

STIGMAS AND PREJUDICES EXPERIENCED BY PEOPLE LIVING WITH HIV/AIDS: A LITERATURE REVIEW

Kayo Elmano Costa da Ponte Galvão

Resident Nurse in Obstetric Nursing, university hospital of Maranhão, São Luís, Maranhão, Brazil.

Luciano da Silva Façanha

Teacher at the Department of Philosophy and the Graduate Program in Culture and Society (PGCult), Federal University of Maranhão, São Luís, Maranhão, Brazil.

Roseane Lustosa de Santana Lira

Obstetric Nurse at the University Hospital of Maranhão, Master in parasitic biology from CEUMA University, São Luís, Maranhão, Brazil.

Rivaldo Lira Filho

Obstetric Nurse at The University Hospital of Maranhão, Master in Health Sciences CESC-UEMA, São Luís, Maranhão, Brazil.

Raylene Frazão Lindoso

Resident Nurse in Obstetric Nursing, university hospital of Maranhão, São Luís, Maranhão, Brazil.

Conceição de Maria Belfort de Carvalho

Teacher of the Graduate Program in Culture and Society-PGCULT. Professor at the Department of Tourism and Hospitality, UFMA.

Flávio Luiz de Castro Freitas

Permanent Lecturer of the Graduate Program in Culture and Society (PGCult) of UFMA.

Sansão Hortegal Neto

Master's degree in Culture and Society from UFMA Bachelor of Media, with qualification in Radio and TV from UFMA.

Abstract

HIV is considered a public health problem in the world, especially in Brazil, where about 194,000 people have been infected with the virus in the last 10 years in the country. In addition to the physical problems that HIV infection imposes on HIV-positive individuals, social and institutional problems end up being a major barrier in the lives of these individuals, such as stigma and prejudice, which segregate and exclude them from social life. Objective: to make a critical analysis of the stigma and prejudice seen by people living with HIV in recent decades. Methodology: integrative literature review, with searches in lilacs, Bdenf and Scielo databases, based on the question "how prejudice interferes in the routine of people living with HIV/AIDS, and the stigmas that are carried by them". Eighteen (18) articles were selected in the respective databases, which followed the theme "HIV and prejudice". Results: Soon after the analysis of the articles, 03 thematic axes were constructed that helped to understand the data. Conclusion: It was noticed that prejudice and stigma are factors that transform, in a negative way, the life of those who have HIV/AIDS infection.

Keywords: HIV-AIDS. Prejudice. Stigma.

1. Introduction

Acquired Immunodeficiency Syndrome (AIDS) is still one of the major health problems in the world. According to the Ministry of Health (2017), between 2007 and 2017, about 194,000 cases of HIV infection in Brazil were reported by the Notifiable Diseases Information System (SINAN).

The human immunodeficiency virus, HIV, is the viral agent causing AIDS, consisting of ribonucleic acid (RNA), also called retroviruses. The mechanism of action of the virus attacks lymphocytes, which are cells that produce antibodies and fight infections (DANTAS, 2005).

HIV transmission occurs through unprotected sexual intercourse, whether homosexual, heterosexual or bisexual; exposure to blood contaminated with the virus; from mother to child during pregnancy, childbirth or breastfeeding, making this the main form of HIV infection in children (ARAÚJO; SIGNES; ZAMPIER, 2012).

Brazil has a program to combat the epidemic that provide actions for promotion and prevention, free supply of medicines by the Unified Health System (SUS) made available by the government, facilitating access to treatment. Due to this program, the country has been having a decrease in mortality and in the number of hospitalizations and infections by so-called opportunistic diseases. However, with regard to prevention, Brazil has not yet obtained positive results (IRFFI; SMITH; DESOUZA, 2010).

The main form of prevention to combat diseases, such as HIV/AIDS, is in communication with the population about risk behaviors that can facilitate the transmission of the virus, such as the non-use of condoms in sexual relations. Based on this, the Brazilian government has invested in the amount of information available on AIDS through advertising campaigns (IRFFI; SMITH; DESOUZA, 2010).

However, the deep inequalities have caused the AIDS epidemic to take on different proportions and meanings. For the person living with HIV/AIDS (PLWHA), in addition to the physical and mental exhaustion caused by the disease, factors such as prejudice end up being a very significant problem in the

life of this individual. The person diagnosed with the virus can live human and social dramas in personal, institutional and social daily life, due to prejudice, silence and loneliness. (CARDOSO; MARCON; WAIDMANI, 2008).

