[www.reciis.cict.fiocruz.br]
e-ISSN 1981-6278

Original article

HIV/AIDS, reproductive rights and reproductive technologies: mapping different perspectives

DOI:10.3395/reciis.v4i5.368en

Eliane Portes Vargas
Instituto Oswaldo Cruz-Fiocruz, Rio de Janeiro, Brasil.
epvargas@ioc.fiocruz.br

Ivia Maksud
Instituto de Saúde da Comunidade/Universidade Federal Fluminense, Niterói, Brasil
iviamaksud@gmail.com

Luciane da Costa Moás
Instituto de Ciências Humanas e Sociais da Universidade Federal Rural, Rio de Janeiro, Brasil
lumoas@yahoo.com.br

Ruth Britto
Centro Universitário Plínio Leite/UNIPLI, Niterói, Brasil
ruth.britto@gmail.com

Abstract

This work aims to understand how the HIV/AIDS issue has been questioned in the Public Health field, in its interface with the field known as "sexual and reproductive rights" and reproductive technologies as a technological innovation still seldom discussed in the context of public health policies. Therefore, it examines the current debate milestones encompassing medically assisted reproduction, in view of the different approaches found in the academic literature on the subject within the scope of public health policies aimed at HIV/AIDS and for women. We assume that historical issues and policies concerning the build-up of these fields are reflected in the way this topic, still uncommon in the examined literature, has been discussed. The developed analysis is supported on available studies on this field, official documents and print media, and brings together a collection of reflections on the themes assisted reproduction, HIV/AIDS and reproductive rights.

Keywords

HIV/Aids; reproductive technologies; reproductive rights

In the context of HIV/AIDS, the assisted reproduction techniques have been developed in some European countries and the United States since 1992, but consist of technological innovation still seldom discussed in the context of public health policies. In Brazil, some private clinics and public universities perform such procedures, and there is even an initiative, still incipient, of the Ministry of Health to provide this capability in public health.

Thereafter this work seeks to understand how the HIV/AIDS issue has been questioned in the Public Health field, in its interface with the field known as "sexual and reproductive rights" and reproductive technologies. Broadly the objective is to bring forth the milestones of the current debate encompassing assisted reproduction, in view of the different approaches found in the academic literature on the subject within the scope of public health policies aimed at HIV/AIDS and to women . The analysis is supported on available studies performed in this field, official documents and print media, and brings together a collection of thoughts on the assisted reproduction, HIV/AIDS and reproductive rights. The dissemination of information on the subject on media in Brazil already has been the focus of the studies due to their relevance in the production of science and dissemination of scientific knowledge. Generally the media become, therefore, key channel for the dissemination and popularization of health related issues. Taking these aspects and low visibility and public debate on the issue into account, we identified materials available on the subject since 2001.

A survey on the relevant literature production showed almost no analysis of assisted reproduction for HIV/AIDS, particularly regarding to examine the reproductive rights and to discuss reproductive technologies. The arguments raised by different stakeholders on the subject - linked to social movements and government departments are available in

dossiers, bulletins and print media - point to an intermittent debate, with different positions, ranging from claims of comprehensive care to seropositive people to questions about spending priorities in policies for HIV/AIDS and the state's role as a funder of this procedure. The assumption is that historical issues and policies concerning the build-up of these fields are reflected as dissociated as this subject has been discussed, in which little expression of the tensions present in public debate, still rare in the researched literature, is shown.

In the reproductive experience the representation of individual "choice" and "freedom" prevails (VARGAS *et al.*, 2007, and this occurs in sexual experience also (VARGAS *et al.* 2010). This ideological property in the sexuality and reproduction field is also a fundamental premise of sexual and reproductive rights (CORRÊA *et al.*, 2003; BARBOSA et al., 1997). It should be noted that the reproductive decision is enhanced by reproductive technologies. In this direction, the analysis of the uses and values of the desire to have children among different groups shows the connections between reproductive practices and medicalization, as well as a strong association between desire to have children and medical conceptive technologies, since they are characterized as a modern way, increasingly popularized and medicalized, to conceive.

Several studies suggest that assisted reproductive technologies allow dissociating: sexuality and reproduction; conception and affiliation; biological affiliation, and affective and educational links; and biological mother, educator and tutor mother. These studies cover a range of controversial issues, regarding the beliefs, representations and reproductive practices, as interplay between medicine and reproduction (CORRÊA, 2001), and sexuality and reproduction (SALEM, 1995; NOVAES *et al.*, 1995; PIQUOT, 1997). Through these perspectives, there are intricate relationships between the female body, medicine and reproduction, as a consequence of a historical process in which the theme of technological innovations in the reproductive medicine field is a recent phenomenon, and is still most its recent approach to the HIV/AIDS theme.

The text herein presented is structured in three parts: the first part describes the current HIV/AIDS situation in Brazil, the emergence of discussions on human reproduction in this scenario and describes government initiatives in this field; the second part shows how the assisted reproduction related to HIV/AIDS has been thematized in available literature and highlights the involved aspects; and finally, the third part shows evidence of current controversies surrounding the broader inclusion of reproductive technologies in the health system and focus on the HIV/AIDS theme.

HIV/AIDS and reproduction: epidemic context and government initiatives scenario

The epidemiological profile of HIV/AIDS that is embedded in Brazilian society today reflects growing number of AIDS cases in women, especially in the lower income class and in the periphery of urban centers (BRASIL, 2007). Decades ago, the data indicated a predominance of cases among men, a situation that was sharply and not so recently changed. Between the years 1980 and 1990 the male/female ratio of cumulative AIDS cases was 6:1 (in the early 80s, this ratio was around 25:1), and is currently 1:1 (BRASIL, 2006).

