USER-EMBRACEMENT FOR THE PERSON WITH THE HUMAN IMMUNODEFICIENCY VIRUS: SOCIAL REPRESENTATIONS OF HEALTH PROFESSIONALS

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ACOLHIMENTO À PESSOA COM O VÍRUS DA IMUNODEFICIÊNCIA HUMANA: REPRESENTAÇÕES SOCIAIS DE PROFISSIONAIS DE SAÚDE

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ACOGIDA A LA PERSONA CON EL VIRUS DE LA INMUNODEFICIENCIA HUMANA: REPRESENTACIONES SOCIALES DE PROFESIONALES DE LA SALUD

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Objective: to reveal the social representations of health care professionals regarding primary health care for the person with the human immunodeficiency virus. Method: this is an exploratory study with a qualitative approach, based on the Social Representations Theory. Thirty-nine health professionals from the primary care network participated in the study by responding to a questionnaire, in October and November of 2016. The data were processed by the EVOC and IRAMUTEQ software. Results: the most evoked term was "clarification" and portrays that the practice of counseling requires adequate and qualified preparation or that the professional is the holder of knowledge. Conclusion: the social representations of primary health care professionals are seen as normative and hegemonic, aimed at clarification and prevention. They highlight the possible places that health professionals occupy in the quotidian of the counseling/user-embracement actions.

Descriptors: User Embracement. Counseling. Health Personnel. HIV. Primary Health Care.

Objetivo: desvelar as representações sociais de profissionais de saúde da atenção básica sobre o acolhimento à pessoa com o vírus da imunodeficiência humana. Método: trata-se de um estudo exploratório com abordagem qualitativa, embasado na Teoria das Representações Sociais. Participaram da pesquisa 39 profissionais de saúde da rede de atenção básica, no período de outubro e novembro de 2016, respondendo a um questionário. Os dados foram processados pelos softwares EVOC e IRAMUTEQ. Resultados: o termo mais evocado foi "esclarecimento" e retrata que

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a prática do aconselhamento requer preparação de maneira adequada e qualificada ou aponta que o profissional é o detentor do saber. Conclusão: as representações sociais de profissionais de saúde da atenção básica revelam-se como normativas e hegemônicas, objetivando-se no esclarecimento e na prevenção. Demarcam, possivelmente no cotidiano das ações de aconselhamento/acolhimento, o lugar que os profissionais de saúde ocupam.

Descritores: Acolhimento. Aconselhamento. Profissional de Saúde. HIV. Atenção Primária à Saúde.

Objetivo: desvelar las representaciones sociales de los profesionales de la salud de la atención básica sobre la acogida a la persona con el virus de inmunodeficiencia humana. Método: se trata de un estudio exploratorio con abordaje cualitativo, basado en la Teoría de las Representaciones Sociales. Participaron en la investigación 39 profesionales de la salud de la red de atención básica, en el período de octubre y noviembre de 2016, respondiendo a un cuestionario. Los datos se procesaron con el softwares EVOC e IRAMUTEQ. Resultados: el término más mencionado fue "esclarecimiento" y retrata que la práctica del asesoramiento requiere preparación de manera adecuada y calificada o señala que el profesional es el poseedor del saber. Conclusión: las representaciones sociales de los profesionales de la salud de la atención básica se manifiestan como normativas y hegemónicas, objetivándose en el esclarecimiento y en la prevención. Demarcan, posiblemente en el cotidiano de las acciones del asesoramiento/acogida, el lugar que los profesionales de salud ocupan.

Descriptores: Acogida. Asesoramiento. Profesional de Salud. VHI. Atención Primaria de la salud.

Introduction

In the Brazilian scenario from 2007 to June 2017, 194,217 cases of human immunodeficiency virus (HIV) infection were reported in the Information System for Notifiable Diseases (SINAN)[1]. The stigma that predominates in men who have sex with men (MSM), sex workers and injecting drug users has been deconstructed in the face of current changes in the epidemiological profile[2]. Thus, it is necessary to emphasize user-embracement and counseling for people living with HIV in Primary Health Care (PHC), which is considered the entry door to any health service in the Brazilian Unified Health System (SUS).

Health services should ensure confidentiality and humanized access for anyone who wishes to take a HIV test, as well as any other sexually transmitted infection (STI). Therefore, all the multiprofessional team must be involved, so that the user feels welcomed, undiscriminated, regardless of their professional activity, sexual orientation or gender identity[3].

User-embracement for the HIV-positive person implies their inclusion in the various health services. The experience of the primary care team, acquired by dealing with people living with other chronic diseases, provides them with improved know-how, aiming at integral

care, meeting the individual and collective needs associated with HIV/AIDS[4].

