



## REVISIONES

### **Nursing performance in the health care of serodiscordant HIV partners – integrative review**

Atuação da enfermagem na atenção à saúde de parceiros sorodiferentes ao HIV – revisão integrativa

Actuación de enfermería en la atención a la salud de parejas serodiferentes al VIH – revisión integrativa

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### **ABSTRACT:**

**Introduction:** The demands of HIV-serodiscordant partners have frequently emerged in health care services, and the nurse as a member of the health team has a leading role in actions that meet the needs of these users.

**Objective:** To identify the role of nurses in the health care of HIV-serodiscordant partners.

**Method:** This is an integrative review, carried out in May and June 2023, in the databases Nursing Database (BDENF), CINAHL, MEDLINE, Web of Science and Scopus, and presented in the FLUXPRISMA chart.

**Results:** 21 articles were selected for the final sample that listed the role of the nurse with serodiscordant partnerships. It is linked to sexual and reproductive health care, preventive actions to serodiscordance, nursing consultations, combating prejudice and support in mental health.

**Conclusion:** The results of this review contribute to the understanding of nurses regarding their role in relation to serodiscordant users that can be developed in specialized services and in Primary Health Care, and details that care should extend to affective and psychoemotional issues to which professionals often do not pay attention.

**Keywords:** Nursing; HIV; Sexual partners; Health Care.

## RESUMO:

**Introdução:** As demandas de parceiros sorodiferentes ao HIV tem surgido com frequência nos serviços de assistência à saúde, e o enfermeiro enquanto membro da equipe de saúde tem um protagonismo em ações que vão ao encontro das necessidades desses usuários.

**Objetivo:** Identificar qual a atuação do enfermeiro na atenção à saúde de parceiros sorodiferentes ao HIV.

**Método:** Trata-se de uma revisão integrativa, realizada em maio e junho de 2023, nas bases de dados, Base de Dados de Enfermagem (BDENF), CINAHL, MEDLINE, *Web of Science* e Scopus, e apresentadas no fluxograma PRISMA.

**Resultados:** Foram selecionados 21 artigos para a amostra final que elencaram a atuação do enfermeiro junto as parcerias sorodiferentes. Está atrelada a atenção à saúde sexual e reprodutiva, ações preventivas a sorodiferença, consultas de enfermagem, combate ao preconceito e apoio na saúde mental.

**Conclusão:** os resultados dessa revisão contribuem para o entendimento do enfermeiro quanto ao seu papel diante de usuários sorodiferentes que podem ser desenvolvidos nos serviços especializados e na Atenção Primária à Saúde, e detalha que o cuidado deve se estender às questões afetivas e psicoemocionais que muitas vezes os profissionais não se atentam.

**Palavras-chave:** Enfermagem; HIV; Parceiros sexuais; Atenção à Saúde.

## RESUMEN:

**Introducción:** Las demandas de socios seropositivos al VIH han surgido con frecuencia en los servicios de atención de salud, y el enfermero como miembro del equipo de salud tiene un protagonismo en acciones que van al encuentro de las necesidades de esos usuarios.

**Objetivo:** Identificar cuál es la actuación del enfermero en la atención a la salud de parejas serodiscordantes al VIH.

**Método:** Se trata de una revisión integrativa, realizada en mayo y junio de 2023, en las bases de datos, Base de Datos de Enfermería (BDENF), CINAHL, MEDLINE, *Web of Science* y Scopus, y presentadas en el diagrama de flujo PRISMA.

**Resultados:** Fueron seleccionados 21 artículos para la muestra final que enumeraron la actuación del enfermero junto a los compañeros serodiscordantes. Está vinculada a la atención a la salud sexual y reproductiva, acciones preventivas a la serodiscordancia, consultas de enfermería, combate al prejuicio y apoyo en la salud mental.

**Conclusión:** Los resultados de esta revisión contribuyen a la comprensión del enfermero en cuanto a su papel ante usuarios serodiscordantes que pueden ser desarrollados en los servicios especializados y en la Atención Primaria de Salud, y detalla que el cuidado debe extenderse a las cuestiones afectivas y psicoemocionales que muchas veces los profesionales no se conciertan.

