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SELF-ESTEEM EVALUATION ON PREGNANT WOMEN WHO LIVE WITH HIV/AIDS AND HAVE BEEN ATTENDED IN SPEACIALIZED AMBULATORY

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ABSTRACT

Objective: evaluate the pregnant women self-esteem who live with HIV/AIDS. **Methods:** This is an epidemiological with cross sectional and quantitative approach study, 33 pregnant women took part of the survey and they were interviewed in a school-ambulatory from Recife, Pernambuco, Brazil. They answered to two questionnaires, one of them was to the self-esteem evaluation and the o the one was for socioeconomic characterization, clinical-obstetric and emotional. The levels of self-esteem were related to the other variables and with data analysis. **Results:** The outcomes show the primigravidas with no partners, who were diagnosed with HIV in the current prenancy presented lower levels of self-esteem than the others. Besides that, the pregnant women who were at the self-esteem lower levels group also had more negative emotional aspects related to the pregnancy. **Conclusion:** More than never there is a need to the health systems work as a source of support, in addition to the actuationregarding strategies development that helps to promote the self-esteem raise in women who are HIV/AINDS carrier.

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INTRODUCTION

Pregnancy consists in a physiological phenomenon, which is part of the reproductive woman's life and has the embryonic and fetal development inside the maternal womb as a characteristic fact. This time in woman's life must be seen as part of an important experience involving dynamic changes in physical, social and emotional points of view (Santos *et al*., 2015). The pregnancy is a moment of great happiness to most of the women, however, some emotional alterations have to be considered, even more if either this woman hascompromised clinical state for some pathology or grievance, or is out of a normal pregnancy period, considered facts, which can affect her psyche and her social-familiar role (Langaro and Santos, 2014). There are many infectious diseases liable of tracking during pregnancy, which their control policies and appropriate treatment can modify the neonatal infections overview. Among them, there is the infection by the Human Immunodeficiency virus acquired (HIV). Currently, the concern when it comes to infection's risks to mother and son, enhances the importance thatmonitoring as soon as possible is recommended at the beginning of the neonatal to every pregnant woman and they can be once again submitted to a new monitoring at the third quarter of pregnancy (Brazil, 2017). The infection through HIV virus, also denominated as acquired immunodeficiency syndrome, AIDS, was first described at the 80's as a clinical syndrome among people with homosexual practice, distinguished by the manifestation of opportunist infections, associated to the impairment of immunity. Over the years, Immunodeficiency cases arose also in children and they raised the vertical transmission hypothesis, from the pregnant woman to her son (Lima *et al*., 2007). The association of HIV and pregnancy is considered as a high-risk level condition. The woman suffers social discrimination and prejudice during pregnancy and childbirth. A complete and appropriate anamnesis associated to effective treatment policies and comorbidities control during prenatal, the childbirth and the puerperium are likely to reduce the risks of maternal-infant transmission to very close levels of the not infected pregnant woman (Brasil, 2018).

The pregnant woman, who lives with HIV, compared to the not-infected woman, experiences different emotional reactions, among them: fear, anxiety, insecurity, doubts, happiness and these emotional manifestations are due the seropositivity impact context to HIV, addedto the pregnancy (Brazil, 2018). On the other hand, be aware about the HIV transmission process and the recommended treatment , helps the pregnant woman to feel hopeful and see herself as a normal pregnant woman, allowing more autonomy on the gestating and preventing contamination process. Accordingly, information is a key element for the women to facewith autonomy the suffering and the decision taking along the pregnancy (Brazil, 207; Cordova et. al., 2013). It is worth mentioning, according to Cordova *et al*., (2013) that the woman'spsychological preparation must be started as soon as possible, at the prenatal and delayed way beyond the birth. It is necessary to exceed the chemoprophylaxis protocol with antiretrovirals and the recommendations related to birth and the breastfeeding contraindications. Every woman and her family must have their specific needs achieved for the reach of the integrity and humanization on caring. With this in mind, understanding the complexity of the maternity phenomenon, the HIV status and the vertical transmission as main via of infection by the HIV in childish population, studies stand out all these aspects as a psychic overcharge, specially targeted to the woman's self-esteem, which can bring psychic consequences at the puerperium time (Araújo *et al*., 2016). Self-esteem is comprehended as the appreciation made by the person about himself/herself related to his/her self-confidence and self-respect. Expressing acceptance or disgust attitude, ruled by the value judgement, being analyzed by diverse behavior and verbal reports, mostly affective (Hutz and Zanon, 2011; Castrighini *et al*., 2013). According to Hutz and Zanon (2011), the Rosenberg self-esteem scale is an instrument to self-esteem evaluation widely used. Generally, the scale analyses the attitude and the positive or negative feeling by itself. Before what is exposed, this instrument is a tool capable to assist in the identification and comprehension of people who show a bigger emotional vulnerability, consequently in need to be better taken care of when it comes to their treatmentplanning.
Low self-esteem levelsare related to the appearance of mental disorders such as depression, anxiety and somatic complaints, what can bring negative consequences between mother and newborn interaction, as well, on the child development. The authors also highlight the need to develop more articles with mothers about self-esteem and her relationship with this bond mother-son (Araújo et. al., 2016; Kotzé *et al*., 2013; Bailey *et al*., 2016). Every woman can raise her own child; she just needs to be involved, confident and looking after him/her, fact that is proportional to the bond intensity created with the child. According to results of recent studies, the woman's self-esteem level is essential fordevelopment to the attachment with the child. Therefore, when the matter is maternity, the better emotional condition the woman is, the better is the chance for a successful birth. Keeping this in mind, the study was developed from the following question: How does the self-esteem of the pregnant women with HIV/Aids present?

