

Term base for nursing practices with elderly women with HIV/AIDS

Banco de termos para a prática de enfermagem com mulheres idosas com HIV/aids

Banco de términos para la práctica de enfermería con mujeres mayores con VIH/SIDA



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ABSTRACT

The aim of this study was to create a term base for nursing practices with elderly women with HIV/AIDS. This documental descriptive research was conducted at the Universidade Federal de Paraíba, from August 2012 to July 2013, based on a list of terms from the Integrated Plan to Combat the Feminization of AIDS and other STDs. These terms were cross-mapped with those of the International Classification for Nursing Practices 2011 (CIPE® 2011) and use of these terms in nursing practices was confirmed with the help of 15 participants. The base comprised 106 constant terms and 69 non-constant terms in the CIPE® 2011. Results revealed the need to reconsider nursing care for elderly women with HIV/AIDS in light of epidemiological changes in relation to aging and feminization of the disease. The term base will support the construction of more appropriate wording for nursing diagnoses, results and interventions for elderly women with HIV/AIDS.

Keywords: Nursing. Aging. Women's health. Nursing processes. Acquired immunodeficiency syndrome.

RESUMO

Objetivou-se elaborar um banco de termos para a prática de enfermagem com mulheres idosas com HIV/aids. Pesquisa descritiva documental realizada na Universidade Federal da Paraíba, de agosto/2012 a julho/2013, com base em uma lista de termos identificados a partir do "Plano Integrado de Enfrentamento da Feminização da Epidemia da aids e outras DSTs". Realizaram-se o mapeamento cruzado desses termos com os da Classificação Internacional para a Prática de Enfermagem 2011 e a confirmação de utilização desses termos na prática de enfermagem com 15 participantes. O banco foi constituído por 106 termos constantes e 69 termos não constantes na CIPE® 2011. Destaca-se a necessidade de reflexão acerca da assistência de enfermagem à mulher idosa com HIV/aids diante da mudança epidemiológica frente ao envelhecimento e à feminização da epidemia. O banco de termos contribuirá para a construção de enunciados de diagnósticos, resultados e intervenções de enfermagem para mulheres idosas com HIV/aids.

Palavras-chave: Enfermagem. Envelhecimento. Saúde da mulher. Processos de enfermagem. Síndrome da imunodeficiência adquirida.

RESUMEN

El objetivo era desarrollar una base de datos de términos para la práctica de enfermería con las mujeres mayores con VIH/SIDA. Investigación descriptiva documental realizada en la Universidad Federal de Paraíba, entre agosto/2012 a julio/2013, basada en una lista de los términos identificados del "Plan Integral de Lucha contra la feminización epidemia del SIDA y otras enfermedades de transmisión sexual." Había mapeo cruzado de términos con Clasificación Internacional para la Práctica de Enfermería 2011 y confirmación del uso de estos términos en práctica de enfermería con 15 participantes. El banco consta de 106 términos constantes y 69 términos no constantes, en la ICNP®2011. Se incitan reflexiones sobre cuidados de enfermería a mujer de edad avanzada con VIH/SIDA en el cambio epidemiológica del envejecimiento y feminización de epidemia. El banco de términos contribuirá con la construcción de diagnósticos, resultados e intervenciones de enfermería para mujeres mayores con VIH/SIDA.

Palabras clave: Enfermería. Envejecimiento. Salud de la mujer. Procesos de enfermería. Síndrome de inmunodeficiencia adquirida.

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■ INTRODUCTION

The multitude of factors that modulate the Acquired Immunodeficiency Syndrome (AIDS) lack uniformity and mostly address cases between heterosexual men, women and more vulnerable members of society - characterized as "heterosexualizing", "feminizing" and "pauperizing" of the epidemic⁽¹⁾.

Changes in the clinical course of the disease, resulting from universal and free access to treatment, include AIDS in the category of chronic conditions. Increased life span, the progressive socialization of aging and changes in the sexual behaviour and exposure of the elderly population have increased the chances of HIV infection. In this context, the "feminization" of the disease has been observed among the elderly⁽²⁾.

