SEROPOSITIVITY FOR HIV: FROM THE SOCIAL CONTEXT TO THE SERO-DISCORDANT CONJUGALITY

ABSTRACT

Objective: to describe the living of seropositivity for HIV, from the social context to the sero-discordant conjugality. Method: it is an exploratory and descriptive study, with a qualitative approach, with HIV-positive individuals and with sero-discordant partnership. Data collection was conducted by questionnaire based on the technique of sentence completion, with subsequent content analysis. The research project was approved by the Ethics Research Committee of the Pontifícia Universidade Católica de Goiás (PUC/GO), Protocol nº 0407.0.000.168-09. Results: two categories emerged from the recurring themes: Social Context of the Seropositivity and Sero-discordant Conjugality. Conclusion: the infected individual faces all sorts of difficulties in the social sphere. Concerning the conjugality, among those with knowledge of the serology of each other, the relationship seems to be sustained by feelings of gratitude, admiration and, even, submission to the seronegative partner. In cases that the seropositivity is hidden to the negative partner, probably, the fear constitutes itself as a foundation, because of rejection and loss of the partner. Descriptors: Sexuality, HIV, Sexual Partners, Sexual Behavior.

RESUMO

Objetivo: descrever a vivencia da soropositividade para o HIV, do contexto social à conjugalidade sorodiscordante. Método: estudo exploratório, descritivo, com abordagem qualitativa, com indivíduos com HIV positivo e parceria sorodiscordante. A coleta de dados foi realizada por questionário do tipo completoamento de frases, com posterior análise de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de ética da Pontifícia Universidade Católica de Goiás, Protocolo nº. 0407.0.000.168-09. Resultados: dois temas recorrentes emergiram duas categorias: Contexto Social da Soropositividade e Conjugalidade Sorodiscordante. Conclusão: o indivíduo infectado enfrenta dificuldades de toda ordem na esfera social. Concernente à conjugalidade, entre aquelas com conhecimento da sorologia um do outro, a relação parece se sustentar por sentimentos de gratidão, admiração e até submissão ao parceiro soronegativo. Nos casos em que a soropositividade é ocultada para o parceiro negativo, provavelmente, o medo se constitua como alicerce, em razão da rejeição e consequente perda do companheiro. Descritores: Sexualidade; HIV; Parceiros Sexuais; Comportamento Sexual.

RESUMEN

Objetivo: describir la experiencia de soro positividad para el contexto social del VIH a conyugalidad soro discordante. Método: estudio exploratorio, descriptivo, con un enfoque cualitativo, con las personas VIH-positivas y asociación soro discordante. Los datos fueron recopilados por el cuestionario de terminación tipo de sentencias, con el posterior análisis de contenido. El proyecto de investigación fue aprobado por el Comité de ética de la Pontificia Universidad Católica de Goiás; Protocolo. 0407.0.000.168-09. Resultados: de los temas recurrentes surgió en dos categorías: Contexto Social de la Soropositividad y Conyugalidad Sorodiscordante. Conclusión: el individuo infectado enfrenta dificultades de todo tipo en el ámbito social. En cuanto a la conyugalidad entre aquellos con conocimiento de la serología del otro, la relación parece mantenerse por sentimientos de gratitud, admiración y hasta humillación al amigo soronegativo. En los casos en que se oculta la soropositividad a la pareja negativa, probablemente el miedo se constituye como una fundación, por el rechazo y la pérdida del compañero. Descriptores: Sexualidad; VIH; Parejas sexuales; Comportamiento sexual.

Original Article

SEROPOSITIVITY FOR HIV: FROM THE SOCIAL CONTEXT TO THE SERO-DISCORDANT CONJUGALITY

ORIGINAL ARTICLE

LA SEROPOSITIVIDADE AL SIDA: EL Contexto SOCIAL À LA CONYUGALIDAD SORODISCORDANTE

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INTRODUCTION

The technological advances in the health field have allowed an increasingly better control of infection by HIV / AIDS. The antiretroviral therapy is associated with the increase of survival and life quality of infected individuals.\(^1\) For this reason, the possibilities of improving the life quality increased and brought with it serologically distinct relations.\(^2\)

The new epidemiologic profile of HIV infection, given by the possibility of AIDS chronification, mainly due to the effective drug therapy, has caused changes in the social context.\(^2\) As an example, in contrast to the representations and postures hitherto noted, it is observed that women knowledgeable of their positive serological status with regard to HIV have become pregnant and, more recently, the formation of couples with different serology for HIV / AIDS increasingly occurring.\(^3\)