Dialogue and qualified listening are essential for counseling to occur in the health care units. These can only be established in a welcoming environment with adequate physical space, so that the intimate and intersubjective issues can be discussed. In this sense, maintaining confidentiality, and protecting information and having an appropriate approach to discuss the situations must be guaranteed[5].

Counseling is a dialogue between health professionals and users, and is based on a relationship of trust, with the objective of providing conditions so that these users can assess their own risks, make decisions and find real ways to face their problems, including those related to STI/HIV/AIDS[3].

The primary health units in the SUS health care network offer the first opportunity to receive the HIV diagnosis for both asymptomatic and symptomatic people. The request for testing can arise from a spontaneous demand on the part of the user or from protocols followed by health professionals in routine primary health care[6].

Counseling can be understood as a special type of user-embracement in which the offer of testing may arise as a health need for the

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user. In this sense, user-embracement is a conversation technique, a dialogue that seeks to identify the user's needs and their uniqueness, comprehensively in a network of conversation[6-7].

By associating user-embracement and empathic care, the deleterious effects of the HIV-positive diagnosis can ease the suffering during the follow-up. Caring, welcoming and understanding in the health-disease process emphasizes values such as faith, hope, trust, human needs, ethics and morals[8].

Social representations (SR) are important components for the professional approach to HIV / AIDS, and make the apprehension of the processes of construction of the social meaning of the object in subject´s daily relationships possible, individually or collectively, which allows them to reconstitute the symbolism which supports health care practices[9].

It is hoped that this study will be unique in providing relevant information regarding user-embracement practices provided by health professionals in the primary health care network related to the person living with HIV, contributing to a critical perception that improves care and user-embracment practices in the health services. The guiding question of this article asks: What are the social representations of primary health care professionals regarding the user-embracement of the person living with HIV / AIDS?

In this context, the objective was to reveal the social representations of primary health care professional regarding the person with the human immunodeficiency virus.

Method

This is an exploratory descriptive study, with a qualitative approach, based on The Social Representation Theory (SRT). This can be understood as a form of knowledge developed and shared socially, composed of information, beliefs, opinions and attitudes related to a given social object, which, in turn, contributes to the elaboration of a reality common to a particular social group[10].

This is an exploratory descriptive study, with a qualitative approach, based on Social Representation Theory (TRS). This can be understood as a form of knowledge developed and shared socially, composed of information, beliefs, opinions and attitudes related to a given social object, which, in turn, contributes to the elaboration of a reality common to a particular social group[10].

The research was conducted in the city of Senhor do Bonfim (BA) and included health professionals from the primary health care network, who work on the Family Health Strategy (FHS), Family Health Center (NASF) and Basic Health Units (BHU) where HIV/STI/ Hepatitis rapid testing services are completed and which are easily accessible as they are areas of practice belonging to the university. Among the 43 professionals with higher level education, 39 were included in the sample: physicians (10), nurses (15), dentists (4), psychologists (2), physiotherapists (5), social worker (1), physical educator (1) and nutritionist (1). The data collection for the preparation of the database occured in October and November of 2016.

The inclusion criteria for participation in this research were: to have academic training, to be employed by the Municipal Health Department by contract or via civil servante entrance exam, to have worked in the municipality for at least six months and to work with the care of people with HIV. Professionals who were on vacation or leave (4) at the time of data collection were excluded from the research.

The collection instrument was composed of a script containing questions related to the socio-professional profile of the participants: sex, age, length of career experience, type of employment relationship and their type of work; and the Word Association Technique (TALP), using the inductor term "User-embracement in STI/HIV/ AIDS". During the application of the technique, participants were asked to pronounce five words or expressions that came to mind, related to the inductor term, which made it possible to highlight the universe of the object under study.

The data organization began with the thematization of evocations, leading to the substitution of words with the same meaning by the word that was most evoked, with the intention of finding lexical meaning unfiormity[11]. The data were then treated in three steps: creation of a database in the Microsoft Word program, containing the coded identification of each participant with the evocations in direct order; creation of another database with the words or expressions evoked in the order of importance that was determined by the participant, who composed the corpus used by the software EVOC (*Ensemble of Programs permettant I 'Analyze de Évocations*), version 2005; and the creation of one more bank, in the Microsoft Excel program, with matrix evocations, processed by IRAMUTEQ (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*).

