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Aged people's feelings in relation to HIV: Impacts and search for the infection origin

Sentimentos de idosos frente ao HIV: impactos e busca pela origem da infecção

Sentimientos de las personas mayores frente al VIH: impactos y búsqueda del origen de la infección

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ABSTRACT

Objective: To unveil aged people's feelings in searching for the origin of the Human Immunodeficiency Virus infection diagnosis and its impacts on everyday life. **Method:** A qualitative, exploratory and descriptive study conducted with 13 aged individuals diagnosed with the Human Immunodeficiency Virus undergoing outpatient follow-up in the Infectious and Parasitic Diseases Unit from a School Hospital. Semi-structured interviews were conducted between October and November 2023, after due approval from a Research Ethics Committee. The data were analyzed using Bardin's content analysis method. **Results:** the aged individuals reported that sadness, anguish, concern, discontent and fear are common to the infection diagnosis. In addition to that, stigma, preconceptions and discrimination were also observed. **Final Considerations:** it was evidenced that the feelings that permeate aged individuals being diagnosed with the Human Immunodeficiency Virus infection emerged in a singular and individual way, as they are directly influenced by each person's life path.
Descriptors: Aged; HIV; HIV Infections; Emotions.

RESUMO

Objetivo: desvelar os sentimentos da pessoa idosa em busca da origem do diagnóstico da infecção pelo Vírus da Imunodeficiência Humana e seus impactos para vida cotidiana. **Método:** estudo qualitativo, exploratório, descritivo, realizado com 13 pessoas idosas diagnosticadas com Vírus da Imunodeficiência Humana em acompanhamento ambulatorial na Unidade de Doenças Infecciosas e Parasitárias de um Hospital Escola. Realizou-se entrevistas semiestruturadas, entre outubro e novembro de 2023, após aprovação do Comitê de Ética em Pesquisa. Os dados foram analisados por meio da análise de conteúdo de Bardin. **Resultados:** as pessoas idosas relataram que tristeza, angústia, preocupação, descontentamento e medo são comuns ao diagnóstico da infecção. Além disso, estigma, preconceito e discriminação também foram situações observadas. **Considerações finais:** evidenciou-se que os sentimentos que permeiam a descoberta da infecção pelo Vírus da Imunodeficiência Humana por pessoas idosas apresentam-se de forma singular e individual, uma vez que as mesmas sofrem influência direta da trajetória de vida dos indivíduos.
Descritores: Idoso; HIV; Infecções por HIV; Emoções.

RESUMEN

Objetivo: revelar los sentimientos de las personas mayores que buscan el origen de su diagnóstico de infección por VIH y sus impactos en la vida diaria. **Método:** estudio cualitativo, exploratorio y descriptivo con 13 personas mayores diagnosticadas con VIH, que recibían atención ambulatoria en la Unidad de Enfermedades Infecciosas y Parasitarias de un Hospital Universitario/Docente. Se realizaron entrevistas semiestructuradas entre octubre y noviembre de 2023, después de la aprobación del Comité de Ética en Investigación. Los datos se analizaron mediante el análisis de contenido de Bardin. **Resultados:** las personas mayores informaron que la tristeza, la angustia, la preocupación, el descontento y el miedo son comunes al recibir el diagnóstico de la infección. Además, también se observó estigma, prejuicio y discriminación. **Consideraciones finales:** el estudio reveló que los sentimientos que rodean el descubrimiento de la infección por VIH en personas mayores se presentan de manera singular e individual, ya que están directamente influenciados por las trayectorias de vida de los sujetos.
Descriptores: Anciano; VIH; Infecciones por VIH; Emociones.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) was first detected in Brazil at the beginning of the 1980s. The HIV epidemic became a cause of concern in society, giving rise to discussions about moral and sexual values, as the infection was linked to unsafe sex practices immediately after its emergence[1].

In view of this, aged people were not characterized as a group practicing these risk behaviors for HIV, as it was believed that they had no active sex life. However, knowing that sexuality is a component of people's physical and mental health[2], its practice is considered one of the most relevant basic human needs and is present in all life phases, even in old age[3].

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In this context, the 2023 HIV and AIDS Epidemiological Bulletin revealed that the age group of at least 60 years old presented a 20.3% increase in the number of infections by this virus[4], highlighting that the distorted idea of aged people's sexual reality render them increasingly more vulnerable to the consequences of this practice without taking due precautions[5]. At the global level, the infection by this virus is also presented as a Public Health problem due to its continuous spread, not only restricted to Brazil.

