ORIGINAL ARTICLE

ANALYSIS OF SERODIFFERENT PARTNERS IN THE HIV REFERENCE SERVICE ANÁLISE DOS PARCEIROS SORODIFERENTES NO SERVIÇO DE REFERÊNCIA PARA HIV ANÁLISIS DE PAREJAS SERODISCORDANTES EN EL SERVICIO DE REFERENCIA DE VIH

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ABSTRACT

Objective: to gather information through the form of care about serodiscordant partners, with negative serological status for the virus, registered in a regional reference school service for HIV / AIDS. **Method:** this is a quantitative, descriptive, documentary study with 145 couples in a serodifferent relationship. Medical records of all registered serodifferent sexual partnerships from 1992 to 2017 were analyzed. Results were presented as figures. **Results:** it was found that 63.45% (n = 92) men are seronegative and are in a serodifferent relationship and, regarding sexual orientation, it was noted that 91.03% (n = 132) partnerships are heterosexual. It was mentioned in 62.06% (n = 90) of the forms, the periodicity of the quick tests and, of these, 20% (n = 29) do it annually. It was noted that 39.31% (n = 57) of seronegative individuals reported using condoms in all relationships with the seropositive partner and, among all registered seronegatives, 86.90% (n = 126) reported being in a stable relationship with the partner. **Conclusion:** it can be concluded that the form is not completed properly and that seronegative couples need more attention from health professionals and the population. **Descritores:** Electronic Health Records; HIV Infections; Sexually Transmitted Diseases; AIDS Serodiagnosis; Containment of Biohazards; HIV Antigens.

RESUMO

Objetivo: levantar as informações pelo formulário de atendimento acerca dos parceiros sorodiscordantes, com status sorológico negativo para o vírus, cadastrados em um serviço escola de referência regional para HIV/Aids. **Método:** trata-se de estudo quantitativo, descritivo, documental, com 145 casais em relação sorodiferente. Analisaram-se prontuários de todas as parcerias sexuais sorodiferentes cadastradas de 1992 até 2017. Apresentaram-se os resultados em forma de figuras. **Resultados:** verificou-se que 63,45% (n = 92) homens são soronegativos e estão em relação sorodiferente e, no que diz respeito à orientação sexual, notou-se que 91,03% (n = 132) parcerias são heterossexuais. Mencionou-se, em 62,06% (n = 90) dos formulários, a periodicidade de realização dos testes rápidos e, destes, 20% (n = 29) o realizam anualmente. Notou-se que 39,31% (n = 57) dos indivíduos soronegativos relataram usar preservativo em todas as relações com o parceiro soropositivo e, dentre todos os soronegativos cadastrados, 86,90% (n = 126) afirmaram estar em uma relação estável com o parceiro. **Conclusão:** pode-se concluir que o formulário não é preenchido adequadamente e que os casais soronegativos necessitam de maior atenção de profissionais de saúde e da população. **Descritores:** Registros Eletrônicos de Saúde; Infecções por HIV; Doenças Sexualmente Transmissíveis; Sorodiagnóstico da AIDS; Contenção de Riscos Biológicos; Antígenos HIV.

RESUMEN

Objetivo: recopilar informaciones a través del formulario de atención sobre parejas serodiscordantes, con estado serológico negativo para el virus, registrados en un servicio escolar regional de referencia para el VIH / SIDA. **Método:** este es un estudio documental cuantitativo, descriptivo con 145 parejas en una relación serodiscordantes. Se analizaron los registros médicos de todas las parejas sexuales serodiscordantes registradas de 1992 a 2017. Los resultados se presentaron en forma de figuras. **Resultados:** se encontró que el 63.45% (n = 92) hombres son seronegativos y están en una relación serodiscordante y, con respecto a la orientación sexual, se observó que el 91.03% (n = 132) parejas son heterossexuales. Se mencionó en 62.06% (n = 90) de los formularios, la periodicidad de las pruebas rápidas y, de estos, 20% (n = 29) lo hacen anualmente. Se observó que el 39.31% (n = 57) de los individuos seronegativos informaron haber usado condones en todas las relaciones con la pareja seropositiva y, entre todos los seronegativos registrados, el 86.90% (n = 126) declaró estar en una relación estable con la pareja. **Conclusión:** se puede concluir que el formulario no se completa correctamente y que las parejas seronegativas necesitan más atención de los profesionales de la salud y la población. **Descritores:** Registros Electrónicos de Salud; Infecciones por VIH; Enfermedades de Transmisión Sexual; Serodiagnóstico del SIDA; Contención de Riesgos Biológicos; Antígenos VIH.