**Palabras-chave:** Enfermería; VIH; Parejas sexuales; Atención a la Salud.

## INTRODUCTION

The advancement of strategies for care and prevention of transmission of the Human Immunodeficiency Virus (HIV) has increasingly enabled the emergence of HIV-serodiscordant relationships, which consists in establishing an affective/sexual bond between an HIV-positive partner and an HIV-negative partner<sup>(1,2)</sup>.

Even with the availability of Pre-exposure Prophylaxis (PrEP), adherence to antiretroviral treatment (ART) as a preventive method and the reach of undetectable viral load, the serological difference between partners is still a challenge for maintaining safe sex, full experience of sexuality, family planning, among others<sup>(3)</sup>.

Moreover, the prejudice and stigma that HIV-positive partners face in addition to the lack of family, social and, often, health support, hinders the search for information and adherence in services for effective monitoring and understanding of the situation experienced for better coping with the difficulties imposed by the virus<sup>(2)</sup>.

As a result, it is essential to adopt a welcoming attitude on the part of health professionals, especially nurses, for being a member of the health team that has a leading role in various actions that meet the needs of partners, as nursing consultations, preventive health actions and rapid testing<sup>(4)</sup>.

Since there are no specific guidelines and care policies that outline the care provided to people living with HIV (PLHIV) and their partners in health services that are part of the PLHIV care network, such as Primary Health Care (PHC) and specialized services, knowledge level of health professionals who deal with these partnerships<sup>(4,5)</sup>, the justification of this study aims to increase the knowledge of nurses, in order to enable science about the specific care for these users and thus contribute to the resolution of demands in the context of serodiscordance.

In this sense, the objective of this study was to identify the role of nurses in the health care of HIV-serodiscordant partners.

## MATERIAL AND METHOD

This is an integrative literature review, which enables the synthesis and comprehensive knowledge about a phenomenon or problem, performed in five stages - elaboration of the research question, search or sampling in the literature, data collection and critical analysis of the included studies, interpretation and, finally, presentation of the synthesis of the results<sup>(6)</sup>.

In the first stage, the question that guided the investigation was formulated, from the search strategy known by the acronym PICO, in which P: population, considering nurses; I: phenomenon of interest, health care and Co: context, HIV serodiscordance. Thus, the study started from the following guiding question: "What is the evidence available in the literature about the role of nurses in health care of partners living in HIV serodiscordance?".

Data collection was performed in the months of May and June 2023 with advanced search in the databases Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE - through PubMed), Nursing Database (BDENF), Cumulative Index to Nursing & Allied Health Literature (CINAHL), Web of Science and SCOPUS. Access was made through the Portal of Journals of the Coordination of Improvement of Higher Education Personnel (CAPES), with access through the Federated Academic Community (CAFe).

Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) were used - *enfermagem* (nursing), *HIV* (HIV), *infecções por HIV* (HIV infections), *parceiros sexuais* (sexual partners), and non-controlled terms *sorodiscordante* (serodiscordant) and *sorodiscordância* (serodiscordance) were used. These terms are key definitions of the objective of the study and together they answered the guiding question of this review.

The strategies used in each database were: LILACS - "*Enfermagem*" [*Palavras*] AND "*Parceiros sexuais*" [*Words*] OR "*Sorodiscordante*" OR "*Sorodiscordância*" [*Words*]; MEDLINE - ((*Nursing*) AND ("*Sexual partners*" OR "*Serodiscordant*")) AND (*HIV* OR

"HIV infections"); BDEF - (*Enfermagem*) AND ((*Parceiros sexuais*) OR (*Serodiscordante*)) AND ((HIV) OR ("*Infecções por HIV*")); CINAHL - "*Nursing*" AND (*Sexual partners* OR *Serodiscordant*) AND (HIV OR *HIV infections*); Web of Science - "*Nursing*" (*All fields*) AND ("*Sexual partners*" OR *Serodiscordant*) (*All fields*) AND (HIV OR "*HIV infections*") (*All fields*) e SCOPUS - (TITLE-ABS-KEY (*nursing*) AND TITLE-ABS-KEY ("*sexual partners*") OR TITLE-ABS-KEY (*serodiscordant*) AND TITLE-ABS-KEY (HIV) OR TITLE-ABS-KEY ("*HIV infections*")).

