

BEHAVIORAL PROFILE OF PREGNANT WOMEN ATTENDED IN A TESTING AND COUNSELING CENTER IN A FRONTIER MUNICIPALITY

Ana Jessily Camargo Barbosa¹, Fabiana Bertin², Rosane Meire Munhak da Silva³, Jossiana Wilke Faller⁴,
Reinaldo Antônio da Silva-Sobrinho⁵, Adriana Zilly⁶

ABSTRACT: The aim was to identify the behavioral and epidemiological profile of pregnant women attended in Testing and Counseling Centers in a frontier municipality, between 2007 and 2013, and to describe the occurrence of sexually transmitted diseases. It is a descriptive, documentary and retrospective study with 905 women. Attendance at the testing service was related to the prenatal consultation. The pregnant women were young (20 to 29 years old), married or in a stable relationship, Caucasian, and with up to 11 years' education. It was ascertained that 1.66% were positive for Human Immunodeficiency Virus, 0.44% for syphilis, 0.22% for hepatitis B, and 0.22% for hepatitis C. The pregnant women presented behaviors of risk related to non-use of condoms with their steady partner and through the use of licit and illicit drugs. Furthermore, 12.6% reported not using condoms through lack of information. It is concluded that it is fundamental to strengthen actions in the context of the existing public health policies relating to women's different health needs, so as to reduce behaviors of risk.
DESCRIPTORS: Pregnant women; Health profile; HIV; Syphilis; Hepatitis.

PERFIL COMPORTAMENTAL DE GESTANTES ATENDIDAS NO CENTRO DE TESTAGEM E ACONSELHAMENTO EM MUNICÍPIO DE FRONTEIRA

RESUMO: Objetivou-se identificar o perfil comportamental e epidemiológico de gestantes atendidas em Centros de Testagem e Aconselhamento em município de fronteira, entre 2007-2013 e descrever a ocorrência de doenças sexualmente transmissíveis. Estudo descritivo, documental e retrospectivo, com 905 mulheres. A procura pelo serviço de testagem relacionou-se ao pré-natal. As gestantes eram jovens (20 a 29 anos), casadas ou com união estável, brancas, com até 11 anos de estudo. Verificou-se 1,66% de sorologia positiva para Vírus da Imunodeficiência Humana, 0,44% sífilis, 0,22% hepatite B e C cada. As gestantes apresentaram comportamento de risco relacionado à não utilização de preservativos com seu parceiro fixo e por usar drogas lícitas e ilícitas. Também, 12,6% relataram não usar preservativos por falta de informação. Conclui-se que é fundamental fortalecer ações no contexto das políticas públicas de saúde existentes nas diferentes necessidades de saúde das mulheres, para assim, reduzir o comportamento de risco.

DESCRIPTORIOS: Gestantes; Perfil de saúde; HIV; Sífilis; Hepatite.

PERFIL DE COMPORTAMIENTO DE GESTANTES ATENDIDAS EN EL CENTRO DE PRUEBAS Y ASESORAMIENTO EN MUNICIPIO DE FRONTERA

RESUMEN: El objetivo del estudio fue identificar el perfil de comportamiento y epidemiológico de gestantes atendidas en Centros de Pruebas y Asesoramiento en municipio de frontera entre 2007 y 2013, así como describir la ocurrencia de enfermedades sexualmente transmisibles. Es un estudio descriptivo, documental y retrospectivo, hecho con 905 mujeres. La búsqueda por el servicio de pruebas se ha relacionado al prenatal. Las gestantes eran jóvenes (20 a 29 años), casadas o en unión estable, blancas, con hasta 11 años de estudio. Se verificó 1,66% de serología positiva para Virus de la Inmunodeficiencia Humana, 0,44% sífilis, 0,22% hepatitis B y C cada. Las gestantes presentaron comportamiento de riesgo asociado al no uso de preservativos con su pareja fija y por usar drogas lícitas e ilícitas. También, 12,6% relataron no usar preservativos por falta de información. Se concluye que es fundamental fortalecer acciones en el contexto de las políticas públicas de salud existentes en las distintas necesidades de salud de las mujeres, para así reducir comportamientos de riesgo.

DESCRIPTORIOS: Gestantes; Perfil de salud; HIV; Sífilis; Hepatitis.

¹Student of Nursing. State University of Western Paraná. Foz do Iguaçu, State of Paraná (PR), Brazil.

