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Changes in Women's Sexuality After Hiv Diagnosis: An Integrative Literature Review

Mudanças na Sexualidade de Mulheres Após o Diagnóstico do Hiv: Uma Revisão Integrativa

Cambios en la Sexualidad de Mujeres Después del Diagnóstico del Vih: Una Revisión Integrativa

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ABSTRACT

Objective: The study's main purpose has been to assess the life transformations that occurred in seropositive women regarding their sexuality. **Methods:** This is an integrative literature review with descriptive characteristics and a qualitative approach, which has analyzed 7 articles published between 2008 and 2017, in the following databases SciELO, LILACS, MEDLINE, BDNF and CUIDEN. **Results:** The presence of seropositivity in women has influenced their sexuality by revealing the following attitude changes: they were more likely to avoid relationships; they felt lonely or uncomfortable talking about HIV with their partners; they were afraid to spread the virus; they have addressed increasing their responsibility towards condom use, as well as negotiating with their partners to do the same. **Conclusion:** It was found that the HIV-positive diagnosis interferes directly with women's sexuality, then affecting loving relationships and modifying their quality of life.

Descriptors: Sexuality, Women, HIV.

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RESUMO

Objetivo: Investigar as transformações ocorridas em mulheres soropositivas frente à sua sexualidade. **Métodos:** Trata-se de um estudo descritivo com abordagem qualitativa do tipo revisão integrativa, do qual foram analisados 7 artigos publicados entre os anos de 2008 e 2017, nas bases de dados Scielo, Lilacs, Medline, Bdenf e Cuiden. **Resultados:** A soropositividade em mulheres influenciou na sua sexualidade ao revelar as seguintes mudanças de atitudes: se fecharam para relacionamentos; se sentiram solitárias ou desconfortáveis para conversar sobre o HIV com o parceiro; apresentaram medo de contaminar; revelou aumento da responsabilidade do uso de preservativo e da negociação com o parceiro para uso do mesmo. **Conclusão:** Constatou-se que o diagnóstico de HIV positivo interfere diretamente na sexualidade feminina, afetando os relacionamentos afetivos e modificando sua qualidade de vida..

Descritores: Sexualidade, Mulheres, HIV.

RESUMEN

Objetivo: Investigar las transformaciones ocurridas en mujeres seropositivas frente a su sexualidad. **Métodos:** Se trata de un estudio descriptivo con abordaje cualitativo del tipo revisión integrativa, del cual se analizaron 7 artículos publicados entre los años 2008 y 2017, en las bases de datos Scielo, Lilacs, Medline, Bdenf y Cuiden. **Resultados:** La seropositividad en mujeres influyó en su sexualidad al revelar los siguientes cambios de actitudes: se cerraron para relaciones; se sintieron solitarias o incómodas para conversar sobre el VIH con el compañero; presentaron miedo de contaminar; reveló un aumento de la responsabilidad del uso del preservativo y de la negociación con el socio para su uso. **Conclusión:** Se constató que el diagnóstico de VIH positivo interfiere directamente en la sexualidad femenina, afectando las relaciones afectivas y modificando su calidad de vida.

Descritores: Sexualidade, Mujeres, VIH.

INTRODUCTION

Sexuality, intellectualized within a biological perspective, addresses the functions of sexual differentiation and reproduction, including observable behaviors, conscious sexual activities, their functional, relational, and affective manifestations. Such viewpoint is shared by common sense as well as by the medical discourse.¹

When it comes to female sexuality, it should be mentioned that being a woman is a continuous and permanent process, which begins at birth with biological sex and, later, passes through social and cultural influences, which can determine ways of being and acting. Still, in the contemporaneity, it is possible to find gender relations characterized by female behaviors of submission and subjugation to the man, although this one is less and less present, due to the conquest of the feminine independence.²

Nonetheless, the partner dependence and the passivity regarding the care of one's own health can lead to a vulnerability in women, when they experience unprotected sex by trusting in their partners and aiming to preserve the marital relationship stability. Consequently, those women are more exposed to infections with Sexually Transmissible Infections (STIs), such as the Human Immunodeficiency Virus (HIV).²

Nowadays, in view of the changes that have occurred

in the distribution of HIV, there is a scenario characterized by feminization, heterosexual encouragement, impoverishment, countryside movement, youthfulness and even the aging of the Acquired Immunodeficiency Syndrome (AIDS) cases in the world.³

