

SEXUALITY OF CARRIERS OF THE HUMAN IMMUNODEFICIENCY VIRUS IN VIEW OF THE DISEASE: INTEGRATIVE REVIEW

Sexualidade de portadores do vírus da imunodeficiência humana em face à doença: Revisão integrativa

Sexualidad de portadores del Virus de la Inmunodeficiencia Humana frente la enfermedad: Revisión Integrativa

Review Article

ABSTRACT

Objective: To analyse the sexuality of patients carrying the human immunodeficiency virus in view of the disease. **Methods:** This is an integrative review conducted from September to October 2013, in SciELO, LILACS, MEDLINE/PubMed, and Cochrane electronic databases in the period of 2003 to 2013, using the descriptors ‘sexualidade and HIV’ and ‘sexuality and HIV’. **Results:** The sample was composed of 14 articles, which discussed the problems faced by people living with HIV/AIDS in the experience of their sexuality. The evidence shows that there are significant changes in sexual patterns, which lead people to limit or even eliminate their affective and sexual relationships; the feeling that prompts to this is the fear of seeing themselves as carriers of an incurable disease, of the possibility of vertical transmission and the necessary condition of condom use, and also the fear of telling the diagnosis to the partner, and transmitting the infection. **Conclusion:** The results shown in this review provide subsidies for the development of new investigations as well as the consolidation of the knowledge produced by literature to provide tools for the improvement of the professionals who assist people with HIV/AIDS, thus ensuring humane, comprehensive and individual support.

Descriptors: Sexuality; HIV; Acquired Immunodeficiency Syndrome.

RESUMO

Objetivo: Analisar a sexualidade de portadores do vírus da imunodeficiência humana em face à doença. **Métodos:** Trata-se de uma revisão integrativa, realizada de setembro a outubro de 2013, nas bases de dados eletrônicas SciELO, LILACS, SciELO, LILACS, MEDLINE/PubMed e Cochrane, no período de 2003 a 2013, através dos descritores “sexualidade and HIV” e “sexuality and HIV”. **Resultados:** A amostra foi composta por 14 artigos, os quais abordaram as problemáticas enfrentadas por portadores de HIV/AIDS na vivência de sua sexualidade. As evidências mostram que há relevantes alterações nos padrões sexuais que levam os indivíduos a limitarem ou até eliminarem suas relações afetivo-sexuais. O sentimento que corrobora para isso é o medo de se ver portador de uma doença incurável, da possibilidade de transmissão vertical, da condição necessária do uso do preservativo e, ainda, de informar o diagnóstico ao parceiro e transmitir-lhe a infecção. **Conclusão:** Os resultados evidenciados nesta revisão proporcionam subsídios para a elaboração de novas pesquisas, assim como a consolidação do conhecimento produzido pela literatura para instrumentalizar o aperfeiçoamento de profissionais que assistem os portadores de HIV/AIDS, garantindo suporte humanizado, integral e individual.

Descritores: Sexualidade; HIV; Síndrome da Imunodeficiência Adquirida.

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RESUMEN

Objetivo: Analizar la sexualidad de portadores del virus de la inmunodeficiencia humana frente la enfermedad. **Métodos:** Se trata de una revisión integrativa realizada entre septiembre y octubre de 2013 en las bases de datos electrónicas SciELO, LILACS, MEDLINE/PUBMED y COCHRANE entre el periodo de 2003 y 2013, a través de los descriptores “sexualidade and HIV” e “sexuality and HIV”. **Resultados:** La muestra fue de 14 artículos que incluyen las problemáticas afrontadas por los portadores de VIH/SIDA en la vivencia de su sexualidad. Las evidencias señalan que hay importantes alteraciones en los patrones sexuales que llevan a los individuos a poner límites o eliminar sus relaciones afectivo-sexuales. El sentimiento que corrobora para eso es el miedo de ser portador de una enfermedad sin cura, de la posibilidad de la transmisión vertical, de la condición necesaria para el uso del condón y, además, de informar el diagnóstico al compañero y transmitirle la infección. **Conclusión:** Los resultados evidenciados en esta revisión proporcionan subsidios para la elaboración de nuevas investigaciones así como la consolidación del conocimiento producido por la literatura para facilitar el perfeccionamiento de profesionales que asisten a los portadores de VIH/SIDA garantizando el soporte humanizado, integral e individual.