Such cases are configured as marital serodiscordant relationships. "The term serodiscordant or sero-different is used to indicate homosexual and / or heterosexual couples where one partner is HIV positive and the other does not have positive serology".\(^4,13\) This sero-difference condition of couples requires specific, rigorous and distinguished attention by health professionals for many reasons. To watch the couple requires care beyond the serological status, also focused on psychoemotional and subjective issues for the experience of sexuality.\(^2\)

Sexuality configures itself as a set of several aspects, which is focus of studies over hundreds of years. At the present time, it is subject to the changing arising from numerous factors, with an emphasis on the cultural and social structure, in accordance with the time in which it is inserted, most often by extrapolating the speech of biologically constituted.\(^5\) Thus, sexuality, as well as its acceptability, among others, can be socially built.\(^6\) Rituals, languages, fantasies, representations, symbols and conventions are wrapped up in this set. Sexuality is, therefore, a social building, and thus liable to change.

The sero-discordance between partners, as well as in other contexts where HIV is present, still presents difficulties in acceptance by the population. As a general rule, causes judgments, reactions of outrage and social condemnation, a reason why tendency to escape and get isolated is triggered in sexual partners.\(^7\)

Seropositivity for HIV: from the social context...

It can be considered that this type of sero-discordant relationship is relatively new, but discussed with strong conventional character, i.e., prejudiced, stigmatizing and discriminatory\(^6\). Thus, it constitutes itself as a necessary field of study, especially for extending and bringing this knowledge to the improvement of the daily practice of health professionals in comprehensive care for the segment in question.\(^2\) Therefore, this study aimed to describe the seropositivity experience to HIV from the social context to the sero-discordant conjugality.

METHOD

It is an exploratory and descriptive study, with qualitative approach, conducted with HIV-positive individuals and with serodiscordant partnerships. This study was comprised of seropositive people who were participants in the activities of the Grupo pela Vidda (Valorização, Integração, Dignidade do Doente de AIDS), NGO (Non-Governmental Organization) located in the city of Goiânia, state of Goiás / Brazil, all of them older than 18 years old, volunteers, with steady and sero-discordant partnership for at least two years, regardless of sexual identity. As Exclusion criteria, we have observed: members of the above mentioned NGO with HIV seropositivity for less than two years, under 18 years old, sero-concordant partnership for HIV, lack of physical conditions and / or emotional fragility for participation, this latter evidenced by this psychology service of the entity. The provisions of Resolution 196/96\(^8\) have been considered and the approval of the study was given by the Ethics Research Committee of the Pontifícia Universidade Católica de Goiás (PUC/GO), with document number 0407.0.000.168-09.

We established as a guiding criterion for the closure of data collection, the offering of the research to the HIV-positive population with sero-discordant partnership that participates in the Grupo pela Vidda. After the selection of possible subjects and formal agreement thereof, the application of two instruments was begun: registration form for sociocultural and questionnaire based on the technique of sentence completion, conceived by Rotter.\(^9\) The registrations were recorded and fully transcribed the tapes were destroyed at the end.

We used content analysis for the establishment of thematic categories.\(^10\) For this purpose, there was a guarantee that the homogeneity (not mixing different things), objectivity and relevance (adaptation to the
content and objective of the study), as well as exhaustion-depletion of the full text and exclusivity (a same element of the content is not sorted in different categories) would be assured.

In order to keep the non-identification of the subjects of this study, we chose to give fictitious names thereof.

RESULTS

◆ Subject characteristics

The group consists of ten subjects, of whom three are men and seven are women, whose age group ranged between 24 and 46 years old. The social profile is characterized by heterogeneity with regard to schooling: most of them have completed High School, a portion has not completed Elementary School and few others attended Higher Education. Regarding the marital status, the majority are single, few live in steady relationship and all say they are sexually active, with regular seronegative partner for HIV. Individuals who have children represent the majority of the total of subjects. With regard to religious belief, most are considered Christian, divided between Catholics and Evangelicals; a small portion does not profess any religion, but consider itself as Christian.

Most individuals are property tenant (house or apartment), few of them reported having their own house. Of the total, the majority live with family and friends, while few of them live alone. All individuals reported television and newspaper as the most used media to acquire more information. Most are unemployed; of those who work, the income was about three minimum wages.