The EVOC software is a computerized program consisting of subprograms that allow the data emission and consequent analyzes of the evoked words or expressions. Its simple frequencies, average orders, and distribution of evocation generate a four-quadrant chart, with a first quadrant, called the central core; two quadrants, called the near peripheral system; and the last quadrant named the distant peripheral system[11].

The EVOC software made it possible to create the four-quadrant chart, which locates the elements of the central core and the peripheral elements of the social representations, divides it into four quadrants and combines two aspects - frequency and order in which they were evoked - related to words or to the evoked expressions, allowing the distribution of the produced terms according to the importance attributed by the subjects[12].

The IRAMUTEQ software is a computer program that allows different types of textual data analysis, ranging from word frequency calculations, descending hierarchical classification

to similarity analyzes. The program organizes and distributes the vocabulary in a simple and clear way, presenting the results through graphs. The analysis of similarities verifies the amount of loops or connections maintained between a given element and other elements, making it possible to show the structure of the representation that is configured as a maximum tree similarity[13].

The analysis was based on the theory of the central core, the social representation theory approach, whose main idea is the possibility of the organization of a social representation to manifest itself around a central imagery, constituted by one or more elements, that give meaning to representation. The central core in the SRT is defined by the type and nature of the represented object, by the relations that the group maintains with that object and by the system of values and social norms that make up the environment and the group's conceptions[14].

According to ethical standards, the norms and guidelines for conducting studies involving human beings were followed. This study, which is part of a project entitled "Counseling in STI / HAIV / aids: a Prevention Strategy in Primary Health Units", was evaluated and approved by the Ethics and Research Committee of the State University of Bahia, 1,628,938, dated July 8, 2016.

Results

Regarding the characterization of the 39 employees, 24 were older than 35 years, 31 were women, 35 were specialists in their fields and 2 had PhDs. In view of the socio-professional data obtained through the participants' answers to multiple choice questions, in which they could consider more than one option, it was identified that, among the activities developed in the service and geared specifically to the care of people with HIV, the most frequent were educational activities (70.2%) and consultation / care (62.1%), as shown in Table 1.

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Table 1 – Distribution of the activities developed by health professionals in primary health care for HIV-positive people. Senhor do Bonfim, Bahia, Brazil – 2018

Activity	n	%
Educational activity	26	70,2
Treatment and support for the partner or family	13	35,1
Individual / collective pre-test or post-test counseling	17	45,9
Consultation/treatment	23	62,1
Epidemiological notification	18	48,6
Notificação epidemiológica	15	40,5
Exam offer	20	54,0
User-embracement and counseling	17	45,9
Performing the rapid test	12	32,4

Source: Created by the authors.

It is observed that, in response to the inductor term "User-embracement in STI / HIV / AIDS", the participants evoked 230 terms with a 2.7 Mean Order of Evocation (MOE). During data processing, the evocations with a frequency less than 3 were discarded and the intermediate evocation frequency (IEF) of 8.0 was established. 89.6% of the corpus was used, which corresponds to the maintenance of 206 evocations in the sample analyzed (Chart 1).

Chart 1 – Four-quadrant chart in relation to the user-embracement in STI/HIV/AIDS inductor term. Senhor do Bonfim, Bahia, Brazil - 2018

Central core			Near Peripheral System		
F ≥ 8 OME < 2,7			F ≥ 8 OME ≥ 2,7		
Evocation	F	OME	Evocation	F	OME
Clarification	20	2,550	User-embracement	15	2,733
Prevention	21	2,048			
Near Peripheral System			**Distant Peripheral System**		
F < 8 OME < 2,7			F < 8 OME ≥2,7		
Evocation	F	OME	Evocation	F	OME
Condom	6	1,333	Support	4	3,250
Care	3	1,667	Disease	3	3,000
Importance	7	2,000	Medication	3	3,667
Prejudice	3	2,000	Partners	3	3,667
Sex	3	1,333	Health professional	4	3,000
			Health promotion	3	4,000
			Respect	3	4,000
			Exam results	3	4,000
			Health	7	2,857
			Safety	4	3,750
			Confidentiality	5	3,000
			Treatment	3	3,000
			Health-unit	3	3,333

Source: Created by the authors.

In order to produce the tree similarities, the evocations that composed the third corpus were processed by the IRAMUTEQ software and resulted in Figure 1.