²RN. State University of Western Paraná. Foz do Iguaçu, PR, Brazil.

³RN. M.A in Bioscience and Health. Lecturer in Nursing. State University of Western Paraná. Foz do Iguaçu, PR, Brazil.

⁴RN. M.A in Nursing. Lecturer in Nursing. State University of Western Paraná. Foz do Iguaçu, PR, Brazil.

⁵RN. Ph.D in Sciences. Lecturer in Nursing. State University of Western Paraná. Foz do Iguaçu, PR, Brazil.

⁶Biologist. Ph.D in Sciences. Lecturer in Nursing. State University of Western Paraná. Foz do Iguaçu, PR, Brazil.

Corresponding author:

Rosane Meire Munhak da Silva
Universidade Estadual do Oeste do Paraná
Av. Tarquínio Joslin dos Santos, 1300 - 85870-650 - Foz do Iguaçu, PR, Brasil
Email: aazilly@gmail.com

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● INTRODUCTION

All pregnant women must be aware of the importance of undertaking examinations during the prenatal phase, and of the benefits of early diagnosis for controlling maternal infection and preventing vertical transmission⁽¹⁾.

The time series of the proportion of cases of Acquired Immunodeficiency Syndrome (AIDS) in Brazil over the last 22 years shows an increase in incidence among women. The most recent data, dating from 2011, indicate the existence of 1.7 cases in men for each case among women, while in 1989, this ratio was 6:1 cases. It stands out that in the age range between 13 and 19 years old, one can already verify greater frequency of AIDS among women – and that the trend curve indicates growth of infection by Human Immunodeficiency Virus (HIV) among the young. Among women, 86.8% of the notified cases arise from heterosexual relationships, showing a strong impact on the risk of vertical transmission through pregnancy and birth⁽²⁾.

Hepatitis B is transmitted vertically from the pregnant woman to her child in 70 to 90% of cases, which has consequences, as the risk of the occurrence of kidney problems in these children is two hundred times higher than in the general population. For hepatitis C, vertical transmission occurs in 5 to 6% of children born from infected mothers, being more frequent in pregnant women who also have HIV⁽³⁾.

Congenital syphilis can be avoided if the recommendations, which are simple and effective, are applied to the pregnant woman; but even so, this remains a serious public health problem⁽³⁾.

The Brazilian Ministry of Health stipulates that the rapid test for detecting HIV and hepatitis B virus (HBV) must be undertaken in the first consultation, or during the first trimester of the pregnancy. If the result is not reactive ('positive') for HIV at that time, the rapid test must be repeated in the third trimester. The rapid test for syphilis, on the other hand, must be undertaken in the first consultation, in the first trimester, at the start of the third trimester, at birth and following abortion⁽¹⁾.

The first tests for diagnosing HIV gave rise, in Brazil, to the organization of a network of services termed the Testing and Counseling Centers (CTAs). CTAs are health services articulated with the other services of the Unified Health System (SUS) and present as their strategy the promotion of fairness, access to counseling, and access to diagnosis of HIV, hepatitis B, hepatitis C and syphilis⁽⁴⁾.

It should be taken into account that, in spite of the scale of the health services, many of these numbers related to Sexually Transmitted Diseases (STDs) are underestimated, as lack of notification is a reality in many countries. It is hoped that studies such as this might contribute in the sense of identifying and characterizing the profile of people with STDs, in particular the group comprised of pregnant women, as many STDs have serious consequences for fetal and neonatal health.

In this regard, the article presents as its objective to identify the behavioral and epidemiological profile of pregnant women who were attended in the CTA in a frontier municipality, in the period 2007 – 2013, and to describe the occurrence of STDs.

● METHOD

This is a descriptive, documentary and retrospective study undertaken in the CTA in Foz do Iguaçu, in the Brazilian state of Paraná.

The study scenario, Foz do Iguaçu, is a municipality on the triple frontier, between Brazil, Paraguay and Argentina. Taking into account the complexity of frontier cities, the divisions between the countries are often merely geographical, which allows the free circulation of individuals between the countries. This free circulation can strengthen illicit activities such as drugs trafficking, and prostitution, as well as the transporting of loads; certainly contributing to the transmission of numerous diseases, including the STDs, transmitted through sexual relations or drugs.