Descriptores: Sexualidad; VIH; Síndrome da Inmunodeficiencia Adquirida.

INTRODUCTION

The acquired immunodeficiency syndrome (AIDS) is an emerging, severe disease, caused by the human immunodeficiency virus (HIV), a retrovirus that has been spreading rapidly around the world since 1980, and today is considered one of the greatest public health problems in Brazil and worldwide⁽¹⁾.

According to estimates of the Department of Sexually Transmitted Diseases (STD), AIDS and Viral Hepatitis, approximately 718,000 people live with HIV/AIDS in Brazil. Considering the data reported in the Notifiable Diseases Information System (*Sistema de Informação de Agravos de Notificação - SINAN*), declared in the Mortality Information System (*Sistema de Informações sobre Mortalidade - SIM*) and recorded in the Laboratory Tests Control System and the Medicines Logistics System (SISCEL/SICLOM), in Brazil, from 1980 to June 2013, a total of 686,478 AIDS cases occurred, of which, 445,197 (64.9%) are male and 241,223 (35.1%) female, with an average of 37,446 cases per year over the past decade (2003-2012). As for the cases detection, a rate of 20.2/100,000 inhabitants was observed in Brazil in 2012⁽²⁾.

Since its dissemination, its epidemiologic profile has undergone an intense process of modification, especially in

the profile of the population vulnerable to exposure to the virus. It is admitted that the current profile of the disease is constituted by the triad feminisation, interiorisation and pauperisation⁽³⁾, i.e., there is a tendency to increase the number of cases among women, among populations with low levels of income and education, and in cities distant from the major metropolitan areas.

In this sense, women have proven especially vulnerable to STD, especially HIV infection. The context in which this happens usually involves difficulty in negotiating condom use and the idea of immunity linked to the experience of a stable relationship, complemented by belief in romantic love^(4,5).

For women, relationships, even those occasional, tend to involve longer time gaps, often occurring in the same year, but not with partners concurrency, which is not the case among men, who are faster in choosing a new partner⁽⁶⁾.

Thus, the traditional male behaviour might contribute to increase men's vulnerability to infection by HIV, since their sexuality is seen as more intense and uncontrollable, requiring immediate satisfaction⁽⁷⁾.

The patterns of traditional masculinity can explain some of the most off-guard behaviours among men. Lack of information, fear and effective prevention make them potential carriers and transmitters of STD by placing side by side the marital relationship and other occasional meetings, whether paid or not. The active form of the widespread social practice is, for man, a social statement of masculinity, thus exposing him to a higher risk of contracting HIV^(6,8).

In this sense, the differences between a man and a woman and the existing power relations in these interrelationships define the masculine and feminine vulnerabilities to the virus, conditioning and limiting the possibilities of care to sexual health. These differences reinforce, for women, the reproductive healthcare and, for men, the sexual healthcare in certain situations, such as homosexuality and prostitution⁽⁹⁾.

The discovery of seropositivity in patients with HIV/AIDS produces several changes in personnel, affective and family spheres. In the personal sphere, these changes are represented by uncertainty about the future, approaching death, discrimination, and alterations in appearance. In the affective sphere, it often entails difficulty in establishing emotional ties and interference to the existing ones, and modifications in the pattern of sexual life. In the family sphere, hostility and marginalization are perceived, leading to changes in the life project⁽¹⁰⁾.

As regards to sex and sexuality, their relationships with HIV/AIDS are complex and, many times, conflicting, and in view of the risk perspective adopted by many researches and professionals and given the social reply to the virus,

they are revealed and constructed, often in a stigmatized manner⁽¹⁾.

Considering the increased incidence of HIV/AIDS in the population, the need to understand the sexuality of these patients in the healthcare context is relevant, since sexuality is closely related to the quality of life. This study is thus justified by the importance of contributing, in the scientific community, to further comprehension of the issue in question, through the analysis and discussion of the results of published studies, in order to sensitize the professionals who work directly in assistance to this population for the problems faced in living their sexuality, guaranteeing them a humanized, comprehensive and individualized attention.

Therefore, the current research aims at analysing the sexuality of patients carrying the human immunodeficiency virus in view of the disease.

