

Serodiscordance and prevention of HIV: perceptions of individuals in stable and non-stable relationships

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Policies regarding post-sexual exposure prophylaxis (PEP) and the “treatment as prevention” strategy have strengthened preventive measures against HIV transmission. This study aimed to describe the perceptions of people with HIV/AIDS regarding prevention of sexual transmission of HIV in the context of serodiscordance. Two focus groups were conducted, with 13 HIV-positive participants who were in serodiscordant relationships: one group with people in stable partnerships and the other in non-stable relationships. Just over a third of participants were aware of PEP and “treatment as prevention”. There was a consensus that it is easier to use safe-sex practices in non-stable serodiscordant relationships, it is easier to use safe-sex practices. Some advantages of the new policies were mentioned, despite the concern that condom use might be neglected. The importance of healthcare teams’ actions among serodiscordant couples regarding prevention of sexual transmission of HIV was highlighted.

Keywords: HIV. Aids. Prevention of sexual transmission of HIV. Serodiscordant couples. Post-sexual exposure prophylaxis against HIV

Introduction

A great number of advances can be perceived since Acquired Immunodeficiency Syndrome (AIDS) was first identified in the early 1980s. Nevertheless, AIDS still remains at epidemic rates, representing a public health problem in Brazil.¹ With the advent of antirretroviral therapy (ART) – which acts on the multiplication of HIV causing a reduction in the viral load and, consequently, an increase in CD4 T-cells and recovering of the immune system – AIDS is currently considered a chronic disease that, even with no cure, enables that people living with HIV/AIDS (PLWHA) have a satisfactory quality of life.²⁻⁵

By promoting the distribution of antirretroviral therapy from 1996, the Brazilian Public Health System enabled access to treatment as a possibility of PLWHA achieving a good quality of life. As a consequence, other issues have taken place, such as the constitution of serodiscordant couples – a term used to refer to heterosexual or homosexual couples where only one of the partners is HIV-positive.^{6,7}

Preventive measures against sexually transmitted HIV undergone significant changes over the course of the HIV epidemic. The regular and consistent use of male condoms, followed by the female condoms, was the first preventive measure for fighting against HIV, with good efficacy levels at relatively low costs, being adopted worldwide as a public health measure. Moreover, scientific evidence has recently consolidated additional actions which are being implemented: the so-called “treatment as prevention”, referring to the HIV-positive person receiving ART regardless of his/her own immune status (CD4 T-cells count). That treatment enables the patient to obtain a minimum level of viral copies in the body, situation where the virus is undetectable, significantly reducing the chances of transmission. Evidences indicate a 96% sexual transmission reduction of HIV when the HIV-positive female or male partner has been on ART and has an undetectable viral load.^{8,9}

Another preventive measure backed up by scientific evidence and adopted by the Brazilian Ministry of Health since 2010 refers to the provision of antiretroviral drugs to seronegative sexual partners who were exposed to risk by having unprotected sex with an HIV-positive person. Post-Exposure Prophylaxis (PEP) is recommended in situations where may or not have occurred condom bursting during sexual intercourse. Furthermore, it is also recommended for cases of sexual violence against men and women, even without knowledge of the serological status of the aggressor. To be most

effective, PEP should be started immediately after exposure, being recommended waiting no longer than 72 hours after risk and continued for at least 28 days. The availability of PEP treatment to anyone – and not just to the victims of sexual violence – is a protection assurance measure to eventualities occurred during sexual intercourse with an HIV-positive person.

More recently, though not yet adopted in Brazil, the Pre-exposure Prophylaxis (PrEP) therapy has been recommended. It refers to the provision of ART before possible exposure to an HIV-positive partner in unprotected sex.¹⁰

Studies^{10,11} show even higher reduction in HIV transmission risk when more than one preventive strategy is concomitantly used. Thus, the consistent and regular use of condoms is still a practice of great importance, complementary to the latest preventive measures and which is part of the PLWHA on a daily basis, notably regarding serodiscordant couples, i.e., heterosexual or homosexual couples where only one of the partners is HIV-positive.

