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REVIEW ARTICLE

Sexual and reproductive health of women living with HIV/AIDS: an integrative review

Saúde sexual e reprodutiva de mulheres com HIV/aids: revisão integrativa

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ABSTRACT

Objective: this study aimed to assess the care provided to women living with HIV/AIDS with a focus on sexual and reproductive health. **Methodology:** integrative review of the literature obtained from CINAHL, LILACS and PubMed databases, searched on May 20, 2021. The theoretical framework of vulnerability was adopted for discussion. **Results:** 25 primary studies published from 2002 to 2021, in Portuguese or English and conducted in Africa, America, Asia, Australia and Europe were included. The studies were sorted into three groups by similarity, as follows: women's experiences in health services, adherence to treatments proposed by the teams, and health worker experiences regarding these women's care. **Conclusion:** the fragility of the care provided to women with HIV/AIDS was evidenced due to the health workers' lack of preparation in providing guidance free of prejudice or stigmas about sexual and reproductive rights. This result stresses the need for continuing education and policies that strengthen comprehensive care for these women.

Descriptors: Women; HIV Infections; Sexual Health; Reproductive Health; Family Planning (Public Health).

RESUMO

Objetivo: avaliar a assistência prestada às mulheres vivendo com HIV/aids, focando a saúde sexual e reprodutiva. **Método:** revisão integrativa, cuja busca foi realizada no dia 20 de maio de 2021, nas bases de dados CINAHL, LILACS e PubMed. Adotou-se o referencial teórico de vulnerabilidade para discussão. **Resultados:** incluíram-se 25 estudos primários publicados de 2002 a 2021, nos idiomas português e inglês, e desenvolvidos nos continentes africano, americano, asiático, australiano e europeu. Os estudos foram agrupados em três grupos, por semelhanças: experiências das mulheres nos serviços de saúde, adesão aos tratamentos propostos pelas equipes e experiências dos profissionais frente ao cuidado destas mulheres. **Conclusão:** evidenciou-se a fragilidade da assistência prestada às mulheres com HIV/aids, devido ao despreparo dos profissionais em realizar orientações livres de preconceito ou estigmas sobre os direitos sexuais e reprodutivos. Salienta-se a necessidade de educação permanente e de políticas que fortaleçam o cuidado integral a essas mulheres.

Descritores: Mulheres; Infecções por HIV; Saúde Sexual; Saúde Reprodutiva; Planejamento Familiar.

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INTRODUCTION

Infection by the Human Immunodeficiency Virus (HIV) has increased among women around the world, especially among those between 15 and 24 years of age. In 2018, the HIV incidence rate in women was 60% higher than in men of the same age group[1].

In Brazil, from 2007 to 2018, 247,795 cases of HIV infection were reported in the Information System for Notifiable Diseases (SINAN, by its Portuguese acronym), 169,932 in men and 77,812 in women. Although the number of notifications is higher in males, the latest bulletin reports a gradual increase in HIV infection in women during this period[2].

The increase in HIV infection in women is attributed to female vulnerability, portrayed by the marginalization of this group regarding health actions aimed at the HIV-positive population. Currently, for this group, actions are restricted to identifying pregnant women with HIV[3].

The Comprehensive Women's Health Assistance Program (PAISM, by its Portuguese acronym) created in 1984, expanded issues relating to women's care beyond the biological perspective, in which their social role was centered on reproduction and health care directed only to prenatal care, childbirth and puerperium[4]. In 2004, PAISM included family planning and specifically targeted sexual and reproductive health in the provided care, regardless of age or gender[4].

Sexual health is defined as the right to express sexuality through adequate and safe choices, dealing with situations of violence, and gaining access to information related to the prevention of sexually transmitted infections (STIs) and unwanted pregnancy, while respecting individuality and free from prejudice[5]. In turn, reproductive health is defined as a set of actions taken by women, men or families aimed at expressing the desire to have children or not, planning the number and interval between pregnancies and choosing the most adequate contraceptive method[6].

Sexual and reproductive health (SRH), in the context of HIV/AIDS, is evidenced by several paradigm shifts associated with stigmatization and social prejudice[7]. The ideal scenario is that HIV-positive people have the right to health services and family planning with responsibility and respect for their choices of sexual and reproductive practices, without discrimination or prejudice[2].

From this perspective, to understand HIV infection and reduce the stigma and prejudice caused by risk group or behavior classification, the concept of vulnerability was adopted This concept considers the health-disease process resulting not only from individual factors but from the intertwining of material, psychological, cultural, moral, legal and political conditions that can direct knowledge and practices in health care[8].

In the conceptual representation of vulnerability, the three components individual, social and programmatic are considered. Individual vulnerability concerns the quality of information on a given subject and the actions in situations based on the information received. In the social component, the behaviors will depend on the information received, health care services, education, culture and work. The programmatic dimension is characterized by government actions, such as health care programs, policies and services available to the population[8].

Health workers must, therefore, provide information, guidelines and a healthy environment to discuss decisions related to the desire to become pregnant and the use of contraception; moreover, they must provide opportunities for a safe sexual and reproductive life as well as provide information about sexuality, sexual autonomy and self-knowledge[2].

The literature includes recent studies on SRH in women with HIV, especially in developing countries, such as in the African continent[9]. The results of these studies reveal the need to discuss and analyze the care provided to these women and their vulnerabilities in other contexts and scenarios, thus transcending the usual concern only with prenatal care and vertical transmission during pregnancy and childbirth.