The inclusion criteria were original articles, published in full and that addressed the role of nurses in the health care of HIV-serodiscordant partners, without language restriction or year of publication. Theses, dissertations, monographs, books, editorials, reflection articles, letters, opinion articles and duplicated studies were excluded.

All the records resulting from the databases were organized by the reference manager Rayyan<sup>(7)</sup>, which allowed the analysis of the search by independent and masked pairs, to ensure rigorous methodological conduct and review of studies together for inclusion and exclusion definition. The selection of the documents analyzed occurred during the last fortnight of June.

The extraction of information used an instrument created by the authors, covering the identification of the article (title, authors, country in which the study was conducted, year of publication, database and scientific journal) and data related to the research (objective, study design, level of evidence and results related to the guiding question). The level of evidence was assessed according to the classification proposed by Melnyk and Fineout-Overholt<sup>(8)</sup>.

Once grouped, the results were submitted to the synthesis of qualitative evidence, which was based on content analysis<sup>(9)</sup>, so that scientific evidence could be extracted succinctly and systematized around the concepts related to the role of nurses in health care of HIV-serodiscordant partners.

For the selection and presentation of the included studies, the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were used<sup>(10)</sup>.

## RESULTS

The initial search resulted in 1,497 publications in the searched databases. Figure 1 demonstrates the adapted flowchart of PRISMA<sup>(10)</sup> with the systematized steps of the search and selection process of publications.

**Figure 1: Sample constitution flowchart, adapted from PRISMA, Natal, RN, Brazil, 2023**

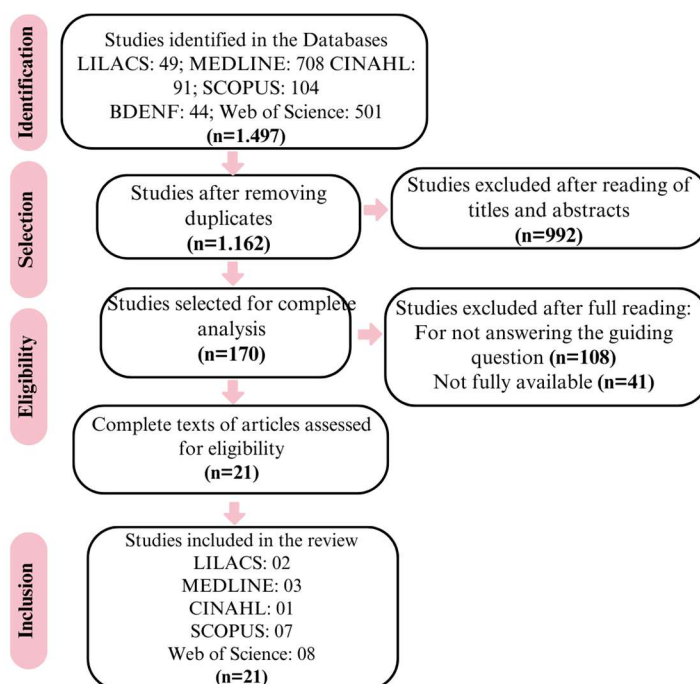


Chart 1 presents the descriptive synthesis with information inherent to the identification of the studies and the answers found regarding the guiding question.

**Chart 1: Characterization of the final sample and nurses' role in HIV serodiscordance (N=23), Brazil, 2022**

Title	Author/ Country/ Year of Publication	Database/ Journal	Study objective	Study design	Nurse's performance in Serodiscordance	LE *
Possibilities of care for serodiscordant couples for HIV who got pregnant <sup>(11)</sup>	Langendorf, et al. Brazil. (2017)	LILACS/ Revista Brasileira de Enfermagem	To understand the meaning of pregnancy for heterosexual couples in the face of HIV serodiscordance, with a view to building care possibilities based on subjectivity.	Qualitative study	Nursing care for the couple's reproductive health and the guarantee of their sexual and reproductive rights; Deconstruction of truths based on myths, taboos, prejudice and discrimination about the impossibility of pregnancy in the context of serodiscordance; Nursing consultations with a view to the couple's reproductive planning, involving the clinical, social, cultural context and the existential dimension that refers to subjectivity.	VI