Worldwide, according to data from the United Nations Programme on HIV/AIDS (UNAIDS), in 2016 there were a total of 36.7 million people living with HIV, of which 17.8 million were women. For decades, gender inequality, discrimination, and violence have placed women, girls, and key populations in situations of increased risk of HIV infection and have hampered their access to the benefits of HIV health services. Moreover, violence, or even the fear of it, might prevent women from insisting on safer sex and benefiting from HIV prevention, testing, and treatment, as well as sexual and reproductive health interventions and services.⁴

In Brazil, the gradual reduction in the number of cases among women and the increase in the number of cases among men was reflected in the ratio between the sexes for AIDS cases in Brazil. In 2006, for every 1 case among women, there were 1.2 cases among men. In 2015, the aforesaid ratio was 1 case among women for every 3 cases among men.⁴

The high incidence of HIV-positive diagnosis among women, and also gender inequalities and peculiarities of being a woman, they all indicate the importance of understanding the female universe, including their sexuality, taking into account the individual, social and cultural characteristics of each woman, aiming to provide more targeted and certified care, including for seropositive women. Therefore, the guiding problem was based on the following question: What changes have occurred in the sexuality of seropositive women after HIV diagnosis? In order to answer the aforementioned question, this study meant to assess the life transformations that occurred in seropositive women regarding their sexuality.

METHODS

This is an integrative literature review that was performed in six stages, as follows: identification of the theme and selection of the guiding question, formulation of the inclusion and exclusion criteria of the studies, definition of the information to be extracted from the nominated studies (searching for data), assessment of included studies in integrative literature review (data analysis), interpretation of results and presentation of the review (knowledge synthesis).⁵

The inclusion criteria for searching the studies were as follows: original (available) research articles, indexed in the databases and electronic library designated, in Portuguese, English or Spanish, that were able to answer the research question and were published over the last ten years (2008-2017). Editorials, letters to the editor, book

chapters, dissertations, theses, review articles, reflections, case studies, and experience reports were all excluded.

In order to select the sample, a bibliographic survey was carried out by two researchers in the following databases, namely, the Literatura Latino-americana e do Caribe em Ciências da Saúde (LILACS) [Latin-American and Caribbean Literature in Health Sciences], Medical Literature Analysis and Retrieval System Online (MEDLINE), Base de Dados em Enfermagem (BDENF) [Nursing Database], Base de Datos Bibliográfica de la Fundación Index (CUIDEN) and the Scientific Electronic Library Online (SciELO) library, in January 2018.

The descriptors “sexuality”, “women” and “HIV”, available in Descriptors in Health Sciences (DeCS) were used. The Boolean operators AND and OR were used along with the terms, so the search in the databases and the electronic library was done as follows: “sexuality AND women OR sexuality AND HIV”.

Initially, the selection of articles was carried out by the titles’ appraisal, reading the abstracts and single registration of duplicate articles. After the initial screening, then the research group proceeded with full reading of the chosen articles. There were considered relevant to this research the articles that had total sample, or even part of the sample, composed of women diagnosed with HIV.

Originally, a total of 722 articles were found. After reading the titles and abstracts, the publications that either did not approach the theme or were repeated were then excluded, leaving 52 articles that were fully read. Ultimately, 45 were discarded because they did not meet the objective of this research and/or did not answer the guiding question. Hence, this study totals a final sample of seven articles.

The articles were classified according to the evidence level, consisting of the following seven levels: Level I: systematic review studies or meta-analysis of randomized controlled trials; Level II: well-delineated randomized controlled trial; Level III: clinical trial studies without well-delineated randomization; Level IV: well-delineated cohort and case-control studies (non-experimental); Level V: systematic review studies addressing descriptive and qualitative studies; Level VI: evidence of a single descriptive or qualitative study; Level VII: evidence from the opinion of authorities and/or expert committee reports.⁶

To record the data of interest in each study, a specific instrument was used, containing information on the article’s title, year, database, periodical, authors, study objective, methods, evidence level and main research results.

The information of the articles was organized in a descriptive manner and the data analysis was done based on the current literature.

