

Psychological Impact of the Non-Disclosure of the Diagnostic of HIV Seropositivity among Young People between 18-35 Years Old: Marian Ngouaby Health Centre Case, Mozambique

Chiluvane SI Ilda^{1,2*}, Muchanga Izaidino¹, Capossa Romao¹, Nchowela Guido³, Alfredo Celio³, Massango Hilario⁴

¹Saint Thomas University of Mozambique, Gaza, Mozambique; ²Marien Ngouaby Health Centre Xai-Xai City; ³Catholic University of Mozambique, Beira, Mozambique; ⁴Pande Secondary School, Mozambique

ABSTRACT

Introduction: The Human Immunodeficiency Virus is still a worldwide Health Problem with great psychological impact on young and adult couples. Several studies are carried out on HIV in Mozambique on its prevalence, antiretroviral treatment among other aspects but the psychological impact of this disease is poorly studied. The study aimed to understand the psychological impact that the non-disclosure of the Seropositivity has on the marital relationship from the existing conceptions regarding HIV.

Materials and methods: The study was carried at Marian Ngouaby Health Centre from January 2017 to June 2018. The Research protocol was approved by the Institutional Ethics Committee of the Saint Thomas University of Mozambique on October 8, 2017. It was done a documentary analysis of the clinical files of the users of the Centre's antiretroviral treatment services to identify the participants who met the inclusion criteria. After selecting the users' files with the inclusion criteria, the day on which each user had ART was written down. On the day each user had consultation, the subject of the study was explained to them and they were subjected to an interview after signing the informed consent.

Results: The study included 10 users aged 18 to 35 years. Among these participants 8 were women and all of them were unemployed and 2 employed men. They had a level of education ranging from fifth grade to twelfth grade with the exception of a man who had no education at all. All the participants hadn't disclosed their HIV status to their partners.

Conclusion: It is concluded that the non-disclosure of the HIV-positive diagnostic between couples affects them causing psychological problems in the person who did not disclose his/her status, such as anxiety, blame, changes in sexual patterns, social isolation, alcohol and drug use, suicide attempt and depression, and these problems negatively interfere in the couple's life, thus reducing the couple's quality of life.

Keywords: HIV; Psychological impact; Diagnostic

INTRODUCTION

The Human Immunodeficiency Virus (HIV) is a worldwide public health problem that emerged in the late Twentieth century, early 1980s and had its first manifestations in 1981 in the cities of New York and San Francisco in the United States of America and in France, with clinical, psychic and social characteristics capable of delimiting boundaries in terms of human relations, decimating millions of people and leaving many others living in the shadow of stigma and discrimination [1,2]. Since the beginning of its discovery, a cure has been sought, although not yet found, studies continue, while work has been doing to reduce its spread as much as possible [3-

5]. According to the National Council on Combating the Acquired Immunodeficiency Syndrome (CNC-SIDA) Mozambique is one of the most severely affected countries by Human Immunodeficiency Virus/acquired immunodeficiency syndrome (HIV/AIDS) in the world, ranking eighth in the 10 most infected countries in the world. HIV/AIDS is a serious public health problem that is dramatically constraining national economic development efforts by affecting a major part of the young population aged 15-45 [6]. Data from Mozambique Immunization, Malaria and HIV/AIDS Indicator Survey indicate that the prevalence of HIV/AIDS in this age group is 13.2% at national level, being Gaza province the most

Correspondence to: Chiluvane SI Ilda, Saint Thomas University of Mozambique, Gaza, Mozambique, E-mail: chiluvaneilda@gmail.com

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affected one by HIV/AIDS Virus, as shown by The Joint United Nations Program on HIV/AIDS stating that provinces in the South and Centre of the country are the most affected [7,8].

Several similar studies were carried out in relation to HIV, in different areas, such as OMS, Silva, Borges et al., Bernardo, Langa, Maungue among others, but none of them dealt specifically with the impact of the non-disclosure of the Seropositivity diagnostic to the sexual partner, the reason why the need to conduct this study as it is relevant to the mental health of the society [8-12].

This research was motivated by the situation that occurs in daily work and social environments. Several couples on antiretroviral treatment (ART), especially young people, find it difficult to disclose their HIV status to their partners; most of them are receiving treatment without their partner's knowledge [13-16].