METHODS

This is an integrative review, method that aims to gather and synthesize research results about a particular topic or issue, contributing to the deepening of knowledge on the investigated topic. With such aim, this research has covered the six steps⁽¹²⁾ for the construction of an integrative review: establishment of the research question, literature search, categorization of studies, evaluation of the included studies, interpretation of results, and synthesis of knowledge.

This survey was conducted in September and October 2013, guided by the following question: what is the evidence available in the literature about the adversities that permeate the experience of sexuality of HIV/AIDS carriers after the discovery of seropositivity?

In this way, a search was performed in the electronic databases SciELO (Scientific Electronic Library Online), LILACS (*Literatura Latino-Americana e do Caribe em Ciências da Saúde*), MEDLINE/PubMed (US National Library of Medicine/National Institutes of Health) e COCHRANE (The Cochrane Library), using, in association, the descriptors in Portuguese (“*sexualidade* and HIV”) and in English (“sexuality and HIV”), terms indexed in DECS (*Descritores em Ciências da Saúde*) and in MeSH (Medical Subject Headings), respectivamente.

As inclusion criteria were used: articles published in the 2003-2013 time frame, in Portuguese or English; full text available online in the defined databases; original articles, review articles and experience reports/case that addressed aspects of sexuality in individuals with HIV/AIDS. Editorials, monographs, dissertations, theses and repeated publications in the databases were excluded.

The articles selection was performed by two of the authors, independently and blindly, obeying the previously defined inclusion criteria. Disagreements in the selection were resolved by consensus with a third author of the research.

In the search process, a total of 5,389 works was initially identified through the associated descriptors, being 132 in SciELO, 189 in LILACS, 4962 in MEDLINE/PUBMED and 106 in COCHRANE. Then there was a refinement of the search through the filter, using the inclusion criteria, leaving a total of 174 works. Of these, 18 repeated publications were excluded, resulting in 156 articles.

The reading of the titles was then conducted, being selected 63 works. After reading their abstracts, only 22 articles contemplated aspects of sexuality of HIV/AIDS carriers. After reading the studies in full, only 14 productions met all the established inclusion criteria (Chart I).

The selected articles were submitted to a critical reading in full, and the relevant information was collected, using a standardized form created by the authors, and then organized into a table, with the aim of building an easily accessible database (Table II). A thorough reading of the articles identified convergence, enabling the presentation of results and the grouping of their discussions on themes.

The exhaustive reading of the articles allowed the identification of convergences, enabling the presentation of the results and the grouping of their discussions in thematic axes.

RESULTS

Chart II shows the 14 listed items^(3,5,8,13,14,15,16,17,18,19,20,21,22,23), stressing their characteristics regarding authors, year, title, methods, place, and brief description of the results. The following themes emerged from the study, namely:

Chart I - Distribution of the number of articles according to search performed in SciELO, LILACS, MEDLINE/PubMed and Cochrane databases, through the descriptors ‘sexuality and HIV’ (September-October, 2013).

Search and selection of articles	Number of articles
Articles found	5.389
Articles excluded for not meeting the selection criteria	5.355
Articles excluded for being repeated	18
Articles selected	14

Chart II - Characterization of the articles included for the integrative review, according to authors, year, title, method, place, and brief description of the results (September-October, 2013).

Authors / Year	Article Title	Method	Country/State	Main Results
Preussler, Micheletti and Pedro (2003) ⁽¹⁹⁾	Female condom: a possibility of autonomy for HIV-positive women	Case report	Brasil/RS	Adherence to the female condom is incipient. The adoption of the method requires women's behavioural change in phase prior to the adulthood, as well as the professionals' awareness.
Galvão, Cerqueira and Machado (2004) ⁽²⁰⁾	Contraceptive measures and HIV transmission protection among women with HIV/AIDS	Quantitative/Qualitative	Brasil/SP	In the group of HIV-positive married women occurred a higher incidence of inadequate measures of protection against HIV infection and pregnancy.
Reis and Gir (2005) ⁽¹⁸⁾	Difficulties faced by HIV-serodiscordant partners in maintaining safe sex	Qualitative	Brasil/SP	The factors that interfere in maintaining safe sex in serodiscordant relationships permeate distrust towards the safety of the condom and its interference with feelings of pleasure.
Zimmermann <i>et al.</i> (2008) ⁽¹⁷⁾	Sexual activity before and after the diagnosis of infection by the human immunodeficiency virus: is there a change?	Quantitative	Brasil/MG	There is change in the sexual activity of patients after diagnosis of HIV, represented by sexual abstinence or the systematic use of condoms during intercourse.
Coriolano, Vidal and Vidal (2008) ⁽³⁾	Perceptions of women who live with HIV in view of the sexual experiences	Qualitative	Brasil/CE	The feelings associated with the virus lead to quantitative changes in relationships, fear, guilt and search for other sources of pleasure.
Maksud (2009) ⁽²²⁾	The discourse of AIDS prevention before the sexual logics of serodiscordant couples: on norms and practices	Qualitative	Brasil/RJ	Challenges linked to disclosure of the HIV status to the seronegative partner, decrease in sexual encounters and the suspension of sexual foreplay in serodiscordant couples.
Souto <i>et al.</i> (2009) ⁽⁸⁾	The sex and the sexuality in carriers of the human immunodeficiency virus	Literature Review	Brasil/SP	HIV infection entails difficulties in the relation to one's genital, interfering in their sexual and social life. This phenomenon varies following the orientation and forms of sexual partnership, gender and perceptions related to sexuality.