Questions about the HIV infection have permeated the social imaginary since the first cases and even today, four decades after the epidemic, its diagnosis is still surrounded by disinformation, stigma, preconceptions and segregation, which exerts important impacts on the interpersonal relationships of People Living with HIV (PLHIV), so that each person constructs their own representations and meanings regarding the diagnosis[6]. Consequently, living with the virus in old age reveals a complex and extremely relevant aspect as for understanding the health-disease process in the individual scope[7].

The psychosocial repercussions of an HIV diagnosis in old age present particularities that are still little explored in the literature. In addition to the biomedical impacts, a positive serology result in this life phase triggers feelings of guilt, fear and loneliness, as well as uncertainties, all frequently accompanied by identity conflicts and challenges related to self-care[8]. Experiencing HIV in old age implies dealing with vulnerabilities accumulated throughout life, which are manifested in a singular way when facing a diagnosis still marked by stigma and disinformation.

Although the number of people aged at least 60 years old living with HIV has increased significantly in the last few decades, this population group is still insufficiently contemplated in research studies, especially regarding the subjective and emotional dimensions involved in the process of discovering and facing the diagnosis[9].

The predominance of research studies focused on young adults leaves important gaps to understand the interaction between aging and the infection by this virus, which limits devising more comprehensive care approaches. Thus, there is an evident need for in-depth surveys that acknowledge the social, psychological and existential specificities permeating the HIV experience in old age.

Consequently and with a view to contributing new reflections for the health care provided to aged PLHIVs, the guiding question for the current study is as follows: Which are the aged people's feelings in searching for the origin of the Human Immunodeficiency Virus infection diagnosis and its impacts on everyday life?

In order to answer this question, the study objective was to unveil aged people's feelings in searching for the origin of the Human Immunodeficiency Virus infection diagnosis and its impacts on everyday life.

METHOD

This is a qualitative, exploratory and descriptive study grounded on the Care Integrality assumptions, understood as the guiding principles of health practices that consider each person in their entirety, respecting their life story, subjectivity and sociocultural context. This framework guided both the research design and the interpretation of the testimonies, allowing understanding the experiences undergone by aged people living with HIV as a complex and multifaceted process influenced by emotional, social and existential dimensions[10].

The data were collected in the Infectious and Parasitic Unit of a School Hospital from a capital city in northeastern Brazil. The service is responsible for treating approximately 280-320 users, with 18% of aged individuals. This population segment justifies the pertinence of a final sample comprised by 13 participants. The number of interviews was established following the theoretical saturation method[11]. Such saturation was reached from interview number 13, when repeated contents and no new relevant information to understand the phenomenon under study were observed.

The older adults included were those aged at least 60 years old, diagnosed with HIV and undergoing outpatient follow-up. The semi-structured interviews were conducted between October and November 2023 in a private place, audio-recorded after obtaining due authorization from the patients and subsequently transcribed in full. The script contemplated aspects related to how the diagnosis is received, the search for the infection origin and the impacts of detecting the infection on everyday life.

The data analysis was performed according to the Thematic Content Analysis method proposed by Bardin[12], which was adopted due to its ability to reveal latent and explicit meanings in testimonies, allowing identifying the explicit messages and the symbolic structures associated with living with HIV in old age. Following the three phases defined by the author, the process was initiated with the Pre-analysis, characterized by skimming and organizing the *corpus*, which enabled immersion into the material and the preliminary identification of meaning cues. Subsequently, the Exploration of the material phase was carried out, which involved clipping, coding and categorization of the units of meaning, grouped according to regularities noticed in the testimonies. As a last step, the Treatment of the results phase was implemented, with data interpretation linked to the literature and to the Integrality framework, seeking to understand how the feelings, perceptions and explanations developed by aged people emerge from their life path, their social insertion and the way in which they experience health care.

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Choice of the discourse excerpts presented in the study was the direct result of this analytical process. The excerpts were selected due to their representative force, clarity and density in expressing the nuclei of meaning identified, prioritizing the testimonies that best translated the experiences and meanings presented by the participants. Thus, each excerpt reproduced in the results represented a faithful expression of the thematic categories built based on Bardin's methodology.

All ethical procedures were observed, with due approval by a Research Ethics Committee and the participants signing a Free and Informed Consent Form. In order to ensure anonymity, the participants were identified with alphanumeric codes (P1-P13).