Therefore, the aim of this study was to evaluate the care provided to women living with HIV/AIDS with a focus on sexual and reproductive health.

METHODOLOGY

The present study is an integrative review, defined as the joining and synthesis of studies related to a given topic based on a search in the scientific literature. Subsequently, the results are analyzed in an organized manner, thus providing new reflections and contributing to the practice of evidence-based nursing[10].

An integrative review is conducted according to six stages, namely: 1 – preparing the guiding question or research theme; 2 – searching or sampling the literature for articles relevant to the chosen subject; 3 – classifying and organizing the studies found; 4 – critical analysis of the selected studies; 5 – discussion of results; and 6 – compiling the acquired knowledge[10].

Regarding the first stage, the PCC[11] strategy was used, which corresponds to Population, Concept, and Context, to help define the following guiding question of this research: "What evidence is available in the scientific literature on the care, especially that regarding sexual and reproductive health, given to women living with HIV/AIDS?.

In the second stage, the following electronic databases were searched: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Literatura Latinoamericana y

del Caribe en Ciencias de la Salud (LILACS), and National Library of Medicine at the National Institutes of Health (PubMed).

The search strategy was adapted for each of the databases, using DeCS/MeSH descriptors and keywords (controlled and uncontrolled descriptors), combined with the Boolean operators AND and OR, as shown in Table 1.

Table 1. Search strategies, according to selected databases, 2021.

Database	Search strategies
CINAHL	*("sexual and reproductive health" OR "family planning services") AND ("women") AND ("hiv infections")*
LILACS	*tw:(("sexual AND reproductive health" OR "salud sexual y reproductiva" OR "saúde sexual e reprodutiva" OR "family planning" OR "planificación familiar" OR "planejamento familiar") AND ("women" OR "mujeres" OR "mulheres") AND ("hiv infections" OR "infecciones por vih" OR "infecções por hiv")) AND (db:("LILACS"))*
PubMed	*("sexual and reproductive health"[All fields] OR "family planning services"[MeSH Terms] OR "family planning services"[All fields]) AND ("women"[MeSH Terms] OR "women"[All fields]) AND ("hiv infections"[MeSH Terms] OR "hiv infections"[All fields])*

Source: Survey data, 2021.

The search was carried out on April 27, 2020, and updated on May 20, 2021. The EndNote Web bibliographic reference manager was used to remove duplicates. The studies were selected using the Rayyan tool with three reviewers; the first and second reviewers read all the titles and abstracts individually and independently, while the third reviewer settled any disagreements. The articles selected in this title and abstract reading stage were subsequently read in full using the same selection criteria, by the three reviewers.

Studies about the care provided to women living with HIV/AIDS with a focus on SRH were included, published up to the date of the search in Portuguese, English, and Spanish. The following exclusion criteria were adopted: (1) did not address factors of care provided to women living with HIV/AIDS; (2) did not specifically address SRH in adolescents and adult women; (3) did not provide the full text; (4) specific types of publications, such as letter to the editor, editorial, monographs, course conclusion papers, theses, dissertations, abstracts, books, review articles, theoretical articles, experience reports, case studies and abstracts published in annals of scientific events. In the case of studies that did not include the full text in digital media, the authors were contacted to obtain access to the manuscript.

In the third phase - characterized by data collection - an instrument adapted from another study was used to synthesize the information from the selected articles[10] and standardize the information collected reliably, namely by area of concentration, country where the study was developed, year of publication, language, objective, level of evidence, methodological aspects and main results.

In the fourth phase consisting of critical analysis of the articles included, the studies were organized according to the level of evidence and main findings. The level of evidence of the studies was defined through the classification used for evidence-based practice, consisting of level 1: evidence resulting from a meta-analysis of multiple randomized controlled clinical trials; level 2: evidence from individual studies with experimental design; level 3: evidence from quasi-experimental studies; level 4: evidence of descriptive (non-experimental) studies or with a qualitative approach; level 5: evidence from case reports or from experience; level 6: evidence based on opinions of specialists[10].

In the fifth phase, the results obtained were discussed through the interpretation and synthesis of data and the theoretical framework of vulnerability[8]. In the sixth and final phase, a synthesis of the articles included in this study was presented.

RESULTS

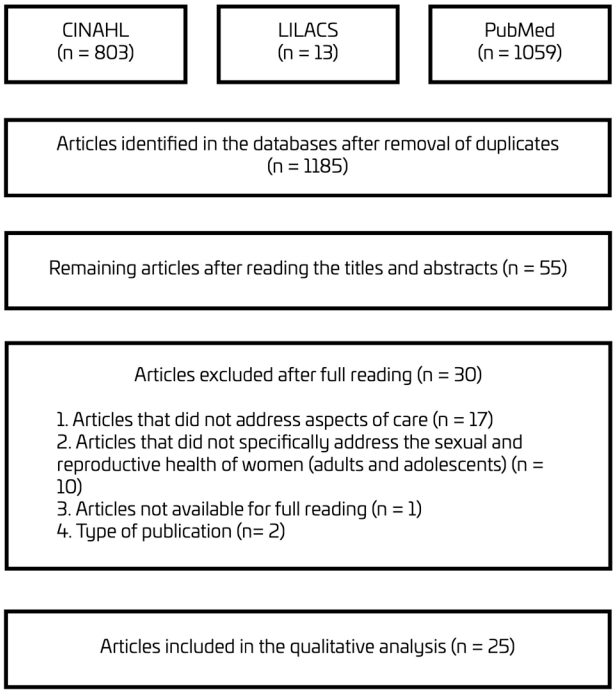
In all, 1,875 references were obtained from the four databases. After removing duplicates, 1,185 references were submitted to the reading of titles and abstracts, of which 55 were selected for full-text reading. After excluding the references according to the exclusion criteria, 25 studies remained in this review, as shown in Figure 1.