Nursing students' perceptions on HIV serodiscordant partnerships <sup>(12)</sup>	Fernandes; Horta. Brazil. (2005)	LILACS/ Revista Latino-Americana de Enfermagem	To identify the perceptions of undergraduate nursing students about serodiscordant partnerships for HIV/AIDS.	Qualitative study	Health education for health promotion; Confronting prejudice against HIV serodiscordance;	VI
Awareness and use of nonoccupational post-exposure prophylaxis among men who have sex with men in Vancouver, Canada <sup>(13)</sup>	Lin et al. Canada. (2016)	MEDLINE/ HIV Medicine	To describe sociodemographic, behavioral, and psychosocial factors associated with awareness of non-occupational Post-Exposure Prophylaxis (PEP) among men who have sex with men (MSM) in metropolitan Vancouver, Canada, following the implementation of a publicly funded pilot program across the region in 2012.	Prospective cohort study	Non-occupational PEP awareness for HIV-negative partners, particularly when counseling MSM; Individual counseling; Proactively discuss HIV prevention strategies with MSM patients during routine consultations, not just in the context of sexual health.	IV
A qualitative study of healthcare providers' attitudes toward assisted partner notification for people with HIV in Indonesia <sup>(14)</sup>	Levy et al. Indonesia. (2023)	MEDLINE/ BMC Health Services Research	To seek the views of HIV health service providers regarding the appropriateness and feasibility of implementing assisted partner reporting in Indonesia, where such services are on the verge of being adopted.	Qualitative study	Assisted HIV-negative partner notification in an attempt to inform the partner of possible exposure (professional with the client's permission contacts partners to inform them of shared exposure and the need for testing); offer or encourage HIV testing and link those who test HIV positive to HIV care and treatment.	VI
Understanding the sexuality of individuals of HIV-1 <sup>(15)</sup>	Freitas; Gir; Rodrigues. Brazil. (2000)	CINAHAL/ Revista da Escola de Enfermagem da USP	To identify sexual difficulties and their relationship with social and emotional difficulties experienced by people in an HIV-1 crisis.	Qualitative study	Acting in mental health to help the subject in crisis in solving the difficulties experienced with a positive level of sexual, social and emotional adaptation. Contribute for partners to talk about their difficulties and explore all aspects involved in the situation, in addition to	VI

					examining the possibilities for solutions, providing support in their decisions.	
"I don't know if this is right ... but this is what I'm offering": healthcare provider" knowledge, practice, and attitudes towards safer conception for HIV-affected couples in the context of Southern African guidelines <sup>(16)</sup>	West et al. South Africa. (2017)	Web of Science/ AIDS Care	To assess implementation gaps, enablers and barriers to delivering safer design services by examining patient and healthcare worker experiences.	Qualitative study	Partner status assessment and advice on safer design; Discussion of behavioral and biomedical methods of prevention with partners;	VI
A health communication intervention to integrate partner testing with antiretroviral therapy service among men who have sex with men in China: an observational cohort study <sup>(17)</sup>	Lian et al. China. (2018)	Web of Science/ BMC Public Health	To assess the viability of the partner referral service and identify predictors of successful partner referral for HIV testing and HIV-positive test results among referred partners.	Observational cohort study	Routine counseling related to ART; Mobilization of the index partner to refer partners for testing; Integration of MSM partner testing with ART services through health communication; Encourage index patients to refer their sexual partners for HIV testing.	IV
HIV incidence, pregnancy and implementation outcomes	Schwartz et al. South Africa. (2019)	Web of Science/ Lancet HIV	To assess the effectiveness of safer conception services in achieving pregnancy and HIV prevention goals in	Prospective cohort study	Safer conception care by a nurse, including ART for HIV-positive partners, PrEP for HIV-negative partners, counseling on condomless sex and/or self-insemination; Safer design advice.	IV