Despite literature studies on serodiscordant relationships in heterosexual and homosexual couples, the majority of researches are on stable relationships rather than on unstable ones. Theodore et al¹² postulate that a primary partner would be the one with whom oneself has greater emotional involvement, which is a concept bond to a perception of a stable relationship where love, trust and loyalty underpin the couple's commitment. Contrastingly, some people have sporadic sexual partners in relationships with different duration and commitment. Theodore et al¹² point out aspects present in the reality of serodiscordant homosexual male couples also observed in heterosexual couples. Condom use is one of them, giving the couples a sense of safety and protection, but at the same time, posing a barrier or obstacle for them. Researching seropositive homosexual men, the authors concluded that in serodiscordant couples intimacy might pose some risk to the extent that non-use of condoms can mean a proof of love. Mitchell¹³ cites studies indicating that the non-use of condoms in intercourse among men-who-have-sex-with-men (MSM) are attributed to feelings of trust, satisfaction, safety, commitment, and desire for intimacy. Similar findings regarding heterosexual relationships were reported by La Croix et al.¹⁴

Reis and Gir¹⁵ discuss about feelings such as guilt, anxiety and fear of infecting the female or male partner, highlighting that several stable serodiscordant couples have opted for reducing sexual

activity, and even choosing abstinence, as a strategy to avoid those feelings. Loiola,¹⁶ reflecting on the theme of condom use, states that there is a highest incidence of condom use only in the early relationships or in sporadic relationships. This data raises concerns towards the issue that a protective significance among couples is still assigned to monogamy, which can lead to trivialization of safe sexual practices.

Regarding sporadic relationships, Berquó (quoted in Maia et al¹⁷) advocates that differences between unstable and stable relationships arises from distinct conceptions of sexual-affective relationships of men and women. Female sexuality is still viewed with limitation, being restricted to the reproductive function, while male sexuality is perceived as undisciplined, without, however, acquiring a negative sense due to this feature. The presence of such conceptions in society has implications as condom use many times is restricted to contraception, rather than playing a protective function as for sexually transmitted diseases. Hence, the adoption of safe sex practices may be neglected to the extent that the relationship is perceived as structured and reliable by the female or male partner.¹⁸

Furthermore, Oltramari and Camargo¹⁹ note that seronegative couples still have social representations regarding HIV-negative couples being associated with people who are not in stable relationships, but rather engaged in risky sexual behaviors with unknown partners. Concepts such as these, with a moralistic and even prejudiced base, still permeate the discourse and attitudes of many people. From this perspective, Maksud² and Reis & Gir³⁻⁴ indicate gender issues as obstacles to safe sex practices. These authors also show the presence of trivialization and naturalization of acquiring HIV infection in the discourse of interviewed heterosexual men, who denied themselves the possibility of being infected by their female HIV-positive partners.

In a study of 216 couples, Jones et al²⁰ aimed at assessing the acceptability of risk reduction strategies in serodiscordant and seroconcordant couples who took part in group and individual interventions. Different alternatives for safe sex practices were examined, among them the use of female and male condoms and water-based lubricant. The research findings showed that the acceptability of sexual barrier products for safe sex was related to knowing the serologic status of the partner: finding out about his/her condition was an important factor in the adoption of preventive methods.

Not revealing the diagnosis to the sexual female or partner in an attempt to maintain the dyadic relationship reveals that there are still dysfunctional beliefs and prejudices associated with the condition of living with HIV/AIDS. The discovery of seropositivity in a stable relationship may have different connotations, most notably in betrayal, be it is emotional and/or sexual.¹⁸

Faced with these challenges, it is crucial to better understand the reality faced by PLWHA in serodiscordant relationships regarding preventive sexual practices, targeting the advent of PEP and the “treatment as prevention,” strategies still little known if compared to condom use – a consolidated and well widespread preventive measure against sexual transmission of HIV.

The present study aimed at describing the perceptions of people with HIV/AIDS about the prevention of sexual transmission of HIV in the context of serodiscordance, as well as identifying easiness and challenges in carrying out safe sex practices in stable and unstable relationships. The study focused on both new preventive measures – PEP and the use of ART for prevention – and the use of condoms during sexual intercourse.

