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## HIV AND STI'S IN THE LGBT COMMUNITY

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## INTRODUCTION

Throughout the changes in public health policies in Brazil, the concept of vulnerability has been applied to what was previously known as groups/populations at risk for HIV infection. It can be said that the concept of vulnerability in health is based on the possibility of a person acquiring a certain disease related not only to individual behavior or characteristics, but also to the collective (PADOVEZE, 2019).

After understanding and socially conceptualizing vulnerability, scientific research has sought to analyze the individual within their socio-ecological context, taking into account their relationship with risk factors, social, economic and cultural issues pertaining to them, as well as what led him to be inserted in the context of health vulnerability associated with a certain disease (PADOVEZE, 2019).

For Greco (2016) the Acquired Immunodeficiency Syndrome (AIDS/AIDS) was one of the diseases reported in the 1980s that changed public health in the world, becoming one of the biggest challenges for science and epidemiology in health. The identification of the infection caused by the HIV virus, in 1981, became a divisor of scientific, political and social perspectives in the history of humanity (BARROS, 2017).

Characterized as a worldwide epidemic, AIDS represented and still represents a global, dynamic and unstable phenomenon, whose epidemiological and pathophysiological characteristics occur differently in different regions of the world and in individuals related to socioecological groups. Infection with HIV and other Sexually Transmitted Infections (STIs) depends on several factors and determinants in health, ranging from individual human behavior to collective and social behavior (PINTO, 2018).

Knowledge about the early diagnosis of

HIV and other STIs allows for adequate care and treatment for the carrier of the infection, controlling the clinical development of the disease. Actions aimed at treating HIV have sought to reduce the mortality rates of individuals with the virus, thus reducing the impact of the epidemic on the population, promoting health and improving the quality of service provided in health units (SANTOS, 2020).

Epidemiological studies have been produced on those considered at risk and people at risk to HIV/AIDS, showing how the epidemiological profile has been modified in the most diverse sociocultural contexts, these more specific characterizations in the collection of disease notifications have also enabled a better understanding and characterization of other STIs in specific population communities (MEDEIROS, 2017). Through the epidemiological investigation of the Unified Health System (SUS) it was possible to develop policies that met the needs of specific population groups.

The national policy that serves LGBTTTQQI health is considered a transversal policy of humanization, where respect is discussed without prejudice and without discrimination, with discussions of risk factors and situations of vulnerability that may be associated with the emergence of diseases in this group. According to Calazans (2019), this policy is the basis for the service to users of the LGBTTTQQI public, aiming at the promotion, protection, attention and health care within the services.

The National Policy for the LGBT Population presents a proposal for Primary Care to serve the individual in a humanized and integral way. The Ministry of Health, through the creation of the LGBTTTQQI Health Care Policy, seeks to expand and guarantee the population's access to health services, respecting the basic principles of integrality, equality and equity of care (CALAZANS,

2019).

Invest in studies of the health/disease/care process, ensuring exposure of the social meanings attributed to ethnic and racial belonging, masculinity, femininity and gender identities, age and generation, religious denomination, among other dimensions that involve the profile of people living with HIV and STIs, can help to broaden the discussions focused on the characterizations of different social/population groups vulnerable to diseases (CARMO, 2018).

This study sought to bring the epidemiological aspects of the HIV-positive population in Brazil, with emphasis on the category of sexual exposure, and discuss this relationship with the implementation of public policies for the LGBT community.

## **METHODOLOGY**

This is an integrative literature review study with an epidemiological, descriptive approach, with an approach to secondary data from DATASUS from scientific research platforms whose method allows relating how the epidemiological profile of patients diagnosed with HIV/AIDS is presented.

For the literature survey, the electronic bibliographic scientific bases were consulted in the months of January to May of the year 2020, namely: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDEnf) , Virtual Health Library (BVS) and Scientific Electronic Library Online (SciELO). Keywords and combined descriptors were selected, namely: HIV serodiagnosis; HIV infections; Epidemiology and Acquired Immunodeficiency Syndrome.

Research results, experience reports, reviews and management reports were chosen. Editorials, letters, opinion articles, comments, essays, dossiers, books and articles that did not meet the objective of this review were excluded. 42 studies were identified in the

four researched databases. Then the identified studies were pre-selected by reading the title, abstract, keywords or descriptors and year of publication. Duplicates and those that did not meet the inclusion criteria, which would be Portuguese; temporal cut from 2015 to 2020. These were read in full, excluding those that did not meet the scope, composing 34 studies at the end.