The aim of this study is to understand the psychological impact that silence creates in the lives of young people infected with HIV and to be able to contribute in some way to find out ways to help the couples in crisis regarding the issue under analysis. Moreover to enable them to understand the importance of the diagnostic disclosure of their Seropositivity to their partners. Therefore, the marital relationship is based on the couple's complicity to maintain emotional ties and in collaboration overcome the various adversities that the nature imposes on them, in this case one would be the disease, either of both or one of the partners [5,17-19].

In the social context, the study makes several entities of the society approach the subject openly, understand the importance of disclosing the seropositivity to the sexual partner, its advantages and consequently the best strategies to fight against discrimination and stigma that HIV-positive individuals face, as well as using research as an instrument for society's quality of life.

From academic point of view, it will serve as a consultation tool and complement to similar works. Another reason is the fact that the importance of Clinical Psychology is not yet very recognized neither valued in our society, being one of the areas that still needs to be explored in our country. This fact contributed to the development of this research in order to contribute in a concrete way with actions aimed at the promotion of services provided by the clinical psychology, in order to arouse to other scholars and the society in general the importance of this area for the general well-being, in particular in people living with HIV (PLHIV) since mental health is fundamental for every human being. In fact, with appropriate psychological follow-up to PLHIV the number of non-disclosure cases and their impact could be reduced.

This work aimed to understand the psychological impact that the non-disclosure of the Seropositivity has on marital relationship from the existing conceptions regarding HIV, the level of adaption in the marital life of young people living with HIV, as well as psycho-affective and behavioral consequences resulting from non-disclosure of the HIV-positive status.

MATERIALS AND METHODS

Population or universe

This was a cross-sectional study. The population included in this study consisted of young people living with HIV/AIDS attending antiretroviral consultation and treatment at Marien Ngouaby health center located in Xai-Xai city, Gaza province from January 2017 to June 2018. The choice of this population was based on a worrying phenomenon, which is the non-disclosure of the

diagnostic of HIV/AIDS status among couples. Before starting the study, all necessary documents were prepared for submission to the Institutional Ethics Committee of the Saint Thomas University of Mozambique, including, but not limited to, the research protocol detailing the objectives, methods and expected results, as well as a copy of the information worksheet to the participant, informed consent model, letter of acceptance of bioethics rules and procedures and declaration of possible conflicts of interest by the lead researcher. The Research Protocol was approved by the Institutional Ethics Committee of the Saint Thomas University of Mozambique on October 8, 2017.

Inclusion criteria

Be 18-35 years old, have been tested HIV positive, be a patient on Antiretroviral Therapy (ART) at Marien Ngouaby Health Centre, haven't disclosed the HIV-positive status to a sexual partner. Show availability to be part of the study.

Exclusion criteria

Not being between 18-35 years old, have been tested HIV negative; have started ART in other health facilities, have revealed the HIV-positive status to the sexual partner and not showing availability to be part of the study.

At the study place, the researcher used the patient card which provided Age Identification to know if he/she could be part of the study, as the study included young people on ART aged 18 to 35 years. After the age identification, some participants who were part of our inclusion criteria were selected. After selecting the participants, there was a need to resort to the participants' clinical files, as the patient card does not provide information about when the patient started ART. The study covered participants who were on ART between the first semester of 2017 and the first semester of 2018.

Once selected the participants, in accordance with the approved protocol, and prior to the application of the questionnaire, the researcher explained to each participant the objectives of the study, mentioning the principles of confidentiality and reassuring them about any concerns regarding the disclosure of their answers. All participants were asked to stay in an isolated room with the researcher, they were informed that their identity would not be related to the information that they would provide and that it would only be used for the purposes of the study, and they were reminded that they could give up to answer the questionnaire or ask to be withdrawn from the study at any time without reprisals for the attitude they would take. The interview was conducted only after clarifications above and upon acceptance through signed informed consent. Participants who did not speak Portuguese, or who had difficulty with the Portuguese language, had clarifications in their local language, as the main researcher speaks it. After the study clarification, some participants who did not know how to write used the fingerprint as a sign of consent.

To preserve the privacy of the participants, the questionnaire was coded and the code correspondence key was given to the Centre's Staff. Participants who did not speak Portuguese were also informed about the objectives of the study, the entire process and explained about the informed consent in their local language by the Lead Investigator.

In this research was used the semi-structured interview, which was done in the form of face-to-face conversation between the

researcher and the interviewee, where the researcher methodically collected necessary information from the interviewee related to the knowledge that they have about the HIV virus, their feelings about living with the virus in their bodies, as well as their understanding regarding the diagnostic disclosure of the seropositivity to the sexual partners.