RESULTS

The database used in this study is publicly available in the institutional repository of *Universidade Federal de Alagoas*, which can be accessed at the following link: http://www.repositorio.ufal.br/jspui/handle/123456789/13281.

The study participants were 13 older adults aged between 61 and 77 years old, with a mean of 67 and predominance of the age group from 61 to 69 (61.5%), which reveals a higher number of younger aged individuals living with HIV. The predominance of male participants diagnosed with HIV was a relevant finding, corresponding to 69.2% of the total. Regarding the ethnicity-race issue, most of the participants stated being brown-skinned. As for marital status, most of the aged individuals (46.1%) were single. There was predominance of heterosexual subjects (92.3%), Catholics (61.5%), with Incomplete Elementary School (30.8%), illiterate (30.8%) and earning incomes of up to 01 minimum wage (84.6%).

In order to unveil aged people's feelings in searching for the origin of the Human Immunodeficiency Virus infection diagnosis and its impacts on everyday life, the data were presented in two thematic categories: Feelings in searching the infection diagnosis origin and Impact on everyday life, which were organized to ease analysis and comprehension.

From the several and multiple experiences undergone by the interviewees in the HIV infection discovery process, it was observed that it was strongly associated both with individual events throughout life and with the moment they were given the diagnosis.

Feelings in searching the infection diagnosis origin

This category refers to the individuals' feelings when discovering their positive serology results, which proved to be the most diversified ones, taking into account that they represent a subjective and particular issue.

Based on some reports, it became evident that the HIV diagnosis was strongly related to sadness, anguish, concern and discontent, as can be seen in the following testimonies:

> *It was terrible when I discovered it, it was a shock, right...? (P4, heterosexual woman, widow)*
>
> *I was sad, a little blue, I used to cry… then I realized that I did nothing but cry, nothing else pleased me anymore. (P5, heterosexual woman, single)*
>
> *The diagnosis made me angry, it was disgusting. (P6, heterosexual man, single)*
>
> *I left the place hopeless when they told me, I cried for 24 hours, I cried day and night. (P7, heterosexual man, married)*

Fear of the future in the face of the virus infection diagnosis was also verified. For some participants, this moment was pointed out as extremely negative and felt like a “death sentence”.

> *Ah, at the beginning, darn… Everyone died in a short time then, right? (P1, heterosexual man, divorced)*
>
> *At the beginning I thought so much about dying, when I discovered it I thought “Am I going to die of this?!”. (P4, heterosexual woman, widow)*
>
> *I was scared when I discovered it, I thought I'd die… (P6, heterosexual man, single)*
>
> *I was afraid, right…? Afraid of dying, but that's life. (P13, heterosexual man, single)*

Another aspect found in this study once the diagnosis had been confirmed was the participants' difficulties assimilating and accepting the condition of living with HIV, as illustrated in the following testimonies:

> *I cried a lot at the beginning, I cried a lot… I didn't accept it, right? It was only after some time that I finally accepted this: 5, 6 years or more. (P4, heterosexual woman, widow)*
>
> *When I discovered [...] I didn't believe it… it was only after I came here that they told I was HIV-positive. (P12, heterosexual woman, single)*

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However, some patients were able to easily assimilate the diagnosis news, accepting it immediately. This reaction can be perceived in some aged individuals that made no negative references to discovery of the diagnosis, thus showing that they had accepted the situation.

> *I took it easy and said, "Ah, what am I going to do? it's no use… what can I do, right?". (P1, heterosexual man, single)*
>
> *I settled for it, it was over, right…? (P10, heterosexual man, single)*
>
> *I face things as a rule, I face anything in my life, then I wasn't afraid, frightened. (P11, bisexual man, civil union)*

In this acceptance context, health professionals also play a very important role in contributing to a positive view about the diagnosis, as their respective ways of communicating it can represent comfort and support sources. In the testimonies below it can be noticed that the experience became "easier" when the diagnosis was conveyed with due support, welcoming and counseling.