Considering that, according to the national literature review, there is a limited scientific production related to pregnant women self-esteem evaluation, and the high levels of self-esteem have been indicated as maternal competences predictors and of high quality to the interaction between mother and baby.The study justifies as strategy that benefits the interventions plan which enable a better quality of life to pregnant women who live with HIV/AIDS. The article was developed with the aim to evaluate pregnant women self-esteem who live with HIV/AIDS and have been attended in specialized ambulatory.

METHODS

This is a field research of a descriptive type, exploratory, cross section study with quantitative approach, performed at the Specialized Outpatient Clinic [*Ambulatório de Serviço de Atendimento Especializado*] (SAE), which belongs to the Health Integrated Center Amaury de Medeiros [*Centro Integrado de Saúde Amaury de Medeiros*] (CISAM), one of the unities belonging to the Hospital Complex of the University of Pernambuco [*Complexo Hospitalar da Universidade de Pernambuco*] (UPE). [Ambulatory of Specialized care Service, belongs to Health Integrated Center Amaury de Medeiros, one of the units belonging to the Pernambuco University Clinical Complex]. Pregnant women diagnosed with HIV/AIDS status composed the population, followed at the (SAE/CISAM/UPE). The pregnant women who had mental disorders or used psychotropic medicines were removed. The sample of the study was composed by 33 pregnant women, defined by convenience and calculated

keeping in mind the number of service, on July of 2015, from the supplied data by the Control sector and Evaluation from CISAM. The data collection was performed on August of 2015 to October of 2016. The data were collected through structured interview, consisted of two instruments application, one made of the type checklist to raise clinical and sociodemographic data, elaborated by the researchers. And, following the Rosenberg self-esteem scale was applied, version with cross-cultural adaptation, considered efficient (Hutz and Zanon, 2011). The scale proposes a unidimensional measure with ten itens aimed to evaluate globally the positive or negative attitude of the individual related to himself/herself. This is an easy application scale, developed by Rosenberg in 1965 according to Hutz and Zanon (2011), being widely used and known internationally. In Brazil, recent studies have shown this scale reliability and have highlighted the importance of its use in different populations (Maçola Vale and Carmona, 2010). According to these authors, the obtained score with the scale can differ from 10 to 40, being calculated adding the points obtained through the answers given to 10 sentences. Each sentence can receive a point from, at very least 1 and at most 4. Following the criteria (I completely agree =1 point; I agree = 2 points; I disagree = 3 points; I completely disagree =4 points). The questions that evaluate the positive feelings (questions 1, 3, 4, 7, 10) are inversely calculated, (I completely agree =4 point; I agree = 3 points; I disagree = 2 points; I completely disagree = 1 points). A satisfying sel-esteem is defined by the score bigger or equal to 30 on the Rosenberg scale and unsatisfying with the score smaller than 30 (Hutz and Zanon 2011). The data collected were compiled and saved through a distribution list of relative and absolute frequencyof variables, demonstrated by tables and graphics. The Ethic and Research Committee (ERC) from the Clinical Complex approved the survey – Academic Hospital Oswaldo Cruz (AHOC) Academic Cardiac Medical Center of Pernambuco - Professor Luiz Tavares (ACMCP), under the CAAE: 53619516.0.0000.5192.