There was followed a list of pre-set questions, these questions were clarified and reformulated according to the perception of the interviewee so that he/she understands what is really intended in the question, and there was given enough time to answer the question without put pressure on him/her.

The main purpose of choosing the interview is to obtain data from the interviewee about the impact that may result from the non-disclosure of the seropositivity diagnostic to the sexual partner, to understand their behavior, whether past, present or planned (future); to determine the factors that influence the thoughts, feelings or actions of these young people in relation to the non-disclosure of the HIV-positive status to the partner.

Clinical observation

The interview was also accompanied by clinical observation, where the researcher directly observed the behaviour, attitudes, and facial expressions of the participants during the interview process, the way each of them communicated, the gestures, which helped in the interpretation of the emotions and affection of the subject.

Clinical observation includes observation of clinical symptoms and signs in order to establish a diagnosis, enabling the physician to understand the psychic functioning of the subject and the type of problems they are facing: nature of anxieties, type of conflicts, mechanisms of defense, mode of relation of the object [20,21].

The reason for choosing this technique is the fact that it gives the opportunity to obtain more data about the interviewees, which is not included in the interview and in the life history, but which is relevant in deepening and understanding the study. In addition to what interviewees tell, there is a need to observe to what extent their physical expression/observable behaviour expresses their feelings and emotions.

Document analysis

Document analysis consisted of interviewees clinical files review in order to obtain relevant information for the research, such as the information on the counseling packages that users had during the consultation process, including the counseling package to the partner, if the patient has difficulties in adhering to it, if he/she has any psychopathological condition diagnosed or in follow-up, to later confront this information with the reality of our interviewee in relation to non-disclosure of the HIV-positive status to the partner.

RESULTS

In this study, were interviewed 10 young people with previously established inclusion criteria, and the results were presented taking into account the socio-demographic variables of the study objects. It should be noted that to analyze the results it was used the technique of content analysis where the interviewees'(I) content of testimony were interpreted, based on two boundaries: the traditional linguistic boundary and the interpretation of the meaning of the words.

Characterization of the case study

According to the problematic "Non-disclosure of the seropositivity diagnostic to the sexual partner", a field study was conducted

based on the pre-established instruments, where were obtained the following results:

Female interviewee, she is 27 years old, living with the partner as husband and wife in Marien Ngouaby, Neighborhood 3. She is a 12th grade student, she knows her partner's HIV-positive status through drug discovery and he, in turn, is not aware of the discovery and doesn't even know his partner's HIV-positive status. Female Interviewee, she is 31 years old, single, living in Inhamissa, Neighborhood 6. She is unemployed and has General Secondary Education. In her relationship no one knows about the partner's HIV-positive status. She decided to do the HIV test because she was sick and she was tested positive. She says that she is not prepared yet to tell it to her partner because he often threatens her.

Male interviewee, he is 28 years old, living in Marien Ngouaby, Neighborhood 1. He is a bricklayer, illiterate, and he lives with his partner as husband and wife. He did not disclose his HIV-positive status to his wife and he does not know about hers. He hasn't done it yet because he is afraid of his wife's reaction. He decided to do the blood test because he noticed some changes in his body.

Female Interviewee, she is 22 years old, lives at Neighborhood 2000, unemployed. She is a 7th grade student, and lives with his partner has husband and with, she did the blood test for distrusting her partner's behavior and for noticing signs of illness in her body. Her partner refuses to do the test and she is afraid of disclosing her HIV-positive status because she is afraid of taking the blame.

Female Interviewee, she is 23 years old, single. She lives at Neighborhood 2013 and she is unemployed, with 5th grade. She noticed some signs of illness and associating the distrust with her partner she then decided to do the blood test. She has not disclosed yet her status because of not trusting the partner and she does not feel safe in the relationship.

Female interviewee, she is 20 years old, with General Secondary Education. She lives in Fidel Castro neighborhood, unemployed; living with her partner has husband and wife. She found that her partner is on antiretroviral treatment. She decided to do the blood test and follow the treatment, also keeping silent because she is afraid of her partner's reaction after disclosing her status to him. She also referred that her partner refuses to go to a health unit to do the test together.