> *I got here crying and the Doctor comforted me by saying "Don't do that, dear… It's over, it's over, now look straight ahead." (P5, heterosexual woman, single)*
>
> *When I got here they told me not to worry, that many people had lived for years, that it was just a matter of taking the right pill and that I'd lead a long full file and only die when God wanted, it wasn't the virus that would take me to the other side. (P7, heterosexual man, married)*
>
> *I felt nothing at all, I didn't feel scared or sad because the doctor himself told me it was just a matter of taking the pill that would combat this disease, you know?, and that I wasn't going to die, no. (P9, heterosexual man, single)*

When it comes to seeking the disease origin and after confirming the infection and assimilating the serological situation, it was noticed that the aged individuals needed to find explanations and reasons for the form of contagion as a coping measure.

The testimonies below show the older adults' need to abandon the promiscuity behaviors associated with HIV as a way to safeguard their self-image, highlighting that the infection was contracted in steady relationships. Four participants had partners considered "safe" at the HIV diagnosis moment, with two of them reporting infidelity from their mate.

> *My husband was a "Don Juan", he used to go out to party and I think that he caught it in those places. He used to go out to the world and I was left alone in the house, I suffered, I shed many tears, always waiting for him. (P3, heterosexual woman, married)*
>
> *I was married, I had normal relations with my husband and only with him. But he used to go out with many women and passed it on to me. (P4, heterosexual woman, widow)*
>
> *A partner of mine, she died due to this problem. She had HIV, she knew and didn't tell me. This partner of mine died, I went to her burial and they said that she'd died of HIV, then I came, came here to do the test and it was positive… Nothing but disgust. (P6, heterosexual man, single)*

In this context of searching the infection origin, the participants' lack of knowledge about the virus was a major risk factor both for HIV transmission and for understanding it.

> *I didn't even know what it was, I'd never heard of that. I knew nothing about this, I knew nothing about those things… (P2, heterosexual man, married)*
>
> *I didn't know what it was (HIV), I only learned after the test. (P3, heterosexual woman, married)*
>
> *I didn't know that disease, I'd never heard of it. I learned about this after the doctor explained everything to me. (P4, heterosexual woman, widow)*
>
> *I don't know how I caught this, I was single when I caught it, no idea from who. (P10, heterosexual man, single)*

The analysis evidenced that many participants did not perceive their own vulnerability to the infection, which contributed to not implementing prevention practices and to unawareness regarding the serological situation of their sex partners, as illustrated in the testimonies below:

> *If I'd known that he had that problem, I wouldn't have accepted him at all, but I didn't know… (P3, heterosexual woman, married)*
>
> *If I'd known that some (woman) had it, I wouldn't have gotten involved. (P8, heterosexual man, single)*
>
> *I'd never had this and didn't even know what it was, I only knew after a long time, because I met the wrong woman, only that I didn't know, do you understand? (P9, heterosexual man, single)*

Another way of justifying the infection was by approaching it as punishment for past behaviors, especially related to undue sexual practices, as reported below.

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> *I didn't believe in that at all, in HIV, it didn't exist as far as I knew, it was just people talking… but it's like I say: you have to live it in the flesh and bones. I partied a lot when I was young, I fooled around a lot, I got laid a lot with many women and that's when it happened, but it was a lesson for me. (P6, heterosexual man, single)*
>
> *I was out of my head, I wanted to have fun, go out, nothing else mattered. All of that led to HIV… it's the price you pay for undue freedom. (P11, bisexual man, civil union)*
>
> *I'm here because of a fling I had, I keep thinking "What did I do that for, why didn't I do it right?". (P12, heterosexual woman, single)*

Impact on everyday life

This category refers to the fact that the HIV diagnosis comes along with strong discrimination, which created the personal conflict of "looking different" in some participants for being dissociated from a previously imposed social norm.

> *It's very hard for you to be one thing and then another, it's quite difficult… sometimes I cry thinking about who I was, it always hurts when I remember… (P5, heterosexual woman, single)*
>
> *Now I see it like this "Dear God… if I'd thought about this before, I'd be another person now", but you have to go through tough situations to learn, right? It was my case. (P6, heterosexual man, single)*
>
> *It's a shame that it happened to me. I'm ashamed of having this. (P5, heterosexual woman, single)*

Another fact observed in the participants' testimonies was the isolation and disinterest for social contact reported by some of them, which shows that the experience of living with the virus is marked by emotional instability.

> *I tell you woman, immediately after (I discovered it) I stopped doing things because I was extremely sad, right…? I was but sad inside the house and didn't go out for anything, I just stayed in. (P4, heterosexual woman, widow)*
>
> *I was depressed, because it's extremely sad for the heart to catch an incurable disease which, despite so many studies, there's nothing pointing to a light at the end of the tunnel. (P11, bisexual man, civil union)*

When they were diagnosed with HIV, some of the research participants were disoriented and unwilling to live with the infection, triggering suicidal ideation as a shelter.