from the Sakh'umn deni Safer Conception Project in South Africa: a prospective cohort study <sup>(18)</sup>			a resource-limited setting, as well as client's adherence and sustained engagement in safer conception services.		Strategies - treatment of sexually transmitted diseases (STDs), viral suppression of all partners with HIV, stable procurement of PrEP or self-insemination if the male partner is HIV negative; Empower couples with HIV to achieve their reproductive goals;	
Training health care providers to provide PrEP for HIV serodiscordant couples attending public health facilities in Kenya <sup>(1)</sup>	Irungu et al. Kenya. (2020)	Web of Science/ Global Public Health	To assess gain in knowledge and confidence by comparing pre- and post-training test results using a standardized test with questions about PrEP and antiretroviral-based HIV prevention.	Qualitative study	Provide PrEP as part of a combined treatment and prevention package for HIV serodiscordant couples, having knowledge about its guidelines, indications, eligibility, risk assessment, duration of use.	VI
Lost opportunities to reduce periconception HIV transmission: safer conception counseling by South African providers addresses perinatal but not sexual HIV transmission <sup>(19)</sup>	Matthews et al. South Africa. (2014)	Web of Science/ Journal of Acquired Immune Deficiency	To advise on interventions to limit transmission between HIV-serodiscordant partners who choose to conceive.	Qualitative study	Comprehensive counseling on safer conception for HIV-serodiscordant couples to minimize periconceptional transmission of HIV; Counseling focusing on the importance of adherence to ART and the need to maintain viral suppression to reduce the risk of transmission; Prescription of antiretrovirals for prevention, including PrEP and ART; Discuss the importance of disclosing the HIV serological status to the partner; Explain interventions that may contribute to limiting transmission between HIV-serodiscordant partners who choose to become pregnant - PrEP for the uninfected partner, limiting unprotected sex to peak fertility, male circumcision and manual insemination for	VI



					infected partners, in vitro fertilization, sperm.	
Health Care Worker Perspectives of HIV Pre-exposure Prophylaxis Service Delivery in Central Uganda <sup>(20)</sup>	Muwonge et al. Uganda. (2022)	Web of Science/ Frontiers in Public Health	To assess knowledge of PrEP and identify possible barriers and facilitators of acceptance and adherence among potential users.	Study of mixed methods	Offer PrEP and counseling services, as well as combination prevention, including condoms, ART for prevention, abstinence, treatment for sexually transmitted infections (STIs), HIV testing and PEP; Participate in training and qualifications.	NA *
Challenges with couples, serodiscordance and HIV disclosure: healthcare provider perspectives on delivering safer conception services for HIV-affected couples, South Africa <sup>(21)</sup>	Crankshaw et al. South Africa. (2014)	Web of Science/ Journal of the International AIDS Society	Explore the views and experiences of doctors, nurses and lay counselors on designing safer care in a rural and urban setting in Durban, South Africa.	Qualitative study	Manage the clinical and relationship complexities related to serodiscordant couples who wish to become pregnant; Provide safer design guidance; Negotiate HIV disclosure with the index partner; Engage male partners in HIV testing and safer conception care; Manage periconception risk behavior; Adapt safer conception strategies according to available resources and each partner's HIV status.	VI
"I Always Worry about What Might Happen Ahead": Implementing Safer Conception Services in the Current Environment of Reproductive Counseling for HIV-Affected Men and	Matthews et al. Uganda. (2016)	Web of Science/ BioMed Research International	To advise on interventions that support HIV-affected individuals and couples to achieve their goals to have children while minimizing the sexual transmission of HIV.	Qualitative study	Provide reproductive counseling to HIV-affected couples; Recognize the reproductive rights of people living with HIV; Know specific safer conception strategies (ART as prevention with sex without condom scheduled to reach peak fertility; adherence to ART to suppress viral load; time of condomless sex to reach peak fertility, delay sex without condom until the infected partner is on ART with suppressed viral load; manual insemination at peak fertility; PrEP; PEP; sperm washing treatment of STDs before	VI