Female interviewee, she is 28 years old and she lives in Neighborhood 2, Marien Ngouaby. She lives with her partner as husband and wife. She is unemployed and has General Secondary Education. She was advised to go to the health facility to do a blood test and agreed because her health was not pleasant, and the result was positive. The partner refuses to do the test and she prefers to do the test with him because she fears his reaction after the disclosing of her HIV-positive status.

Female interviewee, she is 26 years old and lives in Fidel Castro, Neighborhood 1. She is unemployed, living with her partner as husband and wife, and has General primary Education. She reports finding out that her partner was undergoing a secret treatment and she invited him to do the test together and he refused. It was when she decided to do the test alone in a Health Unit and the result was positive. As her husband is doing the treatment in secret, she prefers to be him the first to break the silence so that he doesn't blame her.

Male interviewee, he is 35 years old and lives in Manjacaze, Liberdade Neighborhood, a teacher with General Secondary Education, he lives with his partner as husband and wife. He says he is in the process of setting the stage for disclosing his status.

He has not disclosed yet as he feels guilty about the situation and aims to preserve his home. He is doing so because he does not know what will be the reaction of his wife after he discloses his HIV-positive status to her, since she has experienced cases of betrayal by him.

Female Interviewee, she is 18 years old, living with her partner has husband and wife and she is 6 months pregnant, a grade 10 student. She lives in Inhamissa, Neighborhood 5, unaware of her partner's HIV status and vice versa. She says that she tested for curiosity only and the result was positive. She has not disclosed yet it to the partner due to insecurity, because she is afraid of being left by him and taking care of the pregnancy and the child alone.

DISCUSSION

Perceptions about seropositivity

Since the discovery of HIV, there have always been conceptions of seropositivity as synonymous of marital betrayal, promiscuity and or socially reprehensible sexual behavior, which has given rise to discrimination and stigmatization of infected individuals. The fact that there is no cure for HIV and there are many deaths of family members and acquaintances caused by HIV/AIDS, this problem means the end of life, dreams and happiness for people diagnosed with HIV-positive.

When these people were asked about their perceptions about HIV, they answered as follows:

G.S (2019) anxious, shaking her hands and feet continuously during the interview, at one point with tears in her eyes, she said: "for me, HIV is a very annoying disease, but very annoying indeed, and it has no cure, one should take medicine for all life. I regret not using a condom and now I'm here, sick, my life has changed and I don't know how much time I still have. My partner and the whole family if they happen to know about it, they will think that I betrayed him and will call me names such as whore... maybe I acquired it through him, or I acquired it before I met him, I don't know..."

L.E (2019) embarrassed during the interview, always upside down, said nervously in his local tongue: "aniswitiva swako mavagwi lawa mata hikwine, mahiheta, maxaka yamina yakutala mafile, hambina minitafa naswitiva, naswitiva swako vanu vangani vona nkameni wakona pode vaswitiva swako navagua porque muzimba wamina awutalile hi swirhumbane, nintlela ni wondza, anitxavissa, mavagui lawa hi swoswi. Nsati wamina wandipimissela mas anissemuguela, ndzasmitiva swako ata pimissa swako tala, já que mavague lawa mafambelana nico phazamissiwa ka swigango." (I don't know where this disease comes from, it is killing us. Many of my family members have died, even me I am going to die, I am aware of that. I also know that people who saw me back then must be aware that I am sick, this because my body was covered by pimples and I was skinny, it scared. This disease is just like that).

From this testimony we have realized that the despair based on the prejudice of HIV being the synonymous of betrayal, death, and being a disease with characteristic signs that are easily interpreted, a disease that leads to discrimination and stigma. These prejudices contribute greatly for him to not disclose his HIV-positive status to his partner causing in this young man a psychological disorder that affects not only him but also his partner, so due to the fact that she is suspicious is already an indicative of concern for the partner and the relationship.

LD (2019) crying, she said: "The day I was told that I was sick

I felt bad, but very bad, I thought it was the end of my life and that I would never make my dreams come true. I was said because everyone would find out I am HIV-positive and would reject me, so far I'm not sure, I don't know what my future will be, I can die at any moment, my aunt died although she was taking medication. It's his entire fault, he knew he's sick but he didn't even tell me anything, he is hiding it from me... if I tell him he will accuse me of having betrayed him..."