The CTA in Foz do Iguaçu undertakes 180 testings per month on average, totaling more than 2000

attendances/year. It attends individuals who wish to receive preventive guidance or to undertake serodiagnostic tests for HIV, syphilis, and hepatitis B and C. The CTA team is responsible for undertaking pre-guidance and diagnostic tests; if these present positive results, the individuals are referred for specific treatment in the Specialized Attendance Service (SAE).

The data search took place in the second semester of 2014, based on analysis of the standard questionnaire of the CTA's Information System (SI-CTA), which is filled out at the time of the interview undertaken by the service's nurse or psychologist, prior to undertaking the serological testing.

The study included only the questionnaires of the pregnant women attended in the CTA in the period 2007 – 2013. The above-mentioned questionnaire had 64 questions addressing epidemiological characteristics (age, race and educational level, among others), and behavioral data (reasons for attending the CTA, number and type of partners, condom use and drug use, among others). In order for the research objective to be achieved, 27 questions were analyzed in order to outline the behavioral and epidemiological profile of these pregnant women.

Later, the data were put into tables and analyzed using the descriptive arithmetic mean, and were then presented through tables, thus allowing a thorough, clear and objective analysis of the results.

In accordance with legislation on research with human beings, the undertaking of this study met the national and international ethical norms, and was approved by the Research Ethics Committee of the State University of Western Paraná, under Opinion N. 269/2012.

● RESULTS

The documentary study resulted in the analysis of 905 questionnaires filled out for pregnant women. The highest rate of demand was in 2013, with 38% (n=344) of pregnant women, and the lowest rate of demand was in 2012, with 17.61% (n=160) of attendances.

Most participants lived in the municipality itself, although attendance was also sought by pregnant women from other municipalities in Brazil, due to the absence of CTAs in their city. Pregnant women from Paraguay also sought the CTA, totaling 4.86% (n=44) of the women attended, these women originating from Hernandarias, Apepú, Nova Esperança, Santa Fé, Cidade do Leste, Santa Rita and San Alberto.

The majority of the pregnant women were in the age range 20 to 29 years old, were married, Caucasian, had spent fewer than 11 years in education, and sought the CTA in the second trimester of the pregnancy; only a very small proportion belonged to the classifications of behavior of risk for contracting STDs (sex workers and drug users), and, in addition, health workers, as shown in Table 1.

In this period, the examinations undertaken most were for diagnosing HIV and hepatitis C. Only two pregnant women undertook all four tests concomitantly; however, in the CTA questionnaire, there are no questions on the undertaking of the above-mentioned serological tests in any other health institution. Among the examinations undertaken, 1.66% (n=15) were positive for HIV, 0.44% (four) for syphilis, 0.22% (two) for hepatitis B and 0.22% (two) for hepatitis C. The CTA indicated that the prenatal consultation was the reason for attending the service for the majority of women; however, although this service is decentralized in the municipality, all these women could have undertaken the examination for HIV in the Health Center in their neighborhood and/or municipality (Table 2).

In relation to the consumption of licit and illicit drugs, 70.72% (n=640) stated that they had not used drugs in the 12 months prior to testing. Alcohol and tobacco consumption were mentioned most by the pregnant women who stated that they had consumed licit drugs.

For the illicit drugs, on the other hand, 1.43% (n=13) of the pregnant women stated that they had had contact with marijuana, cocaine, amphetamines, crack and other drugs. The numbers indicated in Table 3 report only those cases in which the drug was used.

In relation to the number of partners, 83.20% (n=753) stated that they had had only one sexual

Table 1 - Characterization of pregnant women attended in the CTA. Foz do Iguacu, State of Paraná (PR), Brazil, 2014

Variables	n	%
Pregnant woman's age		
14 - 19 years old	131	14.48
20 - 29 years old	447	49.39
30 - 39 years old	286	31.6
40 - 44 years old	41	4.53
Race/color		
White	648	71.6
Mixed	238	26.3
Black	11	1.22
Not stated	8	0.88
Educational level (years)		
1 - 7 years	274	30.28
8 - 11 years	472	52.15
12 and over	109	12.04
None	13	1.44
Not stated	37	4.09
Gestational age		
1 - 3 months	207	22.87
4 - 6 months	374	41.33
7 - 9 months	319	35.25
Not stated	5	0.55
Marital status		
Married/Cohabiting	740	81.77
Single	139	15.36
Separated or widowed	13	1.44
Not stated	13	1.44
Population group		
Population in general	882	97.46
Sex worker	3	0.33
Drug user	4	0.44
Health professional	10	1.1
Others	5	0.55
Not stated	1	0.11
Total	905	100