The 25 studies included[12-36] cover different sub-areas of health science fields. They were developed in Africa, America, Asia, Australia, and Europe and published between 2002 and 2021. Only one study (n = 1)[12] was published in Portuguese; the others (n = 24) were in English. The characterization of the included studies is presented in Table 2.

In terms of methodology of the publications, most studies had a qualitative and descriptive approach – classified as level of evidence 4 –, and primarily used interviews and questionnaires for data collection.

Regarding objectives, the studies could be divided into three groups by similarities. The first group explored the experiences of women with HIV in health services in

Figure 1. Flowchart of selected articles, published until May 20, 2021, based on the inclusion and exclusion criteria.



Source: Survey data, 2021.

terms of barriers and challenges[12,16,22,24,26-27,34], reproductive trajectories[19,33,35-36], HIV as the influencer of the care received[23,32] and improvements of the provided care[25,30].

The second group consisted of studies that assessed adherence to treatments proposed by health care teams[13,17,28-29,31]. The third group contained studies that reported the experiences of service professionals regarding the care of HIV-positive women considering SRH[14-15,18,20-21]. Table 3 shows the main results from the analyzed studies.

DISCUSSION

The number of articles selected to compose the sample of this integrative review (n = 25) demonstrates the relevance of the topic studied and reinforces the importance of investigations that synthesize the knowledge currently produced about the care provided to women living with HIV/AIDS, regarding SRH.

All analyzed articles are in the area of health sciences, but with a higher concentration in the sub-areas that focus on women's health[14,16,20,26,30,32,34-35] and STI[18,22-25,27], indicating that studies have been developed in different fields of knowledge. However, it is noteworthy that no study contemplated the role of nursing.

Table 2. Characterization of studies included in the integrative review (n = 25), 2021.

Author(s), year of publication	Sub-area of knowledge	Country (continent)	Method and type of study	Survey participants	Procedure for data collection
Santos et al., 2002[12]	*Public health*	*Brazil (America)*	Qualitative, exploratory	Women	*Interviews*
Ibrahim et al, 2009[13]	*FPS*	*United Kingdom (Europe)*	Quantitative, descriptive	Women	*Medical record analysis*
Felix et al., 2010[14]	*Gynecology / women's health*	*United States of America (America)*	Quantitative, descriptive	HSP	*Questionnaire*
Hayford et al., 2010[15]	*FPS*	*Mozambique (Africa)*	Qualitative, descriptive	HSP	*Interviews*
Matthews et al, 2012[16]	*Gynecology and Obstetrics*	*KwaZulu-Natal (Africa)*	Qualitative, descriptive	Women	*Interviews*
Messersmith et al., 2012[17]	*Reproductive Medicine*	*Vietnam (Asia)*	Quantitative, descriptive	Women	*Interviews*
Schaan et al., 2012[18]	*AIDS/STI*	*Botswana (Africa)*	Quantitative, analytical	HSP	*Questionnaire*
Kendall, 2013[19]	*Social services*	*Mexico (America)*	Qualitative, descriptive	Women and HSP	*Interviews*
Laar, 2013[20]	*Gynecology*	*Ghana (Africa)*	Quantitative, descriptive	HSP	*Questionnaire and interviews*

Continue...

Table 2. Continuation.

Author(s), year of publication	Sub-area of knowledge	Country (continent)	Method and type of study	Survey participants	Procedure for data collection
Moodley et al., 2014[21]	*Medicine*	*Cape Town (Africa)*	Qualitative, descriptive	HSP	*Interviews*
Van Dijk et al., 2014[22]	*AIDS*	*Mexico (Central America)*	Qualitative, descriptive	Women	*Interviews*
Kendall, Albert, 2015[23]	*HIV/AIDS*	*El Salvador, Honduras, Mexico, Nicaragua (America)*	Quanti-Qualitative, descriptive	Women	*Questionnaire*
Matthews et al., 2015[24]	*AIDS*	*KwaZulu-Natal (Africa)*	Qualitative, descriptive	Women	*Interviews*
Saleem et al., 2015[25]	*AIDS/STI*	*Tanzania (Africa)*	Qualitative, descriptive	Women and HSP	*Interviews and observation*
Ahumuza et al., 2016[26]	*Gynecology*	*Uganda (Africa)*	Qualitative, descriptive	Women	*Focus group and interviews*
Colombini et al., 2016[27]	*AIDS*	*Kenya (Africa)*	Quanti-qualitative, descriptive	Women	*Questionnaire and interviews*
Joshi et al., 2016[28]	*Medicine*	*India (Asia)*	Quantitative, analytical	Women	*Questionnaire*
Stewart et al, 2016[29]	*FPS*	*Oceania (Australia)*	Quantitative, transversal	Women	Medical record analysis
Mwalabu et al., 2017[30]	Gynecology	Malawi (Africa)	Qualitative, descriptive	Women, HSP and family	*Interviews*
Sofolahan-Oladeinde et al., 2017[31]	Public health	Nigeria (Africa)	Qualitative, descriptive	Women	Interviews
Tanner et al., 2018[32]	Perinatology	United States of America (America)	Quanti-Qualitative, descriptive	Women and HSP	*Interviews*
Yam et al., 2020[33]	Medicine	Tanzania (Africa)	Quanti-Qualitative, cross-sectional	Women and HSP	*Interviews, questionnaire and observation*
O'Brien et al., 2020[34]	Gynecology / women's health	Canada (America)	Quantitative, longitudinal	Mulheres	Questionnaire
Nabirye et al., 2020[35]	Gynecology	Uganda (Africa)	Quantitative, cross-sectional	Women	Questionnaire
Kassie et al., 2021[36]	Medicine/ African traditional medicine	Ethiopia (Africa)	Quantitative, cross-sectional	Women	Questionnaire