The time of knowledge in relation to their own seropositivity ranged from two to 18 years. The way of exposure for the vast majority was sexual; a minimum portion points out the blood transfusion as infectious way. All women consider themselves heterosexuals, while all men call themselves homosexuals. At the time of data collection, all participants have considered themselves in lack of symptomatology that characterizes AIDS, even so, were in antiretroviral therapy.

Concerning the knowledge of the serodiscordant partnership, a significant portion of respondents is aware about the serology of each other, but three partners are unaware of this condition, i.e., do not know about the positive serology of their spouses.

Fluctuating reading, followed by the vertical and horizontal readings of the resulting stuff has enabled the immersion in the obtained corpus, which allowed the distinction of two major thematic categories: Social Context of the Seropositivity and Serodiscordant Conjugality.

◆ Social Context of the Seropositivity

In this category, the findings concerning the personal diagnosis of each individual participant are presented. It presents the issues involved in the decision to hide or reveal the diagnosis of HIV-positivity to family members and friends, as well as acceptance by them or not, besides the discrimination issues. The article also highlights factors that reveal the existence of a society in which the prejudice becomes ungodly, as well as the religiosity, i.e., constant presence of God in their lives: Everything [...] without God I would not do anything [...] it was the thing that helped me more; when I found out I was bearer, it was my faith in God [...] that held me [...] (Rosário).

Regarding the personal diagnosis, the majority asserts that, with the impact of diagnosis, it was inevitable to immerse in a process of adaptations and changes that involved a mix of emotions and negative reactions, both personally and from third parties A considerable number of respondents affirms that the impact, when knowing of positive serology, was great, thus: [...] it was a shocking to me [...] when I found it, I did not accept, thought it [...] it was a fatality (Garibaldi); [...] For me, it was terrible [...] For me, it was a bomb, as if a bomb would fall upon my head (Rosário).

Knowledge of HIV-seropositivity result in feelings of outrage, rising up a suicidal thinking: [...] at the beginning we get revolted, right! [...] We only want to commit suicide, as was my case [...] I will die, I will take my life away (Maria).

A minimum portion of individuals reported already wait for the positive diagnosis for individual reasons: Life that follows. Many people consider it an astral hell [...] in my case, it lasted about three hours (Gonçalves); [...] It was something that I was expecting [...] all the doctors were preparing me for a positive diagnosis (Manuela).

The decision to reveal or keep secret about the seropositivity among family members and friends occurred differently for group members. Several factors, possibly, have been considered for the position-making regarding the disclosure or concealment of diagnosis. Almost all of the subjects report having experienced some behaviors and / or negative reactions by third parties before the seropositivity: [...] it was bad, very bad. My mother showed prejudice [...] at the beginning it was horrible (Ana Joaquina); there is prejudice, my friends still have prejudice (Maria). Few of them opted for maintaining the secrecy for family
members and friends: [...] I will not say that I am HIV-positive for anyone who will get away from me [...] today there is a lot of prejudice (Perpétua). Less than half confims having received support from a significant number of friends, with an isolated case of family support: [...] all my friends have supported me, thus, the majority (Garibaldi).

The HIV / AIDS infection requires the individual to overcome obstacles and stigmas. Among them, the prejudice is configured as an element of rejection that can present itself either explicitly or veiled. Predominantly, the subjects report having suffered some kind of discriminatory attitude: They reject enough, [...] many people discriminate [...] I saw people discriminate my youngest son (Ana Joaquina); [...] I had many issues and prejudices [...] I had several evidences of discrimination (Manuela). A minimum number of individuals has expressed not being victim of prejudice for not revealing their serology or by the acceptance of society itself.

Regardless of religious choice, all of them refer to the constant presence of God in their lives. Half of the subjects suggest having felt influence of God with greater intensity after the discovery of HIV-seropositivity: God is everything to me [...] and I hope one day he will give me the healing (Maria); he is all I have [...] actually, I trust him (Garibaldi).

The advances reached in the treatment of HIV / AIDS resulting from the antiretroviral therapy (ART), allowed it to pass to the epidemological stage (Perpétua). Despite the anguish of living with HIV, the presence of seropositivity is not a stumbling-block to the sexual activity of individuals, since all of them define themselves as sexually active. The majority of them report having satisfaction with sexual intercourse maintained with the current partner: This is good, because you need to have sexual intercourse [...] because you do not live [...] you miss it, I’m a normal human being (Estevão). For a minimum portion of respondents there is no evidence of satisfaction: [...] for me it doesn’t even matter, I say, so I don’t care, the way you want we do (Maria).