Table 2 - Serological tests undertaken, and the reason for seeking attendance through the CTA. Foz do Iguacu, PR, Brazil, 2014

Variables	n	%
Tests undertaken		
HIV	728	69.53
Syphilis	87	8.31
Hepatitis B	44	4.20
Hepatitis C	153	17.77
Reason for attending		
Prenatal examination	746	82.43
Prenuptial examination	3	0.33
Seeking knowledge of serological status	83	9.17
Referral from Primary Healthcare Center (UBS)	61	8.76
Referral to blood center	1	0.11
Situation of risk	5	0.55
Testing for hepatitis	2	0.22
Immunological window	1	0.11
Not stated	3	0.33
Serology HIV		
Positive	15	1.66
Negative	789	87.18
Not undertaken	101	11.16
Syphilis		
Positive	4	0.44
Negative	81	8.95
Not undertaken	820	90.61
Hepatitis B		
Positive	2	0.22
Negative	42	4.64
Not undertaken	861	95.14
Hepatitis C		
Positive	2	0.22
Negative	178	19.67
Not undertaken	725	80.11
Total	905	100

partner during the last year. Those pregnant women who stated that they had had more than five partners were sex workers. A single pregnant woman stated that she had had three women as partners, as well as one male partner, leading to the pregnancy.

In relation to the use of condoms with the steady partner in the last sexual relation, the majority indicated that they had not used condoms, the reason being trust in the partner. Regarding the use of condoms with casual partners in the last 12 months, 2.87% (n=26) stated that they had not used them, as shown in Table 4.

Table 3 – Behavioral profile in relation to the use of psychoactive substances by the pregnant women attended in the CTA. Foz do Iguaçu, PR, Brazil, 2014

Drugs	Sporadic use		Frequent use		No longer used		Use of any drug in the last 12 months		
	n	%	n	%	n	%	n	%	
Alcohol	62	6.85	112	12.38	14	1.55	Yes	264	29.17
Cigarettes	4	0.44	10	1.11	5	0.55	No	640	70.72
Cocaine	0	0	0	0	1	0.11	NS*	1	0.11
Amphetamines	0	0	0	0	1	0.11			
Crack	5	0.55	0	0	6	0.66			

*NS: not stated.

● DISCUSSION

Since 2012, the rapid tests for HIV have been implanted in the Primary Healthcare Centers (UBS), thus decentralizing this service. This may explain the lower demand for attendance in that year. However, the tests are also undertaken in the CTA when these units lack material, a fact which may explain the increase in the seeking of attendance through the center.

The epidemiological profile of the pregnant women attended in the CTA of this study coincides with other studies undertaken in Brazil. The majority were young women between 20 and 29 years old, married or in stable relationships. This study, however, differed in relation to skin color, as in this study, white women sought attendance in the CTA more than did women who were black or of mixed race⁽⁵⁻⁶⁾. Women in this age range are sexually active and of reproductive age, and therefore constitute a group which requires attention due to being exposed to the risk of contamination by STDs⁽⁷⁾.

The educational level was unfavourable for the population studied, as the results indicated that more than 50% of the pregnant women attended in the CTA had spent from eight to eleven years in education. The Brazilian profile shows that the largest proportions of pregnant women infected by HIV and syphilis are concentrated in two educational ranges; from the 5th to 8th year not completed* (among those with HIV, 26.9% have this educational level; for syphilis, the proportion is 21.7%) and senior high school completed (HIV 12.8%; syphilis 10.5%)⁽⁸⁾.

Another problem to emphasize refers to the Gestational Age (GA) of the women who sought attendance in the CTA for undertaking the tests, the majority only after 120 days of gestation. Early capture, as well as undertaking all the examinations necessary in pregnancy at an appropriate time, are considered essential components in the adequacy of the prenatal attendance, which ensures safety, vitality and well-being to the mother and to the fetus⁽⁹⁾.

Studies have demonstrated that the profile of pregnant women who are seropositive for HIV involves young women, with a low educational level, and with a low number of prenatal consultations attended; in this way, when the prenatal attendance is started late, as in this study, it is highly probable that the consultations stipulated by the Ministry of Health (MS) will not be undertaken effectively⁽⁷⁾.