Since 1996, with the provision of free and universal antiretroviral drugs (ARVs) by the Brazilian government, the expectation and quality of life of seropositive people has extended. AIDS is now considered treatable chronic disease, and lethality of the epidemic in Brazil has decreased significantly. It is reasonable to suppose that these changes bring to the virus carriers an enhancement of the future perspective and encourage the investment projects in guiding everyday life. In this sense, the emergence of reproduction project is a particular case, in which it is expressed in a broader process of the redefinition of the relationship between the subject and disease (MAKSUD, 2002, 2007).

In addition to individual care, antiretrovirals bring up a symbolic revaluation of the reproductive process, previously considered incompatible with the virus presence, against the possibility of to be transmitted to the fetus. Currently, there are technical possibilities available in health services for seropositive women who wish to become pregnant. In public services, there is treatment with specific drug (AZT) for pregnant seropositive women . The more specifically epidemiological literature informs that the Protocol Nr 076, clinical trial that proved the effectiveness of the AZT drug to prevent perinatal HIV transmission (from mother to child), is a milestone in the field (GRINSTEJN, 2002). From this protocol, there have been several others, whose recommendation presents the drug as an effective therapeutic use, even by women in more advanced case of the disease (GRINSTEJN, 2002). With the availability of this particular product, the perinatal transmission rates strongly fall. As the literature reports (SAUER, 2003; FAUNDES, 2002; MAKSUD, 2002), on average, the risk of transmission is around 2%.

In 2001, the Center for Human Reproduction of Unicamp (Cemicamp) performed - in the first time in Latin America – a purified fertilization with sperm from a seropositive (FOLHA ..., 2001). In that year, Cemicamp offered treatment, but not afforded the medicine costs, which were imported (FOLHA..., 2001). In 2003, the Special Secretariat of Policies for Women

of the Presidency (SPM) was created, to play an important role as articulator of federal government policies toward women. In 2004, the National Plan for Women (PNPM) was launched. Its goals were "to promote universal access to comprehensive care in STD/AIDS for women; to reduce vertical transmission of HIV and syphilis; to promote quality of life of women living with HIV/AIDS in the context of human rights, sexual rights and reproductive rights" (MINISTÉRIO..., 2008a), aiming to address the feminization of the HIV/AIDS and other STDs.

One of the activities under the program was the formation, in 2005, of a workgroup (WG) to structure an integrated agenda for effectuation of reproductive planning in couples living with HIV as part of the National Policy of Comprehensive Care in Assisted Human Reproduction/adoption under the Braziian Unified Health System (SUS) . The project was part of Sexual Reproductive Rights Policy, launched by the Health Minister Humberto Costa, at the International Women's Day of 2005. Among the proposals of the National Plan on Sexual and Reproductive Rights for the WG, was the creation of 21 centers for assisted reproduction for infertile couples, six of these centers for the HIV patients (MINISTÉRIO..., 2005). This group was formed by several scientists and activists from Brazil who were somehow involved with the subject.

This guideline contained some criteria, both social and medical, to perform the procedure. According to a news story, "before treatment, the couple would have the option of adopting a child" and "couples with genetic disease or infectious diseases, like HIV and hepatitis B, also would have assistance in order to avoid transmission of diseases for babies" (AGÊNCIA..., 2005). The work of this WG resulted in the publication of Ordinance 426 (BRASIL, 2005), which established, within the NHS, the National Policy for Comprehensive Care in Assisted Human Reproduction by the Ministry of Health, whose programmatic bases predicted the primary, middle and high complexity in health care to couples with fertility problems, suffering from infectious diseases such as viral hepatitis, syphilis and AIDS, or genetic, but wanting to have a child (BRASIL, 2005).

In 2007, the SPM and the Ministry of Health (the National AIDS Program and the Technical Area of Women's Health) launched the Integrated Plan to Combat the AIDS Epidemic Feminization and other STDs, which includes the "women and their specificities" without no mention to reproduction and HIV. With the recent ministerial changes, nothing else has been expressed publicly or on the ordinance on the issue of assisted reproduction for seropositive in public health. Throughout the discussion process, many controversies have been generated, as will be shown later.

In February 2008, the current Minister of Health, José Gomes Temporão, has publicly stated that More Health Project (Projeto Mais Saúde), "which aims to increase access and quality of services provided by the Brazilian Unified Health System", among other sets of actions, "will be investing in sexual and reproductive rights, by creating of centers for assisted reproduction" (BRASIL, 2008a). The document, however, makes no mention of assisted reproduction for HIV carriers, but refers to the increase of the supply of contraceptive methods (contraceptive, diaphragm, condom, IUD) and the implantation of assisted reproduction centers in five federal universities until 2011 (MINISTÉRIO..., 2008a).

Nowadays there is silence on the assisted reproduction and HIV/AIDS subject, and no documents are available to inform the current status of this debate.

Assisted Reproduction, HIV/AIDS and reproductive rights: involved aspects

The literature on assisted reproduction and HIV/AIDS in the social sciences is scarce in Brazil, but has been booming in biomedical fields. Aiming to understand the diverse way in which the subject matter is outlined, a research on the Scielo Brazil database was made, to find articles on the topic produced until 2009, by using a combination of descriptors: reproductive technologies, assisted reproduction, reproductive rights; HIV/AIDS; reproductive health; and reproduction. Only 10 texts that deal with HIV-related reproduction was found.

There was no significant investment by the researchers, on topic discussion on seropositive reproduction, in the articles reviewed so far. Besides this, we made a survey of 44 articles on family planning, published in the SciELO database in the same period. That indicated the centrality of the contraception actions in analysis of family planning (WILLELA *et al.*, 2009). That survey, however, did not result in articles that contiguously addressed topics reproductive technologies and HIV/AIDS.