RESULTS AND DISCUSSION

Bearing in mind the seven articles that comprise the sample, two are available in MEDLINE,^{7,8} one in LILACS⁹

and four in CUIDEN.¹⁰⁻³ Regarding the publication year, the studies were carried out from 2008 to 2016, where 2008, 2013 and 2016 had one publication each, while 2015 held four publications. Considering the language, four articles were published in Portuguese,¹⁰⁻³ two in English^{7,8} and one in Spanish.⁹ As far as the research field is concerned, three journals address to medicine⁷⁻⁹ and four to nursing,¹⁰⁻³ according to **Table 1**.

With regards to the country where the studies were accomplished, four of them were performed in Brazil,¹⁰⁻³ one in Spain,⁹ one in Denmark and Finland,⁸ and another one in Romania, Morocco, Mali, the Democratic Republic of Congo and Ecuador.⁷ All articles have evidence level of VI, being classified as either descriptive or qualitative studies, as shown in **Table 1**.

Table 1 – Information about the chosen articles. Recife city, Pernambuco State, 2018.

Article	Title/Year/ Journal/ Database	The study's objective	Methods/ Evidence level
1 ⁷	HIV seropositivity and sexuality: cessation of sexual relations among men and women living with HIV in five countries 2016 AIDS Care (MEDLINE)	To investigate factors associated with stopping sexual intercourse after HIV diagnosis	It is a cross-sectional study with a quantitative approach that was carried out in five countries (Romania, Morocco, Mali, Democratic Republic of Congo and Ecuador), with 1,500 people (300 in each country) using two scales, and the results were presented separately for men and women. (VI)
2 ⁸	Perception of sexuality and fertility in women living with HIV: a questionnaire study from two Nordic countries 2015 Journal of the International AIDS Society (MEDLINE)	To elucidate the perception of sexuality and fertility among women living with HIV in a scenario with free access to treatment and care	It is a cross-sectional study with a quantitative approach that was carried out in the main infectious disease departments of Denmark and Finland, with women diagnosed with HIV who were on ambulatory care in those services, using a questionnaire in which one topic addressed sexuality. (VI)
3 ⁹	Impacto del tratamiento antirretroviral en la función sexual de mujeres con VIH 2015 Revista Médica Rosario (LILACS)	To describe the sexual function in a group of women bearing HIV undergoing antiretroviral treatment	It is a cross-sectional study with a quantitative approach that was performed in a comprehensive clinical research center in the city of Rosario, Spain, using a questionnaire with questions focused on female sexual function. (VI)
4 ¹⁰	Repercussões do HIV no cotidiano de mulheres vivendo com Aids 2015 Revista de Pesquisa: Cuidado é Fundamental Online (CUIDEN)	To understand the repercussions of HIV on the daily lives of women living with AIDS	It is a descriptive-exploratory study, with a qualitative approach, which was carried out in a STD/HIV/AIDS and Viral Hepatitis Information Center from a city in the semi-arid region of the Bahia State, using a semi-structured interview script. (VI)
5 ¹¹	Representações sociais de mulheres soropositivas para o HIV acerca da sexualidade 2015 Revista de Enfermagem UFPE On Line (CUIDEN)	To understand how HIV-positive women practice and comprehend sexuality	It is a descriptive-exploratory study with a qualitative approach that was performed at the Specialized HIV/AIDS Assistance Service from the Salgado medical center, located in Maceió city, Alagoas State, using a semi-structured interview script. (VI)
6 ¹²	Representações sociais sobre sexualidade de mulheres no contexto da Aids 2013 Revista RENE (CUIDEN)	To apprehend the social representations about sexuality elaborated by women either bearing HIV/AIDS or not.	It is a descriptive-exploratory study with a qualitative approach, which was carried out in a referral hospital in AIDS and in a together living group from an urban social center, both located in Fortaleza city, Ceará State, using a semi-structured interview script. (VI)
7 ¹³	Percepções de mulheres que vivem com HIV frente às experiências sexuais 2008 Revista RENE (CUIDEN)	To understand the implications of serology positive for HIV in the sexuality of women living with HIV	It is a descriptive-exploratory study, with a qualitative approach, which was performed in an ambulatory of infectiology of a school hospital, in the city of Juazeiro do Norte, Ceará State, using a semi-structured interview script. (VI)

Source: Research data, 2018.

Note: The titles were kept as in their original languages.

Table 2 – Summary of the chosen articles. Recife city, Pernambuco State, 2018.