According to this interviewee's testimony, we realized that she found out that her partner is on antiretroviral treatment and she also decided to do the test, which was positive. She blames him for her serological condition, but the idea that her partner may blame her if she happens to disclose it, along with the fact that this disease is generally seen as a consequence of socially reprehensible sexual behavior, leads to her insecurity on what her partner can infer. It was realized that these young people have negative perceptions regarding seropositivity and in relation to the partner's reaction after the disclosure, since in their understanding HIV/AIDS always leaves doubts in the partner who receives this sad information about the conduct of the one who gives it.

The negative perception about seropositivity that these young people have is linked to the prejudice they have that in disclosing the positive result of HIV to the partners, they in turn, may accuse them of betrayal. Therefore, the idea of one of the spouses being HIV-positive is seen as a sign of betrayal, the end of dreams, happiness and reducing self-esteem. The omission of the HIV-positive status is also seen as a way of preserving the home, not taking the blame and preserving psychological well-being.

To the extent that these individuals live with their partners without disclosing the HIV-positive status, the silence affects their emotional well-being, reducing their quality of life, as they cannot negotiate the elimination or reduction of some behaviors that may put the couple or one of the spouses at risk, such as: condom use; the deprivation of the partner who is unaware of his or her HIV-positive status to be able to use a health facility as soon as possible to benefit from testing and treatment if necessary; loss of opportunity to be happy with the partner without secrets in both, the visit to the health facility in good time for the clinical consultation and drug withdrawal, and taking the drugs without restrictions because of the secret.

The information obtained from these testimonies is in agreement with that of Medeiros et al. when they state that, once diagnosed HIV-positive, the person experiences an intense suffering, always being present the anguish and the fear, besides the sadness, in the face of possible and still uncertain changes, these people face the reduction of self-esteem and the feeling of guilt marked by the prejudice that usually accompanies the history of the disease, which even changes one's perception of oneself and others, even altering one's own identity [9,15,22].

The same author states that the idea of HIV/AIDS as death, whether physical or of future projects and happiness, still persists. This stigmatizing idea can keep young people from enjoying their personal and social life, producing physical and mental suffering [23,24].

Adaptation level in marital life of young people living with HIV

There are still difficulties for young people to adapt to their normal

relationship with their spouses after the positive diagnosis of HIV. It creates in these individuals a psychic disorder, from anguish, despair, fear, uncertainty of the future, among other situations, because it is a discriminatory, stigmatizing, unhealed disease that requires taking life-long medicines, changing behaviour and lifestyle, and especially because the way it was conceived from the beginning of its discovery [25,26].

Difficulty in adaptation is associated with non-disclosure of the diagnostic of the HIV-positive status among couples, i.e., the HIV-positive partner who did not disclose the status to his or her partner runs the risk of developing psychological and emotional problems that may negatively affect their behaviour, marital cohesion and quality of life of the couple [27-29].

The non-disclosure of the HIV-positive status and consequently the difficulty in adaptation occurs due to the fear of the partner's reaction after the disclosure.

According to the data obtained in this research, it was observed that there are several causes that lead young people not to disclose their HIV-positive status to the sexual partners, but the most common causes reported by our interviewees are: the fear of discrimination and stigma, the fear of being abandoned by the partner/separation, fear of rejection, insecurity or lack of firmness in the relationship and lack of trust of the sexual partner.

Here are the testimonies:

ME (2019), after a crying outburst, said: "I don't know my partner's results, nor does he; I did the blood test 6 months ago before I knew I was pregnant. I haven't told my husband yet, I'm afraid, a lot can happen, he can tell people that I'm sick, he can reject me, he can still abandon me and I will have to take care of the pregnancy and the son alone, I'm confused, I don't know if I'll tell him."

ME is a young woman who cried a lot during the interview, she was very shaken by the fact that she found out she was HIV-positive and soon afterwards she also discovered that she was pregnant. She carries the stress of being diagnosed with HIV, unwanted pregnancy and having to take medicine daily without her partner's knowledge, as well as being forced to go and live at the boyfriend's house because of the pregnancy. The fear of stigma, discrimination and rejection by the partner are the reasons for not disclosing the HIV-positive status diagnostic in this young woman.

HF (2019) was relaxed during the interview and left the following testimony: "I left my husband because he was the one who acquired the disease and then gave it to me, and he didn't tell me anything. I found out the drugs in the back of the suitcase, I kept silence. He died later on but we were already separated. I have a friend now, I know it's important to tell him about my HIV status, but I still don't trust him. I'm afraid of being despised by him and that he can spread the news. This happened to my friend, everyone started to despise her and say that she was sick, she suffered a lot because of it."