* Family Planning Services (FPS); Health Services Professionals (HSP).

Source: Survey data, 2021.

Table 3. Synthesis of studies on care provided to women living with HIV/AIDS, with a focus on sexual and reproductive health (n=25), 2021.

Author(s), year of publication	Main results
Santos et al., 2002[12]	*Women report better reception at the HIV reference service, but they do not address aspects of the SRH; in this regard, they preferred professionals with whom they had a bond.*
Ibrahim et al., 2009[13]	*They showed an association between lower CD4 counts and cervical disease, and, therefore, the importance of cervical surveillance and cervical cancer screening in women with HIV.*
Felix et al., 2010[14]	*Professionals refer an HIV-positive woman to another provider for treatment, even if their behavior was different, depending on the institutional bond (private or public).*
Hayford et al., 2010[15]	*Professionals have misunderstandings about HIV and are skeptical about advice that should be given to people with HIV.*
Matthews et al., 2012[16]	*Professionals are recognized to obtain periconceptional information but rarely consulted for conceptional advice.*
Messersmith et al., 2012[17]	*Women are advised by services and family members to abstain from sex and, when pregnant, some of them are advised to have an abortion.*
Schaan et al., 2012[18]	*Little knowledge on the part of professionals about SRH, in addition to discriminatory attitudes and practices.*
Kendall, 2013[19]	*SRH care for women with HIV focuses on condom use. Reproductive desires are not addressed and there is pressure to accept contraceptive methods due to the infection.*
Laar, 2013[20]	*Lack of knowledge on the part of professionals regarding the reproductive rights of women with HIV.*
Moodley et al., 2014[21]	*There are fragilities in care, such as lack of time to approach patients about SRH, stigma, lack of knowledge about alternative methods of reproduction for individuals with HIV.*
Van Dijk et al., 2014[22]	The results indicated that most women received limited information about pregnancy.
Kendall, Albert, 2015[23]	Pressure to sterilize is common among women with HIV, as well as abusive and coercive relationships between professional and patient.
Matthews et al., 2015[24]	Health professionals do not always assess fertility intentions and offer advice on safer conception.
Saleem et al., 2015[25]	The results point to barriers to safe conception at individual, relational, environmental, structural, and superstructural levels.
Ahumuza et al., 2016[26]	Lack of human resources and knowledge of the team, abusive and violent professional-patient relationship, lack of confidentiality of information, infrastructure, and funding.
Colombini et al., 2016[27]	Despite being an integrated SRH and HIV service, sometimes the service is fragmented.
Joshi et al., 2016[28]	The integrated care and reproductive planning services had higher demand for family planning, use of dual methods, use of condoms and reduction of unplanned pregnancies.
Stewart et al., 2016[29]	Little is discussed about sexual activity and contraception during consultations.
Mwalabu et al., 2017[30]	*Women with HIV did not consider themselves sick as family members said, and received divergent guidelines about SRH in services.*
Sofolahan-Oladeinde et al., 2017[31]	*Professional unpreparedness for SRH of women with HIV. It shows that religion has an influence in the prepartum period, while health professionals have a greater influence in the postpartum period.*
Tanner et al., 2018[32]	Most health professionals discussed information regarding preconception, STIs, and cervical cancer with the women.
Yam et al., 2020[33]	Most participants reported that the family planning content covered in the consultations was "very little".

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Table 3. Continuation.

Author(s), year of publication	Main results
O'Brien et al., 2020[34]	Women with HIV experience gaps in all types of care, especially those aimed at reproductive health.
Nabirye et al., 2020[35]	Women who receive guidelines focused on family planning are more likely to adhere to contraceptive methods after childbirth.
Kassie et al., 2021[36]	One in four women living with HIV has an unmet health need for family planning.

* Sexually transmitted infection (STI); Sexual and reproductive health (SRH).

Source: Survey data, 2021.

A significant number of studies[15-16,18,20-21,24-27,30-31,33,35-36] were conducted in African countries, which have multiple programmatic vulnerabilities associated with high numbers of STI cases compared to other regions of the world[37]. Regarding HIV infection, African and black women are more affected and vulnerable to the social, health and economic burden related to HIV infection than other population groups[37].

Regarding the aspects of SRH in women with HIV, the results show the fragility of care to this public due to the professionals' lack of preparation in providing guidance free of prejudice or stigmas about sexual and reproductive rights. When professionals address SRH, their only purpose is to prevent pregnancy. Stigma and prejudice are experienced by these women in the family and community and reinforced when they access health services - as highlighted by human rights committees[38] –, revealing the social and programmatic vulnerability of women to HIV/AIDS.