RESULTS

This survey had 33 pregnant women interviewed, with a variation of age between 18 and 40 years old. There was a prevalence of over 20 year old pregnant women, totalizing 29 pregnant women (87, 9%), the average was 26, 5 years of age and the mode was 21 years of age. Attempting to the conjugal situation, 69, 7% from the interviewed women are married. The family income presented in 51,5% corresponds from 1 to 2 minimum salaries, 36,4% had an income higher than 2 minimum salaries, meanwhile 12,1% had an income inferior to 1 minimum salary. The value of the minimum salary at the time of the survey was R$ 880, 00. When it comes to schooling, 48, 5% from the pregnant women had finished high school. 57, 6% from these women were housewives and 84, 8% believed in some type of religion (Table 1). In accordance with was mentioned on the Table 2, there was a percent of 75,8% primigravidas among the interviewed ones, it was evidenced also, that 60% of the pregnant women were on the 2º quarter of pregnancy, related to the survey. When it comes to the gestational period issues, 90, 9% from them affirmed did not have any issue until the collection moment.66, 7% from the pregnant women said they had the HIV status diagnosis on their prenatal from current pregnancy. As long as, 30, 3% had the diagnosis in previous pregnancies. Only one interviewed pregnant woman said about her diagnosis in occasion of a quick test.

Table 1. Sociodemographic characteristics of the pregnant women. CISAM/UPE. Recife, Pernambuco (PE), Brazil, 2016

Variable	n. (33)	% (100)
Age		
≤ 19	4	12,1
20 years old or more	29	87,9
Conjugal Situation		
Single	10	30,3
Married/stable union	23	69,7
Family income		
< 1 minimun salary	4	12,1
1-2 minimum salaries	17	51,5
>2 minimum salaries	12	36,4
Schooling		
Unfinished midle school	7	21,2
Finished midle school	3	9,1
Unfinished high school	3	9,1
Finished high school	16	48,5
Finish higher education	4	12,1
Ocupation		
Housewife	19	57,6
Formal job	14	42,4
Religion		
No	5	15,2
Yes	28	84,8

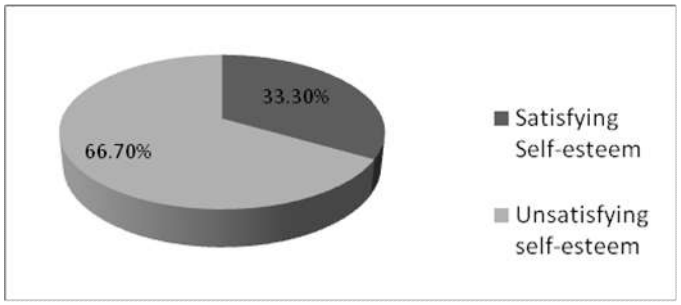
Source: Primary data CISAM/UPE.

Table 2. Pregnant women samples distribution according to clinical-obstetric backgrounds. CISAM/UPE. Recife, Pernambuco (PE), Brazil, 2016

Variable	n. (33)	% (100)
Pregnancies		
Primigravida	25	75,8
Multigravida	8	24,2
Gestational age		
1º Quarter	3	9,1
2º Quarter	20	60,6
3º Quarter	10	30,3
Health issues during current pregnancy		
Yes	3	9,1
No	30	90,9
HIV diagnosis		
Previous pregnancy	10	30,3
Routine examination	1	3
Current Pregnancy prenatal	22	66,7

Source: Primary data CISAM/UPE.

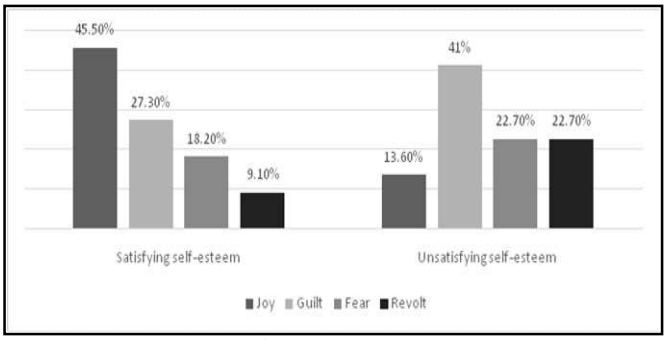
The point referring to the analysis of the questionnaire at the Rosenberg self-esteem scale showed the results may vary from 15 to 37 points. At the graphic 1, we can see most of them, this value corresponds to 66, 7%, present an unsatisfying self-esteem.