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INTRODUCTION

Human immunodeficiency virus (HIV) infection has become the most important and devastating contemporary epidemic.¹ From the identification of the first cases in the early 1980s, there is widespread dissemination throughout the world, configuring in today's pandemic. It has since become one of the most researched clinical conditions in the world, creating diverse challenges for humanity.²

Due to the success of diagnostic (exam) and therapeutic (medication) resources, in conducting the treatment of HIV / AIDS infection, significant benefits to the patients regarding the increase and quality of life expectancy. Thus, the epidemic changes its profile and behaves similarly to a chronic disease, with a longer survival of people living with HIV than in the 1980s - although it remains a disease that kills, especially the most vulnerable people. Faced with the possibility of treatment with universal access, people have been encouraged to reflect on their health conditions, the search for services and adherence to their treatment.³

In this context, it can be seen that people living with HIV / AIDS have lived longer and with better quality of life, thus having more life and health to relate and exercise their sexual and reproductive rights.

It is said, when the sexual partnership is made up of seropositive people, that they are in a seroconcordant relationship; when only one member of the couple is seropositive and the other is seronegative, the relationship is said to be serodiscordant or serodifferent.⁴

It is reported that there are three main barriers to safe sex among serodifferent couples, such as distrust of condom effectiveness as a safe method for preventing sexual transmission of HIV, alteration in sexual satisfaction with mandatory condom use and also the difference in acceptance between men and women in systematic condom use.² Condom use continues to be the only method that provides double protection, reducing the risk of HIV transmission and other sexually transmitted infections (STIs), and It is still contraceptive. It is warned, however, that as a contraceptive method, it is very dependent on customer adherence. Thus, the association of condoms with another contraceptive method is encouraged.⁵

It is believed that such a situation does not appear to exist for society at large, and even for health professionals and services, as many services lack specific care for these individuals and their partners. For a few Brazilian studies, the focus is on the serodifferent relationship, a subject of study that is still little explored.⁶

It is observed that an important difficulty is to identify the prevalence of serodifferent couples,

because each one must know their serological condition and that of their partner, however, this type of relationship is not uncommon and many serodifferent couples face varied challenges in their lives due to the identification of opposite serological status.⁷

Therefore, it is pointed out that serodifferent couples have the right to the attention of health professionals and services, providing comprehensive care, including aspects of affective-sexual life and also including sexual partnership, as they face difficulties in maintaining safe sex. This means rethinking actions to prevent sexual transmission of HIV.²

Among the challenges faced in the control of the HIV / AIDS epidemic is the low adherence of serodifferent partners to the regular rapid tests, for various reasons, such as: lack of information about the subject and embarrassment of both seronegative to attend the service on a regular basis to test for HIV / AIDS, and to advise a partner to seek care after risk exposure, among others.⁸

To address this challenge, it is trusted that the primary weapon should be the information and preparation of health professionals to raise awareness about the importance of condom use, even in fixed relationships involving serodifferents, in order to encourage the patient assisted by the service to bring your partner to receive appropriate follow-up.⁹

OBJECTIVE

- To obtain information through the attendance form about serodiscordant partners, with negative serological status for the virus, registered in a regional reference school service for HIV / AIDS.

METHOD

This is a quantitative, descriptive, documentary study conducted at the Regional Reference School Center for the Prevention and Treatment of STI, HIV / AIDS and Viral Hepatitis, in a municipality in the interior of Minas Gerais.

It is reported that the service in which the study was conducted comes from a partnership between the City Hall and the higher education institution located in the city, providing care to 24 municipalities in the region. The universe of study was composed by the medical records of all serodifferent sexual partnerships registered in the service since its implementation year, from 1992 to 2017, consisting of 145 couples, having as exclusion criterion medical records in which the partner died. Data were collected from May to August 2017, using forms already registered with the school service on serodifferent sexual partnerships.