In Brazil, 16,227 cases of AIDS among people aged 60 or over were registered in the Notifiable Diseases Information System (SINAN) and declared in the Mortality System (SIM) between 1980 and 2010. In this age group, the incidence rate in 1998 was 4.9 and reached 7 cases for every 100 thousand inhabitants in 2010. In relation to gender, the incidence rate jumped from 7.5 to 9.4 cases per 100 thousand inhabitants among men and from 2.8 to 5.1 cases per 100 thousand inhabitants among women⁽³⁾.

This shows the need to create further awareness among healthcare professionals and to reinforce compliance with the guidelines established by the Integrated Plan to Combat the Feminization of AIDS and other STDs, which targets the implementation of actions that promote sexual and reproductive health and rights at federal, state and local levels⁽⁴⁾.

The role of nurses is to implement public policies, provide care and create awareness among users in relation to healthcare and disease prevention for a better quality of life. Consequently, they require a classification system for nursing practices to help them describe and communicate their practices in a standard language, based on the International Classification for Nursing Practices (CIPE®), which is considered one of the classification systems that allows the creation of a universal language⁽⁵⁾.

The framework of this classification system is based on the Seven Axes Model that contains terms that should be used in the verbal communication of nursing diagnoses, interventions and results. These axes are: Focus - the core focal point for nursing; Judgement - clinical opinion related to the nursing practice focus; Means - way of executing an intervention; Action - the intentional process applied to a client; Time - point, period, interval or duration of an event; Location - anatomical or spatial orientation of a diagnosis

or intervention; and Client - subject to whom the diagnosis refers and beneficiary of a nursing intervention⁽⁶⁾.

There are no specific classifications for all nursing practice areas, but the International Council of Nurses (ICN) must collect and code terms used in Nursing for clients and specific areas in order to organize and create a sub-set of terms defined as a set of nursing diagnoses, results and intervention word groups⁽⁶⁾.

Consequently, this study was guided by the following question: Do the terms of the Integrated Plan to Combat the Feminization of AIDS and other STDs allow the creation of a term base for nursing practices with elderly women with HIV/AIDS? The aim of this study was to create a term base for nursing practices with elderly women with HIV/AIDS based on the Integrated Plan to Combat the Feminization of AIDS and other STDs.

■ METHOD

This descriptive documental study was conducted at the Universidade Federal de Paraíba from August 2012 to July 2013, based on compliance with adapted methodological procedures of terminology studies⁽⁷⁾.

For this study, the following steps were considered: 1 - Identification and evaluation of specialized documentation; 2 - Outline of the thematic field for terminology analysis; 3 - Confirmation of term use in the professional practices of collaborating nurses and researchers; 4 - Cross-mapping of identified terms with terms of the CIPE® 2011⁽⁸⁾; 5 - Distribution of terms according to the Seven Axes Model of the CIPE® 2011.

The Integrated Plan to Combat the Feminization of AIDS and other STDs was read to identify and assess specialized documentation and relevant terms for nursing practices, and to outline the thematic field of terminology analysis. The document was read and all the terms were subsequently collected. The identified terms were semantically analyzed based on the problem of elderly women with HIV/AIDS, pertinent literature reviews and terms in the CIPE® 2011. The terms were divided into simple, nouns, verbs, adverbs and adjectives to generate a terms list that was later submitted to a normalization and uniformity process that included removing repetitions, correcting typos, synonymy analysis, gender adaptations, and counting the number of terms.

Use of the identified terms in nursing practices was confirmed as follows: The terms identified in the document were included in a data collection instrument that contained a field to evaluate their use in nursing practices, and a field for comments of the study participants. These terms were assessed by a group of 15 collaborating nurses/

researchers that were selected according to criteria established for this study. Selection criteria for the study participants were attending nurses of the HIV/AIDS and/or elderly patient area; researchers and/or nurses with master's or doctoral degrees practicing in the area of HIV/AIDS, the elderly and/or CIPE®.