This is the case of a young woman who did not disclose her HIV-positive status in her previous relationship because she found out that her partner was on ART without having told her about it. She decided to do the test and after the diagnosis she preferred to remain silent for fear that her husband, although under treatment, could blame her. To the detriment of non-disclosure HF decided to leave her husband, who died after the separation. It is clear that in the new relationship, the young woman has not disclosed yet the HIV-positive status because she fears discrimination; she is not

firm in the relationship and does not trust her new partner either.

AD (2019) AD (2019) anxious, nervous, and trembling, said, "Whenever we talk about HIV, he says that if I acquire the disease and then transmit it to him: he doesn't know what he is going to do with me if he finds out. He always says that he does not want to go with me for blood testing, so I'm afraid to tell him that I am HIV-positive, because he will beat me and tell everyone that I have cheated on him while he is who brought disease. He keeps cheating on me and sometimes he does not return home. I want to separate myself from him but I always think about my children: What are they going to eat? I do not work".

With this testimony, it is realized that this is a situation of omission of the HIV-positive status to the partner associated with psychological violence and economic dependence. The young woman is often threatened by her partner, which makes her choose not to disclose her HIV-positive status. She sometimes thinks of separation, but she cannot do so as she is an unemployed mother, without a source of self-support and children support, depending completely on her partner.

It can be seen in this context that these young people, besides not disclosing the HIV-positive status to their partners, they are aware of the importance of doing so. This is apparent from the moment they report in their testimonies that they have invited their partners for blood testing with no success. It is understood that inviting the partner to for blood testing would be for them the most appropriate way to let them be aware about the diagnosis and at the same time give them the opportunity to know their HIV status and then together follow up he treatment and live positively.

The adaptation level of young people in the marital environment after HIV-positive diagnosis is deficient due to the secrecy of the diagnosis and the causes of non-disclosure are common in almost all our interviewees, and their testimonies are in accordance with Bernardo's ideas (2015), when he states that the lack of firmness in the relationship, this is, the fact that a commitment has not been made yet and it is not known what its true course will be, associated with the fear of discrimination and stigma, appears as justification for the non-disclosure of the HIV-positive status to the partner. However, on the other hand, the fact that one does not fully know what the person that receives the information will do with it, it creates fears for the disclosure [9].

Psycho-affective and behavioral changes

HIV/AIDS does not only create physical and social harms, but also psychological damages. Thus, we can say that seropositivity creates an impact on diagnosed individuals in the bio-psychosocial context, this is, seropositivity affects the life of the individual as a whole (it affects the physical/biological aspect, their social and psychic life).

Among our 10 interviewees, 80% reported significant changes in their lives after the diagnosis of the seropositivity accompanied by the difficulty they face in disclosing the diagnosis to their sexual partner. They said it was not easy to live with the secret, they were aware of the importance of the disclosure but, because of the uncertainty of the reaction of the partner who would get the news, they choose to keep secret and are waiting for an opportune moment to share the result. 10% of the interviewed people reported slight changes and other 10% felt the change when they started coping with the virus but they eventually stabilized.

IA (2019) could not face the interviewer during the interview

process, upside down, always biting her nails, she said in a low, sad voice: "My life has changed a lot. It is not easy to hide this from my husband, to have to hide the medicines, to limit certain conversations to avoid the risk of saying I am HIV-positive for failure. I don't usually talk to my husband, I get nervous and I don't talk nicely with him, or I hardly breathe a word with him. I sometimes decide to tell him about it but I don't succeed, I get more nervous and sweaty, I can't even concentrate, I start heating the bushes and end up doing nothing. I always leave it for another day, but one day I'll tell him because he's been worried about me".

In addition to the anxiety observed throughout the interview process, AI reports facts that lead us to an alleged anxiety disorder, associated with living with the secret.

AJ (2019) stated sadly, "I don't like to talk about it but anyway, I love my wife very much and I don't want to lose her neither because of illness nor separation. I'm still thinking on how am I going to tell it to her because I don't know what her reaction will be. I've cheated on her a lot and she knows about it. My life has changed a lot, I know it's my fault, sometimes I get nervous alone, angry with everything and everyone, I get angry out of nowhere, now I have many days without sex and she thinks I have it with lovers but no, I no longer have that willingness as before, even getting sexually excited is very difficult.. I stay more at home now than before. I used go out on Fridays and only came back on Sundays, but lately I stay more at home, I no longer feel comfortable with my friends. I keep thinking about myself and my family."