Graphic 1. Evaluation percent from the self-esteem of the interviewed pregnant women. CISAM/UPE. Recife, Pernambuco (PE), Brazil, 2016

The table 3 shows the average and the standard deviation found at the application on the self-esteem Rosenberg scale to pregnant women who live with HIV. We observe the bigger average (2,787) found was related to the question 10, in which

the interviewed people agree with the affirmative "I have a positive attitude related to myself", however they did not show total agreement (40, 0%). The question 8 presented the lower average (2,030), in which the interviewed people agreed (64, 4%) with the affirmative "I would like to have more respect for myself", but a part of the interviewed people agreed totally with this affirmative (13, 3%). The relation between variable and the self-esteem results obtained were evaluated.Whenit comes to the variable age, it was observed the women who had less than 30 years of age (63, 6%), presented unsatisfying self-esteem, whereas the women who were 30 years of age or more presented best results (72, 7%). The married/stable union women presented values equivalent mostly absolute when related to the self-esteem standard. The table 4 shows us how the pregnant women self-esteem variables relate at the data collection moment.



Source: Primary data CISAM/UPE.

Graphic 2. Percentage of the experienced feelings by the interviewed women about the pregnancy/health condition. CISAM/UPE. Recife, Pernambuco (PE), Brazil, 2016

Table 3. Average and standard deviation related to the evaluation questionnaire at the Rosenberg self-esteem scale from pregnant women who live with HIV. CISAM/UPE. Recife, Pernambuco (PE), Brazil, 2016

Items	Average	Standard Deviation
1- In group, I am satisfied with myself	2,741	1,031
2- Sometimes, I think I am not good at anything	2,433	0,858
3- I feel I have a lot of good qualities	2,727	0,801
4- I am able to do the things as good as most of the people do	2,636	0,962
5- I feel I do not have reasons enough to be proud of myself	2,545	0,794
6- I, definetly, feel worthless sometimes	2,454	0,904
7- I feel I am a valuable person, as much as the other people at least.	2,696	0,918
8 –I would like to be able to have more respect about myself	2,030	0,883
9- Generally,I am inclined to feel I am a failure	2,636	1,025
10- I have a positive attitude about myself	2,787	1,082

Source: Primary data CISAM/UPE.

Table 4. Relation between variables and pregnant women self-esteem. CISAM/UPE. Recife, Pernambuco (PE), Brazil, 2016

Variables	Unsatisfying self-esteem		Satisfying self-esteem	
	n. (22)	% (100)	n. (11)	% (100)
Age				
< 30 years of age	14	63,6	3	27,3
30 years of age or more	8	36,4	8	72,7
Conjugal situation				
Single	10	45,5	2	18,2
Married/stable union	12	54,5	9	81,8
Pregnancy				
Primigravida	20	90,9	5	45,4
Multigravida	2	9,1	6	54,6
HIV Diagnosis				
Previous to the pregnancy	-	-	11	100
Current pregnancy	21	95,5	-	-
Routine examination	1	4,5	-	-
HIV + partner				
Yes	10	45,5	9	81,8
No	12	54,5	2	18,2
Family support				
Yes	6	27,3	9	81,8
No	16	72,7	2	18,2
Affected sexuality				
Yes	20	90,9	6	54,6
No	2	9,1	5	45,4
Has suffered prejudice				
Yes	22	100	11	100
No	-	-	-	-

Source: Primary data CISAM/UPE.

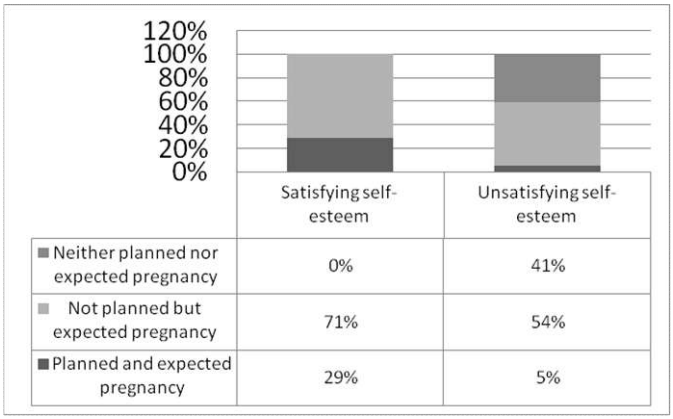
The current study covered aspects related to feelings, self-esteem, gestating situation and health condition of the pregnant women. For so, it was observed in thesatisfying self-esteem women (n=11), the feelings experienced by them wereJoy (45, 4%); Guilt (27, 3%); Fear of contaminating the unborn child (22, 7%); Revolt for her own health condition (22, 7%). As is presented in the graphic 2.