The onset of the HIV epidemic was marked by the emergence of cases of Kaposi's sarcoma in male homosexual individuals. Previously, the term most used to define infected people was that of "risk group", where male homosexuals and prostitutes were part. Then, with the spread of the disease to other groups, such as drug users, this term was renamed "risk behavior". Today, after four decades of emergence, there is talk of vulnerability of the individual, where the strong indicators are in feminization and pauperization. HIV transmission is not restricted to gender, race, age group or social class (CALICH, 2011).

The recognition of HIV in the individual's life creates a difficulty in accepting, adapting and aggregating a new healthy lifestyle, bringing a barrier to improvement in their quality of life (FREITAS et al, 2012). PVHAs hide their disease as a social survival strategy. In this way, they can lead life normally, without accusations or discrimination, whether in the family, social or work context. The great justification for the omission of seropositivity is the fear of being judged (GOMES; SILVA, U.S.; OLIVEIRA, 2011).

Stigmas and prejudices produce in daily life some attitudes and behaviors that isolate and segregate those who carry the marks of their condition, leaving them excluded, separated, diverted, making them incompatible, abandoned, private and eliminated from social life (CALICH, 2011).

Despite advances in the treatment, diagnosis and quality of life of HIV-positive people, HIV is still a public health problem and the range of social problems related to this is very large. The work aims at the reflection of prejudices and lack of information that are brought from the beginnings of the disease, reinforcing the rise and importance of diagnosis and treatment in Brazil, in addition to making a critical analysis of the stigma experienced by HIV-positive people in recent decades. Considering all the above information, the following question is asked: how can prejudice interfere in the psychosocial issues of people living with HIV/AIDS?

2. Methodology

Study addressing the method of integrative literature review, which provides information about a fact or problem, linking isolated elements of existing research (TOLEDO; TAKAHASHI; DE-LA-TORRE-UGARTE-GUANILO, 2011). The elaboration of this study took place in stages, defined as: identification of the theme; application of inclusion and exclusion criteria; choice of information to be withdrawn from the studies; data analysis; interpretation and presentation of the data obtained.

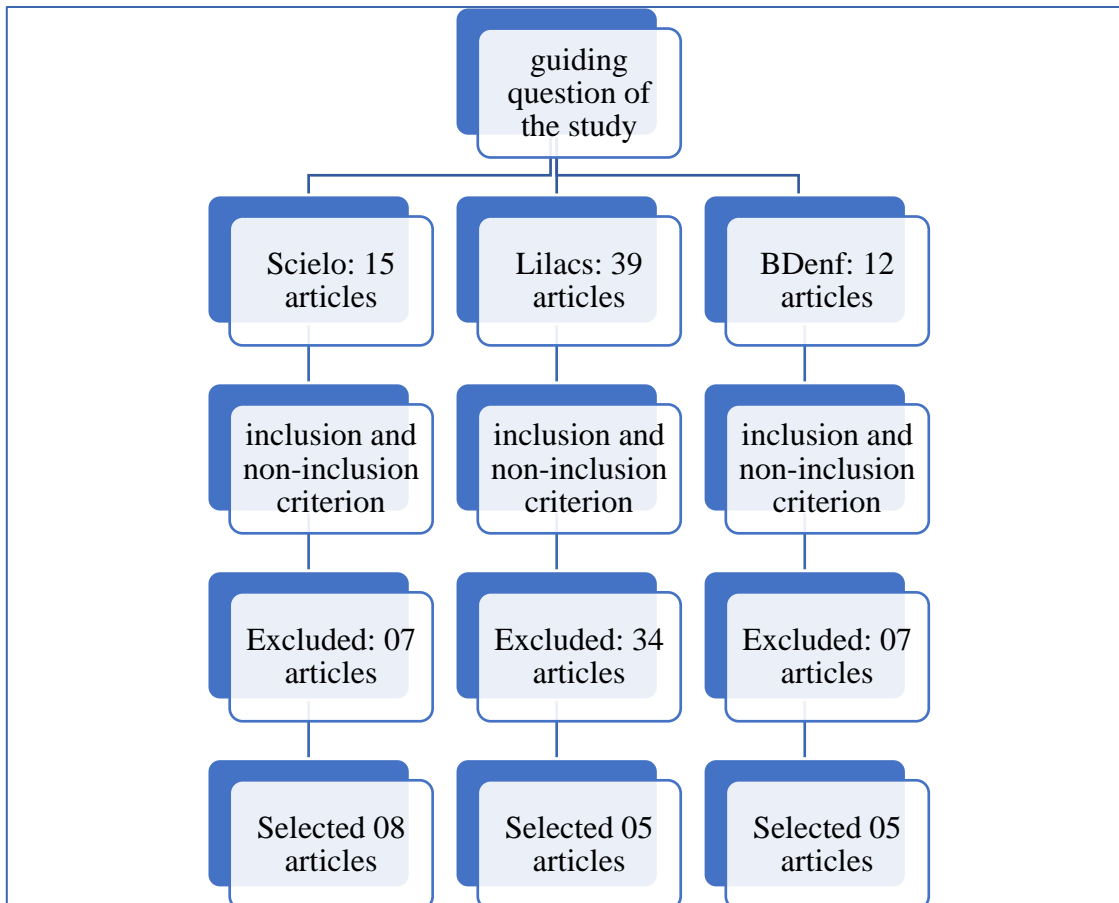
The question that guide the study is this: how prejudice interferes in the routine of people living with HIV/AIDS, and the stigmas that are carried by them. For the search for the articles, the following terminologies were used, considered as descriptors of the Descriptors in Health Sciences (DeCS): HIV/AIDS; Prejudice; Stigma.

