HIV/AIDS A FORGOTTEN PROBLEM

HIV/AIDS, UM PROBLEMA ESQUECIDO

Aliete Cunha-Oliveira¹



In the early 1980s, a new disease identified as related to sexual activity appears in the USA. It spread rapidly to the dimension of a deadly pandemic. Once detected, it was soon associated with sexuality, first with male homosexuality, but soon it also reached heterosexuals, crossing the frontiers of the initial risk groups (commercial sex practitioners, male homosexuals, hemophiliacs, and injecting drug users), turning into a cross-cutting and global threat. But the discovery and clinical use of antiretroviral drugs have blurred the threatening and deadly image of the disease. If people would restraint and protected themselves when the disease was acute, fast, and visibly deadly, they soon let themselves be deceived by easy optimism. The false imminence of a vaccine would only further increase this unjustified optimism⁽¹⁾.

The disease has lost its visibility and threatening power, without ceasing to be a very serious public health problem, responsible for the loss of an increasing number of lives and resources. It became insidious, invisible, slower to evolve, but just as deadly as before. The gain obtained in survival has created a new reality. Opinion and pressure groups in the area of sexuality became concerned with the quality of life of infected people, with their right to sexuality, with the weight of myths and ghosts created in the early days of the disease, seeking to eradicate the danger of marginalization and exclusion of HIV-positive people.

The initial myths associated with the disease were replaced by new ones associated with the perspectives of treatment and the epidemiological evolution. They are: "heterosexuals are the ones at risk", "AIDS no longer kills", "having sex does not entail more risk than not having it", "there already is a vaccine", "infected people are very sick", "oral sex is not dangerous". The idea that the risk lies with heterosexuals deserves special attention. Although the heterosexuals group is today the hardest hit in absolute numbers, a reflection is in place here, considering that just as heterosexuals are today the most affected group, they are also, in the long run, the group most represented one in sociodemographic terms. According to Frieden⁽²⁾, men who have sex with men constitute 2% of the population but account for more than half of new infections in the USA. In 2018, in the European Union/European Economic Area, 39.8% of new infections occurred in men who have sex with men⁽³⁾.

Another myth that deserves our greatest attention is the idea that you do not die of AIDS. In fact, despite the 690,000 annual deaths worldwide⁽⁴⁾, the idea persists, calling attention to the imperative need for individual preventive measures. This myth is based on the fact that many of the deaths do not result directly from AIDS itself, but rather due to diseases or conditions that result from immunosuppression or the person's poor general condition. Which, in any case, would not be present without the underlying disease.

The fact that infected people are thought to be characterized by being very ill seems to be due to campaigns and the media. When testimonies from infected people are presented, they are in the AIDS phase and not in the HIV-positive phase. And when HIV-positive people make an

¹School of Nursing of Coimbra, Center of Interdisciplinary Studies of the 20th century, Universidade de Coimbra – Coimbra, Portugal.

appearance, which is rare, they tend to be full of optimism and with a great quality of life. Campaigns are focused almost exclusively on AIDS and rarely on seropositivity, which allows the asymptomatic carrier as an HIV transmitter to be neglected, which, after all, is, or should be, the main reason for prevention campaigns. The emergence of new antiretroviral therapies has also blunted the patient's HIV-positive appearance.

As Massano-Cardoso⁽⁵⁾ says, in a world characterized by so much and diversified information, there have been no major changes in behavior. Both young and older people continue to be exposed to highly publicized risks. How to explain these discrepancies and paradoxes on a growing excess of information and a profound lack of knowledge? It is a mistake to regard information as synonymous with knowledge. In this way, it may be possible to reverse, or at least minimize, such blatant ignorance in matters of behavioral risk and lifestyles.

Funding

The author declares there are no grants or other funding.

Conflict of interests

There is no conflict of interests to be reported.

REFERENCES

- Cunha-Oliveira A. Para uma História do VIH/Sida em Portugal e os 30 Anos da Epidemia (1983-2013). Coimbra: Imprensa da Universidade de Coimbra; 2018. v. 23. 122 p. http://doi.org/10.14195/978-989-26-1510-3
- Frieden T. Commemorating 30 years of HIV/AIDS. U.S. Department of Health and Human Services / Centers for Disease Control and Prevention; 2011 [cited on Jan 2, 2020]. Accessed on: https://www.cdc.gov/media/ releases/2011/s0602 hivaids30years.html
- European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2019 - 2018 data. Stockholm: ECDC: 2019.
- UNAIDS. UNAIDS data 2020. Geneva: Joint United Nations Programme on HIV/AIDS; 2020.
- Massano-Cardoso S. Crónicas Paraepidemiológicas. Coimbra: Instituto de Higiene e Medicina Social / Faculdade de Medicina da Universidade de Coimbra; 2005. n. 2.

Address for correspondence: ALIETE CUNHA-OLIVEIRA

Escola Superior de Enfermagem de Coimbra, Centro de Estudos Interdisciplinares do Século XX, Universidade de Coimbra Health Sciences Research Unit: Nursing, Sociedade de História Interdisciplinar da Saúde

Avenida Bissaya Barreto, s/n Coimbra, Portugal

CEP: 3004-011

E-mail: alietecunha@esenfc.pt

Received on: 03.01.2020 Approved on: 04.09.2020