Women in Uganda <sup>(22)</sup>					conception attempts.	
Construction and validation of an educational Booklet on sexual and reproductive health for Serodiscordant couples <sup>(23)</sup>	Frazão; Gusmão; Guedes. Brazil (2022)	SCOPUS/ Cogitare Enfermagem	To describe the construction and validation process of an educational booklet on the sexual and reproductive health of serodiscordant couples.	Methodological study	Work on the HIV issue, with an emphasis on sexual and reproductive health, not just for the HIV-positive partner but for conjugality; Promote the autonomy of the couple in making healthy decisions; Using educational materials to enhance communication between professionals and users, as well as promoting comprehensive care.	NA*
The role of trust and health literacy in nurse-delivered point-of-care STI testing for pregnant women living with HIV, Tshwane District, South Africa <sup>(24)</sup>	Medina-Marino et al. South Africa. (2020)	SCOPUS/ BMC Public Health	To inform and improve future services and support as part of a comprehensive STI-specific diagnosis point-of-care Testing Services	Qualitative study	Promotion of adherence and confidence in treatment through counseling and support; Develop a personal and trusting relationship with patients to promote adherence; Support women to feel confident in disclosing their status to their partners.	VI
Perceptions, motivations, and beliefs about HIV risk and pre-exposure prophylaxis (PrEP) among participants in a nurse-led PrEP service (PrEP-RN) <sup>(25)</sup>	Orser; O'Byrne; Holmes. Canada. (2022)	SCOPUS/ BMC Infectious Disease	To understand participants' perspectives related to HIV prevention and experiences of accessing care through a nurse-led service.	Open prospective observational cohort study.	Improve risk counseling messages to patients during consultations; Add to informational pamphlets given to patients considering PrEP; Include patient subjectivities in risk assessments and personal motivations for using PrEP, including external and internal factors, as well as assessing beliefs about PrEP.	IV
A model of HIV	Bairan et al. United	SCOPUS/ American	To assess HIV positive people's	Qualitative study	Support HIV-positive clients in their HIV status disclosure	VI

disclosure: Disclosure and types of social relationships <sup>(26)</sup>	States. (2007)	Academy of Nurse Practitioners	perceptions of disclosing their HIV status to others, with the aim of developing an HIV disclosure model that could be used by health professionals in HIV prevention.		decisions; Encourage disclosure of HIV positive diagnosis to sexual partners; Understand the complexities and dynamics surrounding HIV disclosure and non-disclosure as well as the impact such decisions can have on HIV-positive clients and their sexual partners; Provide treatment, counseling and preventive education to HIV-positive and HIV-negative clients, especially to family members, friends, sexual partners and employers of HIV-positive clients.	
The experiences of HIV-serodiscordant couples in Soweto, South Africa <sup>(27)</sup>	Mavhan du-mudzusi; PT Sandy. South Africa. (2015)	SCOPUS/ International Nursing Review	To explore the experiences and knowledge of serodiscordant couples about HIV serodiscordance.	Qualitative study	Disclosure of positive HIV status; Understand what serodiscordance is; Appropriately use terminologies with partners to improve understanding of explanations provided to service users; Educate partners about serodiscordance, including its causes and available support and treatment services.	VI
Inconsistent condom use between serodifferent sexual partnerships to the human immunodeficiency virus <sup>(3)</sup>	Reis KR, et al. Brazil. (2019)	SCOPUS/ Revista Latino-Americana de Enfermagem	To analyze the predictors of inconsistent condom use among seropositive people with a sexual partner serodifferent to the human immunodeficiency virus.	Cross-sectional study	Carry out nursing consultations with an approach to the comprehensive sexual history of PLHIV, which includes sexual partnerships to promote educational interventions and counseling; Evaluate inconsistent condom use; Implement and evaluate basic health literacy promotion strategies; Expanded approach in the care of PLHIV, which includes the evaluation of their sexual partners, desires, fears and difficulties; Clinical and psychosocial care with an approach to factors that generate risk behaviors such as the use of alcohol and	NA*