The inclusion criteria of the study were as follows: language of publication in Portuguese, presenting the theme "HIV and prejudice experienced by hiv-positive people", ordered in the scientific electronic library online (SciELO), Latin American Literature in Health Sciences (LILACS), and The Nursing Database (BDENF), excluding those papers that were repeated in the respective databases, or that did not

meet the inclusion criteria of this study. For this research, we used data contained in articles published from 2014 to 2017, seeking more relevant and recent research on the subject. Online searches were conducted in July 2018 in the aforementioned databases.

We found 15 articles in the SciELO database, 39 articles in the LILACS database, and 12 articles in the BDENF database, totaling 66 publications. After applying the inclusion and non-inclusion criteria, a final sample of 18 articles was obtained, of which 08 belong to the SCIELO database, 05 belong to lilacs database, and 05 belong to the BDENF database, as can be analyzed in Figure 1.

Figure 1 - Explanatory flowchart of the article selection process



Source: Author's elaboration (2018)

Data analysis was made from the reading of abstracts, where studies that met the inclusion criteria and presented information that answered the questions of this study were selected and verified in full. After the analysis of the integra, a data gathering was held and a table was elaborated demonstrating author, year, title, objective, type of study, conclusion and database. The interpretation of the results occurred by similarity of the content, summarized and compared with each other, supporting the construction of three thematic axes: Historical context of prejudiced attitudes related to HIV/AIDS, Consequence the quality of life of HIV-positive individuals, Coping and HIV perception.

3. Results and discussion

Of the 18 publications selected for the study, 2017 had the highest number of publications (7/18), followed by the years 2015 and 2016 (4/18), respectively, and the year 2014 had the lowest frequency (3/18). Regarding the thematic axes, after the complete analysis of the articles, five articles address the historical context of HIV-related prejudice, six articles present aspects related to the quality of life of hiv-positive individuals, and seven articles point to the coping and perception of individuals in the face of the disease. The articles found were assigned numerical identifications, from A1 to A18, in order to facilitate their identification and organization. The table below demonstrates the characterization of the articles according to titles, authors, year, objective, type of study, main conclusions and database.

Table 1 - Characterization of studies regarding title, author, year of publication, objective, type of study, conclusions and database. (continues)

ID	AUTHOR	YEAR	TITLE	OBJECTIVE	KIND OF STUDY	CONCLUSION
A1	(A1) BORTOLOTTI, L.R; ESPINDOLA, T; TAQUETTE, S. R; FONTE, U. R. F; PINHEIRO, C. D. P; FRANCISCO, M. T. R	2014	O significado do viver com o HIV/aids na adolescência: estudo descritivo.	Descrever os sentimentos dos adolescentes portadores do HIV/aids.	Pesquisa descritiva em abordagem qualitativa.	Os sentimentos do viver com HIV na adolescência podem contribuir para o cuidado com enfoque na melhoria da qualidade de vida.
A2	(A2) MEDEIROS, A. P. D. S; ARAÚJO, U. S; MORAES, M. N; ALMEIDA, S. A; ALMEIDA, J. N; DIAS, M. D	2015	A experiência da soropositividade para grávidas com HIV/aids: preconceito, dor, trauma e sofrimento pela descoberta.	Conhecer a experiência de vida de mulheres gestantes puérperas a partir da descoberta da situação de soropositividade.	Pesquisa qualitativa	Ressalta as experiências de vida das gestantes soropositivas, ampliando a discussão quanto as formas de enfrentamento frente a descoberta da patologia.
A3	(A3)	2017	História de vida	Conhecer a história	Estudo de	Para que haja a