Method

A descriptive exploratory study was used, with a qualitatively oriented approach for data collection and analysis. The research was carried out in a healthcare service center to HIV-positive patients at a university hospital in the Federal District of Brazil.

Participants

HIV-positive people of both sexes with different sexual orientations undergoing healthcare monitoring for HIV/AIDS in the Federal District were invited. It was applied the following inclusion criteria: people who were aware of their diagnosis for at least six months and who had a serodiscordant partner, either in a stable or unstable relationship. Convenience sampling method was used to select participants.

The research participants included 13 people, five of them in a stable relationship and eight in an unstable relationship, aged 24–52 years with a mean age of 40 years. With respect to their educational level, four participants had higher education (30.7%), three participants had incomplete primary education (23%), and six of them had either finished primary education or incomplete high school or finished high school (15.3% at each level). Three participants had fixed wages and working conditions with labor rights, three were retired, two had a regular income transfer from the Continuous Cash Benefit (BPC), one had a permanent employment but without labor rights, and another one had a regular self-employment work. Three people rated their occupational status in the category “others.” Regarding sexual orientation, six of them – four women and two men – referred to having heterosexual orientation, while the others mentioned having homosexual orientation.

The average time of being aware of the diagnosis was of ten years, ranging from seven months to 19 years. One of the research participants was not undergoing antirretroviral therapy (ART), in contrast to twelve of them who were under the therapy at an average of seven years, ranging from four months to 19 years.

Instrument

A guideline was prepared in order to obtain information from two focus groups with questions addressing: knowledge of PEP and treatment as prevention; main challenges faced in the daily sexual life of serodiscordant couples; easiness and challenges for safe sex practices in stable and unstable relationships; healthcare services and safe sex practices.

Sociodemographic and medical–clinical data were collected before starting the focus groups in order to define the research participants of each group. These data were obtained from self-administered questionnaire responses whose questions were about age, sex, marital status, educational background, sexual orientation, occupation/profession, time of diagnosis, and time of use of antirretroviral therapy.

Data collection procedures

The Project was submitted to the Research Ethics Committee and, after approval, some patients were asked to take part in the research study. The university hospital staff caring for those patients had prior knowledge of their marital status and their experience of HIV serodiscordance, given their work experience to monitor their progress at that institution and the information provided in different contexts of psychology and/or social work care services. All participants agreed and signed the Informed Consent Form (Research Participation Agreement).

Focus group participants were distributed into two categories: patients who were in stable relationships (SR) and patients who were in unstable relationships (UR). The criteria used to characterize a stable relationship were being in a relationship with a steady partner, with the presence of affective–sexual component and lasting at least three months – time observed as minimum in previous studies¹³. On the other hand, the criteria used to characterize an unstable relationship were patients who had any steady partner but who had already experienced at least one affective–sexual experience after finding out about their seropositive status, regardless of time.

The focus groups were conducted by the authors of this research in the healthcare service center where this survey was carried out for being suitably located for the kind of activity developed.

Data collection from each focal group lasted approximately one hour and thirty minutes. The reports from both groups were audio–recorded and later transcribed in order to facilitate and ensure the quality of content analysis of the participants discourse.

Data analysis

The recordings were first transcribed into full notes. As a following step, a floating reading was applied to the collected corpus. The researchers examined and then categorized separately the reports from their contents²¹ for having concordance equal to or higher than 70% for identification, naming and frequency of the categories.

Results

Four thematic areas were identified from scripts and transcripts of both groups: (1) knowledge of new preventive measures; (2) new policy implications on preventive practices; (3) easiness and challenges in safe sex practices in stable and unstable relationships; (4) healthcare services and safe sex practices. Excerpts from participant's discourses were used to illustrate the thematic areas and categories identified.

Fictitious names were assigned to each participant in order to preserve their identity. Data on their relationship modes, age and gender were kept.