The living immersed in situations of constant challenges to be overcome, as in sero-discordant partnerships, often strengthens the relationship, which starts to constitute itself in a major stimulus: [...] it is a very important person [...] one of the levers for me to keep willing to win battles and obstacles (Rosário). Thus, almost all of them report to the partner with a feeling of delight: [...] for me he is nice [...] I can count on him, that he’s ready to help (Maria). Only one subject refers negatively to the partner: It is very difficult [...] he’s disturbing me and I’m giving a way to send him away (Perpétua).

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Despite the anguish of living with HIV, sometimes the sero-discordant couples see naturally the situation, and for this reason, some may not adopt prevention in their sexual practices: [...] we started using condoms, then we give it away, now I’m pregnant [...] then, he speaks: I do not like using condom, I like to do without a condom (Maria). Nonetheless, the majority of individuals expressed using condoms consistently: Now condom use is one of the main things in my life, I always use it and I never forget to use. When having sexual relations with him, I use condom [...] we take all precautions so that it will not also be a bearer (Caetana). A minority of them claim they do not use it frequently: [...] he does not allow having a sexual relation with a condom, he does not like and he does not have that kind of prejudice (Ana Joaquina).

It is noticed that the condition of positive serology for HIV imposes on them fears and worries relating to the implications of the
Seropositivity for HIV: from the social context...

Miranda DB, Matão MEL, Campos PHF et al.

disease, such as: losing a partner or contaminating it, and even dying. Most individuals expressed an uncertainty related to the seropositivity and the implications and risks inherent to thereof: [...] Before, I was afraid to die [...] today I'm more afraid of living [...] my fear is only that: I cannot expose myself (Garibald); in a complementary way, it was showed: in my case, the fear of being alone is the main concern [...] having a rejection, a prejudice (Perpétua). A small number of respondents also expressed fear concerning the partnership, from the possibility of infecting the partner “I am afraid of infecting my partner, it is my only fear” (Gonçalves) until to lose him/her: [...] I was afraid to tell it and lose him [...] I really like him (Maria).

Procreation for HIV-infected individuals still configures itself as controversy and divergent issue in the social and scientific means. Among the participants, about it, there is no unanimity; a minority of them consider the possibility of having them naturally, as shown below: [...] I think having kids do not have anything unusual, definitely not [...] for me it’s normal (Maria). For most of them, there are numerous fears, doubts and insecurities to the option of having children and, due to this reason, they do not want them:

Not [...] The idea that I have to tell to the mothers who want to have children is that they must not have them, why put one more in the world to suffer, it is a very big risk (Perpétua); I had no [...] but I have many fears and I’ve always been extremely responsible [...] and I wouldn’t leave this child becomes an orphan (Rosário).

The possibility of adopting children appears as an alternative to a few respondents [...] We have also some disagreement about it, we think about adopting a child (Gonçalves).

The stigma built by society gives to the sero-divergent couples one more obstacle for overcoming. The prejudice and mistrust of others do not allow us to consider the existence of quality in the partnership. The vast majority of them refer to various forms of discrimination by society in relation to a sero-discordant relationship: They think it is crazy, right! The society does not accept it [...] sometimes even the families themselves do not accept [...] nobody wants their children are involved with someone who is HIV-positive (Rosário). There is a reference that at first glance may be realized as positive reaction on the part of society in relation to the partnership, however, can be considered as a case of hidden prejudice: They think it is beautiful, even like a courageous act by the guy who stayed with me (Garibald).

The decision to disclose, or not, the diagnosis of HIV infection to the partner is influenced by several factors. Among the most recurrent are the fear, value judgment, and a lot of insecurity, as seen in the following stretches: [...] I will not say that I am HIV-positive for anyone who will get away from me [...] today there is too much prejudice (Perpétua) [...] I was afraid to tell it and lose him [...] I really like him (Maria).