These findings are confluent among the studies, showing the urgent need for different social services and instances to focus on the issues of people living with HIV, which can be a powerful alternative for coping with vulnerabilities. The inclusion of political, legal and social factors that promote human rights for women with HIV guarantees the recognition of their rights regarding health care and, in particular, SRH[38].

The gap in professional training aimed at SRH - especially for people living with HIV[15,26] –, is the main cause of mistaken, limited or stigmatized guidelines for patients[15,17,24], such as those related to sexual abstention as a contraceptive method and abortion counseling[17]. Discussions about sexual activity and contraception between HIV-infected women of reproductive age and service professionals were identified as inconsistent. In addition, the lack of permanent education regarding family planning and the prescription of contraceptives perpetuates the lack of knowledge about the reproductive rights of individuals with HIV[19-20,24,29].

In this regard, the ongoing training of health professionals is essential to reduce the observed programmatic vulnerability[39] and further demonstrates the need to improve practices and knowledge among professionals working in SRH.

The interpersonal relationship established between professionals and patients was also a barrier to quality and effective care[15,19,23-24,26,30-31]. This vertical relationship, in addition to non-compliance with ethical principles by professionals, entails, for example, the lack of bonding with the patient[26].

In the context of people living with HIV/AIDS, the breach of professional secrecy violates the duty to keep confidential information obtained for the purposes of research and health care and causes the non-adherence or abandonment of treatment by the patient[40]. Notably, confidentiality in the health area is one of the most relevant characteristics from an ethical point of view and significantly influences the construction of a relationship of trust between health professionals and patients[41].

This relationship between women and health professionals was characterized, in some studies, in an abusive way, as they are coerced to accept a certain contraceptive method without considering their wishes [19], as demonstrated in a study, in which being HIV-positive was the central motivation for health professionals to pressure women to be surgically sterilized[23].

In this regard, a scoping review identified that the interaction between HIV patients and nurses was limited and abusive, while, in other scenarios, communication was patient-centered and cordial. The latter relationship is necessary and powerful for nursing care, as it increases the patient's confidence and willingness to follow the proposed therapeutic measures[42]. Therefore, investing in the humanization of care is crucial to reduce the programmatic vulnerability experienced by these women.

Furthermore, communication in the context of SSR is essential. The professional must be able to adapt their language to the different age groups while respecting the language differences of each patient. Care needs to be directed to women's health needs and value the differences and individualities of each woman[43].

Therefore, to improve the relationship between health professionals and patients and ensure they can talk about issues such as pregnancy, family planning and contraceptive

methods based on empathy, receptiveness, qualified listening and comprehensive care[24,30-31] become viable and necessary to provide quality care to women with HIV.

Regarding care management - a complex and multidimensional process - the model of health care networks should be considered from the perspective of holistic care[44]. This result was elucidated in one of the selected studies, where the importance of networks is highlighted due to interferences in the comprehensiveness of care, treatment adherence, and bonding[14]. Health professionals have the potential to minimize risky behavior by providing affected couples with information about HIV transmission and conception and strategies to reduce the risk of infection[16,24].

Thus, health education is an important tool to promote health for individuals and society and empower people[45]. Therefore, when a service is able to provide user-centered care, it encourages patients to make decisions, as in the case of disclosure of the HIV diagnosis[46]. However, the health professionals had difficulty in understanding what comprehensive care should involve, resulting in the fragmentation of care and patient dissatisfaction[26-27].

Thus, it is important to remember that SSR, in Brazil, is still strongly influenced by the biomedical model, which is chiefly focused on STIs[47]. Therefore, care should include more than acquired infections since it involves active and sensitive listening to aspects related to sexuality, the promotion of sexual health, coping with situations of sexual violence, sexual empowerment, and self-knowledge[48].

A limitation of this review was the scarcity of studies that discuss the sexual health of women with HIV/AIDS at the national level and in the field of nursing, although Brazil has made advancements in the creation and implementation of policies that consider this issue.

As a contribution of the study to health care, the review revealed important gaps and weaknesses in the field of SRH for women with HIV/AIDS, as well as sensitive factors that should be considered opportunities for the performance of multidisciplinary teams - with emphasis on nursing professionals – at different levels of care. There is a need to humanize care and relationships between women and professionals, improve communication, provide health education for patients and their families, promote permanent education for the multidisciplinary and nursing team, and ensure that the rights of these women regarding SRH are observed.

CONCLUSION

The articles that made up the sample of this review show that the health care provided to women with HIV/AIDS is focused on reproductive factors, prevention of pregnancy, and use of contraceptive methods, revealing the lack of management of health professionals in relation to sexual rights. The results revealed the gaps and fragilities related to care in SRH for HIV-positive women, such as unprepared professionals, which can be obviated through permanent education and policies that strengthen the comprehensive care of this population.

In addition, the review revealed the need for future investigations related to the sexual and reproductive health care that women receive after being diagnosed with HIV/AIDS. It is inferred that this need may be more significant in the national context since, in the present review, only one Brazilian study on health care for women with HIV/AIDS was found.