Aquino (2006) conducted a study aiming to describe the profile and trends of scientific activity on gender and health in Brazil, from a large survey that included, in addition to articles in periodicals, the thesis database of CAPES. According to the author, the results confirm the marked growth of scientific production, and 98 master dissertations, 42 doctoral thesis, and 665 articles on gender and health were found. It is intriguing to note that among the subjects divided into five subgroups by the author, the STD/AIDS featured prominently in the subgroup sexuality and health.

Codes *et al.* (2002) analyzed the prevalence of STDs, among them, the HIV infection among women in a family planning clinic of the Public Health System, and investigated

the relationship of these women to health services. Despite locating its discussion in the context of reproductive health, the tone of the discussion was the contraception, and the issue of reproduction itself was not addressed. Hassen (2002) discussed a method of intervention in the popular groups, covering topics related to sexuality and reproductive health. In this article, the reproduction subject appears to be related to the topic of teenage pregnancy, which was a problem for the group of women studied.

Increasing production on the theme of youth and AIDS has been seen in recent years. However, in most scientific articles, the AIDS subject is not linked to reproduction, instead, again, to sexuality. Ventura and Correa (2006), when discussing the cultural and legal constructs around sexual and reproductive rights of adolescents, show that from the expansion of human rights a real change in social habits was produced. The authors show the difficulties of the Brazilian scenario to enforce and interpret the specific legislation, especially in dealing with adolescent sexuality and reproduction.

Peres et al. (2002) discussed practices and attitudes related to AIDS prevention among male adolescents in a detention center in the State Foundation for the Welfare of Minors (Febem) in São Paulo. The authors conclude that these teenagers had elevated risk of acquiring HIV. However, no specific discussion on reproduction and AIDS is made in the article. Another text (PAIVA et al. 2002a) strives to describe the overcoming of the notions of "risk group" among young people of São Paulo, from the discussion on prevention projects that highlight, for example, the reproduction subject. Silva et al. (2002) also addressed the youth subject, focusing specifically on the young male, from the values spread among professional football players. The researchers show that the group had a high degree of information regarding the ways of HIV transmission and low level of knowledge about reproduction and STDs.

Diaz (2005) evaluated three programs of sex education and citizenship in public schools of Rio de Janeiro, Belo Horizonte and Salvador, through a cross-sectional study that compared adolescents from the 5th to 8th grade who participated in the projects, with adolescents from non-participants schools. The survey results show differences regarding the learning of young people, according to the place searched, but stressed that in all cases, there was an understanding of the AIDS theme, which was not directly associated with the reproduction theme.

Only two articles from this survey point reproductive decisions against AIDS: Santos et al. (2002) investigate issues relating to sexuality and reproductive health of seropositive women, including access to prevention practices, adherence to treatment and reproductive decisions, from the exploratory study conducted in 1997 at a clinic for a referral center in the sexually transmitted diseases and AIDS field, located in São Paulo. The authors conclude that the intention of having children does not change substantially in women, as a consequence of HIV infection.

Paiva *et al.* (2002b) conducted research with 250 men (heterosexual) HIV carriers, on reproductive health subject, and compared these data with studies among seropositive women. The authors show that 43% of men and 20% of women want to have children, especially those who have no children. The authors report also that the level of reproduction among seropositive people is still low. In this article, the assisted reproduction subject is mentioned as a possibility, although not associated with the data collected and used for discussion throughout the text.

Studies on human reproduction in general and particularly those that focus on individual reproductive decisions, as part of marital heterosexual relationship, have assumed increasing importance in discussions on HIV/AIDS. Moreover, they are consistent with the current trends of the HIV/AIDS, especially, its feminization trend, which indicates that most women who acquire the HIV virus are found in reproductive age. Thus, reproductive decisions in the context of marriage between people who are - at least one of them - seropositive, suffer through the affirmation of values, interference in marital relations by the family and peers network (KNAUTH *et al.* , 2002; MAKSUD, 2002). Thus, it can also be said that doctors and other health professionals contribute to this statement of values and meanings related to reproductive choice.

Regarding the debate on assisted reproduction procedures related to HIV/AIDS, Faúndes (2002) demonstrates that the seropositive reproduction can be made in two forms. One is for women with HIV: prevention of vertical transmission, with the use of AZT and caesarean section prior to rupture of membranes, which reduces the risk of perinatal transmission of HIV to 2%. The other is the assisted reproduction for couples where the man is seropositive and the woman is soronegative . The fertilization with purified sperm from seropositive, or "sperm washing", is a specific type of assisted reproduction, through the elimination of the virus in semen, thus allowing a seropositive man and a seronegative woman to have a child without HIV transmission (FAUNDES, 2002) .

This new field of HIV/AIDS highlights issues that go beyond the technical expertise, and are linked to values that govern perceptions about HIV/AIDS, when it comes to reproduction. Some studies indicate, for example, health

professionals' fear in relation to seropositive reproduction. Considering the low percentages of perinatal HIV transmission in the case of pregnant women who use anti-retroviral drug (GRINSTEJN, 2002), the factor that is symbolically associated with seropositive reproduction of HIV-positive man or woman appears to be largely a "social risk" (MAKSUD, 2002, 2007, 2009; PAIVA, 2007). This is a point of tension with regard to prevention of vertical transmission, on the one hand, and the free exercise of reproductive rights (BARBOSA *et al*., 1997), on the other hand.