ID	AUTHOR	YEAR	TITLE	OBJECTIVE	KIND OF STUDY	CONCLUSION
	NASCIMENTO, E. K. S; ALBUQUERQU E, L. P. A; MARINELLI, N. P; CAMPELO, M. N. A. A; SANTOS, F. J. L		de idosos com HIV/aids.	de vida dos idosos com HIV, buscando a repercussão do diagnóstico.	campo, de abordagem qualitativa.	promoção da atividade sexual segura para a terceira idade, é preciso haver um compromisso com a educação em saúde por parte de todos que estão envolvidos no bem-estar do idoso.
A4	(A4) ARCOVERDE, M. A. M; CONTER, R. S; SILVA, R. M. M; SANTOS, M. F	2015	Sentimentos e expectativas da gestante vivendo com HIV: um estudo fenomenológico	Compreender os sentimentos e expectativas de gestantes com HIV sobre a doença e a gestação, a partir de um olhar fenomenológico.	Qualitativo fenomenológico.	Apesar do contexto de preconceito, as gestantes não perderam esperança em relação ao tratamento e futuro com o HIV.
A5	(A5) CRUZ, D. S. M; CORDEIRO, R. S; MARQUES, D. K. A; SILVA, P. E	2017	Vivência de pacientes com HIV/aids e a influência da religiosidade/espiritualidade no enfrentamento da doença.	Conhecer a vivência de pacientes com HIV/aids e a influência da religiosidade no enfrentamento da doença.	Qualitativo, descritivo, exploratório.	A religiosidade, a fé em um Ser supremo, tem influenciado a vida desses pacientes com a doença, fazendo-os sentir-se amados, aceitos e cuidados, direcionando uma mudança na percepção deles

ID	AUTHOR	YEAR	TITLE	OBJECTIVE	KIND OF STUDY	CONCLUSION
						acerca da doença.
A6	(A6) ARAÚJO, L. F; LÔBO, C. J. C; SANTOS, J. V. O; SAMPAIO, A. V. C	2017	Concepções psicossociais acerca do conhecimento sobre a aids das pessoas que vivem com o HIV.	Identificar as concepções psicossociais acerca do conhecimento sobre aids por parte das pessoas que vivem com o HIV	Pesquisa <i>expost facto</i> utilizando dados transversais.	A aids, para a população do estudo, se mostra uma doença contagiosa, sem cura e que traz muito preconceito.
A7	(A7) RENESTO, H. M. F; FALBO, A. R.; SOUZA, E; VASCONCELOS, M. G	2014	Enfrentamento e percepção da mulher em relação a infecção pelo HIV.	analisar o enfrentamento e as percepções das mulheres em relação a descoberta da infecção pelo HIV.	Estudo qualitativo	A convivência com o HIV esteve fortemente ligada ao estigma.
A8	(A8) GARBIN, C. A. S; MARTINS, R. J; BELIDA, N. M; GARBIN, A. J. I	2017	O estigma de usuários do sistema público de saúde brasileiro em relação a indivíduos HIV positivos.	analisar a existência de preconceitos e atitudes discriminatórias de usuários do sistema único de saúde em relação a indivíduos soropositivos.	Pesquisa descritiva, com caráter transversal e abordagem quantitativa.	Os usuários do SUS apresentam preconceito e atitudes discriminatórias em relação a pessoas soropositivas, expressa, as vezes, de maneira velada, independentemente da classe econômica do indivíduo.

ID	AUTHOR	YEAR	TITLE	OBJECTIVE	KIND OF STUDY	CONCLUSION
A9	(A9) BREGA, M. P. P; GONÇALVES, P. G; SOUZA, V. J. V; SARMENTO, V. A; MACIEL, Y. S; SILVA, J. F. L. M; RESENDE, J. A; FERNANDES, E. T; FÓFANO, G. A; FREITASA, R. B.	2017	Aids: um breve panorama sobre aspectos epidemiológicos , antropológicos, clínicos e a situação atual no Brasil.	Reduzir o estigma do preconceito em relação ao indivíduo HIV positivo, preconceito esse que ocorre historicamente.	Revisão de literatura.	Mesmo com três décadas de existência, a cura da Aids é um enigma, e o elevado número de acometidos, por ano, motiva a busca por outros tipos de prevenção.
A1 0	(A10) IVO, A. M. S; FREITAS, M. I. F.	2014	Representações de corpo de pessoas com HIV/Aids: entre a visibilidade e o segredo.	Compreender, do ponto de vista da pessoa infectada, como as mudanças corporais são percebidas e vividas pelo PVHA	Estudo de caso.	A educação para a saúde na prevenção secundária nos serviços de saúde, com a realização de ações fundamentadas na construção de uma imagem corporal valorada das PVHAs, pode trazer qualidade e suporte de vida plena, com melhoria da qualidade de suas interações sociais e afetivas.