It is noted that the variables investigated in this study, based on the answers provided by the serodifferent partners in the form, were: gender; sexual orientation; frequency of rapid tests; condom use with fixed partner and stable relationship.

The data collected in Excel spreadsheets were allocated and the results were presented through graphs and tables that allow the visualization of the items collected by the SiC-TA form.

The study was conducted within the ethical principles of Resolution 466/12 of the National Health Council and was submitted to the Ethics and Research Committee of the State University of Minas Gerais (UEMG), being approved with opinion No. 2229.257.

RESULTS

In the service for which the research was carried out, there are 198 records registered as

serodifferent since its implementation year, and of these, 23 records do not contain the SiC-TA form and thirty are from partners who died, ending the serodifferent relationship. It is noted that no data were collected from these 53 records due to pre-established exclusion criteria, and the collected data were taken from the remaining 145 records, suitable for the research.

It was observed, considering the analysis of the results presented, that the total sampling is composed of 145 people, equivalent to 100%. It was evident after the classification according to gender that 63.45% (n = 92) are men and 36.55% (n = 53) are women, as shown in Figure 1.

Figure 1. Sex distribution of serodifferent individuals. Passos (MG), Brazil, 2017.

In addition, the prevalence of heterosexual partnerships represents 91.03% (n = 132), homosexual partnerships represent 5.52% (n = 8)

and bisexual partnerships represent 1.38% (n = 2); No data related to the type of partnership were found in 2.07% (n = 3), as shown in Figure 2.

Figure 2. Sexual orientation of serodifferent partnerships. Passos (MG), Brazil, 2017.

The frequency was collected according to the frequency with which individuals perform the rapid tests for STIs, and in 37.93% (n = 55), no data related to the frequency of rapid tests were

found; At 20.00% (n = 29), the frequency of tests was annual; in 19.31% (n = 28), the frequency of tests was quarterly; in 13.79% (n = 20), the frequency of tests was semiannual; in 5.52% (n =

8), the frequency of tests was monthly; in 1.38% (n = 2), the frequency of tests was biennial; In 1.38% (n = 2), the frequency of testing was three-year and in 0.69% (n = 1), the frequency of testing was seven-year, as described in Figure 3.

Figure 3. How often they perform rapid tests for ISTs. Passos (MG), Brazil, 2017.

Regarding the use of condoms with a fixed partner, the fact that HIV-positive individuals use or not condoms with the seronegative partner, and there is no mention in 10.34% (n = 15) of the medical records, while 28.28 % (n = 41) of people reported not using condoms in any relationship; 11.72% (n = 17) used it less than half of the time; 3.45% (n = 5) used it half the time; 6.9% (n = 10) used it in more than half of the ratios and 39.31% (n = 57) used it every time, as shown in Figure 4.

Figure 4. Condom use with fixed partner. Passos (MG), Brazil, 2017.

The stable relationship was obtained according to the analysis of the medical records about the perpetuation of the relationship or separation of the partnership. No data were found in 2.07% (n = 3) of the medical records, in contrast, 11.03% (n = 16) of the people reported an unstable relationship and 86.90% (n = 126) reported being in a stable relationship, as shown in figure 5.

Figure 5. Stable relationship between serodifferent partnership. Passos (MG), Brazil, 2017.

DISCUSSION

In this study, it was found that, in relation to sex, there are more serodifferent male partners compared to women, and despite the improvement of treatment and quality of life of the virus carrier, women, in most cases, are more insecure than men in relation to contamination by some sexually transmitted infection, thus having greater resistance to this type of relationship,

being men more understandable. Therefore, it is concluded, as demonstrated, that these are the predominant majority in this type of relationship. It was evidenced in a study of the same segment that, regardless of their serology, women often describe feelings such as “fear, fear and responsibility”, either regarding the transmission to the seronegative partner, or the possibility of acquiring the positive partner virus.¹⁰

In view of the above, it is noted that, predominantly, seronegative individuals have a heterosexual relationship. Today we can talk about risky practices or behaviors, and regardless of sexual orientation, whether heterosexual, bisexual or homosexual, some sexual practices may lead more easily to HIV infection, while others offer a lower chance for infection, making male homosexuals most vulnerable to the HIV / AIDS epidemic. The prevalence is believed to be heterosexual, as homosexuals are also carriers of HIV.