Knowledge on new preventive measures

The first thematic area addressed in the focal groups was knowing about new Brazilian policies to prevent HIV infection and the information disclosed by the Ministry of Health related to this issue: PEP and treatment as prevention (undetectable viral load and reduced chances of HIV transmission). Five of the thirteen focal group participants said that they knew about the preventive measures, four mentioned that they had already heard of some of those measures despite knowing them very superficially, while four reported being unaware of them. With regard to the five respondents who had reported knowing about the aforementioned measures, three had a stable relationship. The reports of two of them, Luan (47 years old, UR) and Rosangela (39 years old, ER), respectively exemplify the knowledge they had of the subject, mainly regarding PEP:

[...] PEP was created for when you have a serodiscordant partner. You know that he is positive and you are negative and the condom bursts, or you suddenly drank too much and had sex with someone without using condoms. Then you get infected [...]

[...] PEP refers to contact, to that medication used after sexual contact that is being offered. If you had sexual contact and your partner was not preventive, you can take the medication immediately. I think it's up to 72 hours.

The main information sources mentioned by the participants were the healthcare services themselves which provided information on the topic through explanations given by health professionals in healthcare settings, posters on PEP displayed by the Ministry of Health, and collective activities as round table discussions. They also mentioned they had got information on the referred theme both from conferences on HIV/AIDS and media dissemination. With respect to the latter, some respondents were critical towards fearing how that information was being disclosed to the public, in addition to highlighting the need of it being clearly and objectively disclosed in order to minimize the occurrence of distortions or misunderstandings by society at large.

Implications of new policies on preventive practices

Participants were asked about the implications of those measures on preventive sexual practices. Overall, they acknowledged their positive aspects, describing them as important preventive strategies, mainly in cases of rape or sexual abuse. Various participants in both groups reported fear of infecting the female or male partner even when using condoms. For some of them, carrying the responsibility for eventual infection should be shared by the couple in both seroconcordant and serodiscordant contexts. Moreover, we have observed that some of the participants had the perception that, many times, it is up to the seropositive person not only ask but demand the use of condoms during intercourse. The responsibility and the sense of guilt arising from a possible flaw in this preventive method would also be of the seropositive person. In this sense, PEP was seen as a win-win strategy for conducting sexual practices, as evidenced in the following statement: "I think that for people who have (HIV) (PEP) is a safe measure because you run the risk of infecting fewer people" (Marcia, 52 years old, SR).

Nevertheless, some participants highlighted possible negative aspects of PEP and the treatment as prevention policies, notably in relation to the possibility of trivializing other preventive practices, as not using condoms, favoring HIV infection and re-infection and other sexually transmitted diseases (STDs). Luan's report (47 years old, UR) exemplifies this position:

In my opinion, PEP facilitated too much the issue of the limited fear that still exists in condom use [...]. Before knowing about PEP, I was worried about it, but after PEP both my partner and I know that if it bursts we can get medication.

Another possible adverse consequence of those measures would be a lower co-responsibility of the seronegative partner towards prevention. In the group of participants who had a stable relationship, four of the five respondents assumed having fear. Rodrigo (52 years old) and Mirela (43 years old), both from the unstable relationship group, illustrate those fears: “I think it’s very dangerous to make such disclosure in Brazil, mainly with the current sexual openness among young people;” and “The risk increases [...], makes them very comfortable: ‘I make it with somebody now, without a condom, satiate my will and then I take the cocktail for a month and I’m free.’”

Some participants were of the opinion that the risk of trivializing safe sexual practices is higher among young people. According to them, even before the advent of PEP and risk reduction of HIV transmission when the viral load is undetectable, it was already difficult for young people to use preventive methods. As pointed out by Marcia (52 years old, SR), “There are many teenagers who think they don’t have to prevent because there’s treatment and AIDS is not killing anymore.”

If on the one hand these policies and actions benefits have been recognized, on the other hand it was shown the need for a greater awareness of the population about those issues. Both groups reported the media, notably television, as an important source of knowledge dissemination and diffusion. Providing information, News and advertisements on national network throughout the year, simultaneously with the free distribution of condoms, would be the State’s share of responsibility, while it would be up to people to take responsibility for consistently and actively preventing HIV. Rodrigo’s report (52 years old, UR) illustrates this position:

The Ministry of Health programs are broadcasted in the media in a very expressive way [...]. We can’t blame the government for not giving us information, [...]. Using condoms is our duty. The government distributes them; our duty is to use them.

