. In this regard, the government itself admits to having a limited range of actions aimed at children, as established in a document by UNGASS (Brasil, 2010), in which the government answers to questions about the existence, in the country, of a policy or strategy intended to vulnerable children, with the following description: "Houses of

support for children affected by HIV/Aids; availability of infant formulas for children who have been exposed to vertical transmission of HIV; specific intervention projects for children living on the streets and imprisoned adolescents". (p. 60).

With regard to the literature, this topic becomes even rarer when related to the field of human rights, where we notice the marginalization of children on global debates in relation to the answer to Aids and a prevalence of technical documents, with a discourse that is mostly of medical nature (Doring, França-Junior & Stella, 2006; JLICA, 2009).

On the analyzed document "Normative manual for maternity healthcare professionals – reference for HIV-Positive Women and Women who Cannot Breastfeed", of 2005, by treating of lactation inhibition, the text brings an interesting perspective in relation to breastfeeding as an element of care, but later, the author affirms that "... The greater goal is to prevent children from being affected by incurable diseases, which make life painful, limited, and even cause their premature death" (p. 2). Thinking this way, it is possible to notice that, again, prevention is pointed out as a backdrop of actions aiming at DST/HIV/Aids, but the position of victim of the child who lives with HIV is what caught our attention, since, according to the document, he or she is doomed to a life of suffering and full with limitations. However, fighting these games of power that cross the Aids scenario, Cruz (2005) highlights that, today, these children do not die prematurely anymore (when they receive proper treatment) and do not live with incurable suffering because of their condition, even if there are limitations that may come with living with Aids. These children are subjected to frequent medical appointments and must go through antiretroviral therapy, in addition to learning to live with discrimination from society and face it when they go to school, when they play or date; when they grow up, many become activists, fighting against Aids, and want to have office duties so that they may enforce their rights as citizens.

However, the position of child/victim in the context of Aids legitimizes a position that does not justify the elaboration of public policies targeting this public. Why, after all, elaborate and improve public policies for children who are victims and occupy a passive position in the Aids scenario? Why create a policy for people who do not have sex yet? It is important, in this regard, to analyze how this relation is handled between two different universes, that is, the universe of Aids, related to a moral discourse about sex (or about the bad sex) and a guilt discourse, supported by heterosexual concepts and a gender hierarchy (Pelúcio & Miskolci, 2009), and the childhood universe, which is built in an ideal discourse based on innocence. Therefore, this articulation does not coadunate prevention strategies aiming at people who live with HIV/Aids.

Prevention, which according to Pelúcio & Miskolci (2009) is characterized by a set of rules, parameters and guidelines that rule conducts to be observed, is seen as a fundamental and primary strategy in the international context of Aids. However, in this discursive game, children who live with HIV are left out, since they have an unquestionable greater victim position in comparison to that of agent of transformation and/or potential target for prevention. We need to stress, again, that the same thing does not happen with vertical transmission of HIV, that is, the HIV-positive woman/mother and her son/daughter are inserted in the discussion and are the target of preventive actions.

If children who have HIV today become adolescents and even have children of their own, why not insert them in these public policies that mention prevention? Why only when they become adolescents, mainly when they leave houses of support, they start to "be part of" discourses on transmission, Aids and sexuality?

One hypothesis proposed by this research and confirmed through the analysis of the selected documents is that the perception that children do not have a sexual life and, because of this, are seen as asexual beings, make them invisible in the field of public policies on HIV/Aids, which, consequently, are inserted into a moral discourse about sex.

In this regard, a common mistake is to approach sex and sexuality as if they represented the same thing or the same concept, that is, children aged up to 13 years old who, in the context of Aids, are marked by vertical transmission and not by sexual transmission, have the position of asexual subjects, being, therefore, subjects who not coadunate with enunciations addressing HIV prevention.

Being approached as such, children sexuality is submersed by interdictions and unspoken words, especially when talking about sexuality means talking about care, virus, sexual transmission, protection, among others. According to Foucault (1985), acknowledging the fact that children do not have sex is a good reason to interdict it, "a reason to cover one's eyes and ears wherever it brought up, reason to impose a general and applied silence" (p. 10).

However, this silencing does not abolish the curiosity and the desire for discoveries that exist during childhood. At the very least, it works as a technique of governability and discipline for people, aiming to not distress certain adult pseudo security that is not being mentioned, also aiming at not questioning children's infant sexuality. Gayle Rubin (2003) affirms that, just as gender, sexuality is part of politics and, from this perspective, the path of analysis makes us understand that sexuality, being part of politics, also acts as a visibility and invisibility device, especially when it comes to the Aids epidemic, which holds sex as the executioner and, all the same, as a key to prevention.

However, if in this discursive game they mention childhood, children are positioned in a situation of political invisibility, let us imagine when we start talking about children and Aids, when enunciations that intersect each other belong to a chimerical reality of childhood, as Bujes states (2000), and about children that, in the beginning of the epidemic, would die prematurely. Invisibility gain new and bigger proportions, since it is connected to sexuality, prevention, attribution of accountability/victimization, as mentioned before. In this regard, the State, the family and the organizations of the civil society also have relevant positions in this scenario.