ID	AUTHOR	YEAR	TITLE	OBJECTIVE	KIND OF STUDY	CONCLUSION
A1 1	(A11) RODRIGUES, M; MAKSUD, I.	2017	Abandono de tratamento: itinerários terapêuticos de pacientes com HIV/aids	Compreender o abandono de tratamento, situações de descontinuidade do medicamento e/ou ruptura de vínculo entre pacientes, profissionais e serviços de saúde.	Pesquisa de campo.	Existem lacunas nas ações de saúde e fragilidade dos profissionais em lidar com situações de vulnerabilidade.
A1 2	(A12) GRECO, D. B.	2016	Trinta anos de enfrentamento à epidemia da Aids no Brasil, 1985-2015.	Descrever os êxitos e os indesculpáveis retrocessos destes 30 primeiros anos e as perspectivas para o controle da Aids	Descritivo, qualitativo e retrospectivo.	Apesar dos problemas e dificuldades, existem condições de superação do preconceito, discriminação, e a eliminação da atual situação de pobreza.
A1 3	(A13) JESUS, G. J; OLIVEIRA, L. B; CALIARI, J. S; QUEIROZ, A. A. F. L; GIR, E; REIS, R. K.	2017	Dificuldades do viver com HIV/aids: entraves na qualidade de vida.	Identificar e explorar as dimensões das dificuldades enfrentadas por pessoas vivendo com HIV/Aids no manejo da doença.	Estudo descritivo, exploratório, de abordagem qualitativa.	As dificuldades experienciadas vão muito além da doença, tomando aspectos íntimos e centrais, ligados ao preconceito, que impedem seu desenvolvimento pessoal.

ID	AUTHOR	YEAR	TITLE	OBJECTIVE	KIND OF STUDY	CONCLUSION
A1 4	(A14) CASSETTE, J. B; SILVA, L. C; FELÍCIO, E. E. A. A; SOARES, L. A; MORAIS, R. A; PRADO, T. S; GUIMARÃES, D. A.	2016	HIV/Aids em idosos: estigmas, trabalho e formação em saúde.	Analisar a atuação de profissionais de saúde com idosos HIV positivos em um serviço público de saúde.	Pesquisa qualitativa, exploratória.	Estigmas e preconceitos vinculados ao HIV e à sexualidade do idoso estão presentes no processo de trabalho dos profissionais.
A1 5	(A15) COSTA, T. L; OLIVEIRA, D. C; FORMOZO, G. A.	2015	Qualidade de vida e Aids sob a ótica de pessoas vivendo com o agravo: contribuição preliminar da abordagem estrutural das representações sociais.	Identificar o conteúdo e a estrutura das representações sociais da qualidade de vida e da Aids entre pessoas com a doença, e analisar as relações estruturais entre tais representações.	Estudo descritivo, qualitativo.	Existem implicações para a concepção e a avaliação da qualidade de vida por parte de soropositivos, sobre maneira condicionada pelas próprias representações sociais da Aids.
A1 6	(A16) OLIVEIRA, F. B. M; MOURA, M. E. B; ARAÚJO, T. M. E; ANDRADE, E. M. L. R.	2015	Qualidade de vida e fatores associados em pessoas vivendo com HIV/Aids.	Analisar a qualidade de vida em pessoas vivendo com HIV/Aids e fatores associados.	Estudo transversal	A qualidade de vida apresentou preditores associados negativamente em relações homoafetivas, ter sofrido estigmas e/ou preconceito.
A1 7	(A17) LEAL, N. S. B; COÊLHO, A. E. L.	2016	Representações sociais da Aids para estudantes de Psicologia.	Analisar as representações da Aids, de saúde e de doença.	Pesquisa qualitativa.	O conhecimento da Aids nem sempre resulta em comportamentos mais seguros, e

ID	AUTHOR	YEAR	TITLE	OBJECTIVE	KIND OF STUDY	CONCLUSION
						suas representações revelam preconceito e estereotípias.
A18	(A18) VILLARINHO, M. V; PADILHA, M. I.	2016	Sentimentos relatados pelos trabalhadores da saúde frente à epidemia da Aids. (1986-2006)	Descrever e compreender os sentimentos relatados pelos trabalhadores da saúde frente ao surgimento da Aids.	Pesquisa sócio histórica, com abordagem qualitativa.	Sentimentos como discriminação, estigma, rejeição, vergonha e morte marcaram a história da epidemia da Aids. A doença trouxe o sentimento de morte social.