Easiness and challenges in carrying out safe sex practices in stable and unstable relationships

It was observed that the knowledge of the serological status by a female or male seronegative partner was held as a facilitating factor when it comes to safe sex practices, even though there was no consensus among participants on the need for disclosure of HIV status in affective–sexual relationships. The majority of participants who belonged to the unstable group agreed upon the issue that, when the couple starts living a stable relationship, there should be disclosure of the diagnosis. For one of them, Mirela (43 years old, UR), that should be even mandatory. Participants justified this opinion emphasizing the challenges the HIV–positive partner faces in maintaining a routine of care without his female or male partner knowing about his/her condition. One of the participants, Rodrigo (52 years old, UR), exemplifies this position:

Many times, you don't even undergo treatment properly because you keep so many drugs hidden in the closet that you lose the time to take them or you don't take them on time. How to hide that from a stable partner, who are with you in bed all day, all night, lunching, dining, boating, walking, traveling? There's no way... It's much better to tell [him the truth].

Two participants of the unstable group highlighted that there are forms of care and protection of the female or male partner without the need for disclosure of the HIV status. For both of them, a relationship is made of many other factors aside from the diagnosis. They advocate that the whole context should be contemplated before diagnosis disclosure to the partner. Moreover, other participants mentioned the right to confidentiality for people living with HIV – a right that would not be violated for the sake of protection of the other.

I think this is segregation; I'm not a virus. So, it's like I got to know a person I met today, and said: 'Hi, nice to meet you. I'm atheist.' What context I had to say

that? I think we need to get to know each other much better. (Kleber, 25 years old, UR)

I disagree with having to talk to people [about my HIV status], [...]. I see no need to talk [...]. There are many ways to prevent, to preserve and, for me, we do not need [to reveal the truth]. (Guilherme, 24 years old, UR)

In the group of participants of unstable relationships, it was mentioned as a facilitator aspect for having and keeping safe sex practices the fact that, even without bonding or stronger feelings, negotiating the use of condom occurred in an easier and even more natural way.

I think you choose your partner in an unstable relationship: 'I want to get it on', there's a chemistry going on with the guy or girl [...] 'I don't want to', 'Why?' Perhaps you don't even need to tell the reason [...]. If the person insists (on not using a condom), then you say 'let's just kiss each other, drink a beer', and then you go away. So you can even have a nice atmosphere after all without harming anyone. (Kleber, 25 years old, UR)

For women, the chance of getting pregnant in sexual intercourse due to not having used a condom represented a facilitating factor for its use without the need of HIV-positive disclosure. Such justification may be even stronger in an unstable relationship due to the fact that condom use as a contraceptive method can be even unwanted as a relationship is configured as stable. That was an opinion shared by participants of both groups.

Participants of both groups recognized condom use as a facilitating factor to protect them, to the extent that HIV-positive people are also subject to HIV reinfection and/or acquiring other Sexually Transmitted Diseases (STDs) if condoms are not used during intercourse. Participants perceived ensuring self-protection and maintaining self-care as protection and care measures for both parties, as illustrated below.

First ourselves, because the partner may not be (HIV-positive), but he can also transmit us some other disease that can harm us, so we must first think of ourselves. If I'm well the partner is also well, because I'm preventing myself and caring for him, too. (Estênio, 42 years old, SR)

Among the challenges mentioned in the group of unstable relationships, it is worth highlighting the following subjects raised by the participants: whether there is the need or not for disclosure of HIV status to the partner; the use of alcohol leading to negligence to use condoms during sexual intercourse; and the negotiation of condom use in settings as parties. Gilberto (43 years old, UR) stated that there have been times when he had no arguments to justify the use of condoms. In such situations, in order to neither consummating the sexual act without protection nor revealing his HIV status, he had chosen to interrupt immediately the contact with the other party.