REFERENCES

1. UNAIDS. Communities at the centre: Defending rights, breaking barriers, reaching people with HIV services [Internet]. Geneva: UNAIDS; 2019 [cited 2021 dez. 11]. Available from: https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf.
2. Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais. Protocolo clínico e diretrizes terapêuticas para manejo da infecção pelo HIV em adultos [Internet]. Brasília – DF: Ministério da Saúde; 2018 [cited 2021 dez. 11]. Available from: http://www.aids.gov.br/pt-br/pub/2013/protocolo-clinico-e-diretrizes-terapeuticas-para-manejo-da-infeccao-pelo-hiv-em-adultos.
3. Lourenço GO, Amazonas MCLA, Lima RDM. Nem santa, nem puta, apenas mulher: a feminização do HIV/aids e a experiência de soropositividade. Sex., Salud Soc. (Rio J.) [Internet]. 2018 [cited 2021 dez. 11];(30):262-81. Available from: https://doi.org/10.1590/1984-6487.sess.2018.30.13.a.
4. Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Política nacional de atenção integral à saúde da mulher: princípios e diretrizes [Internet]. Brasília – DF: Ministério da Saúde; 2004 [cited 2021 dez. 11]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nac_atencao_mulher.pdf.
5. Diuana V, Ventura M, Simas L, Larouzé B, Correa M. Direitos reprodutivos das mulheres no sistema penitenciário: tensões e desafios na transformação da realidade. Ciênc. saúde colet. [Internet]. 2016 [cited 2021 dez. 11];21(7):2041-50. Available from: https://doi.org/10.1590/1413-81232015217.21632015.
6. Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Saúde sexual e saúde

reprodutiva [Internet]. Brasília – DF: Ministério da Saúde; 2013 [cited 2021 dez. 11]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/saude_sexual_saude_reprodutiva.pdf.

7. Villela WV, Monteiro S. Gender, stigma and health: reflections on prostitution, abortion and HIV/AIDS among women. Epidemiol. Serv. Saúde [Internet]. 2015 [cited 2021 dez. 11];24(3):531-40. Available from: https://doi.org/10.5123/S1679-49742015000300019.
8. Ayres JRCM, Paiva V, França Júnior I. Conceitos e práticas de prevenção: da história natural da doença ao quadro da vulnerabilidade e direitos humanos. In: Paiva V, Ayres JR, Buchalla CM. Vulnerabilidade e direitos humanos. Curitiba: Editora Juruá; 2012. p. 71-94.
9. Onono M, Blat C, Miles S, Steinfeld R, Wekesa P, Bukusi EA, et al. Impact of family planning health talks by lay health workers on contraceptive knowledge and attitudes among HIV-infected patients in rural Kenya. Patient Educ Couns [Internet]. 2014 [cited 2021 dez. 11];94(3):438-41. Available from: https://doi.org/10.1016/j.pec.2013.11.008.
10. Souza MT, Silva MD, Carvalho R. Integrative review: what is it? How to do it? Einstein (São Paulo) [Internet]. 2010 [cited 2021 dez. 11];8(1):102-6. Available from: https://doi.org/10.1590/s1679-45082010rw1134.
11. Araújo WCO. Recuperação da informação em saúde: construção, modelos e estratégias. ConCI: Convergências em Ciência da Informação [Internet]. 2020 [cited 2021 dez. 11];3(2):101-34. Available from: https://doi.org/10.33467/conci.v3i2.13447.
12. Santos NJS, Buchalla CM, Fillipe EV, Bugamelli L, Garcia S, Paiva V. Mulheres HIV positivas, reprodução e sexualidade. Rev. Saúde Pública [Internet]. 2002 [cited 2021 dez. 11];36(4 suppl):12-23. Available from: https://doi.org/10.1590/S0034-89102002000500004.
13. Ibrahim FW, Schembri G, Dhar J, Taha H, Ariyanayagam S. Cervical surveillance in HIV-positive women: a genitourinary medicine clinic experience. J Fam Plann Reprod Health Care [Internet]. 2009 [cited 2021 dez. 11];35(2):101-3. Available from: https://doi.org/10.1783/147118909787931735.
14. Felix HC, Bronstein J, Bursac Z, Stewart MK, Foushee HR, Klapow J. Referral and Referral Facilitation Behavior of Family Planning Providers for Women with HIV Infection in the Southern United States. J Womens Health (Larchmt) [Internet]. 2010 [cited 2021 dez. 11];19(7):1385-91. Available from: https://doi.org/10.1089/jwh.2009.1747.
15. Hayford SR, Agadjanian V. Providers' Views Concerning Family Planning Service Delivery to HIV-positive Women in Mozambique. Stud Fam Plann [Internet]. 2010 [cited 2021 dez. 11];41(4):291-300. Available from: https://doi.org/10.1111/j.1728-4465.2010.00254.x.
16. Matthews LT, Crankshaw T, Giddy J, Kaida A, Psaros C, Ware NC, et al. Reproductive Counseling by Clinic Healthcare Workers in Durban, South Africa: Perspectives from HIV-Infected Men and Women Reporting Serodiscordant Partners. Infectious Diseases in Obstetrics and Gynecology [Internet]. 2012 [cited 2021 dez. 11];2012:146348. Available from: https://doi.org/10.1155/2012/146348.
17. Messersmith LJ, Semrau K, Anh TL, Trang NNN, Hoa DM, Eifler K, et al. Women living with HIV in Vietnam: desire for children, use of sexual and reproductive health services, and advice from providers. Reprod Health Matters [Internet]. 2012 [cited 2021 dez. 11];20(39 suppl):27-38. Available from: https://doi.org/10.1016/S0968-8080(12)39640-7.
18. Schaan MM, Taylor M, Puvimanasinghe J, Busang L, Keapoletswe K, Marlink R. Sexual and reproductive health needs of HIV-positive women in Botswana – a study of health care worker's views. AIDS Care [Internet]. 2012 [cited 2021 dez. 11];24(9):1120-5. Available from: https://doi.org/10.1080/09540121.2012.672814.
19. Kendall T. Falling short of universal access to reproductive health: unintended pregnancy and contraceptive use among Mexican women with HIV. Cult Health Sex [Internet]. 2013 [cited 2021 dez. 11];15 Suppl 2:S166-79. Available from: https://doi.org/10.1080/13691058.2013.798685.
20. Laar AK. Reproductive rights and options available to women infected with HIV in Ghana: perspectives of service providers from three Ghanaian health facilities. BMC Women's Health [Internet]. 2013 [cited 2021 dez. 11];13:13. Available from: https://doi.org/10.1186/1472-6874-13-13.
21. Moodley J, Cooper D, Mantell JE, Stern E. Health care provider perspectives on pregnancy and parenting in HIV-positive individuals in South Africa. BMC Health Serv Res [Internet]. 2014 [cited 2021 dez. 11];14:384. Available from: https://doi.org/10.1186/1472-6963-14-384.
22. van Dijk MG, Wilson KS, Silva M, Contreras X, Fukuda HD, García SG. Health care experiences of HIV-infected women with fertility desires in Mexico: a qualitative study. J Assoc Nurses AIDS Care [Internet]. 2014 [cited 2021 dez. 11];25(3):224-32. Available from: https://doi.org/10.1016/j.jana.2013.04.006.
23. Kendall T, Albert C. Experiences of coercion to sterilize and forced sterilization among women living with HIV in Latin America. J Int AIDS Soc [Internet]. 2015 [cited 2021 dez. 11];18(1):19462. Available from: https://doi.org/10.7448/IAS.18.1.19462.