Thus, the intention is to make it clear that the analysis of governmental policies on HIV/Aids in childhood allows us to understand to what extent the discursive matrix of different fields of knowledge/power contribute to define the state intervention, the content of these policies in the health sector, taken into account that they are, above all, politics projects forged by certain social conjunctures.

Final Remarks

Considering the abovementioned designations, which comprehend knowledge/power games that construct positions and constitute discourses on public policies in the context of Aids, we may point out that, culturally, there is a certain way of seeing childhood and perceiving childhood, especially that which is marked by Aids. It is possible to say that these discourses mentioned in public policies aimed at childhoods also produce certain realities and ways of turning children into subjects.

In this perspective, the analysis of public policies documents is a valuable task when we pay attention to the possibility of rethinking strategies and positions, from the understanding of devices and enunciations that compose such formations. According to Foucault (1988), regardless of what we think we hide through language we are all the time subjected to the sexuality discourse and this fact is no different in relation to governmental strategies, especially regarding the field of STD/HIV/Aids.

There should be a greater attention to the fact that, considering some discussions about the (in) visibility of children who live with HIV/Aids amidst in public policies, the hypothesis that the production of an asexual child and of a child born to an HIV-positive mother hinders actions that meet more specific needs of this public, becomes pertinent. This fact also allies to the perspective mentioned earlier according to which these actions must aim mainly at mothers, that is, children appear linked to two discursive fields that obey certain visibility/invisibility games.

Understanding that public policies may take on the position of reality producers through the reproduction of discourses, which oftentimes are not questioned or problematized, the wide range of themes concerning Aids, the constructions about childhoods and the approach of public policies as an object of analysis become fields to be explored and questioned. As of the moment in which sexuality was approached as a constituting and social element, children can be seen as target individuals in relation to Aids, since, currently, these children grow, become adolescents, and deal with their sexuality, reproducing a reality intersected by more democratic preventive discourses.