The group of participants on marital stability pointed out that type of relationship as both easy and hard for maintaining safe sex practices. This conflict was due to the fact that if, on the one hand, it is easier to talk and negotiate safe sex practices with a steady partner, with whom you have more intimacy and who knows about your HIV status, on the other hand the time factor may contribute to the negligence of using condoms during sexual intercourse. Therefore, the stable context may intensify feelings of both trust and belief that love and loyalty are unshakable. Consequently, it may contribute to the discontinuity of safe sex practices. The following statement can illustrate this attitude: “[...] I had a stable relationship for 20-somethings; it was really stable. I got infected for such stability” (Rodrigo, 52 years old, UR).

Over time the person does not want to use it anymore; it's a struggle. Then, you have to harp on about the same thing all the time, [being worried about] what will happen, this and that, the existence of other diseases even if you have an affair – because there are many people who have stable relationships and affairs, [...]. At first, it's easier for you to protect yourself (in a stable relationship), but

after you have a bit more trust in the relationship, you don't want to (use a condom) anymore. (Márcia, 52 years old, SR)

Márcia also noted that the age and the previous marital context of the female or male partner might be challenges to be faced:

Not only young people don't want to prevent themselves; men over 45 don't want to use (condoms), too; they are not used to them. The majority of them has just left marriage, has left a long relationship, and it's very difficult to convince them. (Márcia, 52 years old, SR)

An interesting aspect that emerged in the reports of participants in a stable relationship concerns the belief that the serodiscordant context, in contrast to the seroconcordant, would be a facilitating factor in keeping safe sex practices. According to participants, there is a trivialization of condom use by the seroconcordant partnership due to HIV infection already been occurred; therefore, no longer being a concern of the seroconcordant couple. Furthermore, the fear of virus transmission to a female or male seronegative partner could function as a motivating factor for using condoms, as well as the adoption of other preventive practices (PEP in risk settings, for example) in serodiscordant relationships.

Participants who lived in marital stability mentioned some safe sex practices strategies that can be adopted in serodiscordant partnerships. Aside from male condom, they suggested female condom for penetrative sex in homosexual and heterosexual relationships and for oral sex on women; the use of lubricant ensuring more comfort and protection; and the use of some objects and pre-sexual games for promoting comfort between partners. Aside from those practices, they also suggested not letting routine settle and seeking to maintain dialogue in the relationship.

Hence, from the aforementioned, it can be seen that the participants were unanimous towards the issues negotiation and use of preventive practices occurring much more easily in unstable relationships than in stable relationships. The justification from both groups for defending this position was previously mentioned: the ephemeral nature of unstable and unbonded relationships; the lack of

feelings like love, trust and loyalty in the relationship; the time factor in stable relationships as an obstacle for the endurance of safe sex practices; and the possibility of women using condoms as a contraceptive method.

Healthcare services and safe sex practices

In both groups, the participants indicated the government and the media as responsible for disseminating information, mainly on matters regarding PEP and treatment as prevention. With reference to the role of health services, they strongly emphasized the need for health professionals make available information about HIV/AIDS prevention, treatment, care and support, adding that the healthcare services should also disclose to the public contents related to the latest advances and scientific discoveries of the area. Moreover, PEP and undetectable viral load as transmission risk reduction factor could also be included in the new advances and discoveries. The main ways suggested by participants for information disclosure were the use of posters displayed in healthcare service centers, at the very contact with health professionals during appointments and care services, as well as through the organization of events gathering patients – as round table discussions promoted by the health services where this research was conducted.

Another topic raised by the research participants was the relevance of the professional–patient bond, forasmuch as a humane warm–hearted treatment provided by the health team – from the moment of reception to the multidisciplinary interventions of the health professional – can lead to a significant difference to the patient. A central topic mentioned by one of the unstable group participants was related to the lack of prejudice in care services, for the reason that that seropositivity is still perceived as a stigmatizing condition from the participants' point of view. In a nutshell, some basic attributes of a good professional–user relationship would be warm welcoming and bond, humanization, and patient undergoing treatment without being discriminated.