In this case, we observed changes in sexual patterns, where the young interviewee stated that he reduced his frequency of sexual activity and at libido, with a tendency to develop sexual impotence, because AJ is aware of the risks he is having while having unprotected sex, and he regrets about his past behavior, which makes him feel guilty about the situation. Thus, in addition to the fear of his wife's reaction to the disclosing of his status, he fears that she may also go for blood testing and be HIV-positive, because if that is so, he would feel more guilt as he will be sure that he has infected her.

Another situation that occurs in this case, is the isolation, AJ, says spending more time at home, because he is no longer comfortable with his friends, he seldom leaves home while previously he had an unruly life.

C.S (2019), nervous, with messy hair, depressed mood, reported with a trembling voice and tears in her eyes: "I don't feel the same way about him, we are fighting all the time, he refuses to do the blood test because he knows the truth, he wants me to be the first to say I am HIV-positive for him to blame me. We used to be great friends, but now I'm angry with him, I've always been faithful but he hasn't. I am always stressed, I can't feed myself like before, and sometimes I cry alone wondering about my future. I can't even leave him, as he has already given me the disease. Who will want an infected woman? And what about our son?! I thought about committing suicide one day to get rid of it, but the doctors advised me not to do it ... it made no sense to live for me, it hurts a lot, to talk to a person I didn't want to listen to me, today I'm here, taking tablets".

According to our interviewee's testimony it was possible to notice that she attempted suicide, she has a disturbed emotional life due to the undisclosed serological condition to her partner, and we could also observe a depressed mood in her. The serological condition brought instability within this couple, this is, the impact not only affected her who keeps the secret, it also affects the marital

relationship and the spouse who is unaware of the HIV-positive status of his wife since both are part of the affected relationship.

According to Pereira et al. the infection by this virus does not only affect severely the physical health of patients, but also has a relevant impact on the emotional, social and sexual life of the individuals. Anxiety, depression, social isolation, and anger are common responses of a newly diagnosed retrovirus patient, but these reactions vary greatly according to each individual's life history and personality traits [13,30].

According to the testimonies of the interviewees in this study, it was found that the omission of the HIV-positive status to the sexual partner causes the HIV-positive individual to run the risk of developing different problems of psychic order, such as attempted suicide, consumption of alcohol and drugs, depression, situations that directly or indirectly also affect the spouse and consequently the relationship and quality of life of both individuals.

CONCLUSION

From this research it can be concluded that the non-disclosure of the HIV-positive diagnostic between couples interfere in the couple's life and affects young people causing them psychological problems in the person who didn't disclose his status, such as anxiety, blame, change in sexual patterns, social isolation, alcohol and drug use, suicide attempts and depression, thus reducing the couple's quality of life. These are evidenced by the testimonies given by these young people during the interview.

It was observed that the omission of the HIV-positive status to the partner occurs because the PLHIV intends to preserve the psychological well-being, to exempt from the blame of having contaminated the partner and from betrayal, facts related to the prejudice that exists in relation to seropositivity, however, without the awareness of the day-to-day stress that secrecy generates. This was observed in 90% of the interviewee, but only one of them stated to have felt some changes in the beginning but currently lives normally.

It was understood that these young people have negative perceptions about HIV-positive; they picture it as a synonym of discrimination and stigma due to the prejudice that HIV-positive is a sign of unfaithfulness in marriage and promiscuity. These leads to non-disclosure of the HIV-positive diagnostic to the partner, and secrecy, in turn, create negative impact in the young people's life and marriage.

Fear of discrimination and stigma, lack of firmness in the relationship, lack of trust in the sexual partner, fear of rejection and abandonment were the main causes of non-disclosure of the diagnostic of HIV-positive status reported by these young people. Fear of the partner's reaction and consequently the omission of the diagnosis lead young people to suffer the psychological consequences of this non-disclosure.

Thus, we can generally conclude that both the negative perception of HIV-positive related to prejudice in relation to HIV infection as well as the fear of the partner's reaction after the disclosure makes young people live with the secret of the diagnosis and, consequently, there are increasing cases of depressed, anxious young people with sexual isolation, blame, among other situations due to non-disclosure, which negatively interferes with the couple's quality of life.

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