Gonçalves <i>et al.</i> (2009) ⁽¹⁵⁾	Reproductive life of people living with HIV/AIDS: reviewing the literature	Literature Review	Brasil/RS	The prevalence of the biomedical logic and the social impact of the epidemics constrain the exercise of the right to motherhood and fatherhood of individuals with HIV/AIDS.
Carvalho, Galvão and Silva (2010) ⁽¹³⁾	Alterations in the life of women with the immunodeficiency syndrome in face of the disease	Qualitative	Brasil/CE	HIV-positive women present conflicts and the need to conceal the diagnosis, the constant relationship with death, changes in the body, changes in lifestyle, altered sexuality, self-attributed guilty, the stigma and discrimination faced.
Reis and Gir (2010) ⁽²¹⁾	Living with the difference: the impact of serodiscordance in the affective-sexual life of HIV/AIDS carriers	Qualitative	Brasil/SP	Serodiscordant couples handle difficulties related to intimacy, facing the possibility of HIV transmission to the seronegative partner, with negative impact on the experience of sexuality, with repercussions in sexual response, favouring sexual abstinence.
Almeida <i>et al.</i> (2010) ⁽¹⁴⁾	Production of subjectivity and sexuality in women living with HIV/AIDS: the sociopoetic production	Qualitative	Brasil/CE	The negative feelings emerged in seropositive women range from distress, doubt, the representation of imminent death, revolt, disgust, sadness, guilt, denial, and even suicide.
Reis <i>et al.</i> (2011) ⁽¹⁶⁾	Quality of life, sociodemographic and sexuality-related aspects of people living with HIV/AIDS	Quantitative	Brasil/SP	The worst quality of life scores in people living with HIV/AIDS were associated with not having active sex life and having a partner with HIV/AIDS.
Moura, Lima and Silva (2012) ⁽⁵⁾	Sexual aspects and reproductive e perspectives of women with HIV/AIDS: what has changed with seropositivity	Quantitative/ Qualitative	Brasil/CE	Higher prevalence of HIV positive women who were in a steady-partner relationship; always using condom; and expression of motherhood desire.
Maksud (2012) ⁽²³⁾	Silences and secrets: nonspoken aspects of the conjugality faced with serodiscordance for HIV/AIDS	Qualitative	Brasil/RJ	Generally, the individuals perform strategies for the maintenance of private life aspects that may be threatened by gossip, understood not as an independent phenomenon, but subject to collective norms and beliefs in certain social spaces.

experience of sexuality by HIV/AIDS carriers; the representations of the condom after the discovery of seropositivity; and the affective-sexual partnership in the dynamics of being HIV/AIDS carrier.

The analysis of the selected studies evidenced the geographical distribution of the articles, being all of those listed conducted in Brazil, but published in Portuguese and English. Five of them were held in São Paulo^(8,16,18,20,21), four in Ceará^(3,5,13,14), two in the state of Rio de Janeiro^(22,23), two in Rio Grande South^(15,19) and one in Minas Gerais⁽¹⁷⁾. No publication from other countries was found to meet all the established inclusion criteria.

With regard to the publication period, one article was published in the year of 2003⁽¹⁹⁾, one in 2004⁽²⁰⁾, one in 2005⁽¹⁸⁾, two in 2008^(3,17), three in 2009^(8,15,22), other three in 2010^(13,14,21), one in 2011⁽¹⁶⁾, and the last two in 2012^(5,23).