It is worth reflecting on some symbolic issues, raised from the sperm-washing, since thoughts in the social sciences have pointed out that the development of modern conceptive technologies replaces the female reproductive body as a focus of interest in medicine (CORRÊA, 1998, 2001; LUNA, 2004; NOVAES *et al.*, 1995; RAMÍREZ-GÁLVEZ, 2003; STOLCKE, 1998; TAMANINI, 2003; VARGAS, 2006). In the specific case of sperm washing, besides placing the man at the center of the debate on reproduction, driving the values of a social phenomenon seen as feminine, the ideal plan of reproductive rights is maintained and made possible from this technique, which offers the real possibility of a medical posture favorable to reproduction in the AIDS context. Moreover, with sperm washing, seropositive reproduction would be no longer a risk, in terms of transmission to the partner and to the child .

According Faúndes (2002), until recently ago, a pregnancy for a serodiscordant couple or seroconcordant would bring undesirable consequences, such as frequent hospitalizations, children abandoned or orphaned, low quality of family life. Faúndes shows that the attitude of medical institutions had always been negative, and their concern, despite the couple and their children, was the exposure of health workers to HIV (FAUNDES, 2002). According to this article it can be seen that medical journals, medical societies and the legal sphere expressed opinion rigidly opposed to the sterility treatment in seropositive couples by 1996.

With the approval of assisted reproduction for seronegative people in 1997 by the International Federation of Gynecology and Obstetrics (IFGO), the reproduction centers now require HIV testing for couples, but the legal recommendations, in particular, indicated that doctors would reserve the right to refuse treatment in assisted reproduction in these cases. Faúndes (2002) recalls the resolution of the Federal Council of Medicine from 1992, to give the assisted reproduction, since that the effective probability of success exists and do not incur a serious health risk to the patient or possible descendant.

The representation of reproductive technology resources, in order to equate the absence of children within marriage, has been characterized as desired or preferred way of solving this problem, especially among the upper class of the population or more privileged with material conditions that guarantee access to such resources. The problems created by non-reproduction, the manifestation of the desire to have children - either because of infertility, medically defined as a category, disease or condition, which includes the HIV/Aids are faced today with resources advanced medical technology and, following a historical tradition, women were more likely to use (ROHDEN, 2002; VARGAS, 2006).

Currently, there is no law in the formal sense (discussed, voted and approved by regular legislative process) on assisted reproduction. The New Civil Code (Law Nr. 10.402/2002) addresses a few questions on the subject. Regarding the definition of kinship, there is no provision on access to new reproductive technology, supervision of clinics, risks, etc. Since 1990, there are law projects on the subject in the National Congress. Although the first test tube baby in Brazil was born in 1984, only the Resolution Nr. 1358/92 of the Federal Council of Medicine (CFM) is applied, which has no law force but remained the major reference for the application of these reproductive techniques.

This fact becomes interesting for two aspects: in the absence of law, CFM takes the regulation place occupied by it, and the law issue has generated an expectation around the advent of a new law, as if the legislation itself were able to solve highly complex issues, most of the time (MOAS, 2006). The current legislative debate on the use of reproductive technologies illustrates this perspective, since the building of consensus related to health issues is facing interpretative ambiguities regarding the admission of women and men without partners and homosexual men and women to that resource (DINIZ, 2006).

Reproductive technologies and HIV/AIDS: controversies of its inclusion in the public health system

The current development of assisted reproductive technologies in addition to a number of factors related to the HIV/AIDS context makes up a scenario that potentially includes the reproduction among seropositive people. Among these elements, the highlights are the production of more effective drugs, the success of the policy of free and universal distribution of antiretroviral drugs by the Health Ministry, the methods of controlling the risk of "vertical transmission" of HIV/AIDS , and finally, the feminization of the epidemic

itself, since women of reproductive age are now the key stakeholders of the AIDS epidemic (KNAUTH *et al.*, 2002; MAKSUD, 2002, 2007, 2009).

However, the controversies on the assisted reproduction and AIDS subject are not few. On one hand, there is the demand of social movements and political will of technicians with an engagement history in health reform and the construction of a public health system committed to the rights of the people. On the other hand, there are arguments about whether assisted reproduction is a right, should it be funded by State and what the priority of spending for AIDS policies.

In 2005, when the federal government constituted a workgroup to draft a proposal for assistance on medically assisted reproduction for serodiscordant, seroconcordant and infertile couples, a news story (FOLHA..., 2005) illustrated the polemic. The news mention the reproduction as a right guaranteed by the Constitution, but opposes its viability in the public health system, claiming that there are measures considered more urgent to be taken by the National Program of STD/AIDS to control the epidemic. Examples of such measures are prevention programs and the production of raw materials for manufacturing the anti-retrovirals.

In addition to these priorities, the news hint at problems arising from lack of information from the government, about the demand for this type of procedure due to underreporting of cases and, consequently, the high cost of reproductive technologies. The reproduction technique used for seropositive men to become father would be the most expensive assisted reproduction, amounting to four times the cost of artificial insemination. The news said the high costs, coupled with a high number of seropositive people in Brazil and also to the high estimate of unknown cases of people living with the virus, are the alleged reasons for the restrictions on the proposition of universal right of reproduction provided in the constitution: If the door to assisted reproduction is opened, everyone will have the right to the technical skills (FOLHA..., 2005).

As for the health system in Brazil, the disclosure of the inclusion of assisted fertilization procedures in SUS expresses opinions that put under scrutiny the universal access to it by various social groups, among others, those with low income. An article on the subject of Reproductive Health in the News Bulletin (BOLETIM..., 2005), reports that among the technicians working in public health policies, the opinions favorable to the inclusion of reproductive technologies rely on the fight against birth control, which hooks up to assisted reproduction to the more favored strata of the population.