3.1 Historical context of prejudiced attitudes related to HIV/AIDS.

AIDS represents a great social phenomenon that goes beyond the meaning of disease and generates a stigma for hiv-positive. Associated with prejudice, the disease reveals the suffering and fear of people diagnosed with HIV, which, even after all the advances in information allocated to its transmission mechanism, still generates a lot of discrimination and social isolation (LEAL; RABBIT, 2016).

The term AIDS, according to Susan Sontag (1989), "[...] it does not designate a disease, but a clinical state, which has a whole spectrum of diseases as a consequence [...]", which refers to the presence of so-called opportunistic diseases. These infectious diseases, which are associated with sexual "guilt," always lead to fear of easy contagion, and make room for the "fanciful" forms of transmission.

Bastos (2006), in his book "AIDS in the third decade", emphasizes the multiple facets of the disease, in which he calls it "The Fable of the 4 H". For the author, these "H's" had been shaped by epidemiologists, mistakenly, as classification categories that were part of male homosexuals (H1), Haitians (H2), Hemophiliacs (H3) and drug users, called Heroinômanos (H4), leading critical thinking to spend years to deconstruct.

The creation of this "fable" brought a mixture of bad science and prejudice. The construction that involved these groups, such as male homosexuals, ended up generating some subdivisions, where there were people who had the absolute risk of becoming infected with AIDS, and people who would be safe from this mysterious evil. This structure was being dismantled as AIDS was spreading to other groups, now known for the vulnerability of the individual, such as children and women. However, in that initial decade,

the stigma was becoming more and more rooted, and what are currently great consequences for the individual, resulting in problems in their quality of life (BASTOS, 2006).

The concept of Stigma is cited by Guimarães and Ferraz (2002) as a social construction, legitimized by the other's gaze. It's a form that has a lot of power to change in the look of you and how others see it. The authors highlight the various reactions to hiv-positive diagnosis, among them we can mention the report of experiences of "social death" and "civil death", both resulting in the process of stigmatization. "Social death" means the feeling of abbreviation of life, a process that takes place in the individual-society interaction, through the internalization of imminent death or stigma. On the other hand, "civil death" is like a progressive reduction of citizenship rights, which occurs from the moment of public knowledge of HIV seropositivity.

Some studies reveal that the repercussion on the exacerbation of some of the feelings such as anguish, fear, fear, rejection and social discrimination is due to the lack of information. Soon after its emergence, the AIDS epidemic was strongly associated with promiscuity and homosexuality, becoming a major discriminatory factor (LEAL; RABBIT, 2016). Linked to these feelings, health workers can experience such repercussions in their patients, especially the fear of revealing the diagnosis to the family, making this feeling a type of protection (VILLARINHO; PADILHA, 2016).

Discriminatory practices occur due to the lack of scientific knowledge on the subject, where one notices the extreme importance of knowing how this information arrives, and how it is interpreted in society (ARAÚJO et al, 2017). In addition to the lack of information, the negative influence of the media was a marked factor for the dissemination of prejudice, because what was discussed at the time of the disease was that AIDS served as a "punishment" for socially reprehensible conducts. Thus, prejudice was strongly stamped in the discourses of the time, and until then the "aidetic" was condemned to physical, social and institutional death, having his rights as a citizen withdrawn (VILLARINHO; PADILHA, 2016).

The study on the existence of prejudice of users of the Unified Health System in relation to HIV-positive individuals ratifies the aforementioned studies when commenting on the various forms of stigma and discrimination, and claim to have a type of "self-stigmatization", where individuals end up accepting negative aspects of society and isolate themselves from living with others (GARBIN et al, 2017).

It is known that today there is a high number of women affected by HIV, making feminization one of the most growing aspects in the spread of the disease throughout Brazil. In a study on the perception of women affected by the virus, it is emphasized how stigma makes difference the center of attention of individuals, and their hiv-positive condition can mean the end of relationships, a barrier to new ones, and a limitation of opportunities. Stigma has become a limiting factor and made inequalities seem justifiable, further strengthening the exclusion of these people to their social cycle (RENESTO et al, 2014).