The data collection instrument was distributed among the 15 participants. This number of participants was established after contacting the head of the nursing department at the university, who identified nurses/researchers that complied with the criteria of this study. A total of 10 data collection instruments with term assessments were received.

The participants were asked to mark whether they agreed or disagreed with the use of terms extracted from the document to construct nursing diagnoses/results and interventions for elderly women with HIV/AIDS. Following this step, the Concordance Index (CI) was calculated for each term using the following formula: $IC = NC / (NC + ND)$, where NC = concordance number and ND = discordance number⁽⁹⁾. Terms that reached a concordance index $CI \geq 0.80$ among collaborating nurses/researchers were considered useful.

For data analysis, the cross-mapping technique was used to compare information between terms with $CI \geq 0.80$ and terms from the CIPE® 2011. A database in Word® was created and transferred to Excel® spreadsheets to then be transferred to Access for Windows 2010®. In Access®, two Excel® spreadsheets were used for crossing terms, namely the database with terms of the study and of the CIPE® 2011. A consult design was created for crossing the terms of the database and the terms of the CIPE® 2011. Join properties were configured for this consultation, requesting that all database terms be crossed with the terms in the CIPE® 2011. As a result, constant and non-constant terms in the CIPE® 2011 were obtained and distributed according to the Seven Axes Model.

This study is connected to the research project "*Vulnerabilidades individual, social e programática ao HIV/aids: articulando saberes, modificando fazeres*" ("Individual, social and programmatic vulnerabilities to HIV/AIDS: articulating knowledge, modifying actions") approved by the Ethics Committee under number 612/10. It was conducted in accordance with requirements of resolution 196/1996 of the National Health Council, which was revoked by resolution 466/2012 on June 13, 2013⁽¹⁰⁾.

■ RESULTS

Of the 175 identified terms, 106 were constant and 69 were non-constant in the axes of the CIPE® 2011, as shown in Figure 1.

Figure 2 shows the term base for nursing practices with elderly women with HIV/AIDS distributed by axis as constant or non-constant in the CIPE® 2011.

■ DISCUSSION

Results showed that most of the terms in the CIPE® 2011 are in the Focus axis, followed by the Action axis. This finding is important given that terms of the focus and judgement axes are necessarily used to construct nursing diagnoses and results, with the optional use of terms of the other axes, and that terms from the axes action and focus are necessarily used for the construction of nursing interventions, with the optional use of terms of the other axes, with the exception of judgement, which should not be used when constructing interventions⁽¹¹⁾.

The Seven Axes Model is used to facilitate the composition of statements, organized into significant groups, that allow quick access to sets of pre-established nursing diagnoses, intervention and results wording sets that make up the terminology sub-sets of the CIPE®⁽¹¹⁾.

Some of the terms in the CIPE® 2011 deserved special attention, as they were mentioned in literature on aging, feminizing and vulnerabilities of HIV/AIDS that could be relevant to the nursing practice. In the focus axis, the term "access to treatment" resulted from a division of the expression "Promoting the rights of STD/HIV/AIDS treatment" from which the term "patient rights" was also obtained. Access to treatment is considered a right of patients and the fundamental role of nurses is to promote or help individuals who seek their assistance to obtain this access through their care practices⁽¹²⁾.

The term "knowledge of healthcare" can be considered a factor of individual vulnerability to HIV infection. Important findings of studies conducted with women reveal that the lack of knowledge on the ways of transmission and prevention of HIV is the most important vulnerability factor for virus contamination. With the elderly, lack of information and low perception of the risk of HIV are revealed by words that express little knowledge on AIDS and the failure to perceive the possibility of getting the disease⁽²⁾. Studies pinpoint low schooling among elderly women with HIV/AIDS and identify a lack of knowledge on the forms of infection and prevention of sexually transmitted diseases⁽¹³⁻¹⁵⁾.