The positions contrary to the offering of IVF in SUS raise questions about issues relating to health, as the possibility of multiple pregnancy (triplets or quadruplets) in low income couples and the complications of this kind of childbirth. Concerns about the availability of genetic testing are also highlighted, since abortion - prohibited by law - in case of the diagnosis of genetic disease, could be triggered.

As for the readers of the newspapers referred to in this news, those who were against the program for health care to infertile couples with low incomes are mentioned. The allegations focus on poverty and birth control issue: "why to give birth to another poor in this country?"; "it would be more appropriate to replace the word fertilization by the birth control" and, still, there is mention to a reader who called the proposal unnecessary and populist (BOLETIM..., 2005; VARGAS, 2006). This is a clear example of causal relationship, present in the media, between fertility and poverty, based on the perception of demand for fertility regulation among popular groups.

This reductionist thinking, which often leads to the crime/poverty relation (HEILBORN, 2004), persists in spite of the results of a research, which inform the contrary: the Brazilian demographic profile is close to the European countries profile (BERQUO et al., 2004). Likewise, if one considers the kind of thinking, the infertility problems were excluded as a relevance topic to poor women. It is easy to suppose that this thinking extends to disease situations, like AIDS, in these groups. This view fails to consider the cultural meanings of motherhood for Brazilian society, especially for people participating in what is known, ideally from popular segments (HEILBORN *et al.*, 1997; MAKSUD, 2002, 2007; VARGAS, 1999).

The voice of the assisted reproduction experts also speaks in favor of including treatments in SUS. Such demands converged between users and experts are based on a concept of right to health as a universal principle, as it is conceived as "for all" and as "the duty of the state". However, it is notable that there are different logics governing the distribution of resources allocated to health, in particular, focused on reproduction. While recognizing the progress of the actions of contraception that are considered example of the implementation of reproductive rights in the country, the predominant use of female contraceptive methods in relation to the male shows gender inequality and the female body becomes the privileged locus of medical interventions.

It should be highlighted a contrasting difference between the investment in resources required for provision of contraception to couples who need them and those required by the development of medical technologies for reproduction. Resources for assisted reproduction are more bulky and indicate, in addition to economic aspects, gender and class

differences (VARGAS, 2006; VARGAS *et al*. 2007). It also stands out, even with respect to resources devoted to the design, expanding its market as a free service offering and medical procedures - considering the characteristics of the health system in Brazil, that differentiates private and public service - which determines partially their ways of consumption by those with greater purchasing power.

In the case of assisted reproduction for HIV/AIDS, their high costs usually afforded by middle and upper classes are inversely proportional to the epidemiological profile of HIV/AIDS in Brazil, which is a free process of pauperization and, consequently, reaches a contingent of Brazilian population with poor material conditions of existence. Notably, researchers and managers have questioned the practice of alternative ways of having children, such as adoption, recalling it, even as an alternative to reproduction .

The extensive literature on reproductive technologies (CORRÊA, 1998, 2001; LUNA, 2004; NOVAES *et al*., 1995; RAMÍREZ-GÁLVEZ, 2003; STOLCKE, 1998; TAMANINI, 2003), whose production has been highlighted by the authors as a new field of studies (GROSS *et al*., 2003), also includes issues relating to the control and regulation of bodies for medical actions in a critical perspective from feminism. The uses and abuses of modern technology in health have been considered, in this perspective, a serious health problem, because of its association with high incidence of cesarean deliveries and surgical contraception, which makes Brazil a unique case in the international scenario (BERQUO, 1993).

Specifically in relation to medical intervention in reproduction, the feminist-inspired studies discuss the risks of technological effects on health by correlating the lack of information and women's access to health services. These are considered factors that limit the freedom of choice of women (LABORIE, 1993; COREA, 1996; SILVA, 1996a, 1996b).

However, complaints about the consumption of medical resources with focus on iatrogenic potential and the explanations that restrict the use of reproductive technologies to the health risks seem insufficient to understand the seemingly contradictory attitudes of women and men in relation to reproductive, contraceptive or conceptive (LUNA, 2004). The so-called alliance of women with medicine concerns broader cultural processes relating to recovery of fertility in definite historical periods, making necessary the analysis of different contexts that make its constitution possible.

Considering the effect that the topic on human reproduction issues nowadays and the attempts at regulation (legal and medical) for the use of technological innovations in this field, it should spell out the different logics that govern the behavior in the exercise of sexuality and reproduction.

Final Considerations

This paper presented a preliminary discussion on reproductive rights, assisted reproduction and HIV/AIDS. "Reproductive rights" is a polysemic term, which is directed towards an extensive bibliography. For certain kind of feminist inspiration, this notion has a broad social-political meaning, which involves the questioning of gender relations within the family and the guidance of family planning policies. At the origin of the concept, there are founding ideas of contemporary feminism, as the right to their own body based on the principles of autonomy and freedom (our bodies belong to us) (ARILHA, 2001; CORRÊA *et al*., 2003; SCAVONE, 2000).

A preliminary review of the literature in the field of public health stated that the articles focused on the debate on contraception actions that constitute an example of the implementation of sexual and reproductive rights in Brazil prevail. In this direction, it is worth noting that such analysis is structured around the family planning activities in the context of public health policies.

Unlike what occurs with other types of assisted reproduction, the sperm washing does not aim to remedy tout court infertility, but to allow a free flow of fertility considered risky. This issue recalls the discussion of the types of problems that the reproductive technologies would be solving (DINIZ, 2006) and states the question (already raised by other authors): Who has the right to assisted reproduction? The public debate on assisted reproduction questioned whether the State should afford the costs of the use of reproductive technologies and whether there should be federal public policies for that (DINIZ *et al*., 2002). It should be noted that the demand for reproductive technologies in the SUS emphasizes not only economic, but issues of class, gender, sexual orientation, and others pertaining to the identities and affiliations relating to the marital union and the family organization .