24. Matthews LT, Moore L, Milford C, Greener R, Mosery FN, Rifkin R, et al. "If I don't use a condom … I would be stressed in my heart that I've done something wrong": Routine Prevention Messages Preclude Safer Conception Counseling for HIV-Infected Men and Women in South Africa. AIDS Behav [Internet]. 2015 [cited 2021 dez. 11];19(9):1666-75. Available from: https://doi.org/10.1007/s10461-015-1026-x.
25. Saleem HT, Surkan PJ, Kerrigan D, Kennedy CE. Application of an ecological framework to examine barriers to the adoption of safer conception strategies by HIV-affected couples. AIDS Care [Internet]. 2016 [cited 2021 dez. 11];28(2):197-204. Available from: https://doi.org/10.1080/09540121.2015.1074652.
26. Ahumuza SE, Rujumba J, Nkoyooyo A, Byaruhanga R, Wanyenze RK. Challenges encountered in providing integrated HIV, antenatal and postnatal care services: a case study of Katakwi and Mubende districts in Uganda. Reprod Health [Internet]. 2016 [cited 2021 dez. 11];13(1):41. Available from: https://doi.org/10.1186/s12978-016-0162-8.
27. Colombini M, Mayhew SH, Mutemwa R, Kivunaga J, Ndwiga C. Perceptions and Experiences of Integrated Service Delivery Among Women Living with HIV Attending Reproductive Health Services in Kenya: A Mixed Methods Study. AIDS Behav [Internet]. 2016 [cited 2021 dez. 11];20(9):2130-40. Available from: https://doi.org/10.1007/s10461-016-1373-2.
28. Joshi B, Velhal G, Chauhan S, Kulkarni R, Begum S, Linkage Study Team. Linking HIV & family planning services to improve dual methods of contraception among women infected with HIV in Mumbai, Maharashtra, India. Indian J Med Res [Internet]. 2016 [cited 2021 dez. 11];143(4):464-73. Available from: https://doi.org/10.4103/0971-5916.184286.
29. Stewart ZA, Shipley K, Spelman T, Giles ML. Factors associated with discussion of sexual activity and contraception in women with HIV. J Fam Plan Reprod Heal Care [Internet]. 2016 [cited 2021 dez. 11];42(1):12-6. Available from: http://dx.doi.org/10.1136/jfprhc-2014-100937.
30. Mwalabu G, Evans C, Redsell S. Factors influencing the experience of sexual and reproductive healthcare for female adolescents with perinatally-acquired HIV: a qualitative case study. BMC Women's Health [Internet]. 2017 [cited 2021 dez. 11];17:125. Available from: https://doi.org/10.1186/s12905-017-0485-9.
31. Sofolahan-Oladeinde YA, Iwelunmor JI, Conserve DF, Gbadegesin A, Airhihenbuwa CO. Role of healthcare in childbearing decision-making of WLHA in Nigeria: Application of PEN-3 cultural model. Glob Public Health [Internet]. 2017 [cited 2021 dez. 11];12(6):680-93. Available from: https://doi.org/10.1080/17441692.2016.1221982.
32. Tanner AE, Chambers BD, Philbin MM, Ware S, Eluka N, Ma A, et al. The Intersection Between Women's Reproductive Desires and HIV Care Providers' Reproductive Health Practices: A Mixed Methods Analysis. Matern Child Health J [Internet]. 2018 [cited 2021 dez. 11];22(9):1233-9. Available from: https://doi.org/10.1007/s10995-018-2603-1.
33. Yam EA, Kahabuka C, Mbita G, Winani K, Apicella L, Casalini C, et al. Safer conception for female sex workers living with HIV in Dar es Salaam, Tanzania: Cross-sectional analysis of needs and opportunities in integrated family planning/HIV services. Plos One [Internet]. 2020 [cited 2021 dez. 11];15(7):e0235739. Available from: https://doi.org/10.1371/journal.pone.0235739.
34. O'Brien N, Godard-Sebillotte C, Skerritt L, Dayle J, Carter BA, Law S, et al. Assessing Gaps in Comprehensive HIV Care Across Settings of Care for Women Living with HIV in Canada. J Womens Health (Larchmt) [Internet]. 2020 [cited 2021 dez. 11];29(11):1475-85. Available from: https://doi.org/10.1089/jwh.2019.8121.
35. Nabirye J, Matovu JKB, Bwanika JB, Makumbi F, Wanyenze RK. Missed opportunities for family planning counselling among HIV-positive women receiving HIV Care in Uganda. BMC Women's Health [Internet]. 2020 [cited 2021 dez. 11];20:91. Available from: https://doi.org/10.1186/s12905-020-00942-6.
36. Kassie MD, Habitu YA, Berassa SH. Unmet need for family planning and associated factors among women living with HIV in Gondar city, Northwest Ethiopia: cross-sectional study. Pan Afr Med J [Internet]. 2021 [cited 2021 dez. 11];38:22. Available from: https://doi.org/10.11604/pamj.2021.38.22.21431.
37. Mabaso M, Makola L, Naidoo I, Mlangeni LL, Jooste S, Simbayi L. HIV prevalence in South Africa through gender and racial lenses: results from the 2012 population-based national household survey. International Journal for Equity in Health [Internet]. 2019 [cited 2021 dez. 11];18:167. Available from: https://doi.org/10.1186/s12939-019-1055-6.
38. Khosla R, Van Belle N, Temmerman M. Advancing the sexual and reproductive health and human rights of women living with HIV: a review of UN, regional and national human rights norms and standards. J Int AIDS Soc [Internet]. 2015 [cited 2021 dez. 11];18(6 Suppl 5):20280. Available from: https://doi.org/10.7448/IAS.18.6.20280.
39. Silva JAS, Val LF, Nichiata LYI. A estratégia saúde da família e a vulnerabilidade programática na atenção ao hiv/aids: uma revisão da literatura. O Mundo da Saúde [Internet]. 2010 [cited 2021 dez. 11];34(1):103-