> *I was going to jump to the highway, but I didn't do it because two men stopped me. I was mad, mad, mad when I discovered it. (P4, heterosexual woman, widow)*
>
> *I was disgusted at myself when I discovered it. I even felt like killing myself. (P5, heterosexual woman, single)*
>
> *I thought about many things at the beginning: drinking 1080 (venom), killing myself, I felt awful. (P6, heterosexual man, single)*
>
> *I'd already thought that if I had passed it on to her (wife), I would've drunk some venom to kill myself. (P7, heterosexual man, married)*

DISCUSSION

The testimonies indicate that learning about their HIV positive serology results proved to be a complicated and painful event which deeply marked the individuals' life. In consonance, a study about psychological distress in people living with HIV[13] reveals that the diagnosis moment is the most critical and impactful, as various feelings arise in a conflicting way, triggering sadness, anger and even intense fear and a sensation of imminent death.

At the beginning of the epidemic, HIV was totally unknown and the treatment perspectives were non-existent, a fact that caused a high number of deaths associated with the infection. Currently, four decades after its emergence, the therapeutic resources developed allow controlling the blood virus levels, rendering the HIV infection controllable and reducing the death sensation, so imminent before. However, due to its chronic and incurable nature, being diagnosed with the virus makes people undergo a grief process for understanding it as fatal, which triggers thoughts about life finitude[14].

It is worth recalling that the aged individuals of the current times are those that experienced the epidemic genesis in the 1980s and that HIV is still devastating and mortal in their imaginary[15]. In line with that, a study with the objective of assessing the patients' quality of life when facing HIV/AIDS diagnoses showed that, even if characterized as a natural process that everyone will undergo, the perceptions about dying are enhanced when a person is diagnosed with an incurable disease[16], intensifying existential fears and vulnerabilities.

The reactions when facing the diagnosis can vary significantly. Denial can both represent some difficulty accepting responsibility for the infection, not attempting to adapt to the new condition, and also constitute an escape from reality[17]. On the other hand, some patients are able to easily assimilate the diagnoses news, accepting it immediately. Acceptance has been related to improved quality of life, better self-care and more positive social relations[16];

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consequently, when PLHIV welcome their diagnosis, they enjoy greater resilience ability and to overcome the adversities associated with the infection[18].

Despite the initial distress, many aged individuals report that the professionals' behavior when revealing the HIV diagnosis plays a fundamental role in minimizing fears and uncertainties, in addition to directly contributing to treatment adherence. Thus, it is important to turn the diagnosis discovery moment into an open listening space, providing the necessary support for the patients to feel supported by the team, as experienced by the aged people participating in this research. In this sense[19], health communication focused on active listening, self-esteem stimulation and emotional reinforcement generates support, encouragement and empowerment, favoring the construction of new meanings for the experience.

A remarkable aspect noticed in the reports was the need to identify the infection origin, frequently attributed to steady partners or to infidelities. Having a steady partner was directly related to feelings of safety and protection against HIV, as both men and women trust that their partners do not to have the virus, conceiving the idea of immunity to the infection. Corroborating this view, some authors analyze expressing trust as a mediator of not recognizing one's own vulnerability to the virus, highlighting that the attitude of trusting a partner presents itself differently for men and for women[20]. For men, this means total fidelity from the other; on the other hand, women do not restrict trust to believing in sexual exclusivity but also on the belief that their partner would not put them at risk.

Especially due to low access to education among the participants included in this study, lack of knowledge about HIV and its transmission ways was a factor that contributed to predisposing the individuals to greater vulnerability to the infection as a result of a low risk perception. The same was observed in a study that investigated the incidence of Human Immunodeficiency Virus infection late diagnoses and their associated factors, which yielded the result that a person not perceiving or denying their own vulnerability to the infection resulted in them not undergoing preventive practices, which contributed to transmission and triggered a delayed search for the diagnosis[21].

It is also worth noting that many aged individuals grew up during a period marked by absence of sex education and by the invisibility of sexuality in old age, which contributed to their low perception regarding vulnerability. The literature evidences that aged individuals tend to underestimate the STI risk, use condoms less frequently and oftentimes do not have their partners tested[22]. This combination gives rise to a cumulative risk scenario, clearly reflected in the testimonies included in this study, where surprise or shock at the diagnosis were associated with the subjective immunity belief.