Figure 1 – Tree Similitudes in relation to the th inductor term "User-embracement in STI/HIV/AIDS". Senhor do Bonfim, Bahia, Brazil – 2018
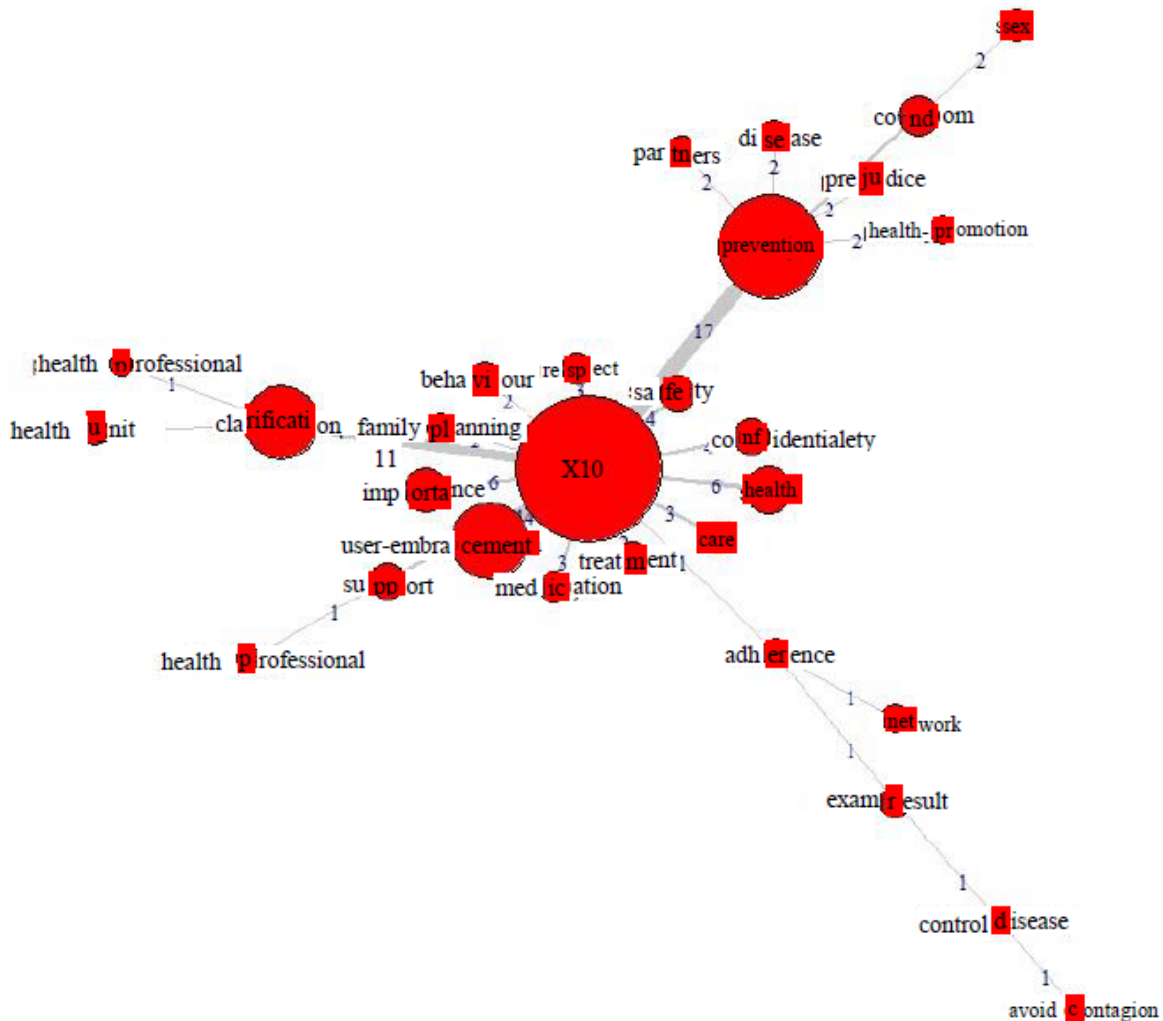
Source: Created by the authors.

Discussion

The discussion of socioprofessional (characterization) and TALP (four-quadrant chart and tree similitudes) data will occur simultaneously. The data processed by the *EVOC software* is seen in Chart 1, which represents the four-quadrant chart. In the upper left quadrant, the words "clarification and prevention" constitute the probable central core of the social representation of professionals for the inductor term used.

Initiating the analysis with the central core, based on Chart 1, the word "clarification", evoked 20 times, portrays that the practice of counseling requires adequate and qualified preparation on the part of the professionals, and that an explanation is needed regarding what the studied group understands by the term counseling.

It is likely that the term "clarification" implies the power relationship that historically has been established between professional and user. In this context, if the professional is limited to clarifying the user who needs explanations about HIV, counseling would mean that the professional is only the owner of the knowledge, resulting, then, in a situation of imposition, distant from the proposal of user-embracement.