In another aspect, the municipality studied belongs to the triple frontier, and many pregnant women were from other cities or another country, representing a floating population group, whose number reached 7.62% (n=69 - and of this total, 44 were specifically from Paraguay). It is appropriate to emphasize that among these Paraguayan women, some came to Brazil specifically in order to undertake serological tests, while others were living in the homes of Brazilians as domestic workers, and thus ended up benefiting from the services of the SUS. This causes the health services available to the population to, perhaps, become more expensive due to attending a populational number which is

*Equivalent to up to 13 years old. Translator's note.

Table 4 – Behavioral profile in relation to condom use by the pregnant women attended in the CTA. Foz do Iguaçu, PR, Brazil, 2014

Variables	n	%	Variables	n	%
Types of sexual partners in the last 12 months			Types of exposure		
01 man	753	83.20	Blood transfusion	3	0.33
02 - 03 men	103	11.38	Blood transfusion/Sexual relations	11	1.22
04 - 05 men	18	2	Sharing of needles and syringes/Sexual relations	1	0.11
More than 10 homens	5	0.55	Sexual relations	881	97.35
Men and women	6	0.66	NS	9	0.99
NS	20	2.21			
Use of condom in the last sexual relation with steady partner			Use of condom in last sexual relations with casual partners		
No	802	88.62	No	50	5.52
Yes	45	4.97	Yes	43	4.75
Yes, but it broke	14	1.55	Yes, but it broke	9	0.99
NS	44	4.86	NS	803	88.73
Condom use with (current) steady partner in the last 12 months			Condom use with casual partners in the last 12 months		
Did not use	590	65.19	Did not use	26	2.87
Used < half of occasions	184	20.33	Used > half of occasions	10	1.1
Used > half of occasions	77	8.51	Used < half of occasions	18	1.99
Always used	34	3.76	Always used	49	5.41
NS	10	1.10	NS	799	88.29
Not applicable	10	1.10	Used, but broke	3	0.33
Reason for not using condom with steady partner			Reason for not using condom with casual partners		
Trust in partner	462	51.05	Trust in partner	27	2.98
Partner refused	70	7.73	Partner refused	10	1.10
No time, due to strength of desire	61	0.66	No time, due to strength of desire	1	0.11
Did not have information	114	12.60	Did not have information	11	1.22
Wanted to get pregnant	65	7.18	Wanted to get pregnant	1	0.11
Under effect of drugs/alcohol	10	1.10	Under effect of drugs/alcohol	4	0.44
Thinks will not catch anything	8	0.88	Thinks will not catch anything	5	0.55
Doesn't like condoms	42	4.64	Doesn't like condoms	4	0.44
Allergy to the product	12	1.33	Allergy to the product	5	0.55
Did not have any at the time	21	2.32	Did not have any at the time	9	0.99
Negotiated not to use them	14	1.55	Others	5	0.55
Others	17	1.88	NS	823	90.94
NS	64	7.07			
Total	905	100	Total	905	100

*NS: not stated

above that foreseen, causing these services to become even slower and less able to resolve issues⁽¹⁰⁾.

The reason for seeking attendance in the CTA, for the majority of the women, was to undertake the prenatal consultation. In considering that the majority of the women did not belong to a group with behaviors of risk (sex workers or drug users), and were not health workers, this attendance could be undertaken in the health center; as, aiming to achieve good coverage of testing among pregnant women, the MS recommends that primary care should also offer counseling and testing for HIV⁽¹¹⁾.

Among the results of the tests obtained, it was ascertained that 1.66% were positive for HIV, while, in one study undertaken in Feira de Santana, in Bahia, the incidence was 0.3%⁽¹²⁾. In relation to infection by the hepatitis B virus, the positive result was present for 0.22% of the pregnant women, differing from the result of a study undertaken in the Brazilian Northeast with variation between 0.7% and 8.1%⁽⁶⁾; infection by the hepatitis C virus (0.22%) was below that described in the same study, with 1.4% to 8.1%⁽⁶⁾.

The result 'positive for syphilis' was found in 0.44% of the pregnant women who sought attendance in the CTA; this value is below that described in other studies, which indicate a rate of up to 9.5%^(6,12-13).