For Soares (2001), in the book *Veiled Images*, the narrative constructions offered by the media contributed significantly to the creation of erroneous, unknown and prejudiced thoughts in people's minds. The idea of something "bad" remained present in the texts that dealt with the subject, giving the impression of a recriminatory posture, affecting mainly the people inserted in the "risk groups". For the author, the articles in the newspapers even equated the HIV-positive to a criminal, who should be separated from social life. Susan Sontag (1989) called it a "risk group" as a "seemingly neutral bureaucratic category that also resurrects the archaic idea of a polluted community for which the disease represents a condemnation."

3.2 Consequently, the quality of life of hiv-positive patients.

For Costa, Oliveira and Formozo (2015), "[...] prejudice in the field of HIV is a fundamental aspect for the analysis and psychosocial approach of HIV-positive individuals, due to their symbolic and material impact, since their presence is understood from the participation in remote contents of social thought [...]". This content is explained from its origin, which brought strong taboos and merely discriminatory symbolisms in his speeches.

The family has a great importance in the care of the individual living with the virus, and the non-recognition of this importance suggests the absence of good prospects in living with HIV, since family members have emotional support and help in encouraging self-care. When there is no such family support, negative feelings related to HIV, such as helplessness and loneliness, become present in the lives of these individuals (JESUS et al, 2017).

The chronicity of HIV/AIDS has brought, in addition to all these challenges mentioned to date, problems directly related to the body, being also a barrier to the continuity of treatment. A great example of these problems is Lipodystrophy, which is characterized by changes in glycemic metabolism, insulin resistance, in addition to an abnormal distribution of fat, visibly perceived by thinning of the upper and lower limbs and accumulation of fat in the dorsal and central regions. This is a transformation considered as a strong marker of those who have HIV infection, and who makes use of antiretroviral treatment, causing them impacts on physical, mental and social well-being. The non-acceptance of the body itself, due to factors such as Lipodystrophy, ends up generating more fear, prejudice and isolation by the individual himself. These side effects, brought with the use of therapy, modified the body of the seropositive and transformed it into a type of "disease showcase" (IVO; FREITAS, 2014).

Prejudice is intense and restricted in adolescence. The fear factor appears as a great characteristic in the lives of these individuals, becoming decisive for the omission of the diagnosis and resulting in the abandonment of family members and people close to their social life. However, optimistic thoughts about the current treatment and quality of life are present in the discourses of adolescents, who claim to seek support in the hope of cure in the future. It should also be emphasized in the contribution of teams and health professionals, properly trained and oriented, in providing care to people, especially adolescents, assisting them with a holistic view, helping to carry out care plans and providing guidance for good treatment adaeation (BORTOLOTTI et al, 2014).

In addition to the difficulties related to hiv-positive adolescents, studies aimed at the elderly also portray the quality of life after positive post-diagnosis in this phase of life. For many elderly men, condom use in sexual intercourse is not part of the sexual routine of these individuals, resulting in greater exposure to the virus. The elderly seropositive fear the transmission of HIV to their sexual partners, resulting in disinterest in sexual and affective life with their spouses (NASCIMENTO et al, 2017).

The repercussion of HIV diagnosis occurs differently among the elderly. Daily activities and functional capacities are not interfered in some elderly, demonstrating the integration of their life with the condition of seropositive. However, for other individuals, the alterations are intense, causing emotional, psychological and physical changes, triggering losses in their daily and leisure activities. Aging with HIV/AIDS is marked by negative feelings and difficulties in accepting themselves in this condition, a fact related to stigma, which has brought in its history much prejudice and discrimination regardless of age

group (NASCIMENTO et al, 2017).

Some authors ratify the isolation, distancing from work, religious and leisure activities, as a strong point of stigma in the life of PVHAs, resulting in a disorder in the references that the subject has of himself and his perception by the other, and affirm that all the negative aspects that circulate the lives of these individuals, as mentioned above, help to understand the suffering caused by stigma. This understanding strengthens health promotion, and improves the eyes of people living with HIV for the world, for themselves and for others around them (CASSÉTE et al, 2016).

3.3 Coping and perception of HIV.

In Brazil, in 1996, a therapy for those affected by HIV was provided free of charge, with a fall in the mortality rate due to the disease. New measures were being adopted by the government with the objective of reducing the AIDS epidemic, thus increasing HIV testing coverage in populations at higher risk, and providing treatment to all HIV-positive individuals. Given this, living with HIV began to have new cultural meanings, launching a concept that goes beyond the sick person and his relationship with death, for a more humane look and better conviviality with the disease, where it is necessary for the individual and society to rethink the fact of being infected by the virus today (BREGA et al, 2017).