In respect to the methodology used for the construction of the studies, the predominance of the qualitative approach was observed^(3,13,14,18,21,22,23). The quantitative approach was used in two articles^(16,17); two studies used the qualitative/quantitative approach^(5,20); two of them were literature review^(8,15) and one, a case report⁽¹⁹⁾.

As for the authors' academic background, six articles were published by a team of nurses^(3,5,13,18,19,21); two by doctors^(8,17); one by a nurse, a psychologist, and doctor⁽²⁰⁾; one by a team of nurses and a psychologist⁽¹⁴⁾; one by a team of nurses and a mathematician⁽¹⁶⁾; two by a social scientist^(22,23); and one by psychologists and a biologist⁽¹⁵⁾.

When analysed in respect to the main theme addressed, eight studies discussed predominantly the aspects of the sexuality in the post-diagnosis period^(3,5,8,13,14,15,16,17), three discussed the use of barriers methods as protection factors against reinfection and partner's infection^(18,19,20), and three addressed the difficulties in the relationships between people with HIV/AIDS and their sexual and affective partners^(21,22,23).

DISCUSSION

Aiming to facilitate the understanding of the literature discussion raised and in order to accurately understand the difficulties experienced by individuals with HIV/AIDS in the experience of their sexuality, the study opted for the knowledge systematization within thematic areas, according to the similarity of their contents.

Experience of sexuality by HIV/AIDS carriers

The articles in this thematic area^(3,5,8,13,14,15,16,17) were devoted to study aspects of the experience of sexuality by individuals with HIV/AIDS with their disease. A significant sample was dedicated to the female gender.

Evidence from studies including women carriers of HIV/AIDS indicates that the impairment of their sexuality can lead to extremes, with total abdication of affective-sexual relationships. Factors contributing to this are the risk of transmitting the infection to others or being reinfected, the non-acceptance of their condition, or even the switch of sexual interest to other activities^(3,13).

This way, when not opting for abdication, quantitative changes in relation to sexual desire are a common occurrence, related to negative feelings experienced after the discovery of seropositivity and the requirement for the use of barrier methods against the virus transmission. Therefore, the search for obtaining pleasure other than via sexual intercourse is common among women, as other forms of giving and receiving affection and caresses can be sources of pleasant and potentiating experiences for individuals and their partners⁽³⁾.

Emerge, then, the negative feelings that significantly modify these women's full experience of sexuality, such as feelings of distress and doubt, for knowing that they carry an incurable disease, which is a representation of imminent death. The revolt and resentment towards their partners, when contaminated by them, and the fear of bodily changes revealed by the disease, such as weight loss and the appearance of spots in the body, have a direct impact on their self-image and self-esteem. Sadness is another negative feelings that make them apathetic to life, being also revealed sensations of guilt and remorse for the behaviours that led to the virus, as well as the denial in the face of the diagnosis and even suicidal desires^(13,14).

The dilemmas involved in living with HIV/AIDS lead them also to modify their desires to get pregnant, due to the fear of having HIV-positive children, contaminated by themselves⁽¹⁴⁾. Evidence shows that individuals living with HIV/AIDS suffer prejudice by society and resistance by health professionals when they express the desire for motherhood or fatherhood, despite the effective current strategies to reduce obstetric complications and the vertical transmission of the virus⁽¹⁵⁾.

However, denying that people living with the disease do have sex and have or wish to have children would be ingenuous and even harmful to public health⁽¹⁵⁾. One study⁽⁵⁾ showed that many women kept the desire to get pregnant even after the virus diagnosis, but only a small part of them had full knowledge about the ways to reduce vertical transmission of the virus.

Nevertheless, when approaching the aspects of sexuality of men living with HIV/AIDS, it was observed that they exhibit similar behaviours. Among these, the sexual abstinence stands out, in result of the impotence produced by the representations of the disease in the individual. The

fears and distress linked to informing the diagnosis and to the risk of transmitting the virus to a partner are also part of their dilemmas. Different results were observed regarding the sexuality of men with HIV/AIDS who have sex with men, given that, in this group, the disease did not express major conflicts related to sexuality, and had minor impacts on their quality of life (QoL)⁽⁸⁾.