The term "sexual behaviour" of the axis focus and the diagnosis concept "knowledge on sexual behaviour" are relevant for professional practices in relation to HIV/AIDS infections among elderly women. Considering the term "knowledge on sexual behaviour", it was observed that seropositivity among the elderly exposes that which is hidden

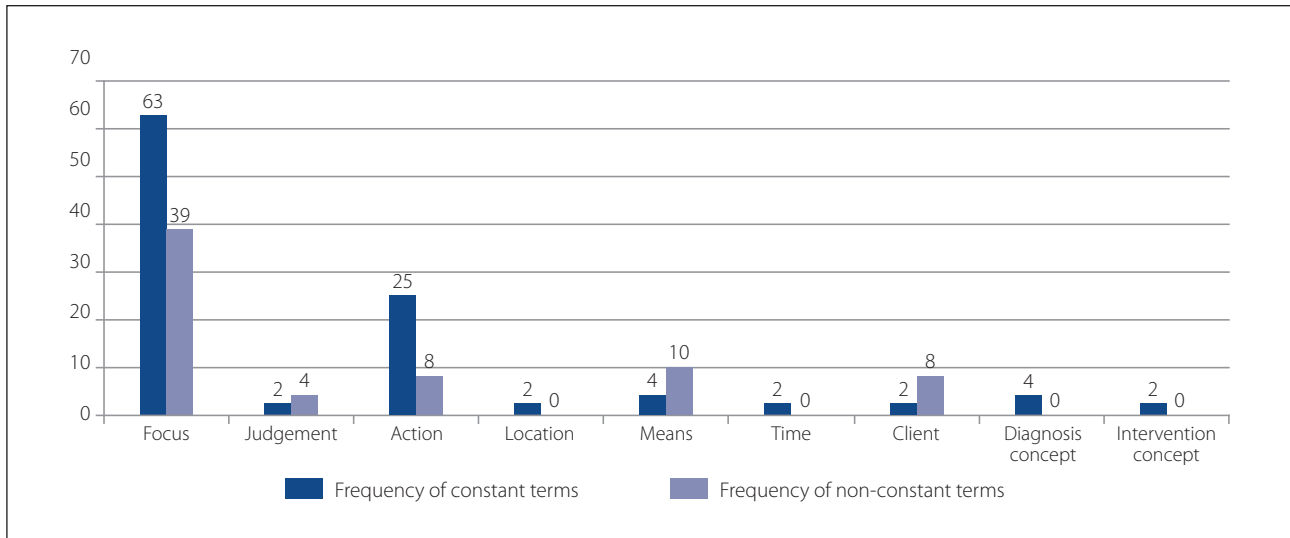


Figure 1. Frequency of constant and non-constant terms in the CIPE® 2011. João Pessoa, Brazil, 2014.

Source: Integrated Plan to Combat the Feminization of AIDS and other STDs, 2009.

and impairs debate on the exercise of sexuality and HIV prevention, especially due to the belief that when individuals age, they become asexual, which eliminates the risk of HIV infection. This erroneous view of society and healthcare services can compromise any approach related to sexuality among the elderly⁽¹²⁾. Among the elderly, the idea that AIDS is a disease for high-risk groups and the fact that healthcare services rarely address the topic of sexuality and sexually transmitted diseases among the elderly may enforce the idea that diseases target specific groups of the population.

In relation to aging and HIV/AIDS, the term “discrimination”, considered a belief that hinders any advancements, partiality or prejudice toward a group with common attributes⁽¹⁰⁾, becomes vitally important. In relation to elderly women, society tends to judge who should and should not be sexually active based on the age of individuals^(2,12). There is some prejudice and discrimination in relation to individuals with HIV, which forces them to remain silent about their condition to preserve their relationships. Withal, this anonymity can be negative because it deprives these individuals of their social and healthcare rights⁽¹⁶⁾.

The perception of “fear” and “death” in the context of HIV/AIDS is common among the elderly. The terms “fear” and “death” constitute factors of social vulnerability and are closely related to the fact that the elderly, when confronted with HIV/AIDS, fear immediate death or even associate the disease to imminent death and ignore the possibility of prevention and treatment⁽¹⁷⁾.