Article	Main results
17	A total of 755 women participated in the study and 42% of them stopped having sex because of the HIV seropositivity detection. The main factors associated with this decision were: a) women were more likely to avoid relationships due to the social consequences of HIV; b) they do not feel comfortable discussing it with your partner; c) they feel lonely and strange after the diagnosis. Compared with men, women were more closed to expressions of sexuality after the detection of HIV.
28	A total of 560 women participated in the study, of which 62% were sexually active, 32% were sexually inactive and 6% did not respond. Considering the sexually active women, 49% had sex in the last week. Of the sexually inactive women, 32% had a stable relationship but nevertheless ceased with relationships after the detection of HIV.
39	A total of 92 women participated in the study, 19.6% had sexual relations, 53.2% decreased their sexual activity and 27.2% did not maintain relationships. The main reasons related to the decrease or inactivation of the relationships were: a) HIV discovery; b) lack of partner; c) depression; d) fear of contamination; e) antiretroviral treatment; f) physical problems.
410	A total of 11 women participated in the study. From the interviews, three categories appeared, one of which turned to sexuality. According to some women, there have been changes in their sexuality, such as decreased sexual desire and frequency of relationships or rejection by the partner. However, other reports showed that some women, when they knew their health condition, sought psychological support and were able to reverse the situation by strengthening the affective ties with the partner and rediscovered their sexuality. Furthermore, there was an increased responsibility for condom use to avoid transmission to partners.
511	A total of 12 women participated in the study. From the interviews appeared five categories, one of which was aimed at the post-diagnosis sexual life of HIV/AIDS. Among those interviewed, 6 reported no change in their sexual relations, 2 reported that sexual intercourse changed for the worse, 1 said that it changed for the better and 3 reported no sexual life after diagnosis. In general, the main difficulties encountered by them are the discordance in serology, the obligation to use a condom and the fear of transmitting the virus to someone else.
612	A total of 44 women participated in the study, divided into two groups: group A was comprised of women with HIV/AIDS and group B by women without HIV/AIDS diagnosis. From the interviews, two categories emerged, one of them focused on the experiences of sexuality. Most women in group A reported no longer having sex after they discovered HIV and allied to this decision are the difficulty of using condoms and negotiating its use, and the fear of contaminating someone.
713	A total of 12 women participated in the study. Through questioning the implications of positive HIV serology on their sexuality, categories have emerged that focus on changes in sexual behaviors, types of sexual practices experienced, the meaning of condoms and sexual drive. The reports showed mainly the following: a) fear of spreading the virus; b) pause in sexual relations after the discovery of HIV; c) changes in attitudes (for instance, if a sexual intercourse happens, it is only done by using a condom); d) lack of sexual drive (due to lack of partner or the idea of sex-linked pain).

Source: Research data, 2018.

One study has shown that the major changes in the sexuality of HIV-positive women are directed at the retraction of sexuality expressions.⁷ Further works have shown that most women have had their sexual activity preserved, although a considerable proportion has become sexually inactive.^{8,11} Three publications underlined that most of them either decreased or ceased their sexual intercourse,^{9,10,12} besides mentioning the reduction of sexual drive,^{10,13} as shown in **Table 2**.

Other attitudes derived from the HIV diagnosis that may influence sexuality are, as follows: a) women are more likely to avoid relationships; b) feeling lonely or uncomfortable to talk about it with their partner;⁷ c) fear of contaminating someone;^{9,11,13} d) increased responsibility related to condom use;¹⁰⁻³ and e) negotiating with their partners to use a condom,¹² according to **Table 2**.

Herein, a high restriction or cessation of sexual activities by women after diagnosis of HIV infection was shown, showing feelings of sadness and hopelessness. Several reasons have been cited to justify a change in the regularity of sexual relations, such as the discovery of the disease itself, lack of a partner, fear of contaminating

another person, depression and decreased sexual drive.