The graphic 3 presents the relation about emotional aspects related to pregnancy and the pregnant women self-esteem related to pregnancy planning.

DISCUSSION

This study evaluated pregnant women who live with HIV/AIDS and have been attended in a specialized ambulatory at the city of Recife-PE, because some articles shows that high

levels of self-esteem in pregnant women have been presented as maternal competence predictors and of high quality when it comes to the interaction between mother and baby (Cartoxo *et al*., 2013).



Source: Primary data CISAM/UPE.

Graphic 3. Relation between emotional aspects related to the pregnant women self-esteem and pregnancy.CISAM/UPE. Recife, Pernambuco (PE), Brazil, 2016

Most part of thewomen in this study was composed by women over 20 years old, teenagers were randomly excluded from the study, this is to say that the interviewed women were not suffering for hormonal alterations,common to adolescence periodwhich could have affected the self-esteem evaluation. It is possibly deductible that most of the women in this study are married/stable union, which can be an important factor for emotional stability, as long as they do not feel the weight to be the only one to take care of her house, after all they have an stable and affective bond with her partner and do not suffer social pressure for being divorced, what can directly influence her self-esteem (Cordova *et al*., 2013; Kotzé *et al*., 2015). Related to economic subject, more than 50% of women had 1 to 2 minimum salaries as family income, what decreases the social pressure to support the family and not to have any condition to take care of herself (Cartaxo *et al*., 2013; Alvarenga *et al*., 2012). A little more from 30% of the interviewed women had over 2minimum salaries as familiar income and little more than 12% of the interviewed women had only 1 minimum salary as family income, however, none of them did not claim to have an extra income, what decreases the biopsychosocial (ONU,2016). In contrast, other surveys related to socioeconomic perspective studyabout women who live with HIV/AIDS, and that present similar family income to this study are pregnant women considered as "pauperization condition" bearing in mind that a less than 3 minimum salaries familiar income does not offer enough socioeconomic condition to afor adherence and maintenance of treatment. Because there is a demand of financial resources to: good quality meal required by the treatment, appropriate transport to routine appointments, extra medications and housekeeping maintenance (Castrighini *et al*., 2013; Alvarenga *et al*, 2012).

The study highlighted that57, 6¨% of the interviewed women said not to have a remunerative activity, dedicating to housekeeping. The prevalence of HIV status women with no remunerative activity is related to a low rate of professional qualification, presented as by the reduced studying time as by the prejudice and the current social stigma related to the HIV transmission/implication (Mattos *et al*., 2014). Most of the interviewed women had finished high school, fact that can be related to the age range prevalence in the study. This situation differs to some studies that highlight the unfinished elementary school was thepredominant schoolingamong the interviewed pregnant women (Castrighini *et al*., 2013; Mattos *et al*., 2014). About spirituality, more than 80% of the women said they had some kind of religion. Some studies say religiosity and spirituality as important source of social support, having a meaningful role facing the disease (Santos *et al*., 2013). Santos *et al*., (2013), yet shows, spiritual belief people tend to stand positively before adversities, as well asat the moment of facing a health treatment or disease. Tracing the obstetric perspective, more than 90% from the interviewed women belonging to the unsatisfying self-esteem group wereprimiparous, what is, as a matter fact, a triggering factor to develop anxiety and fear to these womenregardless of her health condition (Kotzé *et al*., 2013; Jesus *et al*., 2015). Considering the complexity of the maternity phenomenon added to the seropositivity and the vertical transmission as main infection way by HIV on child population, studies highlight that all these aspects together represent anevengreater psychic overload, especially directed to the woman self-esteem (Cartaxo *et al*., 2013). The self-esteem constitutes as an essential aspect when related to the formation and keeping of hope, health and quality of life. The people who live with HIV/AIDS can have their self-esteem impaired due social impact that the infection can cause on their lives, associated to the disease stigma, potentially fatal; however, the infection also causes physical and social limitations in individual's life, such as loss of a life project, habits' remodeling, and the need offacing new limitations at their workplace and familiar context (Castrighini *et al*., 2013; Maçola *et al*., 2010).