By assessing the QoL of seropositive individuals, a study⁽¹⁶⁾ found that it was more associated with having an active sex life and relationships with HIV-seronegative partner. Despite the virus infection being related to negative biopsychosocial effects, the maintenance of sexual affective relationships in the post-diagnosis period contributes to better cope with the disease. On the other hand, worsening in the quality of life emerged associated with not having active sex life and having relation with HIV-positive partners.

It is important to note that the individuals living with HIV/AIDS show an awareness of their infectious condition, what prompts them to change their sexual practices^(3,13,17). The reason for this is evidenced by a higher incidence of adoption of some protection after the virus diagnosis, whether it is the use of condoms or the sexual abstinence⁽¹⁷⁾.

It is thus observed that the condition of discovering oneself as a carrier of HIV/AIDS is experienced as a moment of crisis, affecting mainly the field of sexuality. Perceiving oneself with an incurable disease emanates negative feelings that demand an adaptive process on the part of the individual, requiring behavioural changes that directly compromise their quality of life and the full experience of their sexual and reproductive health.

The representations of the condom after the discovery of seropositivity

An important aspect in the lives of people living with HIV/AIDS is the necessary condition of condom use. When partners are serodiscordant for HIV, the motivation for use is even higher, aiming to protect the seronegative partner from the acquisition of the virus. Otherwise, in seroconcordant relationships, its use seeks to prevent the increase in viral load. However, the effectiveness of this method is directly related to its correct technique of conservation, application and use, concomitant with its continued use in all sexual experiences.

In this context, studies^(18,19,20) reveal the factors that interfere in the adherence to protective practices against the transmission of the virus to a partner, being recognized the importance of changes in the relations and in the pleasant sensations entailed by the mandatory use of condom among HIV-serodiscordant partners. Thus, this method appears as a negative ally in confronting the disease, being usually

permeated by conflicts and contradictions, which, in most cases, interfere with intimacy and sexual pleasure⁽¹⁸⁾.

Despite the proven effectiveness of condoms, there is the fear that, during the sexual act, failures and accidents might occur, and thus endanger the serodiscordant partner, exposing them to the virus, and/or cause an unplanned pregnancy⁽¹⁸⁾.

In regard to the female condom, the difficulties permeate the low or nonexistent adherence to the method. It is emphasized that the introduction of this type of barrier device should occur before adulthood, favouring its incorporation into life habits, which would facilitate adherence and, above all, provide autonomy to women, making them multipliers of that practice. However, the distribution of female condoms in health services does not occur universally. Low availability in health services, high marketing costs, besides the difficulties in touching one's own body, are the main obstacles to adherence to the method^(3,19).

The difficulties regarding the negotiation of condom use in sexual-affective relationships, especially by women, are also noteworthy, as the condom brings about discussions and feelings related to mistrust and infidelity, since women have little autonomy on the use of condoms in frequently macho culture, even when they suspect extramarital relationships of their partners^(19,20).

In one study⁽²⁰⁾ conducted with HIV-positive women who were in marital relationships or single, it was notable that, among the married ones, a relevant number reported using appropriate forms of protection against unwanted pregnancy and transmission of the virus. Nonetheless, in this group occurred the highest use of inappropriate measures, what may be justified by the difficulties that women have, especially in stable unions, to negotiate condom use with their partners, subjugating themselves to their choices.

Literature brings evidence that the incorporation of permanent condom use habits occurs in a controversial manner, which interferes with the adherence by the individuals living with HIV/AIDS. The method is experienced as something that interferes with sensations of pleasure, and it also reminds them of being a carrier of an infectious condition.

Conversely, when there is interest in adopting the method, the resistance to the use may be posed by the partner, a difficulty observed especially among women. As an alternative, the female condom arises as a possibility for the couple's protection, giving women greater autonomy in the use. This, however, was shown to be a method of low compliance by that gender, since their use involves facing some difficulties already mentioned.

The affective-sexual partnership within the dynamics of being HIV/AIDS carrier

Within the relational dynamics of people living with HIV/AIDS, the HIV-serodiscordant relationships stand out, study objects of articles in this thematic area^(21,22,23), once the chronicity of this infection has become increasingly common, under the current pharmacological strategies to control the disease, thus enabling, in an increasing proportion, the formation of couples with different serology to the virus⁽¹⁶⁾.