Discussion

Although exploratory and descriptive, the findings of this study point towards features in new prevention strategies for HIV infection adopted by the Ministry of Health that, although positive, still pose challenges for their implementation. The results also show that almost two thirds of the research participants had either insufficient information or were unaware of Post-exposure Prophylaxis (PEP) and the association between treatment as prevention with antirretroviral treatment (ART), undetectable viral load and transmission risk reduction. Our research findings are in accordance with the study²² which surveyed 828 PLWHA and found that 48,7% were aware of PEP, i.e., about half of them were either not properly informed or unaware of PEP as an HIV prevention strategy. The results of our study, though based on a limited number of participants, allow us to state that many people living with HIV are unaware of preventive measures. Therefore, we argue on the importance of their dissemination in order to effectively expand their access to the population.

Thence, it is pertinent to examine the relevance of interventions by the health teams with couples – and not just with one of the persons of the dyadic relationship – as such approach seems to be more effective^{14,15} and could reduce the challenges many people have to face towards that issue, as well illustrated by Rosangela (39 years old, SR) who reported on the fear of her seronegative partner having any sexual activity with her since he had found out she was HIV positive. Coupled with intervening on anxiety and fear to infect and be infected, interventions carried out with serodiscordant couples can provide information, counseling and educational activities with regarding new strategies for reducing the risk of sexual HIV transmission – such as PEP and the “treatment as prevention”. By doing that, it could be reduced the fear of infection and increased the confidence of partners in prevention methods, thus encouraging an active and healthy sexual life. With reference to the roles of healthcare services, Muessig and Cohen¹⁰ highlighted the importance of counseling couples, couple-based interventions, HIV testing to seronegative female or male partner in serodiscordant couples, and the free distribution of condoms as effective strategies for reducing the risk of sexual HIV transmission.

The right not to disclose HIV status was seen by the research participants in different ways: some of them defended that right and the understanding that you can protect yourself and your partner without the need of HIV disclosure; the majority of them and from both groups, on the other hand, defended that, in cases of marital stability and commitment, it would be necessary HIV disclosure as a

requirement grounded on moral and ethical principles. As for the latter, Maksud²³ points out that, in many cases, the “breach of confidentiality” in stable couples is limited to the strict time of HIV disclosure, occurring no dialogues afterwards on issues related to HIV positive status. Some participants, like Rodrigo (52 years old, UR), underlined additional challenges, as undergoing an antirretroviral treatment in contexts of HIV non-disclosure or in situations where there is no room for communication and dialogue on HIV positive status.

With reference to facilities found in adopting safe practices, the unstable relationship group mentioned a higher number of factors favoring that practice than the stable group: the lack of consolidated affective bonds reducing the charge for safety and reliability in conjunction with the possibility of condom use as a contraceptive method. As for the subject HIV disclosure, the stable relationship group regarded it as an ambivalent factor for the reason that while it favors dialogue and negotiation – when exposed the diagnosis previously known – it also implies in feelings of trust and loyalty among partners, thus weakening the adoption of preventive practices.

In the unstable relationship group, the issue of HIV disclosure was also referred to as a possible complicating factor due to the following dilemma: if, on the one hand, there is disclosure, it may emerge myths on HIV/AIDS making seropositive people feel insecure; and if, on the other hand, there is non-disclosure, it may lead the seropositive partner to a situation in which the final argument to justify the use of preventive methods would be the very HIV disclosure.

Both the need for HIV disclosure and the easiness and challenges in adopting safe sex practices composed the main frame of differences between the research participants in contexts of stable and unstable relationships. As for the similarities, both groups reported as essential the need to be given more accurately, accessibly and permanently information on the new policies as well as that such information should be given by the health services – an opinion that achieved broad consensus among the research participants.

Finally, the findings allow us even to state that the consistent and regular use of condoms is still a highly important prevention measure in controlling the HIV epidemic, despite a wider range of preventive strategies that can lead to significant effects in reducing HIV infection nowadays. Therefore,

ensuring greater access to condoms as well as increasing its acceptance and use by the population still represents a central policy for preventing HIV/AIDS.

Contributors

The authors worked collaboratively in this paper.

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