Counseling is a health education strategy and is understood as a moment in which interaction

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occurs between professional and user, the creation of the bond with the health care unit, the exchange of information and feelings between counselor and user[15]. Health education involves raising awareness, providing clarification and the participation of professionals in the issue of HIV infection prevention, enabling a clear vocabulary, closer to the reality of the user, so that the available information is accessed[16].

In order for user-embracement to be established in the care to the HIV-positive person, it is extremely necessary to clarify the user's doubts regarding the infection, recognize situations of risk, reduce fears and concerns, and create the link between professional, health team and user, thus establishing a relationship of alerity and trust among those involved.

The health team will be able to understand the client's difficulties in the counseling process and find the best way to help them. The social representation of care for HIV-positive people by health professionals from Rio de Janeiro, Brazil, indicates that they have a specific understanding regarding this care, because they have direct contact with these users and because they have a professional interest in care, as the care for HIV-positive people is the main objective for these professionals[17].

While analyzing the central core, the term prevention, was the term most readily evoked with a MOE of 2,048, evoked 21 times. Prevention maintains a direct relationship with HIV and elicits the concept that a chronic disease needs preventive actions in order to be controlled. In the counseling process, prevention strategies are outlined, as well as ways to prevent and clarify the users about the importance and implications of being active when deciding how to prevent and reduce risks.

Prevention is really associated with counseling. It is considered a strategy that enhances the scope of testing and is configured as a health action that contributes to the production of discourses that enable the individual to reflect on the issues related to STI/HIV/AIDS. In addition, it strengthens the adoption of measures that will

result in greater autonomy of the subject in the prevention and care process[18].

The terms "prevention and clarification", which form the central core of social representation, converge and form a single representation, because they induce the thought that counseling is a professional type of clarification needed in order to reach the prevention process.

There are criticisms that the health professional who provides counseling and performs the role of the active agent of the relationship, is the one who directs the actions of the user, who, in turn, is presented as a liability. Thus, in the process in which one receives the intervention and is clarified, this encounter seems to be marked by an instrumental circuit conducted by the counselor, in which the user receives guidelines to produce changes that can provide him with a better quality of life[19].

On the other hand, authors argue that when the counseling discourse favors autonomy and the self-management of subjects for the prevention and health promotion as its central axis, the logic of prevention is based on the assumption that through information and dialogue, it is feasible to provide the individual with the conditions to assess their own risks and ways of addressing STI/HIV/AIDS related issues. The study conducted with adolescents in Rio de Janeiro, Brazil, on counseling received at the time of the HIV test revealed that less than one-third of adolescents received pre-test counseling (30.8%) and that this was summarized by the explanation of the reason for the examination; approximaetly 51.2% reported receiving the recommended post-test[20].

The peripheral system of a social representation is formed by the first and second periphery. The first periphery enables the interface between the grounded reality and the central system and has the characteristic of supporting heterogeneity and group contradictions. The second periphery of the representation partially secures the stability of the representation, giving a protection to the central core[14].

In Chart 1, the word "user-embracement" appears in the near peripheral system, and is

evoked 15 times. The idea that the professionals knew the counseling policy and reproduced it in their speech, understanding its importance, is visible in the representation of the participants. The approximation between the terms that constitute the central core and the surrounding periphery (prevention, clarification and user-embracement) denotes such importance.

User-embracement is one of the guidelines of the National Humanization Policy (HNP) based on a care technology in which qualified listening is performed, from the first contact with the health system user, to the effectiveness of the counseling process, which occurs simultaneously with reception. This implies a sensitive listening, considering the user's concerns and anxieties, which will enable an analysis of the demand, establish the necessary limits, provide the integral, resolutive and responsible attention, through the activation and/or articulation of the internal/external networks of the health services for continuity of care, when necessary[21].

The practice of user-embracement should be present in all care relationships. It involves receiving the person, being responsible for them, listening carefully to their concerns, making them feel comfortable toseek the health service, facilitate access to the service and treatment. User-embracement with HIV-positive provides for their inclusion in the health service, considering their expectations and needs, and ensuring that the primary care team seeks measures to improve care[4]. However, a study carried out in nine UBS´s in the state of Pernambuco found issues in relation to the performance of rapid HIV tests, including problems with material and input logistics, training for pre and post-test counseling, and the need to make improvements in permanent education actions[5].

The near periphery, located below the central core, is called the contrast zone and can highlight elements that intensify the notions exposed in the central core and the periphery or evidence the existence of a subgroup that supports a distinct representation of the majority of the group. In the contrast zone (Chart 1), we have the terms "condom, care, importance, sex and prejudice", which refer to the themes usually addressed in the practice of counseling by health professionals.