The disclosure of one's seropositivity to the HIV-negative partner is revealed as the first challenge. The conditions under which the contamination occurred can become objects of discussion between the couple, resulting in doubts and accusations that might jeopardize the continuity of the partnership. On the other hand, when the relationship is not interrupted, the seronegative partner is attributed a special meaning in the life of the affected partner, especially in women, for having accepted their infectious condition⁽²²⁾. Feelings of cooperation and assistance, obligation of caring for the children, or even the maintenance of financial support for their own and their children, are factors that may be relevant to maintain these couples' ties⁽³⁾.

The virus serodiscordance between a couple also alters their sexual practices, that is, sexual encounters become more scarce and sporadic, since the relationship members become more sexually controlled. The initial suspension of kissing, fondling and intimate contacts is a common occurrence, as well as sexual practices other than vaginal, for being considered dangerous. For some couples, these practices are then replaced by feelings of affection and comradeship⁽²²⁾. The complete cessation of all sexual practices can occur, even if there is no marital separation⁽²¹⁾.

One study⁽²³⁾ approaching the secrets and unspoken aspects of serodiscordant couples evidenced that there was recurring embarrassment and refusal to inform the seronegative partner about the source of infection, especially when it involves infidelity, under the penalty of compromising the conjugal union. Spite of the curiosity of seronegative members in the couples, concealing the details related to the virus contamination was the prevalent conduct among the HIV-positive individuals.

Before the stigmas and social prejudices related to the disease, the secrecy of the contamination is restricted within the couple, preserving the HIV-positive member's image. When the diagnosis is reported to someone, this process involves preparation and elaboration of strategies for the talk, and it is revealed to some family members or trusted people who might support the couple in difficult times⁽²³⁾.

Another problem is revealed in the distress and fears of the possibility of transmitting the infection to the seronegative partner, altering the couple's intimacy and their sexual responses. The recognition of this possibility entails negative feelings such as anxiety, guilt and distress, before the conception of sex intercourse as a dangerous act, directly interfering in the experience of the couple's sexuality⁽²¹⁾.

In the face of the virus transmission risk, strategies that are not recommended by health professionals emerge, such as the use of two condoms during sex, the abolition of sexual foreplay, and reduction in the duration of coitus, as household methods to prevent the transmission of infection^(21,22).

Despite limited evidence in the analysed literature, individuals with HIV/AIDS in seroconcordant relationships have been reported as associated with the worst quality of life, possibly because of the difficulty in dealing with one's own disease, along with the partner's illness, as well as due to the anguishing possibility of losing him/her, in addition to the conflicts arising from the acquisition of the virus, if it occurred by the very partner. Then, they feel victimized and betrayed, sometimes occurring feeling of revolt, disgust and repulsiveness^(13,14,16).

From this perspective, it is understood that the emotional-sexual relationships of people living with HIV/AIDS, whether they are serodiscordant or seroconcordant, underlie moments of difficulties that require adaptation until their naturalization occurs.

CONCLUSION

It was evidenced, therefore, that the discovery of HIV seropositivity is experienced through a conflicting moment, marked by stigma and prejudice associated with the disease, thus emerging negative feelings that directly influence the individual's QoL. In this sense, sexuality is found particularly jeopardized by the condition of living with HIV/AIDS, explicitly expressed by feelings and experienced conducts that and limit or eliminate good sexual practices.

It is also noteworthy that the health professionals' awareness of the problems faced by people living with HIV/AIDS in the experience of their sexuality is the foundation of proper health promotion for these individuals, by providing them active listening, offering supplies for protection from the virus transmission, and giving guidance on good sexual practices, ensuring satisfactory experience of their sexual and reproductive health.