References

- Abadia-Barrero, C & Cruz, E. (2005). *Crianças, Adolescentes e AIDS: abra este diálogo*. São Paulo: Fórum das ONG'S AIDS do Estado de São Paulo.
- Araujo Jr, J & Sampaio, J. (2006). Análise das políticas públicas: uma proposta metodológica para o estudo no campo da prevenção em Aids. *Revista Brasileira de Saúde Materno-infantil*. 6(3), 335-346.
- Bastos, F & Szwarcwald, C. (2000). AIDS e pauperização: principais conceitos e evidências empíricas. *Caderno de Saúde Pública*, 16(1), 65-76.
- Batista, R & Gomes, A. (2000). *AIDS: conhecer é transformar*. Petrópolis: Vozes.
- Brasil, Ministério da Saúde (2003). *Recomendações para Profilaxia da Transmissão Vertical do HIV e Terapia Anti-retroviral em Gestantes*. Brasil: Ministério da Saúde. Recuperado em 11 de agosto, 2012 de <http://bvsms.saude.gov.br/bvs/publicacoes/gestante2.pdf>
- Brasil, Ministério da Saúde (2005). *Manual normativo para profissionais de saúde de maternidades – referência para mulheres HIV positivas e outras que não podem amamentar*. Brasília: Ministério da Saúde. Recuperado em 11 de agosto, 2013 de <http://www.ibfan.org.br/documentos/outras/MSmanualHIVeAM2005.pdf>
- Brasil, Ministério da Saúde (2007). *Plano Operacional para redução da Transmissão Vertical do HIV e da Sífilis*. Brasília: Ministério da Saúde.
- Brasil, Ministério da Saúde (2009). *Plano Integrado de Enfrentamento da Feminização da Epidemia da Aids e outras DST – Versão Revisada*. Brasília: Ministério da Saúde.
- Brasil, Ministério da Saúde (2010). *Resposta Brasileira 2008/2009 - Relatório de Progresso do País. Metas e Compromissos Assumidos pelos Estados-Membros na Sessão Especial da Assembleia Geral das Nações Unidas sobre HIV/Aids, UNGASS – HIV/Aids*. Brasília: Ministério da Saúde.
- Brasil, Ministério da Saúde (2011). *Resumo Analítico dos dados do Boletim Epidemiológico 2011*. Ministério da Saúde. Recuperado em 15 de dezembro, 2011 de http://www.aids.gov.br/sites/default/files/anexos/publicacao/2011/50652/resumo_anal_tico_dos_dados_do_boletim_e_pidemiol_92824.pdf
- Brasil, Ministério da Saúde (2012). *Relatório de Progresso da Resposta Brasileira ao HIV/AIDS (2010/2011)*. Brasília: Ministério da Saúde.
- Brasil, Ministério da Saúde (2014). *Boletim Epidemiológico Aids/DST*. Brasília: Ministério da Saúde.
- Brito, A.; Castilho, E. & Szwarcwald, C. (2000, mar/abr). AIDS e infecção pelo HIV no Brasil: uma epidemia multifacetada. *Revista da Sociedade Brasileira de Medicina Tropical*, 34(2), 207-217. Recuperado em 20 de junho, 2011 de http://www.scielo.br/scielo.php?pid=S0037-86822001000200010&script=sci_arttext&tlng=pt
- Bujes, M. (2000). *Que Infância é esta?* Reunião Anual da ANPED- Associação Nacional de Pós-Graduação e Pesquisa em Educação. UFRGS. Recuperado em 20 de junho, 2008 de <http://168.96.200.17/ar/libros/anped/0712T.PDF>
- Castro, L. (2007). A Politização (necessária) do campo da infância e da adolescência. *Revista Psicologia Política*, 14(7), 1-19. São Paulo. Recuperado em 14 de maio, 2010 de http://pepsic.bvs-psi.org.br/scielo.php?script=sci_arttext&pid=S1519-549X2007000200005#1b
- Cruz, E. (2005). *Espelhos d'AIDS: infâncias e adolescências nas tessituras da AIDS*. Tese de Doutorado, Faculdade Educação, Universidade Estadual de Campinas.
- Deleuze, G. (1996). O que é um dispositivo. In G. Deleuze. *O mistério de Ariana* (pp. 155-161). Lisboa: Vega – Passagens.
- Foucault, M. (1988). *História da Sexualidade I: a vontade de saber*. (20a ed). Rio de Janeiro: Graal.
- Foucault, M. (2009). *A Arqueologia do Saber*. (7a ed). Rio de Janeiro: Forense Universitária.
- Guareschi, N.M; Lara, L; Adegas, M. (2010). Políticas públicas entre o sujeito de direitos e o homo oeconomicus. *Psico*. 41(3), 332-339.
- Heleno, C. (2010). Criança e adolescente como sujeitos de direitos: uma introdução. In C. Heleno, & S. Ribeiro. (Orgs). *Criança e Adolescente: sujeitos de direitos* (pp. 19-28). Belo Horizonte: Conselho Regional de Psicologia de Minas Gerais.
- JLICA (2009). *Verdades que Perturbam: enfrentando os fatos sobre a criança, SIDA e a pobreza*. Iniciativa Conjunta de Estudo sobre a Criança e o VIH/SIDA. Recuperado em 11 de agosto, 2012 de <http://www.jlica.org/protected/pdf-feb09/Final%20JLICA%20Report-Port.pdf>
- Louro, G. (1996). Nas redes do conceito de gênero. In M. Lopes, D. E. Meyer, & V. R. Waldow. *Gênero e Saúde* (pp. 222-243). Porto Alegre: Artes Médicas.
- Louro (2013). *O corpo educado: pedagogias da sexualidade*. (3a ed). Belo Horizonte: Autêntica.
- Marques, M. (2002). Saúde e poder: a emergência política da Aids/HIV no Brasil. *História, Ciências, Saúde-Manguinhos*, 9(suplemento), 41-65. Recuperado em 15 de dezembro, 2009 de http://www.scielo.br/scielo.php?pid=S0104-59702002000400003&script=sci_arttext
- Rizzini, I. (2007). *“Menores” e Crianças: trajetória legislativa no Brasil*. Base Legis. Recuperado em 15 de outubro, 2012 de http://www.ciespi.org.br/base_legis/baselegis_hist_legis.php
- Rizzini, I. (2011). *O Século Perdido: raízes históricas das políticas públicas para a Infância no Brasil* (3a ed). São Paulo: Cortez.
- UNAIDS (2009). *Ação Conjunta para resultados: matriz de resultados do UNAIDS/ONUSIDA, 2009-2011*. Brasil: UNAIDS.
- UNAIDS.(2012) *Report on the global HIV/AIDS epidemic*. Recuperado em 11 de agosto, 2013 de file:///D:/Documents/1%20DOUTORADO/Textos/Aids/2012_1120_unaids_global_report_2012_with_annexes_en.pdf

UNAIDS/ONUSIDA (2011). *Plano Global para eliminar novas infecções por HIV/VIH em crianças até 2015 e manter suas mães vivas*. UNAID/ONUSIDA: Brasília. Recuperado em 10 de dezembro, 2011 de <http://www.unaids.org.br/biblioteca/Plano%20Global%20Eliminar%20novas%20infec%27%2F5es%20em%20crian%27as%20e%20manter%20m%2E3es%20vivas%20at%202015.pdf>

Received: July 10, 2014
Approved: May 19, 2015

Lara Brum de Calais: doctoral student in Psychology at the Universidade Federal de Juiz de Fora, Brasil.

Juliana Perucchi: PhD professor at the Department of Psychology of the Universidade Federal de Juiz de Fora, Brasil.