The sources of the data used and analyzed in this research were the epidemiological statistics of the Department of Informatics of the Unified Health System (DATASUS), from 2010 to 2019. The data available in SIM come from the system managed by the Department of Health Analysis and Surveillance of Non-Communicable Diseases – DASNT, of the Health Surveillance Department, together with the State and Municipal Health Departments.

Data on notifications of HIV/AIDS cases were collected: Notifiable Diseases Information System (SINAN), in addition to data obtained from the Mortality Information System (SIM), from the Laboratory Examination Control System (SISCEL), all developed by DATASUS, a database made available by the Ministry of Health. As they are public online data obtained through DATASUS, it was not necessary to submit the project to the Ethics and Research Committee, which justifies the absence of an opinion from the same.

## **RESULTS AND DISCUSSION**

### **EPIDEMIOLOGICAL ASPECTS OF HIV/AIDS IN BRAZIL**

During the last thirty-nine years of the HIV epidemic, the so-called risk groups have always been the subject of discussion among the scientific community. Its characterization and the recognition of its specificities are extremely necessary to epidemiologically characterize what we now call vulnerable groups (CALAIS, 2017; BELTRÃO, 2020).

It is recommended that health professionals fill in all the correct notification forms and feed the information system of the Ministry of Health so that, through the available scientific knowledge and the experience of experts in the area, prevention measures and implementation of existing public policies are implemented. in the SUS (RODRIGUES, 2017; PAULA, 2020).

In recent years there has been an increase in the number of HIV cases in the female population around the world, in Brazil the number of cases in the female population has suffered a small reduction. Knowing the profile of HIV among the different sexes allows us to relate the gender issues that permeate society (GRECO, 2016). The table below shows the identified cases of HIV in Brazil according to sex and year of diagnosis.

The number of women infected with HIV has decreased in the last ten years compared to previous decades, even so, there is a disproportion between the male and female gender in individuals with HIV, with a greater number of cases among men (DO NASCIMENTO ANDRADE, 2018).

The highest rate of notifications of diagnosed cases of HIV occurred in the male public, which proves the need for greater attention in relation to government strategies for this public. Even with public policies aimed at men's health, little is observed in relation to changes in the daily care of health services (DE LIMA, 2017).

Between 2010 and 2019, the proportion of diagnosed cases between men and women was relatively uneven, with a decrease in the number of cases among women. The male audience reached 251,660 notified cases, equivalent to ( $\approx 66.21\%$ ) of the notifications of the aforementioned years. The public composed of women had 128,334 diagnosed cases, corresponding to approximately ( $\approx 33.76\%$ ) of the notified population.

Characterizing the female group, in general, as a group with a lower number of HIV cases (VILLELA, 2015; MOURA, 2017).

For a long time, the characterization of the population living with HIV generated stigma and discrimination within society (GOMES, 2019). The term risk groups was replaced by generating harmful connotations for prevention actions, since the population was using these precepts and concepts to marginalize and discriminate against infected people living with the HIV virus, based on this recognition, there is a discussion to replace pejorative terminologies and expressions in the epidemiological characterization of HIV patients (GOMES, 2017; JESUS, 2017).

The terminology risk groups has been replaced by the concept of vulnerabilities and risk behaviors, which broadened the discussions on the possibilities of understanding the dynamics of the HIV epidemic and other sexual infections, also including other social groups by focusing on individual behaviors (FACCHINI, 2018). Presenting the statistical data by exposure category provided an improvement in reducing the blame of individuals who were previously seen as responsible for the spread of HIV (MENEZES, 2018).

The concept of vulnerability has broadened the groups and prevention strategies for all individuals. The interpretation of variables related to sex and gender within the population living with HIV/AIDS is complex since cultural and social standards also define sexual roles that men and women play within society (MARANI, 2018).

The table below presents the HIV/AIDS cases identified in Brazil presented by hierarchical exposure category according to the Mortality Information System of the Ministry of Health.