In this study 66, 7% of the women presented unsatisfying self-esteem, what was expected due to these mother's clinical picture. According to some other studies other chronic disease's patients presented better levels of self-esteem, what enchances the idea of lower levels for people who live with HIV, when compared to other pathologies bearers. These levels influence in personal confidence and self-appreciation, therefore, it is noticed the low self-esteem takes the individual to disinterest about his/her self-care and self-respect (Neves *et al*., 2012). While the sociodemographic data related to self-esteem levels were analyzed, it was possible to bring to a conclusion that the women who had presented unsatisfying self-esteem had an age range over 20 years old and they were married/stable union. In contrast to other studies whereas was said married/stable union older women had a tendency to have elevated self-esteem levels, due to maturity for understanding and conviviality with their diagnosis, added to the fact of having a steady partner, consequently they feel safe when it comes to their relationship (Castrighini *et al*., 2013). HIV diagnosis moment represents an important mark, in which, women who had their diagnosis during their current pregnancy represented 95,5% from the ones who had unsatisfying self-esteem, as long as 100% from the ones with satisfying self-esteem found out about the Infection at moments previously to pregnancy. The literature reveals the pregnancy is a moment with combination of anxiety feelings and a wish for perfect pregnancy, so the women who receives the diagnosis about any infection or issue along this period, they experience serious risks to develop emotional alterations and/or mental issues (Kapetonovic *et al*., 2014; Turan *et al*., 2014). The fact the partner to be a HIV bearer contributes, significantly to a pregnant woman satisfying self-esteem acquisition. These facts corroborate with the studies of Araujo and collaborators

(2016), on which was demonstrated the women who had a HIV status husband had higher levels of self-esteem, confidence and reliability. The author says these women feel more prepared to pregnancy compared to those who have incompatible husbands (Araújo *et al*., 2016).

It's noticeable the most of women who presents unsatisfying self-esteem declare not to have support from family when it comes to their diagnosis, as long as 81,8% from pregnant women with satisfying self-esteem claim recieve this kind of support. Studies highlight the fundamental role of established, social and affective relationships in satisfaction and keeping of such need because it was verified the patients with satisfaction on social support present better perception in life quality, and it can be an attenuating factor about their negative impact of seropositivity on infected people's lives (Nel and Later, 2011).
All interviewed pregnant women regardless of third self-esteem results said they suffered or had already suffered, at some point, some kind of prejudice related to their health condition. The HIV status people live in a panorama surrounded by fear, prejudice, abandonment, guilt and exclusion, what causes a lot of suffering. In this case social support is paramount, turning in to possible the decrease of health impact on mental health (Kotzé *et al*., 2013; Bailey *et al*., 2016). The diagnosis psychosocial impact and the antiretroviral therapy of people who live with HIV/Aids seems to contribute on social representation of the disease (Murphy *et al*., 2012). In this study , on pregnant women emotional aspect , the data showed a predominance of the joy feeling (45,4%) in the group of satisfying self-esteem women (n=11) agreeing with Murphy *et al*.,(2012) when he affirms at his research that some mothers relate the pregnancy arouses on them feelings of hope, joy and motivation to take care of their health. As a result, even thought these women experience the burden of living with HIV, the pregnancy can be reasoned for the fact of these women be capable to make a better use of their internal and external resources to face their health reality, and for so, dealing with emotional releases (Marçola; Vale and Carmona, 2010; Kapetanovic *et al*., 2014).