The context that accompanies the positive HIV serology is associated with the possibility of more premature death and a deterioration of the body due to opportunistic diseases that negatively impact the quality of life. Therefore, the discovery of HIV seropositivity is capable of disrupting the psychological structure of individuals, affecting intimate and social-affective bonds.¹⁴

Despite the varied ways of disseminating information in media and social networks about antiretroviral therapies, and the adequate way of living with the virus, gender inequality is still frequent in the exercise of sexuality in HIV-positive population. The low adherence of women to HIV-related policy groups seems to contribute to greater social isolation, which may have an impact on reducing the frequency and increasing discomfort for sexual practices.¹⁵

There are many consequences of the presence of HIV in people's lives, including exacerbating, in contaminated women, feelings of stress, anguish, shame and depression that end up contributing to a decrease in sexual desires.¹⁴

The discovery of HIV in a woman's life can interfere with her sexual life in such a way that the insecurity associated with the difficulty of adaptation, by the changes in her body, directly affects her affective relationships causing fear of judgment, being violated, or by the social reaction towards such woman facing the diagnosis or some comorbidity. Thus, sexual abstinence and withdrawal from their social environment become part of their routine.¹⁰

A study performed with 161 women living with HIV showed that 72.7% reported psychological, 54.6% physical and 25.4% sexual violence.¹⁶ Those data suggest a higher risk of aggression in HIV-infected women than in those who do not have the virus, then indicating that women bearing HIV have difficulty maintaining their sex life at the same proportion they had before the diagnosis. Another fact observed in this study was that most women face difficulties communicating about their health condition to their sexual partners.

Considering the analyzed studies, six of them have indicated that the fear of contaminating another person is frequent in the interviewees' daily lives. This fact, together with the lack of information to use condoms and the desire to ask the partner to use condoms, has a reduction in sexual desires and, consequently, contributes to inactivity or less sexual activity.^{7,9-13}

One study has shown that concern about the transmission of the virus during sexual intercourse is common and that anxiety may be responsible for non-disclosure of virus contamination.¹⁷ Furthermore, the authors found a gender issue, as there was a greater frequency of fear on the part of women, both in disclosure and in the possibility of infecting the sexual partner.^{7,10}

Communicating with the sexual partnership about HIV diagnosis proved to be an important restriction factor to stay or start a new relationship.^{7,8,10,12} A study conducted

through individual and collective interviews with patients and sexual partners showed that the revelation of the diagnosis in the love relationship had for some the meaning of proofs of love and greater security in life for two, for those who continued with their partners or possibility of termination and breach of trust and threat to health for those who were abandoned.¹⁷

Sexual intercourse without a condom can be practiced for shame in requesting the partner's use of it and fear of its denial, although some studies identify the presence of women who had a fear of not contaminating their sexual partners.^{10,12,13} These findings corroborate a study performed with 300 people living with HIV treated in a Specialized Care Service, who observed that 79.3% of the interviewees reported the use of condoms during sexual intercourse in the last three months, a practice that is predominant among women and married.¹⁸

Another point that may influence the cessation of sexual practices is related to changes in sexual desire patterns, in which sexual drive patterns become non-existent for several reasons, such as absence and/or rejection of the partner, association of sex with pain, association with the presence of injuries, and in some cases the transference of this feeling to different occupations or distractions.^{10,13}

A study carried out with 284 women, within the age group from 20 to 50 years old, identified the causes of reduced sexual activity in women bearing HIV/AIDS, showing that among the main causes were anxiety about the risk of virus transmission, loss of freedom and spontaneity during sex, fear of being hurt emotionally, yearnings of pain during the act, and diminished sensation of sexual attractiveness.¹⁹

However, some studies have also indicated that women may have a positive change in their sex life after HIV infection. For these people, the rediscovery of their sexuality was in part due to more attention from the partner and by changes of sexual option. It is worth noting that among women who did not change or improved the sexual pattern, there was a higher search for self-care and preservation of self-esteem, then contributing to a better quality of life for them.^{10,11}

CONCLUSIONS

This study has shown that the main difficulties regarding the sexuality of HIV-positive women after the HIV diagnosis are the lack of dialogue between the woman and her partner. Additionally, there is a decrease in affectivity and consequently a decline in sexual activity, and also a lack of clarification regarding the treatment methodology progress and the prevention of HIV transmission.

Hence, the discovery of HIV in a woman's life can interfere with her sexuality in such a way that the insecurity associated with the difficulty of adaptation causes changes in her body and mind, then directly affecting loving relationships and modifying her quality of life. Therefore,

caring for prevention and safe practices are important aspects of living with the virus.

Given the aforementioned, it is relevant to carry out new studies attempting to expand the knowledge about the subject, and also contribute to more meaningful planning and effective health care in the sociocultural context in which HIV-positive women live.

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