Epidemiological data show that between 2010 and 2019 the reported cases that

DIAGNOSIS YEAR	MASCULINE		FEMININE		IN BLANK		TOTAL
<b>TOTAL</b>	<b>251.660</b>	<b>(%)</b>	<b>128.334</b>	<b>(%)</b>	<b>49</b>	<b>(%)</b>	<b>380.043</b>
<b>2010</b>	25.109	<b>62,13</b>	15.297	<b>37,85</b>	3	<b>0,00</b>	<b>40.409</b>
<b>2011</b>	26.634	<b>62,88</b>	15.718	<b>37,11</b>	3	<b>0,00</b>	<b>42.355</b>
<b>2012</b>	26.722	<b>63,49</b>	15.362	<b>36,50</b>	2	<b>0,00</b>	<b>42.086</b>
<b>2013</b>	27.849	<b>64,86</b>	15.079	<b>35,12</b>	6	<b>0,01</b>	<b>42.934</b>
<b>2014</b>	27.582	<b>66,07</b>	14.160	<b>33,91</b>	4	<b>0,00</b>	<b>41.746</b>
<b>2015</b>	27.476	<b>67,83</b>	13.022	<b>32,14</b>	8	<b>0,01</b>	<b>40.506</b>
<b>2016</b>	26.661	<b>68,49</b>	12.255	<b>31,48</b>	8	<b>0,02</b>	<b>38.924</b>
<b>2017</b>	26.475	<b>69,67</b>	11.515	<b>30,30</b>	9	<b>0,02</b>	<b>37.999</b>
<b>2018</b>	26.029	<b>70,04</b>	11.130	<b>29,95</b>	2	<b>0,00</b>	<b>37.161</b>
<b>2019</b>	11.123	<b>69,85</b>	4.796	<b>30,11</b>	4	<b>0,02</b>	<b>15.923</b>

Table 1– HIV cases / AIDS identified in Brazil - Frequency by Sex by Year Diagnosis

Source: MS/SVS/DCCI - Department of Chronic Diseases and Sexually Transmitted Infections

#### SEXUAL EXPOSURE CATEGORY

	Homosexual	(%)	Bisexual	(%)	Heterosexual	(%)	Total*
<b>TOTAL</b>	50.816	<b>13,37</b>	13.418	<b>3,53</b>	137.778	<b>36,25</b>	<b>380.043</b>
<b>2010</b>	4.731	<b>11,70</b>	1.533	<b>3,79</b>	17.305	<b>42,82</b>	<b>40.409</b>
<b>2011</b>	5.276	<b>12,45</b>	1.655	<b>3,90</b>	17.780	<b>41,97</b>	<b>42.355</b>
<b>2012</b>	5.804	<b>13,79</b>	1.595	<b>3,78</b>	17.685	<b>42,02</b>	<b>42.086</b>
<b>2013</b>	6.085	<b>14,17</b>	1.659	<b>3,86</b>	17.595	<b>40,98</b>	<b>42.934</b>
<b>2014</b>	5.922	<b>14,18</b>	1.503	<b>3,60</b>	15.657	<b>37,50</b>	<b>41.746</b>
<b>2015</b>	5.705	<b>14,08</b>	1.378	<b>3,40</b>	13.811	<b>34,09</b>	<b>40.506</b>
<b>2016</b>	5.406	<b>13,88</b>	1.257	<b>3,22</b>	12.321	<b>31,65</b>	<b>38.924</b>
<b>2017</b>	5.411	<b>14,23</b>	1.306	<b>3,43</b>	11.704	<b>30,80</b>	<b>37.999</b>
<b>2018</b>	4.766	<b>12,82</b>	1.119	<b>3,01</b>	10.161	<b>27,34</b>	<b>37.161</b>
<b>2019</b>	1.710	<b>10,73</b>	413	<b>2,59</b>	3.759	<b>23,60</b>	<b>15.923</b>

\* The Total value referred is the sum of the sexual exposure category with all the categories discarded from the table

Table 2– HIV cases / AIDS identified in Brazil - Frequency by Hierarchical Exposure Category according to Diagnosis Year.

Source: MS/SVS/DCCI - Department of Chronic Diseases and Sexually Transmitted Infections

ignored this exposure categorization were 166,432 notifications, corresponding to about ( $\approx 43.79\%$ ), this is due to stigma in the identification of this category, or even occurrence of underreporting. Individuals living in heterosexual relationships represented, with their 137,778 cases, approximately ( $\approx 36.25\%$ ) of the notifications in this interval of years.

Homosexual individuals, who were once the main group infected with HIV, today with their 50,816 cases accounted for about ( $\approx 13.37\%$ ) of the notifications between 2010 and 2019. Bisexual individuals accounted for ( $\approx 3.53\%$ ) with the quantitative of 13,418 cases. Injecting drug users (IDU) reached 7,157 cases, about ( $\approx 1.88\%$ ) of the total notifications. The cases where there was vertical transmission represented about ( $\approx 1.13\%$ ) with its 4,320 reported cases.