The discourse on rights relating to the desire to have children in the context of reproductive medicine, can produce moralizing stories, raise questions for the fields of reproductive rights and reproductive health. In this direction, it is worth analyzing the reinterpretation of the discourses on moral rights and opportunities that are put into the course, since, potentially moralizing narratives are also involved the outline and construction of new moralizing standards. As suggested by Vianna and Lacerda (2004), this idea may be relevant in two ways: by making the contours of political action more complex; and by highlighting the need for relativization of the uses and appropriations of the discourse on rights in different fields, thus emphasizing the arguments placed in service to his defense.

Endnotes

1. This work integrates the research "Gender relations, reproduction and HIV/AIDS: an analysis of views on assisted reproduction from different stakeholders in the formulation and implementation of public policies in the field of sexual and reproductive rights" (funded by CNPq, MCT Call/ CNPq/ SPM-PR/ MDA Nr 57/2008) approved by the Ethics Committee of Fiocruz (protocol Nr. 500/08) and binds to the research lines of the IOC/Fiocruz, the Department of Health Planning of UFF and the Federal Rural University of Rio de Janeiro.

2. Generally the treatments for women at the time of prenatal care are not intended for prevention, in cases where there is a desire to become pregnant.

3. One of the authors of this proposal participated twice in this WG.

4. Taking into consideration the variety of factors that influence the virus transmission in sexual relations, the author draws attention to HIV transmission to women, this is due to its presence in semen, which is composed of sperm, seminal fluid (seminal vesicle and prostate) and non-sperm cells (leukocytes). HIV is not present in all semen, but in the seminal fluid and non-sperm cells.

5. This technique was developed in Italy. In Brazil it is restricted to couples who have higher income, being conducted by some private Human Reproduction clinics (FAUNDES, 2002).

6. However, one has to ask whether, given this technology, the social risk ceases to be outstanding, compared to the fact of coexistence between two people as socially different (serodiscordant couples). That seems to be one of the most difficult to investigate because, if there are still a large gap with respect to ethnographic work on women using assisted reproduction (DINIZ and BUGLIONI, 2002), there are also no studies on serodiscordant couples (MAKSUD, 2007; MAKSUD, 2009) and particularly on the male desire to be father.

7. *Infertility* is a medical term that refers to changes regarding the operation of bodies, more specifically, the male and female reproductive organs. Addressing the current desire to have children - when it comes to non-reproduction through the desire to have children - implies, to contemporary society, necessarily to refer to medical technologies available for reproduction as a way of modern conception, due to the advancement of technology development and its growing popularity among different social groups (VARGAS, 2006). In an extended concept, the term infertility can encompass, in addition to clinical causes, psychological and social causes (CORRÊA, 2001; DINIZ, 2006).

8. Perinatal transmission: mother to child at birth.

9. This suggestion was present several times in discussions of the Workgroup of the Ministry of Health, discussed above.

10. The claim of homosexual paternity (UZIEL, 2007; TARNOVSKI, 2004; MOAS, 2006) exemplifies how the current desire of having children is configured related to marital, homoparenthood and gay and lesbian identities (GROSSI *et al*. 2007; MELLO, 2005). The demand for access to assisted reproduction by lesbian women is based on the logic of natural filiation and birth, that is, the choice of having a child in the biological dimension. These issues often determine access to the procedures by exclusion criteria, based on social values prevalent in Brazilian society.

References

AGÊNCIA BRASIL. **Mulheres com dificuldade para engravidar terão tratamento gratuito:** anuncia Humberto Costa**.** 2005. Disponível em: <http://agenciabrasil.ebc.com.br>. Acesso em: 30 jun. 2005.

AQUINO, E.M.L. Gênero e saúde: perfil e tendências da produção científica no Brasil. **Revista de Saúde Pública**, v.40, ne, p.121-132, 2006.

ARILHA, M. **Políticas públicas de saúde, mulheres e DSTs/AIDS**: reajustando o olhar. Rio de Janeiro: ABIA, 2001. 19 p. (Coleção ABIA. Saúde Sexual e Reprodutiva, 4).

BARBOSA, R.M.; LAGO, T.G. AIDS e direitos reprodutivos: para além da transmissão vertical. In: PARKER, R. **Políticas, instituições e aids**: enfrentando a epidemia no Brasil. Rio de Janeiro: Jorge Zahar, 1997.

BERQUÓ, E.S.; CAVENAGHI, S. Mapeamento sócio-econômico e demográfico dos regimes de fecundidade no Brasil e sua variação entre 1991 e 2000. ENCONTRO NACIONAL DE ESTUDOS POPULACIONAIS 14, 2004, Caxambu. **Anais...** Caxambu: ABEP, 2004. p.1-18.

BOLETIM SAÚDE REPRODUTIVA NA IMPRENSA, fev. 2005. Disponível em: <http://www.redesaude.org.br/>. Acesso em: 08 mar. 2005.

BRASIL. **Boletim Epidemiológico AIDS**, Brasília, n.1, jun. 2007.

BRASIL. **Política prevê atenção integral**. 2005. Disponível em: <www.aids.gov.br>. Acesso em: out. 2008a.

BRASIL. Portaria n. 426, de 22 de março de 2005. **Diário Oficial da União**, 2005.

CODES, J.S. *et al*. Detecção de doenças sexualmente transmissíveis em clínica de planejamento familiar da rede pública no Brasil. **Revista Brasileira de Ginecologia e Obstetrícia**, v.24, n.2, p.101-106, 2002.