The terms “gender relationship” and “power relationship” were considered synonymous of “gender role” of the CIPE®

2011. The latter term is defined as being the role of individuals when interacting according to the identity of belonging to a given sex or gender, and interiorizing the expectations of individuals and society toward the appropriate or inappropriate behaviour of men and women who express these expectations in the form of behaviour or values. In the female context, the asymmetric relationship of gender and power are vulnerability factors of HIV, where gender relationships permeate the perception of risk and the decision to adopt measures that prevent the sexual transmission of HIV, and where men are responsible for adopting STD prevention measures. Elderly women are vulnerable to HIV/AIDS because they attribute the risk of HIV/AIDS infection to young people, which reveals a low perception of their own risk and vulnerability in relation to HIV⁽²⁾.

In the action axis, the expression “prevention strategies” replaced by the term “prevent” is essential for nursing practices related to HIV/AIDS and defines prevention strategies that can be used in healthcare practices as one of the paths to prevention. Most elderly women know that the use of preservatives can protect them from HIV transmission, but they do not adopt this measure due to cultural issues and consider the preservative as a contraceptive method rather than as a method to prevent infection. A probable explanation is that, as they are already in the post-menopause period and do not run the risk of pregnancy, they believe they do not need protection and do not persuade their partners to use preservatives⁽¹²⁾.

Some terms were not included in the CIPE® 2011 despite their importance in the context of elderly women

| CIPE® 2011 AXIS | CONSTANT TERMS | NON-CONSTANT TERMS |
|----------------------|--|---|
| Focus | Abuse, Sexual abuse, Access, Access to treatment, Adherence, Moral anguish, Family support, Social support, Learning, Attention, Attitude, Self-care, Self-esteem, Autonomy, Behaviour, Sexual behaviour, Social condition, Confidentiality, Knowledge, Healthcare knowledge, Control, Spiritual belief, Growth, Care (caring for), Diagnosis and Result, Dignity, Patient Rights, Discrimination, Cultural diversity, Collateral effect, Coping, Environmental entity, Stigma, Exposure to contamination, Incidence of disease, Infection, Cross-infection, Social isolation, Injury, Fear, Death, Need, Need for care, Gender role, Prevention role, Policy, Healthcare policy, Decision-making process, Psychological process, Sexual process, Medication regime, Affinity, Sexual relationship, Relationship, Income, Family income, Response to treatment, Health, Symptom of infection, Suffering, Violence. | Reception, Aggravation, Biological and physiological aspects, Affectivity, Citizenship, Commitment, Social and economic condition, Life context, Care, Physical harm, Sexual harm, Defence of rights, Diagnosis, Sexual difference, Empowerment, Epidemic, Vulnerability factor, Feminizing AIDS, Fragility, Freedom, Sexual orientation, Prevalence, Protection, Quality of life, Public health, Sex, Sexuality, Serological status, Transmission, Heterosexual transmission, Blood transmission, Sexual transmission, Life, Health inspection, Human Immunodeficiency Virus, Seropositive, Living, Living with HIV/AIDS, Vulnerability. |
| Judgement | Presence or absence, Positive or Negative. | Integrated, Integral, Healthy, Vulnerable. |
| Action | Action, Counsel, Analyze, Apply, Support, Assure, Assist, Patient activity, Collaborate, Consult, Control. Develop, Distribute, Refer, Interpret, Minimize, Notify, Anticipatory orientation, Participation, Prevention of contamination, Prevent, Promote, Protect, Request, Treat. | Follow-up, Adopt, Extend, Share, Provide, Confront, Reduce, Use. |
| Location | Body, Healthcare unit. | In this axis, the identified terms are included in the CIPE® 2011. |
| Means | Drug, Learning material, Health promotion service, Healthcare service. | STD/HIV/AIDS diagnosis input, STD/HIV/AIDS prevention input, STD/HIV/AIDS prophylaxis input, STD/HIV/AIDS treatment input, Preservative, Female preservative, Male preservative, Reference service, Unified Healthcare System, Anti-retroviral treatment. |
| Time | Menopause, Situation. | In this axis, the identified terms are included in the CIPE® 2011. |
| Client | Family, Elderly. | Carer, Multi-professional team, Individual, Husband, Wife, Sexual active woman, Partner, User. |
| Diagnosis concept | Alcohol abuse, Knowledge of sexual behaviour, Risk of infection, Risk of violence. | In this axis, the identified terms are included in the CIPE® 2011. |
| Intervention concept | Collecting cervical tissue (cervical cancer prevention test), Obtain data on acceptance of the health condition. | In this axis, the identified terms are included in the CIPE® 2011. |