During counseling, it is important to talk about the use of condoms as a form of prevention and health care at the time of sexual intercourse, as this is the safest form of prevention, self-care, and autonomy regarding sexually transmitted disease. However, the term "prejudice", evoked only 3 times, indicates that despite discussiona on HIV, the user suffers from stigma. Health professionals themselves attach value to a term so prevalent at the begining of the epidemic, that they may be disregarding the changes that have occurred over the years and consolidating negative aspects still rooted in their representations.

Thus, health professionals should seek strategies that make it possible to guarantee the human rights of the service users, as they have the responsibility to reflecting and combate any and all forms of prejudice and discrimination associated with issues related to the exercise of sexuality, and sexually transmitted infections. They must always be aware and try to reverse situations in which prejudiced attitudes are evidenced, considering that all people have the right to health and need to be received with respect[4]. However, the fear associated with the "prejudice" may interfere with the quality of the user-embracement and counseling process. Diseases that provoke fear are considered lethal and dehumanizing. AIDS, being a disease anchored in the plague, elicits the metaphor of one of the worst stigmatized diseases in the history of mankind[9].

In the distant periphery of Chart 1, the term "health unit" demonstrates the idea that professionals understand and attach importance to the role of PHC during counseling/user-embracement. The terms disease, medication, health and treatment refer to the actions associated with antiretroviral therapy (ART) instituted in the 1990s and that have a decisive impact on the life expectancy of HIV-positive people. By distancing ART from the central core of social representation, health professionals indicate that "treatment, medication and disease"

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are becoming less important in relation to the need for clarification and preventive actions in the care policy directed at HIV-positive users.

It should be pointed out that, while representation creates familiarity with the new and adapts to earlier categories, it can also have a classification function within such categories, in view of the fact that the object of representation can approach or distance[22].

The terms "health promotion and test results" add to the representation and demonstrate an understanding that counseling is a form of health promotion that allows users to uncover various issues about HIV infection. It is imperative that all HIV testing be accompanied by pre- and post-test counseling, and always with the consent of the user. T Communicating the result is a difficult moment, which requires ability on the part of the health professional, since it can trigger psychological stress in the user. The health team needs to be able to reduce the impact of the diagnosis, if the result is positive, and present good arguments to intensify and encourage preventive practices in the case of a negative result[3].

The terms "support, confidentiality, respect and security" are associated with the position taken by the health professional at the time user-embracement, according to the HNP standardization. Through user-embracement, the professional can answer the user in all its singularity, resulting in a relationship of trust, in which the user will probably feel that he or she can express all his or her feelings and doubts regarding HIV.

The counselor performs the tasks of educating, guiding, and maintains a vigilant stance, being attentive to the way care is provided. Therefore, the appropriate place and time must be considered, ensuring the confidentiality and transmission of security, so that the user can talk about himself/herself. It is then up to the professional to listen to him/her in his/her singularity, so that he/she gains confidence[23].

The term "partners", which also appears in the distant periphery, implies that professionals are aware of the importance of sexual partners during user-embracement, whether they are serodiscordant couples or otherwise, as well as the communication of the serology to the partner, if he/she does not know. It is also up to them to provide guidance on how to live with HIV, to adopt sexual prevention measures such as the use of a male or female condoms and to highlight comprehensive care by offering testing, in view of the increasing number of serodiscordant couples.

The communication of the partners will follow the principles of confidentiality, lack of coercion and protection against discrimination. In this aspect, the testing of the seronegative sexual partnership should be offered when there is a sexual exposure risk, or even periodically, and this behavior should be individualized[3].

Serodiscordant couples face a major problem in relation to HIV transmission, especially in stable partnerships, but a number of factors may influence the risk of transmission in these relationships, especially the sexual behavior of these couples and the presence of STIs[24-25]. Thus, the need for counseling for these couples is evident.

The tree similitude (Figure 1), presents terms similar to those shown in the four-quadrant chart (Chart 1). In its four axes, it makes it possible to identify the co-occurrence between the terms. Axis I shows a higher density, since it contains more elements, among them a so-called "x10", which is a database variable used to bring together female professionals, forming the element with the highest number of aggregated terms.

Thus, the variable female sex (x10) centralizes the I axis and has greater connection strength with the other axes. Axis II is represented by the term "prevention", evoked 17 times. Axis III is based on the word "clarification", evoked 11 times, and axis IV, by the word "user-embracement", evoked 14 times.