On low self-esteem pregnant women, the negative feelings were more prevailing, showing that low self-esteem individuals are more susceptible to emotional instabilities and psychological unbalance (Kapetanovic *et al*., 2014). The guilt feeling (41%) led these women's feelings at the research moment. The pregnant women guilt feeling can be related to the not use of sheaths, or antiretroviral therapy adhesion or even a punishment for mistakes made previously and the thought of them and their children being punished by past mistakes (Castrighini *et al*., 2013). In addition, relating emotional aspects such as the ones related to pregnancy and interviewed women self-esteem, it was identified on most of the satisfying self-esteem women their pregnancy was not planned (71%), but it became desired for this same group. On the unsatisfying self-esteem pregnant women group, the pregnancy was planed for (5%) and desired for 60% of them. So, it was considered that the lack of planning on pregnancy influenced negatively on their self-esteem. According to Santos and his collaborators (2013), unexpected pregnancy worries women for different reasons: woman's health as complicating pregnancy factor; partner relationship breakup and financial impact over family. Considering the unplanned pregnancy and its interference on bond formation between mother and son, Santos also highlights, due to other problems, not to have desired or planned the childbirth makes many women get surprised and confused about the maternal role, showing difficulties on bond development (Santos *et al*., 2013). On sex life aspects, in the current study, there were a prevalence of the affected sexuality life women after diagnosis on both groups. According to Oliveira and Moreira (2016), was identified on their studies factors that covers types of sex difficulties on seropositivity women's life. Here they are: Diagnosis impact, transmission concern or co-infection and emotional aspects. However Santos *et al*., (2013) and Souza *et al*., (2016), highlight the most disturbing concern for these women is the virus transmission, what can cause anxiety and, as consequence, distance and more difficulty to sexual intimacy. Thus, these women hide in silence because of their condition and keep lonely in their anguishes and fears (Castrighini *et al*., 2013; Kapetanovic *et al*., 2014). The diagnosis revelation, in women's case, has a negative connotation on their image, since the disease, nowadays, is wrongly related to sexual promiscuity. This situation creates fear of ethical judgement and, then an emotional suffering which can cause their relationships decline, their sexual devaluation and sexual activity inhibition (Castrighini *et al*., 2013; Souza *et al*., 2016; Bernier *et al*., 2016).

Conclusion

From the performed study it is possible to analyze there is a prevalence of low self-esteem pregnant women, especially among those women who have no partner or family support on your clinical picture or gestating situation. So, this study collaborates with an increase purpose to the HIV/AIDS women's assistance making aware about the need to recognize the low self-esteem collaborates to a worse clinical picture. It interferes directly on mother's role development and yet the affective bond between mother and baby. Thus, it is essential for the health services start to work as a support source, besides acting with strategies development that assist on promoting self-esteem increase of the women who live with HIV/AIDS.

REFERENCES

Alvarenga P, Dazzani MVM, Alfaya CAS, Lordelo ER, Piccinini, CA 2012. Relações entre a saúde mental da gestante e o apego materno-fetal. *Estudos de psicologia.* 17(3): 477-484.

Araújo RT, Oliveira GM, Carvalho MFAA, Teixeira MA, Coelho EAC. 2016. Percepção de mulheres soropositivas para o HIV sobre direitos reprodutivos. *Revista de enfermagem UFPE;* 10(8):3028-3033.

Bailey H, Malyuta R, Semenenko I, Cortina-Borja M, Thorne C. 2016. Prevalence of depressive symptoms in pregnant and postnatal HIV-positive women in Ukraine: a cross-sectional survey. *Reproductive Health.* 13:27. doi:10.1186/ s12978-016-0150-z.

Bernier A, Lefèvrea M, Henrya E, Verdesb L, Acostac ME, Benmoussad A, Mukumbie H, Cisséf M, Otisg J, Préauh M. 2016. HIV seropositivity and sexuality: cessation of sexual relations among men and women living with HIV in five countries. AIDS Care. 28(sup1):26-31. doi:10.1080/09540121.2016.1146208.

Brasil 2018. 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 / 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. – Brasília: Ministério da Saúde. 412 p.

Brasil. 2017. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/AIDS e das HV. Prevenção Combinada do HIV. p. 123.

Cartaxo CMB, Nascimento CAD, Diniz CMM, Brasil DRPA, Silva IFD 2013. Gestantes portadoras de HIV/AIDS: aspectos psicológicos sobre a prevenção da transmissão vertical. *Estudos de Psicologia. São Paulo:*18(3): 419-427.

Castrighini, C. de C, Reis RK, Neves LADS, Brunini S, Canini SEMS, Gir E. 2013. Avaliação da autoestima em pessoas vivendo com HIV/AIDS no município de Ribeirão Preto-SP. Texto contexto - enferm. 22(4):1049-1055. doi: 10.1590/S0104-07072013000400022.

Cordova FP, Innocente AP, Luz AMH, Silva EF. 2013. Mulheres soropositivas para o HIV e seus companheiros frente à decisão pela gestação. *Revista Brasileira de Enfermagem.* 66(1): 97-102.

Faria ERD, Gonçalves TR, Carvalho FTD, Ruschel PP, Lopes RDCS, Piccinini CA 2013. Apego materno fetal em gestantes que convivem com HIV/Aids. Estudos de psicologia. 18(2): 231-239.