Access in adequate time to positive results for HIV, hepatitis or syphilis is essential in order to reduce vertical transmission. In these situations, however, the practice of counseling becomes complex and involves many challenges in listening, dialogue and interaction with the patients. Communication results in delicate times, principally when the child's birth is close⁽¹⁴⁾. In particular, it is emphasized that pregnant women who use drugs participate less in assistance with the prenatal consultations and the pregnant women's groups, and may present a greater risk of obstetric and fetal complications⁽¹⁵⁾. However, the early detection of the use of drugs by the health services can favor the ideal monitoring for the treatment of the drug addiction, minimizing the complications for the mother and child⁽¹⁶⁾.

It is emphasized that illegal drugs worsen the harm caused by HIV and reduce the capacity to make judgments or take decisions in situations of risk such as, for example, at the time of using condoms during sexual relations^(7,17).

In relation to the type and number of steady partner in the previous 12 months, the results demonstrated that the majority of pregnant women had a single partner. In relation to the use of condoms with these partners, it was ascertained that the decision not to use these is linked to aspects of trust in the partner, being the same as some studies which have indicated that more than 40% of pregnant women trust their partners⁽¹⁸⁻¹⁹⁾.

In relation to the use of condoms with casual partners, the majority of the pregnant women preferred not to answer, including regarding possible reasons which led them not to use condoms. On this issue, one factor worsening the situation was the number of pregnant women who described not having information on the issue. As a result, it is indicated that – in the perspective of universality, comprehensiveness and fairness, prevention of ill health and promotion of healthcare – the inclusion of information is important, making it urgent to strengthen actions in the context of public health policies which encompass the different health needs of women in situations of vulnerability, in particular the reproductive period⁽¹⁹⁾.

● FINAL CONSIDERATIONS

The population of pregnant women is particularly important for the CTA, as well as to the HIV surveillance service, due to vertical transmission to children. In this regard, it becomes essential to investigate their profile in order to define actions for reducing this populational segment's exposure.

The presence of pregnant women of Paraguayan nationality, seeking assistance through this municipality's CTA, demonstrates the importance of policies for health in frontier regions.

It is hoped that these results may contribute to further studies related to STDs among pregnant women, given that infectious diseases such as these are dynamic – and that their risk factors, behaviors of risk, and the populations themselves are also dynamic.