8. Available from: https://doi.org/10.15343/0104-7809.20101103108.

40. Salvadori M, Hahn GV. Confidencialidade médica no cuidado ao paciente com HIV/aids. Rev. Bioét. [Internet]. 2019 [cited 2021 dez. 11];27(1):153-63. Available from: https://doi.org/10.1590/1983-80422019271298.

41. Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais. Cuidado integral às pessoas que vivem com HIV pela Atenção Básica: manual para a equipe multiprofissional [Internet]. Brasília – DF: Ministério da Saúde; 2017 [cited 2021 dez. 11]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/cuidado_integral_hiv_manual_multiprofissional.pdf.

42. Kwame A, Petrucka PM. Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review. International Journal of Africa Nursing Sciences [Internet]. 2020 [cited 2021 dez. 11];12:100198. Available from: https://doi.org/10.1016/j.ijans.2020.100198.

43. Dias IHP, Silva MR, Leite EPRC, Freitas PS, Silva SA, Calheiros CAP. Assistência de enfermagem na Estratégia Saúde da Família quanto à sexualidade feminina. Ciência, Cuidado e Saúde [Internet]. 2018 [cited 2021 dez. 11];17(1). Available from: https://doi.org/10.4025/cienccuidsaude.v17i1.37811.

44. Coelho B, Meirelles BHS. Care sharing for people with HIV/AIDS: a look targeted at young adults. Rev. Bras. Enferm. [Internet]. 2019 [cited 2021 dez. 11];72(5):1341-8. Available from: https://doi.org/10.1590/0034-7167-2018-0248.

45. Taddeo PS, Gomes KWL, Caprara A, Gomes AMA, Oliveira GC, Moreira TMM. Acesso, prática educativa e empoderamento de pacientes com doenças crônicas. Ciênc. saúde coletiva [Internet]. 2012 [cited 2021 dez. 11];17(11):2923-30. Available from: https://doi.org/10.1590/S1413-81232012001100009.

46. Zanon BP, Paula CC, Padoin SMM. Revelação do diagnóstico de HIV para crianças e adolescentes: subsídios para prática assistencial. Rev. Gaúcha Enferm. [Internet]. 2016 [cited 2021 dez. 11];37(spe):e2016-0040. Available from: https://doi.org/10.1590/1983-1447.2016.esp.2016-0040.

47. Souza LM, Morais RLGL, Oliveira JS. Direitos sexuais e reprodutivos: influências dos materiais educativos impressos no processo de educação em sexualidade. Saúde debate [Internet]. 2015 [cited 2021 dez. 11];39(106):683-93. Available from: https://doi.org/10.1590/0103-110420151060003010.

48. Telo SV, Witt RR. Saúde sexual e reprodutiva: competências da equipe na Atenção Primária à Saúde. Ciênc saúde colet. [Internet]. 2018 [cited 2021 dez. 11];23(11):3481-90. Available from: https://doi.org/10.1590/1413-812320182311.20962016.