Hutz CS, Zanon C 2011. Revisão da adaptação, validação e normatização da escala de autoestima de Rosenberg: Revision of the adaptation, validation, and normatization of the Roserberg self-esteem scale. Avaliação Psicológica. 10(1):41-49.

Jesus MMS, Leite EPRC, Nogueira DA, Clapis MJ. 2015. Ansiedade e depressão na gravidez: caracterização de gestantes que realizaram pré-natal em unidades públicas de saúde. Rev enferm UFPE on line. 9(7): 9027-9037.

Kapetanovic S, Dass-Brailsford P, Nora D, Talisman N. 2014. Mental Health of HIV-Seropositive Women During Pregnancy and Postpartum Period: A Comprehensive

Kotzé M, Visser M, Makin J, Sikkema K, Forsyth B 2013. Psychosocial factors associated with coping among women recently diagnosed HIV-positive during pregnancy. *AIDS and behavior.* 17(2):498-507. doi:10.1007/s10461-012-0379-7.

Langaro F, Santos AHD 2014. Adesão ao Tratamento em Gestação de Alto Risco. Psicologia: Ciência e Profissão. Brasília. 20(3):625-642.

Lima SS, Souza LC, Santos MV Dos, Martins JP, De OMC, Brasileiro ME 2017. HIV na gestação: pré-natal, parto e puerpério. *Ciência e Saúde.* 10(1):56–61.

Linkage to HIV care, postpartum depression, and HIV-related stigma in newly diagnosed pregnant women living with HIV in Kenya: a longitudinalobservational study. *BMC Pregnancy Childbirth.* 14:400. doi: 10.1186/s12884-014-0400-4.

Literature Review. AIDS and behavior. 18(6):1152-1173. doi:10.1007/s10461-014-0728-9.

Maçola L, Vale IND, Carmona EV. 2010. Avaliação da autoestima de gestantes com uso da Escala de Rosemberg. *Rev. Escola de Enfermagem da USP.* São Paulo, 44(3):570-577.

Mattos JGS, Gomes NDS, Barichello I, Silva SRD 2014. Imagem corporal de gestantes portadoras do vírus da imunodeficiência. *Enfermagem Obstétrica.* 1(2):51-56.

Murphy P, Cocohoba J, Tang A, Pietrandoni G, Guglielmo B 2012. Impact of HIV-specialized pharmacies on adherence and persistence with antiretroviral therapy. *AIDS patient care and STDs.* 26(9):526-531.

Nel A, Kagee A 2011. Common mental health problems and antiretroviral therapy adherence. Aids Care: psychological and socio-medical aspects of AIDS/HIV.23 (11):1360-1365. doi: 10.1080/09540121.2011.565025.

Neves LAS, Canini SRM, Reis RK, Santos CB, Gir E. 2012. Aids e tuberculose: a coinfecção vista pela perspectiva da qualidade de vida dos indivíduos.Rev Esc Enferm USP. 46(3):704-10.

Nogueira GS, Seidl EMF 2016. Associação entre percepção de doença e ansiedade, depressão e autoeficácia em pessoas com HIV/Aids. *Temas em Psicologia.* 24(2):595-608.

Oliveira PA, Moreira ACG 2016. Trauma e feminilidade na clínica com mulheres vivendo com hiv/aids. Polêm!ca. 16(4):001-010.

ONU 2016. Princípios de Empoderamento das Mulheres. United Nations Global Compact, p. 1-24.

Santos ABD, Santos KEP, Monteiro GTR, Prado PRD, Amaral TLM 2015. Autoestima e qualidade de vida e uma série de gestantes atendidas em rede pública de saúde. Cogitare enferm. 20(2):392-400.

Santos WS, Medeiros M, Munari DB, Oliveira NF, Machado ARM 2013. A gravidez e a maternidade na vida de mulheres após o diagnóstico do HIV/AIDS. Ciência, Cuidado e Saúde. 11(2):250-258.

Souza Neto VLD, Silva BCOD, Rodrigues IDCV, Costa CDS, Mendonça AEOD, Negreiros RVD 2016. Sorodiscordância na atenção às pessoas com HIV/AIDS: implicações para o enfermeiro. Rev. pesqui. cuid. fundam. 8(4):5184-5192.

Turan B, Stringer KL, Onono M, Bukusi EA, Weiser SD, Cohen CR, Turan JM 2014.

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