● REFERENCES

1. Ministério da Saúde (BR). Protocolo Clínico e Diretrizes Terapêuticas. Prevenção da Transmissão Vertical de HIV, Sífilis e Hepatites Virais. n. 186. Brasília: Ministério da Saúde; 2015.
2. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Departamento de DST, Aids e Hepatites Virais. [Internet] 2012 [acesso em 08 dez 2015]. Disponível: <http://www.aids.gov.br/pagina/aids-no-brasil>.
3. Ministério da Saúde (BR). Protocolo de investigação de transmissão vertical. [Internet] 2014 [acesso em 08 dez 2015]. Disponível: http://www.aids.gov.br/sites/default/files/anexos/publicacao/2014/56592/tv_2_pdf_18693.pdf
4. Ministério da Saúde (BR). Programa Nacional de DST e AIDS. Normas de organização e funcionamento dos Centros de Orientação e Apoio Sorológico. Brasília; Ministério da Saúde; 1993.
5. Kupek E, Oliveira JF. Transmissão vertical do HIV, da sífilis e da hepatite B no município de maior incidência de AIDS no Brasil: um estudo populacional no período de 2002 a 2007. Rev. bras. epidemiol. [Internet] 2012; 15(3) [acesso em 20 jan 2015]. Disponível: <http://dx.doi.org/10.1590/S1415-790X2012000300004>.
6. Travassos AGA. Prevalência de infecções sexualmente transmissíveis em gestantes infectadas pelo HIV acompanhadas em centro de referência em Salvador-BA [dissertação]. Rio de Janeiro (RJ): Fundação Oswaldo Cruz; 2012.
7. Carvalho CFS, Silva RAR. Perfil sociodemográfico e de saúde de mulheres soropositivas em um pré-natal de alto risco. Cogitare Enferm. [Internet] 2014; 19(2) [acesso em 10 fev 2015]. Disponível: <http://dx.doi.org/10.5380/ce.v19i2.36981>.
8. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Departamento de DST, Aids e Hepatites Virais. Boletim Epidemiológico Aids e DST. Brasília: Ministério da Saúde; 2012.
9. Domingues RSM, Hartz ZMA, Dias MAB, Leal MC. Avaliação da adequação da assistência pré-natal na rede SUS do Município do Rio de Janeiro, Brasil. Cad. Saúde Pública. [Internet] 2012; 28(3) [acesso em 13 abr 2015]. Disponível: <http://dx.doi.org/10.1590/S0102-311X2012000300003>.
10. Albuquerque JL. Limites e paradoxos da cidadania no território fronteiro: o atendimento dos brasiguaios no sistema público de saúde em Foz do Iguaçu (Brasil). Geopolítica(s). [Internet] 2012; 3(2) [acesso em 20 abr 2015]. Disponível: <http://revistas.ucm.es/index.php/GEOP/article/viewFile/40040/40396>.
11. Patriota LM, Miranda DSM. Aconselhamento em DST/AIDS à gestantes na atenção básica: um estudo nas UBSFs de Campina Grande/PB. In: Davi J, Martiniano C, Patriota LM, organizadores. Segurança social e saúde: tendências e desafios [online]. 2ª ed. Campina Grande: EDUEPB; 2011. p. 201-18.
12. Costa MCO, Santos BC, Souza KEP, Cruz NLA, Santana MC, Nascimento OC. HIV/AIDS e sífilis entre gestantes adolescentes e adultas jovens: fatores de exposição e risco dos atendimentos de um programa de DST/HIV/AIDS na rede pública de saúde/SUS, Bahia, Brasil. Rev. Baiana Saúde Pública. [Internet] 2011; 35(Suppl.1) [acesso em 20 abr 2015]. Disponível: <http://files.bvs.br/upload/S/0100-0233/2011/v35nSupl1/a2308.pdf>.
13. Costa MC, Demarch EB, Azulay DR, Périsse ARS, Dias MFRG, Nery JAC. Doenças sexualmente transmissíveis na gravidez: uma síntese de particularidades. An. Bras. Dermatol. [Internet] 2010; 85(6) [acesso em 20 jan 2015]. Disponível: <http://dx.doi.org/10.1590/S0365-05962010000600002>.
14. Fonseca PL, Iriart JAB. Aconselhamento em DST/Aids às gestantes que realizaram o teste anti-HIV na admissão para o parto: os sentidos de uma prática. Interface, Comum., Saúde, Educ. [Internet] 2012; 16(41) [acesso em 20 abr 2015]. Disponível: <http://dx.doi.org/10.1590/S1414-32832012000200009>.
15. Kassada DS, Marcon SS, Pagliarini MA, Rossi RM. Prevalência do uso de drogas de abuso por gestantes. Acta paul. enferm. [Internet] 2013; 26(5) [acesso em 09 dez 2015]. Disponível: <http://dx.doi.org/10.1590/S0103-21002013000500010>.
16. Kassada DS, Marcon SS, Waidman MAP. Percepções e práticas de gestantes atendidas na atenção primária frente ao uso de drogas. Esc. Anna Nery. [Internet] 2014; 18(3) [acesso em 20 nov 2015]. Disponível: <http://dx.doi.org/10.5935/1414-8145.20140061>.

17. Ministério da Saúde (BR). Plano integrado de enfrentamento da feminização da epidemia de AIDS e outras DST. Versão revisada - Setembro de 2011. Brasília: Ministério da Saúde; 2011.
18. Matos MMM, Fernandes AKJ, Mallmann CSY, Menezes MP, Matos EL. Perfis sociocomportamentais dos usuários do centro de testagem e aconselhamento – CTA em DST/AIDS do hospital universitário Getúlio Vargas da cidade de Manaus-AM. Revista HUGV. [Internet] 2011; 10(1) [acesso em 30 jan 2015]. Disponível: <http://www.hugv.ufam.edu.br/downloads/revistas/REVISTA%202011/Revista%201%20Artigos/artigo%2002.pdf>.
19. Dias FLA, Silva KL, Vieira NFC, Pinheiro PNC, Maia CC. Riscos e vulnerabilidades relacionados à sexualidade na adolescência. Rev. enferm. UERJ. [Internet] 2010; 18(3) [acesso em 20 abr de 2015]. Disponível: <http://www.facenf.uerj.br/v18n3/v18n3a21.pdf>.