It is explained, according to the Ministry of Health, that homosexual men are considered more vulnerable to contracting HIV / AIDS due to the stigma that negatively marks them, being seen as “marginal” - perverts, criminals and sinners - generally by society. By this stigma, self-esteem is directly achieved, since everyone always needs the support of society, and due to low self-esteem, they choose to exercise unsafe sexual practices, seek isolated and dangerous environments for the practice of casual sex, at the risk of violence by the police, bandits and sometimes even their partners. These situations also lead to a lower possibility of negotiating safe sex as a preventive and health care measure.¹¹

Regarding the tests, it is noted that seronegative individuals do not perform the recommended tests frequently, ie, quarterly tests after exposure to the risk of contracting the disease. This fact can be related to the lack of proper guidance of the service professionals or the patient's own lack of commitment to perform the tests, which means that the school service does not adequately monitor these individuals.

It was shown in a study conducted with fifteen serodiscordant users, at the Testing and Counseling Center of the São Francisco de Assis School Hospital, Federal University of Rio de Janeiro, that users should perform the procedure called “Extended Window”, which consists of a test three months after the last exposure to the risk of HIV infection with a known HIV-positive partner, followed by a second test six months after the same date, a third test one year later and a last test, one and a half years after the risk situation.^{7,12}

It is evident that condom use is not applied in all relationships, because in relationships with fixed partners, most seronegative individuals do not use condoms and the report of non-use is due to trust in the partner or simply to feel discomfort at the time of sexual intercourse; On the other hand, many people are aware of the risks of unprotected intercourse and therefore use condoms in all sexual relations.

The occurrence of cases of HIV infection has consequences for the exercise of sexuality and reproduction, producing a series of challenges and

consequences for the area of reproductive and sexual health, making it urgent to stimulate the practice of protection, or that is, the prevention of sexually transmitted diseases, including infection with HIV / AIDS. It is essential that health professionals talk with the seronegative individual or the couple about the risks of transmission, thus providing insight into risk situations for these infections and a reflection on the need for their prevention, favoring the adherence to condom use.^{8,13}

In a study, it is pointed out that, in singles, the disclosure of seropositivity brings the fear of not being accepted by the partner due to HIV and, therefore, the carrier often is silent and ends up not requiring the condom in your sex, exposing the partner. Among HIV-positive patients in stable marital relationships (homosexual or heterosexual), there is a feeling of protection and trust among partners who do not feel threatened by HIV infection, leading to a loosening and / or discontinuation of condom use in their sexual relations. When the partnership is composed of HIV-positive people, there is often the mistaken belief that condom use can be abandoned, as both have the HIV virus.^{6,10-14}

It is noteworthy, given the advances of the pharmaceutical industry and the improvement in the quality of life of patients with HIV / AIDS, that they live longer and can relate in a longer period of time than before. In addition, serodifferent couples can make long-term life planning, in which the affective and sexual relationship is an essential part. Increasingly, people who do not know if they are HIV-positive, as well as individuals who know themselves to be HIV-negative, have access to more information on how to maintain a safe sexual relationship and consciously engage in relationships with people living with HIV / AIDS.^{9,15}

CONCLUSION

It is revealed that the serodifferent relationship, in which one partner has positive and one negative for HIV, is not uncommon, however, these couples face varied challenges in their lives, such as the lack of specific care for these individuals and their partners.

Through the development of the research, it was possible to achieve the proposed objectives and have an accurate answer as to the reality of the care provided to these users. It is observed, after analyzing the data collected and presented in the Si-CTA form, that it is not filled in properly, as we notice the absence of many data. Among these data were the lack of registration due to not performing the tests in a timely manner and the lack of guidance on the importance of performing them.

Given the data presented, it is necessary that the school service better instruct its employees, interns, among others, on how to serve the serodifferent correctly and effectively. When looking for a school service, the serodifferent needs to be advised on how much venous collection is needed and should be done periodically every three months, in addition to being informed of the need for condom use, even if you trust your partner.

It is concluded that this is a broad theme that needs more attention from health professionals and the population.

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