For Feitosa (2018) heterosexual transmission is the most prevalent, which also contributed to an increase in the prevalence of HIV diagnosis in females, a process that was called “heterosexualization” and “feminization” of the HIV epidemic. Throughout the updates of Health policies in the country, the terminology groups at risk was replaced by the concept of vulnerabilities and risk behaviors, which broadened the discussions on the possibilities of understanding the dynamics of the HIV epidemic, also including other social groups by focusing on individual behaviors (SOARES, 2017; MORA, 2018).

In the division of exposure categories available in the Epidemiological Bulletin, the group related to females does not have the subclassifications referring to sexual exposure, the entire group is considered when counting the heterosexual population, which can influence the analysis of groupings by category of sexual exposure (PIRES, 2019).

## **TABOOS ASSOCIATED WITH SEXUALLY TRANSMITTED INFECTIONS (STIS) AND AIDS IN THE LGBT COMMUNITY**

HIV and STIs have brought up numerous ethical issues that are essential for human beings. In the face of numerous questions faced, the care of health professionals stands out (PARKER, 2019). Many of the individuals affected by STIs and AIDS need care from health professionals at some point in their trajectory, and it is this care makes these professionals experience, together with these patients, delicate situations that bring up the ethical issues involved with the theme (PADOVEZE, 2019).

Many health professionals bring the segregation of STI carriers as a way to prevent the spread of diseases, this demonstrates that society still decriminalizes HIV carriers and STIs, proving to be prejudiced and based on totally hostile ethical and moral principles (GABIN, 2017).

The taboos associated with situations involving sexual health make it difficult for patients with these diseases to talk to other people about the diagnosis, even with the health professional who is facing their treatment (FERNANDES, 2017). be part of the discussion on comprehensive health care for LGBTTQQI, which, in turn, favors the contact of these future professionals with the various existing realities, and the creation of spaces for dialogue between the population served (CALAZANS, 2019).

The processes that characterize the spread of the HIV epidemic and the involvement of other STIs in population groups have undergone changes, which establish new criteria for identifying and recognizing the differences and specificities of vulnerable population groups. Recognizing vulnerable groups is essential for the occurrence of planning of health actions and the

implementation of policies and programs aimed at serving the most vulnerable groups to HIV exposure (MOUTINHO, 2018).

Vulnerability groups to HIV/AIDS make up a population within society that deserves attention from public health policies, and health determinants characterize the need for specific attention in health actions for individuals affected by the disease, as several studies have shown that the process of spreading the epidemic is strongly influenced by the social inequalities that exist between population groups (CARRAPATO, 2017).

During the last thirty-nine years of the HIV epidemic, the so-called risk groups have always been the subject of discussion among the scientific community. Its characterization and the recognition of its specificities are extremely necessary to epidemiologically characterize what we now call vulnerable groups, aiming at vulnerable behavior (GARCIA, 2018).

Understanding that vulnerable groups are relevant to recognize the phenomena behind the HIV epidemic facilitates the process of planning and implementing health policies aimed at strengthening the rights of affected populations and preventing vulnerable individuals (ATAÍDE, 2019).

## **FINAL CONSIDERATIONS**

Regarding the diseases that most involve social discrimination, STIs and HIV are more prominent due to prejudice. When talking about these comorbidities, there is an uprising in the privacy of people exposing their fears and taboos.

Through the construction of epidemiological health indicators, public health actions and policies aimed at the LGBT population can be evaluated and improved. With the dissemination of information about vulnerable groups and people who present risk behaviors associated with the disease, changes

in the individual and collective behavior of the population can be stimulated.

With the presentation and characterization of the HIV/AIDS epidemic in the country, it is possible to identify the vulnerabilities that exist to the HIV virus and other diseases. Knowing the population profile of people with HIV makes it possible to guarantee the human right to health, providing a better understanding of sexual and reproductive rights and the right to free sexual orientation; by the repertoire of beliefs and values related to the exercise of sexuality.

Currently, numerous researches and scientific advances show that it is a disease that spreads through different population segments and that can affect any sex, age or sexual condition. Regarding the diseases that most involve social discrimination, Sexually Transmitted Infections and HIV are more prominent due to prejudice.

When talking about these sexual infections, there is an uprising in the privacy of people exposing their fears and taboos. For its carriers, living with these diseases is a delicate condition, so it is necessary to carry out further research aimed at this public, in order to reduce the stigma related to HIV and other STIs in the LGBT community.

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