REFERENCES

1. Silva SFR, Pereira MRP, Motta Neto R, Ponte MF, Ribeiro IF, Costa PFTF, et al. Aids no Brasil: uma epidemia em transformação. *Rev Bras Anal Clín.* 2010;42(3):209-12.
2. Ministério da Saúde (Brasil), Departamento de DST, Aids e Hepatites Virais. *Boletim Epidemiológico: Aids e DST.* Brasília: Ministério da Saúde; 2013.
3. Coriolano MWL, Vidal ECF, Vidal ECF. Percepções de mulheres que vivem com HIV frente às experiências sexuais. *Rev RENE.* 2008;9(1):77-85.
4. Silva CM, Lopes FMVM, Vargens OMC. A vulnerabilidade da mulher idosa em relação à aids. *Rev Gaúch Enferm.* 2010;31(3):450-7.
5. Moura ERF, Lima DMC, Silva RM. Aspectos sexuais e perspectivas reprodutivas de mulheres com HIV/aids, o que mudou com a soropositividade. *Rev Cuba Enferm.* 2012; 28(1):37-48.
6. Aboim S. Risco e prevenção do HIV/aids: uma perspectiva biográfica sobre os comportamentos sexuais em Portugal. *Ciênc Saúde Coletiva.* 2012;17(1):99-112.
7. Paschoalick RC. Saúde sexual e reprodutiva: representações e práticas do adolescente masculino, sob a ótica da enfermagem [dissertação]. Curitiba: Universidade Federal do Paraná; 2007.
8. Souto BGA, Kiyota LS, Bataline MP, Borges MF, Korkischko N, Carvalho SBB, et al. O sexo e a sexualidade em portadores do vírus da imunodeficiência humana. *Rev Soc Bras Clín Méd.* 2009;7:188-91.
9. Souto K, Kuchemann BA. Representações sociais de corpo e sexualidade de profissionais de saúde que atendem mulheres com HIV e aids. *Tempus Actas Saúde Coletiva.* 2011; 5(1):295-309.
10. Cardoso AL, Marcon SS, Waidmani MAP. O impacto da descoberta da sorologia positiva do portador de HIV/aids e sua família. *Rev Enferm UERJ.* 2008;16(3):326-32.
11. Polistchuck L. Mudanças na vida sexual após o sorodiagnóstico para o HIV: uma comparação entre homens e mulheres [dissertação]. São Paulo: Faculdade de Saúde Pública; 2010.
12. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & Contexto Enferm.* 2008;17(4):758-64.
13. Carvalho CML, Galvão MT, Silva RM. Alterações na vida de mulheres com síndrome da imunodeficiência adquirida em face da doença. *Acta Paul Enferm.* 2010;23(1):94-100.
14. Almeida ANS, Silveira LC, Silva MRF, Araújo MAM, Guimarães TA. Produção de subjetividade e sexualidade em mulheres vivendo com o HIV/aids: uma produção sociopoética. *Rev Latinoam Enferm.* 2010;18(2):163-9.
15. Gonçalves TR, Carvalho FT, Faria ER, Goldim JR, Piccinini CA. Vida reprodutiva de pessoas vivendo com HIV/aids: revisando a literatura. *Psicol Soc.* 2009;21(2):223-32.
16. Reis RK, Santos CB, Dantas RAS, Gir E. Qualidade de vida, aspectos sociodemográficos e de sexualidade de pessoas vivendo com HIV/aids. *Texto & Contexto Enferm.* 2011; 20(3):565-75.
17. Zimmermann BJ, Melo VH, Alves MJM, Zimmermann SG. Atividade sexual antes e após o diagnóstico da infecção pelo vírus da imunodeficiência humana: existe modificação?. *DST J Bras Doenças Sex Transm.* 2008;20(3-4):185-9.
18. Reis RK, Gir E. Dificuldades enfrentadas pelos parceiros sorodiscordantes ao HIV na manutenção do sexo seguro. *Rev Latinoam Enferm.* 2005;13(1):32-7.
19. Preussler GMI, Micheletti VCD, Pedro ENR. Preservativo feminino: uma possibilidade de autonomia para mulheres HIV positivas. *Rev Bras Enferm.* 2003;56(6):699-701.
20. Galvão MTG, Cerqueira ATAR, Machado JM. Medidas contraceptivas e de proteção da transmissão do HIV por mulheres com HIV/aids. *Rev Saúde Pública.* 2004;38(2):194-200.
21. Reis RK, Gir E. Convivendo com a diferença: o impacto da sorodiscordância na vida afetivo-sexual de portadores do HIV/aids. *Rev Esc Enferm USP.* 2010;44(3):759-65.
22. Maksud I. O discurso da prevenção da aids frente às lógicas sexuais de casais sorodiscordantes: sobre normas e práticas. *Physis (Rio J.).* 2009;19(2):349-69.

23. Maksud I. Silêncios e segredos: aspectos (não falados) da conjugalidade face à sorodiscordância para o HIV/aids. Cad Saúde Pública. 2012;28(6):1196-204.

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