Figure 2. Term base for nursing practices with elderly women with HIV/AIDS. João Pessoa, Brazil, 2014.

Source: Integrated Plan to Combat the Feminization of AIDS and other STDs, 2009.

with HIV/AIDS. These terms are “reception” and “care” that mainly focus on nursing practices. When providing care to carriers of HIV/AIDS, reception is a basic action for providing humanized and dignified care, and it is based on knowing the needs of each female carrier of HIV/AIDS. These terms were not identified in CIPE® 2011, but use of these terms is considered relevant for the construction of nursing interventions that target elderly women with HIV/AIDS.

The term “vulnerability factor” was mentioned in studies on HIV/AIDS and elderly women in light of implicit aspects in the lives of these women. Some factors are mentioned in literature as being conditions that contribute to the vulnerability of HIV/AIDS⁽¹⁸⁾. In the context of elderly women, these factors include trust in the stable relationship as a form of prevention^(2,19-20); the gender relationship as a relationship of power; difficulties in negotiating use of preservatives⁽¹⁹⁾; unperceived susceptibility of elderly women to HIV/AIDS; the mistaken idea that the elderly are asexual⁽¹²⁾; prejudice and stigma in relation to old age⁽¹²⁾; the association of vulnerabilities and promiscuity^(2,20); and the lack of appreciation of HIV prevention among women in this age group⁽²⁰⁾. The term “vulnerability” is therefore inserted as an aspect that can be the focus of nursing practices to diagnose a situation in which women are vulnerable to HIV infection.

This study revealed the importance of these terms for the construction of nursing diagnoses, results and interventions for elderly women with HIV/AIDS. Confirming the meaning and use of terms in professional healthcare practices was an essential stage for the development of this study. The subsequent construction of nursing diagnoses, results and interventions can support the nursing care provided to elderly women with HIV/AIDS.

■ CONCLUSIONS

In accordance with the objective of this study, a term base was presented for nursing practices with elderly women with HIV/AIDS. The term base can be used to construct nursing diagnoses, results and interventions for elderly women with HIV/AIDS.

The base contained 106 constant terms and 69 non-constant terms in the CIPE® 2011. This study revealed the importance of identifying terms in an international classification based on reality and confirmed in relation to their use in the practices of professionals who provide care for elderly women with HIV/AIDS. This fact also reveals the possibility of using CIPE® as a support tool for nursing practices.

In this study, one of the main difficulties was conducting research using the document “Integrated Plan to Combat the Feminization of AIDS and other STDs”, because it does not specifically target elderly women and barely considers this age group in the planning of healthcare actions. This impaired the selection of specific terms for elderly women and created the challenge of identifying elderly women, with all their specificities, within the context of coping with HIV/AIDS.

Consequently, further discussion should include the forms of nursing assistance for elderly women with HIV/AIDS in light of the epidemiological changes of this disease in relation to aging and the tendency to feminize the epidemic.

The importance of building nursing diagnoses, results and interventions for these women based on a term base created with the help of collaborating nurses/researchers is therefore reinforced, considering that professionals involved with the issue of aging and HIV/AIDS can more easily perceive the healthcare needs of elderly women in terms of preventing infection and are more familiar with the care strategies required for coping with HIV/AIDS.

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