HIV was related to taboos from the beginning, as it has always been seen as resulting from morally reproachable behaviors, directly interfering in people's self-perception[23]. Given this context and observing the participants' testimonies, being a PLHIV may spawn the internalization of a self-image considered “abnormal”, in a way that a person reproduces against themselves the preconception coming from society. In addition to that, an HIV diagnosis represents a moment in which some radical biographical discontinuity takes place, which causes an identity rupture and the sensation of “being another person” after the diagnosis, a characteristic found in every stigmatized individual[24].

The reports evidence that the infection diagnosis triggers an emotional distress process that is frequently manifested in the form of social isolation and of losing interest in activities that used to be pleasurable. This distancing reveals aged people's difficulties integrating the new condition to their own identity. The literature confirms that, combined with the characteristics inherent to aging, the HIV-related stigma potentiates emotional vulnerability[8]. Thus, when faced with a chronic and stigmatized condition, many aged individuals resort to distancing as a self-protection attempt, a decision that intensifies the feeling of loneliness.

Negative events are characterized for being stressful factors that exert a direct influence on preserving physical, mental and emotional health and, consequently, on people's social behaviors. Consequently, in addition to triggering feelings related to isolation, the stigmas linked to HIV in society can also predispose to shame, increase anxiety/depression levels and lead to suicide in extreme cases[25].

Depression interferes in a negative way in the quality of life of populations with chronic diseases; therefore, people living with HIV are in an even more delicate psychological state[26]. Depending on the psychosocial distress level, people are vulnerable to situations of self-inflicted violence that can impair their body integrity and well-being, generating severe harms to their life and even the possibility of death.

Self-injurious behaviors are a way of relieving intense and/or prolonged suffering when previous efforts have been in vain[27]. In this context, suicidal behaviors are the result of extremely intense distress that induces people to prefer dying instead of facing it[28]. Suicidal ideation when faced with an HIV diagnosis is especially due to uncertainty in relation to the prognosis, to the high morbidity and mortality rates in the past and to the significant stereotypes created around the infection.

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When the suicidal planning parameters in the population living with HIV are observed, such planning is 27% higher when compared to the general population[29]. In aged individuals, the chances for them to materialize this thought are even higher, as they may face a combination of factors aggravating the situation, taking into account that aging and suicide are consequences of a construction that takes place during a person's entire life and involves aspects from the past that are related to the present and exert an influence on the prospects for the future[30].

Another important aspect refers to guilt: when analyzing the testimonies, it can be noticed that the moralizing interpretation of HIV is still present in aged people's imaginary. In many cases, HIV is related to idea of penalty or punishment, which is linked to the historical construction of the epidemic, initially associated with sin and with transgressing social rules. This view generates feelings of guilt fed by moral and religious judgments that lead people to feel that they deserve to endure that suffering[31]. Self-guilt not only impairs mental health by intensifying psychological distress, reducing self-esteem and interfering in a person's ability to seek support, but also social relations, future expectations and the desire to live.

Study limitations

As is the case in qualitative studies, the small number of participants emerges as a limitation, even if defined by means of theoretical saturation. The fact that the data were collected in a single service also restricts the diversity of experiences and the possibility of transferring the findings to other contexts, limiting generalization of the results. Even so, the results offer important contributions to understanding how HIV is experienced in old age.

FINAL CONSIDERATIONS

By seeking to comprehend the experiences undergone by aged individuals when diagnosed with HIV, this study evidenced the feelings and impacts triggered when the infection was detected. As illustrated in the participants' testimonies, feelings (especially the negative ones) cause a sensation of uncertainty when facing the diagnosis.

In addition, the way in which each person will react to the news and the changes caused by HIV depend on various factors such as their own personality and coping ability, as well as on the way the professional in charge handles the moment when the diagnosis is communicated.

In addition to that, it was found that HIV detection exerts a significant impact on the life of a person living with the infection, as it severely interferes in everyday life, in interpersonal relationships and also in preserving self-esteem and self-care, with the possibility of emerging both as a risk factor and as a protection factor.

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Open data

Research data are available from http://www.repositorio.ufal.br/jspui/handle/123456789/13281, on the Universidade Federal de Alagoas Repository.

Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Aged people's feelings in relation to HIV: Impacts and search for the infection origin*".