COREA, G. Os riscos da fertilização *in vitro*. In: SCAVONE, L. (Org.). **Tecnologias reprodutivas**: gênero e ciência. São Paulo: Editora da Universidade Estadual Paulista, 1996. p.163-166.

CORRÊA, M.V. Novas tecnologias reprodutivas: bem-vindas reflexões feministas. **Estudos Feministas**, v.6, n.1, p.126-137, 1998.

CORRÊA, M.V. **Novas tecnologias reprodutivas**: limites da biologia ou biologia sem limites. Rio de Janeiro: EdUERJ, 2001.

CORRÊA, S.; ÁVILA, M.B. Direitos sexuais e reprodutivos: pauta global e percursos brasileiros. In: BERQUÓ, E. (Org.). **Sexo e vida**: panorama da saúde reprodutiva no Brasil. Campinas, SP: Editora da Unicamp, 2003. p.17-78.

DIAZ, M. *et al*. Outcomes of three different models for sex education and citizenship programs concerning knowledge, attitudes, and behavior of Brazilian adolescents. **Cadernos de Saúde Pública**, v.21, n.2, p.589-597, 2005.

DINIZ, D.; BUGLIONE, S. **Quem pode ter acesso às tecnologias reprodutivas**: diferentes perspectivas do direito brasileiro. Brasília: Letras Livres, 2002.

DINIZ, D. Tecnologias reprodutivas no debate legislativo. **MultiCiência:** revista interdisciplinar dos centros e núcleos da Unicamp**,** n.6, 2006.

FAÚNDES, D. Reprodução assistida e HIV/AIDS. In: MAKSUD, I. **Conjugalidade e AIDS**: a questão da sorodiscordância e os serviços de saúde. Rio de Janeiro: ABIA, 2002.

FOLHA ONLINE. **Campinas faz fertilização com sêmen purificado de portador do HIV**. 29 jul. 2001. Disponível em: <http://www.uol.com.br/folha/equilíbrio/noticias>. Acesso em: 20 out. 2001

FOLHA DE SÂO PAULO. **SUS vai oferecer fertilização**. São Paulo, 3 mar.2005. Cotidiano.

GRINSTEJN, B. Prevenção da transmissão vertical. In: MAKSUD, I. **Conjugalidade e AIDS**: a questão da sorodiscordância e os serviços de saúde. Rio de Janeiro: ABIA, 2002.

GROSSI, M.; UZIEL, A.P.; MELLO, L. (Orgs.). **Conjugalidades, parentalidades e identidades lésbicas, gays e travestis**. Rio de Janeiro: Garamond, 2007.

HASSEN, M.N.A. Grupos focais de intervenção no projeto Sexualidade e Reprodução. **Horizontes Antropológicos**, v.8, n.17, p.159-177, 2002.

HEILBORN, M.L.; GOUVEIA, P. Marido é tudo igual: mulheres populares e sexualidade no contexto da Aids. In: BARBOSA, R.M.; PARKER, R. (Orgs.). **Sexualidades pelo avesso**: direitos, identidades e poder. Rio de Janeiro: UERJ, 1999. p.49-72.

HEILBORN, M.L. Uma rota perigosa. **O Globo**, Rio de Janeiro, 07 out. 2004. Opinião, p.7.

KNAUTH, D.R. *et al*. Cultura médica e decisões reprodutivas entre mulheres infectadas pelo vírus da AIDS. **Interface: Comunicação, Saúde, Educação**, v.6, n.11, p.39-54, 2002.

LABORIE, F. Novas tecnologias da reprodução: risco ou liberdade para as mulheres? **Estudos Feministas**, Rio de Janeiro, v.1, n.2, p.435-449, 1993.

LUNA, N. **Provetas e clones**: teorias da concepção, pessoa e parentesco nas novas tecnologias reprodutivas. 2004. Tese (Doutorado) – Universidade Federal do Rio de Janeiro, Museu Nacional, Rio de Janeirok, 2004.

MAKSUD, I. O discurso da prevenção da Aids frente às lógicas sexuais de casais sorodiscordantes: sobre normas e práticas. **Physis**, v.19, n.2, p.349-369, 2009.

MAKSUD, I. **Casais sorodiscordantes**: conjugalidade, práticas sexuais e HIV/AIDS. 2007. Tese (Doutorado) – Universidade do Estado do Rio de Janeiro, Instituto de Medicina Social, Programa de Pós-graduação em Saúde Coletiva, Rio de Janeiro, 2007.

MAKSUD, I. Casais sorodiscordantes: questões iniciais para o debate. In: MAKSUD, I. **Conjugalidade e AIDS**: a questão da sorodiscordância e os serviços de saúde. Rio de Janeiro: ABIA, 2002.

MELLO, L. **Novas famílias**: conjugalidade homossexual no Brasil contemporâneo. Rio de Janeiro: Garamond, 2005.

MINISTÉRIO DA SAÚDE. **Programa mais saúde:** direito de todos. Disponível em: <http://bvsms.saude.gov.br/bvs/pacsaude/estrutura1.php>. Acesso em: out. 2008a

MINISTÉRIO DA SAÚDE. **Programa Nacional de DST/AIDS**. 2005. Disponível em: <http://www.aids.gov.br>. Acesso em: out. 2008b.

MOÁS, L.C. **O reconhecimento jurídico da família homoafetiva**: uma questão de justiça. 2006. Tese (Doutorado) – Universidade do Estado do Rio de Janeiro, Instituto de Medicina Social, Rio de Janeiro, 2006.