With universal and free access to antiretrovirals (ARVs), in addition to effective health care in aids treatment in Brazil, it has become possible to treat people equally, regardless of gender, race or economic power. However, even with the initiation of antiretroviral therapy in the country, there is a restriction, or abandonment, related to treatment and its side effects. Stigma emerges as one of the main factors for non-treatment therapy (GRECO, 2016). Reports addressed in the study by some authors reveal the lack of dialogues between patients and family members about the decision to abandon treatment and emphasize that, in addition to stigma, other factors can contribute to this abandonment, such as the lack of emotional and financial support from the family, the non-acceptance of their diagnosis, depression and the fear of death (RODRIGUES; MAKSUD, 2017).

Other studies draw attention to the appreciation of the patient's role in therapy, and conclude that there is fragility of health professionals in recognizing the limitations and challenges imposed by this problem of not continuing the treatment of their clients (GARBIN et al, 2017). Health professionals are not prepared to treat HIV-positive patients. This is connected, in particular, to fear and ignorance about the forms of transmission of the disease. On the other hand, the same study demonstrates the existence of the prejudice of patients to hiv-positive health professionals, observed by the refusal to provide care provided by these professionals, showing the paramount importance of access to information on HIV transmission, in order to reduce prejudiced attitudes (RODRIGUES; MAKSUD, 2017).

Living with HIV makes it possible to experience feelings interpreted by individual states resulting from emotional shock, caused by the fight against the virus. These feelings make it impossible for the individual to be forgotten seropositivity, because the relevant burden of stigmatization is directly associated with the disease, causing a deficit in the job opportunity, repentance, distancing from intimate people, and fragility imposed by prejudice. The fact that he is infected with HIV will make the individual feel different, leading him to think he is not deserving of trust. Therefore, having a life without stigmas and discrimination is a basic human right to which respect is due (MEDEIROS et al, 2015).

The strengthening of individuals for all this burden of FEELINGS related to HIV may be in religiosity. The Study on the influence of religiosity in coping with the disease shows faith in a Supreme Being as the basis for the motivation of the struggle for life, making them firm in the face of adversities, making them believe in better days (CRUZ et al, 2017). It is necessary to observe the importance of religiosity in helping HIV/AIDS therapy, because it is in this that the individual obtains a share of strength to face his serological condition, deal with the stress arising from stigma, acquire the support of family members, reach an acceptance of the positive diagnosis, and gain the respect lost by stigmatization of the disease (OLIVEIRA et al, 2015).

Despite the numerous problems related to HIV, there are conditions to overcome all prejudice, which are mainly based on access to education and health care, and an improvement in epidemiological surveillance in order to intensify the fight against discrimination (GRECO, 2016). The act of confronting and eliminating stigma and discrimination does not have a simple answer, requiring more efforts to understand and design actions.

It is important to highlight that, with the advance in the treatment of antiretrovirals in the world, it is possible to make the HIV viral load undetectable. When there is an undetectable viral load in the tests, due to regular treatment, the virus is not transmitted through sexual activities. Contributing to this, it is necessary to strengthen safe sex, with important and tangible measures, ranging from condom use, to current measures such as the use of Pre-Exposure Prophylaxis (PREP) (BRASIL, 2020).

Brazil has sought to reach the goal 90-90-90, which seeks to establish that there are 90% of diagnoses in people with HIV and that, of these, 90% are being treated with antiretrovirals and, of these, 90% have undetectable viral load in the tests. With this, access to health would be expanded, improving the prognosis of PVHAs (BRASIL, 2020).

Therefore, a good way to promote positive responses that reduce these problems is in communication, using it to provide new ways to learn the processes of social and cultural movements. In the context and context of AIDS, respecting differences and breaking prejudices, fears and paradigms is extremely important, where recognizing and seeking efforts for actions based on understanding the individual is fundamental (ARCOVERDE et al, 2015).

4. Final considerations

The study allowed us to conclude that the stigma related to HIV/AIDS transforms the life of those with the infection, hindering an improvement in the quality of life of these individuals. We also conclude that the lack of information was strongly linked to stigma, due to the lack of knowledge of the forms of transmission, leading people to distance themselves from social interaction.

Prejudice, for HIV-positive people, serves as a barrier to coping with the disease, for good contact with family members and for good treatment to therapy. It is also noted the importance of health professionals in direct patient care, even if there is still prejudice linked to this issue, because this care allows to bring trust and autonomy to the patient, so that he can face discrimination related to the disease.

This study concludes the importance of continuing research on this issue, because it is necessary to see the problem related to stigma in HIV/AIDS, and inform society to review positions, attitudes and ideas

about the subject.

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