Figure 1´s periphery is configured by the terms security, secrecy, health, importance, treatment and medication, which also configure the periphery of the four-quadrant chart (Chart 1).

In axis II, the term "prevention" is associated with the words "partnerships, disease, prejudice, condoms, sex and health promotion", demonstrating the idea of possible issues addressed during the counseling process. The association of these terms signals the way forward to achieve prevention, which overcomes the importance of protected sex. However, the term "prejudice", present in this axis and in the area of contrast of the chart doesn´t belong because this should not be the conduct adopted by professionals who deal with HIV.

The term "clarification", which agglomerates axis III and connects to the terms "health professionals and health unit", together with the years of professional experience of the participants of this study, since 35 of them have a specialization degree and 24 are over 35 years of age, it is possible to understand that these professionals probably value the development of educational activities (70.2%), as they reported performing them in the health units.

The term "user-embracement" centralizes axis IV and is associated with "support and health professional", denoting that the participants acknowledge that they have the function of providing support to the HIV-positive user while they are providing user-embracement, since the support of the professional will contribute to the creation of a bond and will enable the user to expose their feelings to the possibility of a serological positivity.

The research is limited by the fact that it was a local study. In addition, despite having involved all primary care professionals with undergraduate and graduate degrees, it is considered opportune to carry out continuity studies in hospitals and other settings, in order to know different realities and to broaden the subjects' perceptions about the subject, seeking to enrich the obtained results.

Conclusion

The social representations of the participating professionals regarding user-embracement portray a normative and hegemonic representation, by emphasizing the public policies aimed at the user-embracement of HIV-positive users. It was noted that the representation centrality is maintained both in the analysis of the four-quadrant chart and in the tree similitude analysis.

In this research, the representation was objectified in the prevention and clarification. It revealed technical knowledge of the participants and possibly highlighted the place of "knowledge holders" on issues related to user-embracement, which could generate a situation of imposition and a distancing from government policy.

The social representations of the participants reveal the need and importance of user-embracement based on protocols and highlight a possible central position of the professionals, as they do not reveal whether the user is also involved in the user-embracement process.

Collaborations:

1. conception, design, analysis and interpretation of data: Fabiane da Silva Santos and Cleuma Sueli Santos Suto;

2. writing of the article and relevant critical review of the intellectual content: Silvana Gomes Nunes Piva and Gizélia dos Santos Souza;

3. final approval of the version to be published: Taciane Oliveira Bet Freitas and Rita de Cassia Dias Nascimento.

References

1. Brasil. Ministério da Saúde do Brasil. Hiv, aids. Bol Epidemiológico HIV Aids. 2017;64:22-3.

2. Brasil. Ministério da Saúde. Boletim Epidemilógico HIV/AIDS. 2015;1:1-100.

3. Brasil. Ministério da Saúde. HIV/AIDS, Hepatite e Outras DSTs. Cad Atenção Básica. 2006;18:1-196.

4. Brasil. Ministério da Saúde. Cuidado integral às pessoas que vivem com HIV pela Atenção Básica. Manual para a equipe multiprofissional. Brasília; 2015.

5. Araújo WJ, Quirino EMB, Pinho CM, Andrade MS. Perception of nurses who perform rapid tests in Health Centers. Rev Bras Enferm [Internet]. 2018 [cited 2018 jul 17];71(Suppl 1):631-6. [Thematic

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Silvana Gomes Nunes Piva, Rita de Cassia Dias Nascimento, Gizélia dos Santos Souza

Issue: Contributions and challenges of nursing practices in collective health]. Available from: DOI: http://dx.doi.org/10.1590/0034-7167-2017-0298

6. Zakabi D. Aconselhamento pré e pós-teste anti-HIV na atenção básica: a perspectiva dos profissionais de saúde [dissertação]. [São Paulo]: Faculdade de Medicina da Universidade de São Paulo; 2012.

7. Costa PCP, Garcia APRF, Toledo VP. Welcoming and nursing care: a phenomenological study. Texto contexto-enferm [Internet]. 2016 [cited 2018 Jul 7];25(1):e4550015. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072016000100324&lng=en. http://dx.doi.org/10.1590/0104-07072016004550014

8. Costa TL, Oliveira DC, Formozo GA, Gomes AMT. Pessoas com HIV/Aids nas representações sociais de enfermeiros: análise dos elementos centrais, contranormativos e atitudinais. Rev Latino-Am Enfermagem. 2012;20(6):1091-9.

9. Oliveira DC. Construction and transformation of social representations of AIDS and implications for health care. Rev Latino-Am Enfermagem. 2013;21(spe):276-86.