DISCUSSION

In general terms, the results of this study outline the profile of the epidemic; some are related to previous decades and others to the current decade. HIV-infected individuals with sero-discordant partnerships are, predominantly, women. This result coincides with recent studies that stand out the feminization of the disease in the last decade, which highlights the increased vulnerability of this group to the virus in question. Another aspect to be pointed out that ratifies the epidemiological profile of the onset of infection, although it is a small portion in the group, refers to men who have sex with men and were aware of the diagnosis in the decade in which this segment was among the categories of largest exposure.11

The low level of education coupled with the limited economic conditions (lack of own housing and high rates of unemployment), as the population in question presents, reflects the impoverishment of the disease. This is a recent trend of infection, i.e., progressively, affects the disadvantaged grassroots classes.12

The stigma of HIV / AIDS, as a deadly disease historically built in the social imaginary, permeates several feelings in the individual before the positive diagnosis. The reactions presented by most subjects before the positivity involve feelings of depression, revolt and suicidal thoughts. A minority of them refer to a prior notion of seropositivity arising from the presence of risk factors in their routine. In light of the literature, knowledge of HIV-seropositivity among some individuals may produce less impact due to the fact that they have lived, previously, an experience that has placed them in a vulnerable condition.12

The family (considered central institution for society) and friends (seen as important supports) before the discovery of the infection showed negative reactions and / or prejudiced as reported by most subjects. Family conflicts may worsen with the discovery of seropositivity; it is necessary to deal with many difficulties, some of them historically built with prejudice, stigma and discrimination.2,13 Such a reaction is anchored in the first disclosures about the infection, which linked the infected individual to
unorthodox contexts. Thus, few family members and friends expressed support for the infected individuals.

As attempt to prevent episodes of discriminatory attitudes, a minimum portion of sick people opted for the concealment of the infection, as shown in the results of this study. Others just keep secret the diagnosis of seropositivity to the partner due to the influence of factors, such as: insecurity, lack of emotional preparation and difficulty of coping with the situation; these subjects believe that the concealment will be temporary until they can feel in a more solid partnership, i.e., the establishment of confidence and, to a certain extent, dependence before the exposure about the diagnosis. Few people are elected to the disclosure of the diagnosis, and these are chosen according to the position and/or importance in the family, in the affective sexual living or in the social environment (friends).13 It is believed that relatives and friends will demonstrate feelings of support in difficult times in the HIV-positive living, which in some cases (or often), is not confirmed.

In this study, most subjects express having suffered discrimination and/or rejection in various situations due to their serological condition. The situation of seropositivity can cause a series of individual and social effects to the subject, almost all linked to the negative aspects, such as discriminatory attitudes.4 Stigmas imposed to HIV/AIDS indicate the existence of the sense of exclusion from the individual infected by this virus.2

It is noteworthy that, in this study, mostly of individuals went through some kind of discriminatory attitude due to the establishment of the sero-different partnership. Supposedly, due to the fact of society believing that the sero-discordant relationship are not feasible, since the seronegative subject will be contaminated by the virus, regardless of the adoption of preventive behavior. In the social networks that are formed (society) appear, firstly, questions that focus on the isolation and lack of knowledge regarding the partnerships.13 The lack of support from family, friends, social stigma and questionings about the risk of transmitting HIV are factors that lead to the introspection of sero-discordant couples.

The subjects, in their unanimity, profess having faith in God. Of these, half highlights divine influence with greater intensity after the diagnosis disclosure. This result shows compatibility with previous studies, which also report the religious belief as an important factor for coping with the disease, setting up as the foundation for the seropositive individuals.2

All the research participants confirm the use of the antiretroviral therapy. The major portion of them makes reference to the acquired longevity by means of the treatment at the expense of side effects deriving from the medication; a minority only expresses satisfaction with the treatment. The advent of the antiretroviral therapy has increased the life expectancy for HIV-positive people, however, their side effects cause physical impacts and, in many cases, also psychological to the individual.1,14

When establishing a sero-discordant relationship, too many difficulties emerge, such as: fear of transmission, management difficulties regarding the affective-sexual sphere and, even so, the maintenance of the relationship and conviviality with the family.2 Contrary to previous researches, predominantly, the subjects mentioned here, affirm maintaining a good living with the current sero-discordant partner. This antagonism power may suggest the idealization of a relationship, in which the individual possibly omit some data regarding the divergence within the conjugal circle. Or, furthermore, that the good living is due to the prolonged time of the relationship, in most cases; whereas the minimum part verbalizes some kind of difficulty of distinct natures.

The sero-divergent living “sentences” the HIV-positive individual to an unequal condition before the partner, by leading him to the feeling of gratitude and appreciation of the partner. Such fact leads him to the conception of lesser value than the seronegative subject or, that he was accepted by the partner “despite” the disease.12 The subjects of this study, almost entirely, sentimentalize appreciation, recognition and admiration for the partner.