NOVAES, S.; SALEM, T. Recontextualizando o embrião. **Estudos Feministas**, n.1, 1995.

PAIVA, V. **Sobre o direito ao amor**: a sexualidade e a vontade de ter filhos entre pessoas vivendo com HIV. 2007. Tese (Livre-docência) – Universidade de São Paulo, São Paulo, 2007.

PAIVA, V. *et al*. Sem direito de amar?: a vontade de ter filhos entre homens (e mulheres) vivendo com o HIV. **Psicologia USP**, v.13, n.2, p.105-133, 2002a.

PAIVA, V.; PERES, C.; BLESSA, C. Jovens e adolescentes em tempos de Aids: reflexões sobre uma década de trabalho de prevenção. **Psicologia USP**, v.13, n.1, p.55-78, 2002b.

PERES, C.A. *et al*. Prevenção da Aids com adolescentes encarcerados em São Paulo, SP. **Revista de Saúde Pública**, v.36, n.4, supl., p.76-81, 2002.

PIQUOT, C. La construction sociale de la parentalité dans les cas d'insémination artificielle avec donneur. **Mana**, v.3, 1997.

RAMÍREZ-GÁLVEZ, M.C. **Novas tecnologias reprodutivas conceptivas**: fabricando a vida, fabricando o futuro. 2003. 259f. Tese (Doutorado em Ciências Sociais) – Instituto de Filosofia e Ciências Humanas, Universidade Estadual de Campinas, Campinas, 2003.

ROHDEN, F. Ginecologia, gênero e sexualidade na ciência do século XIX. **Horizontes Antropológicos**, Porto Alegre, n.17, p.101-125, 2002.

SALEM, T. **Sobre o "casal grávido"**: incursão em um universo ético. 1987. Tese (Doutorado em Antropologia Social) – Museu Nacional da Universidade Federal do Rio de Janeiro, Rio de Janeiro, 1987.

SANTOS, N.J.S. *et al*. Mulheres HIV positivas, reprodução e sexualidade. **Revista de Saúde Pública**, v.36, n.4, supl., p.12-23, 2002.

SAUER, M. Providing fertility care to those with HIV: time to re-examine healthcare policy. **The American Journal of Bioethics**, v. 3, n. 1, Mit Press, 2003.

SCAVONE, L. Direitos reprodutivos, políticas de saúde e gênero. **Estudos de Sociologia**, Araraquara, n.9, p.141-158, 2000.

SILVA, M.A. Infertilidade, práticas conceptivas e políticas públicas: entre desejos e direitos. In: PARKER, R.; BARBOSA, R.M. (Orgs.). **Sexualidades brasileiras**. Rio de Janeiro: Relume Dumará, 1996.

SILVA, W.A. *et al*. Prevenção de doenças sexualmente transmissíveis e Aids entre jogadores juniores. **Revista de Saúde Pública**, v.36, n.4, supl., p.68-75, 2002.

STOLKE, V. El Sexo de la biotechnology. **Estudos Feministas**, Rio de Janeiro, v.6, n.1, p.139-155, 1998.

TAMANINI, M. **Novas tecnologias reprodutivas conceptivas à luz da bioética e das teorias de gênero**: casais e médic@s no Sul do Brasil. 2003. 363f. Tese (Doutorado Interdisciplinar em Ciências Humanas) – Universidade Federal de Santa Catarina, Florianópolis, 2003.

TARNOVSKI, L.F. Pai é tudo igual?: significados da maternidade para homens que se autodefinem como homossexuais. In: PISCITELLI, A.; GREGORI, M.F.; CARRARA, S. **Sexualidade e saberes**: convenções e fronteiras. Rio de Janeiro: Garamond, 2004.

UZIEL, A.P. **Homossexualidade e adoção**. Rio de Janeiro: Garamond, 2007.

VARGAS, E.P.; RUSSO, J.A.; HEILBORN, M.L. Sexualidade e reprodução: usos e valores relativos ao desejo de ter filhos entre casais de camadas médias no Rio de Janeiro, Brasil. **Cadernos de Saúde Pública**, v.26, n.1, p.153-162, 2010.

VARGAS, E.P.; RUSSO, J.; HEILBORN, M.L. Infertilidade e gênero entre casais de camadas médias no Rio de Janeiro. **Interseções**, v.9, p.15-30, 2007.

VARGAS, E.P. **Casais inférteis**: usos e valores do desejo de ter filhos entre casais de camadas médias no Rio de Janeiro. 2006. Tese (Doutorado em Saúde Coletiva) – IMSUERJ, Rio de Janeiro, 2006.

VARGAS, E.P. A figueira do inferno: os reveses da identidade feminina. **Revista Estudos Feministas**, Florianópolis, v.7, 1999.

VENTURA, M.; CORREA, S. Adolescência, sexualidade e reprodução: construções culturais, controvérsias normativas, alternativas interpretativas. **Cadernos de Saúde Pública**, v.22, n.7, p.1505-1509, 2006.

VIANNA, A.; LACERDA, P. **Direitos e políticas sexuais no Brasil:** o panorama atual. Rio de Janeiro: CEPESC, 2004. (Coleção Documentos, 1).

WILLELA, W.; MONTEIRO, S.; VARGAS, E. A incorporação de novos temas e saberes nos estudos em Saúde Coletiva: o caso do uso da categoria gênero. **Ciências e Saúde Coletiva**, v.14, n.4, p.997-1006, 2009.

VILLELA, W.; MONTEIRO, S.; VARGAS, E. A incorporação de novos temas e saberes nos estudos em saúde coletiva: o caso do uso da categoria gênero. **Ciências e Saúde Coletiva**, v.14, n.4, 2009.