10. Gazzinelli MFC, Marques RDC, Oliveira DC, Amorim MMA, Araújo EG. Representações sociais da educação em saúde pelos profissionais da equipe de saúde da família. Trab Educ e Saúde. 2013;11(3):553-71.

11. Shimizu HE, Silva JR, Moura LM, Bermúdez XPD, Odeh MM. A estrutura das representações sociais sobre saúde e doença entre membros de movimentos sociais. Ciênc saúde coletiva [Internet]. 2015 Sep [cited 2018 Jul 27];20(9):2899-910. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232015000902899&lng=en. http://dx.doi.org/10.1590/1413-81232015209.20592014

12. Sá CP. Estudos de psicologia social: história, comportamento, representações e memória. Rio de Janeiro: EdUERJ; 2015.

13. Camargo BV, Justo AM. IRAMUTEQ: um software gratuito para análise de dados textuais. Temas em Psicol. 2013;21(2):513-8.

14. Machado YY, Nogueira VPF, Oliveira DC, Nogueira VPF, Gomes AMT. Health personnel's social representations of HIV/AIDS: a structural analysis. Rev Enferm UERJ [Internet]. 2016 [cited 2018 Jul 17];24(1):e14463. Available from: https://www.e-publicacoes.uerj.br/index.php/

enfermagemuerj/article/view/14463/17866. DOI: http://dx.doi.org/10.12957/reuerj.2016.14463

15. Moreno DMFC, Reis AOA. Revelação do diagnóstico da infecção pelo HIV no contexto do aconselhamento: a versão do usuário. Temas em Psicol. 2013;21:59-609.

16. Araújo GM, Nardino IJ, Resdorfer N, Begnini D. Aconselhamento pré-testagem rápida: uma proposta de educação em saúde. Rev Espaço Ciênc Saúde [Internet]. 2017 [cited 2018 Jul 20];5(1):61-73. Available from: http://revistaeletronica.unicruz.edu.br/index.php/enfermagem/article/view/5493

17. Nogueira VPF, Gomes AMT, Machado YY, Oliveira DC. Cuidado em saúde à pessoa vivendo com HIV/AIDS: representações sociais de enfermeiros e médicos. Rev Enferm UERJ [Internet]. 2015 [cited 2018 Jul 22];23(3):331-7. Available from: http://www.facenf.uerj.br/v23n3/v23n3a07.pdf. DOI: http://dx.doi.org/10.12957/reuerj.2015.14466

18. 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 Common Heal Educ. 2012;16(41):395-407.

19. Cristina W, Galindo M, Rios LF. Reflexões sobre o Trabalho de Aconselhamento em HIV/Aids. Trends Psychol. 2015;23(4):815-29.

20. Taquette SR, Rodrigues AO, Bortolotti LR. Perception of pre- and post-HIV test counseling among patients diagnosed with aids in adolescence HIV test counseling for adolescents. Ciênc. saúde coletiva [Internet]. 2017 Jan [cited 2018 July 27];22(1):23-30. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232017000100023&lng=en. http://dx.doi.org/10.1590/1413-81232017221.23532015.

21. Brasil. Ministério da Saúde. HumanizaSUS: documento base para gestores e trabalhadores do SUS. Série B. Textos Básicos de Saúde. Brasília; 2010. 72 p.

22. Maria C, Loureiro S, Dantas M, Unifor DF. As Representações Estigmatizadas Sobre Portadores de HIV / AIDS em uma Casa de Apoio. IV Congresso Brasileiro de Estudos Organizacionais; 2016 out 19-out 21; Porto Alegre, RS. Anais [Internet]. Porto Alegre, RS; 2016 [cited 2018 Jul 14]. Available from: https://anaiscbeo.emnuvens.com.br/cbeo/article/view/53/45

23. Cristina W, Galindo M, Francisco AL. A instrução e a relação como modos de aconselhamento em HIV/Aids. Temas Psicol. 2013;21(3):989-1004.

24. Van Tam V, Cuong DD, Alfven T, Phuc HD, Chuc NTK, Hoa NP, et al. HIV sero-discordance among married HIV patients initiating anti-retroviral therapy in northern Vietnam. AIDS Res Ther. 2016;13(1):39.

25. Oliveira LB, Matos MCB, Jesus GJ, Reis RK, Gir E, Araujo TME. Sexual partnerships of people living with the Human Immunodeficiency Virus. Rev Rene [Internet]. 2017 [cited 2018 July 11];18(6):825-31. Available from: http://periodicos.ufc.br/rene/article/view/31103. DOI: 10.15253/2175-6783.2017000600017