Although the seropositive diagnosis causes suffering and tribulation, many bearers report maintaining active the sexual and affective life, since the positivity does not arise as an obstacle to the achievement of sexual pleasure.2 “Sexuality is the energy that drives the human being not only for reproduction, but to obtain pleasure, love and eroticism, it is a discovery of oneself and of the other...”2,763 Converging with current studies, it should be realized that the majority of subjects studied demonstrate satisfaction and contentment with the sexual practices performed with the current partnership.
Predominantly, the studied population categorically declares systematic and consistent use of condoms during the exercise of the sexual intercourse, which for serodiscordant couples is configured as an inexorable element to the maintenance of a safe sexual relation. A small group of subjects reveals that they do not make constant use of the method of prevention, due to the resistance of the partner or religious belief. The adoption of safer sex practices occurs with less difficulty in post-diagnosis serodiscordant unions, compared with previously established couples to the HIV, because there is feeling of protection to the seronegative partner. Condom use is indispensable in all sexual acts to prevent sexual transmission of the HIV virus and other STD (Sexually Transmitted Diseases). Regardless of serology of the partner, it should be noted, in this study, that there is resistance from men to use condoms, which increases the vulnerability of the partnerships. Religious belief is always an important aspect to be considered, since, in most cases, contributes to better cope with the problems experienced. In this study, to a certain extent, it can be considered as a possible factor of negative influence, since it emerges with a potential to induce the individual to the false sense of protection, with impossibility of virus transmission.

In general terms, the right to decision to have children or not is a task of the couple. In cases of serodiscordant couples, it should be presented some peculiarities that must be carefully observed, such as: verification of lower maternal viral load to reduce the vertical transmission rate, the performance of behaviors that reduce maternal viral load, promotion of childbirth occurrence with appropriate assistance to the mother-child binomial. It was found, in most reports, the expressed desire not to have children, for reasons ranging from fear to ignorance or, even, individual choice, in spite of the progress in the reproductive health area allows the option of having children by using technologies for the neutralization of the vertical transmission of the virus is a safe reality. The technique of “semen purification” allows serodiscordant couples having children without risk of contamination of the woman and the fetus; another perspective is adopting children. Only a minority expresses a desire to have children, and HIV is not configured as an obstacle to the achievement of such longing. Despite such longing, the above mentioned subjects express some reasons that hinder its achievement, such as:

unfavorable financial condition and lack of consensus with the partner.

Accordingly, the results confirm just like most studies on this theme: the serodiscordant living is substantially permeated by fear. There are countless types of factors that present themselves as obstacles, which are: discriminatory attitudes, losing the partner, transmitting HIV and / or be rejected by thereof and / or the finiteness of life. There is consensus among this research and others previously conducted that the spousal, family and social supports are facilitator elements for the confrontation of such obstacles. Therefore, it is possible to affirm that although there is scarcity of publications on this theme, the results of this study are similar to those from previously produced researches, as for the difficulties faced by HIV-positive individuals before the establishment of sero-discordant partnerships.

**FINAL REMARKS**

The chronification of the epidemic and consequent increased survival of people living with HIV / AIDS led to the genesis of a new social reality: sero-discordant relationships.

We verified, once again, that the infected individual faces difficulties of all orders, which come from the knowledge of seropositivity, with feelings ranging from depression to suicidal thinking, arising from the impact of such a discovery. The disclosure of the diagnosis to the people of affective and social livings configures itself as a critical time for the HIV-positive individual. Thus, it is a challenge that starts to present itself and gets looming, daily, with oscillations between the desire or need to disclosure and the desire to keep secret about the seropositivity as a means considered protective. What drives the concealment of the positive serology is the fear of being rejected or morally disqualified, marked by discriminatory attitudes, because of the stigma built since the onset of this disease.

In this study, the discordant seropositivity for HIV was not configured as a problem for the establishment and / or maintenance of the partnership between couples aware of this condition. The same thing cannot be said about the cases in which the individual is unaware of the HIV-positive status of the partner.

We also found a narrative regarding the insertion of the condom as a consistent habit in the sexual intercourse. When used with creativity, it does not interfere with the
quality of the sexual activity, since, from the perspective of the subjects, is much more than a simple prevention, means love and respect with regard to the partner. Concerning the minority that uses condoms in an inconsistent manner, it points out to the need for maintenance of educational and preventive actions.

Among those with knowledge of the serology of each other, the relationship seems to be sustained by feelings of gratitude, admiration and, even, submission to the seronegative partner. In cases that the seropositivity is hidden to the negative partner, probably, the fear constitutes itself as a foundation, because of rejection and loss of the partner.

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