					other drugs; Discuss alternative proposals to condom use, emphasizing combined prevention such as implementing couples counseling, offering tests, support for disclosing the HIV diagnosis for sexual partners, PrEP, alone or in combination.	
Understanding stigma and coping strategies among HIV-negative Muslim wives in serodiscordant relationships in a Javanese community, Indonesia <sup>(28)</sup>	Agnes YLN; Songwanathana P. Indonesia. (2021)	SCOPUS/ Belitung Nursing Journal	To explore HIV-related stigma and coping strategies of HIV-negative Muslim wives in a serodiscordant relationship.	Qualitative study	Understand the stigma related to HIV that the seronegative partner experiences, especially when it involves issues of gender and religion, and develop strategies and interventions for its reduction and HIV prevention.	VI
A Novel Safer Conception Counseling Toolkit for the Prevention of HIV: A Mixed-Methods Evaluation in Kisumu, Kenya <sup>(29)</sup>	Brown et al. Kenya. (2017)	MEDLINE/ AIDS Education and Prevention	To assess the impact, acceptability and feasibility of a new Safer conception counseling toolkit among providers and patients in Kenya.	Study of mixed methods	Establish communication with the couple about safe conception and existing strategies such as antiretroviral therapy in the HIV-infected partner with the goal of viral suppression, PrEP in the uninfected partner, condomless intercourse timed to ovulation, vaginal insemination timed to ovulation, and semen washing; Engage male partners with the desire for fertility.	NA*

Source: research data

Subtitle: LE\* = Level of Evidence; NA\* = Not Applicable

The years of publication of the studies varied between 2000 and 2023, with a predominance of the years 2014, 2016, 2017 and 2022, with three studies published each year. As for the country in which the studies were conducted, 28.5% (n=6) in South Africa, 23.8% (n=5) were conducted in Brazil and the others were distributed in Kenya, Indonesia, the United States, Canada, Uganda and China. The studies were within two levels of evidence with a predominance of 61.9% (n=13) of level VI,

followed by level IV with 19.04% (n=4), and 19.04% (n=4) did not fit the classification levels.

The tasks identified were around nursing consultations with an expanded approach including clinical and psychosocial issues of partners, sexual and reproductive health care of partners with a focus on family planning and safer conception strategies, therapeutic and preventive approaches focused on the couple, including the seronegative partner in care.

Among the preventive approaches, prevention combined with the implementation of counseling, provision of PrEP, PEP and antiretroviral treatment as prevention (TasP) by the HIV-positive partner and rapid testing were highlighted. In addition to awareness and health education activities, support in mental health, especially in moments considered delicate for partners, such as the disclosure of diagnosis and coping with stigmas and prejudices around serodiscordance.

## DISCUSSION

The nurse presents ample opportunities to offer care to HIV-serodiscordant partnerships, among those mentioned in the studies is the nursing consultation, where the nurse performs an extended evaluation of serodiscordant partnerships ranging from clinical aspects to psychoemotional, affective, sexual, social needs, as well as the embracement of their subjectivities<sup>(4,11,13,25)</sup>.

The nursing consultation promotes the construction of bond and trust between professional and patient. This construction is indispensable for the nurse to manage the risks of the partners, and to be able to understand their singularities individually and in the conjugality, and thus access the aspects that serodiscordance imposes<sup>(23)</sup>. Through this link and support provided, the nurse promotes a fertile scenario for the partners to reveal their concerns, fears, doubts and even the very experience of serodiscordance<sup>(15,18)</sup>.

It is worth noting that HIV-negative partners are not always part of the therapeutic process, which may occur at the expense of non-recognition as part of the care plan of their partner, by the influence of stigmas, fear of exposure, or even lack of knowledge about the importance of preventive care<sup>(26,28)</sup>. Thus, encouraging the index partner to motivate the partner to seek health services or even to perform assisted notification (with the permission of the index partner) is essential to implement preventive actions that maintain the relationship with mixed serological status<sup>(14)</sup>.

In addition, there is the resistance of health professionals to recognize the seronegative partner as part of the therapeutic process of PLHIV, which weakens the implementation of care strategies focused on the couple and disqualifies health services, as a welcoming environment for the couple<sup>(1)</sup>.

The performance in relation to reproductive health is already a common practice of nurses, especially in the Family Health Strategy (FHS) of PHC with actions such as reproductive planning and prenatal monitoring. In the context of serodiscordant couples, nurses have the opportunity to make them aware of existing strategies for a

safer conception for the partners and the child, in addition to providing information on the deconstruction of pregnancy-related stigmas and myths<sup>(29)</sup>.

However, often motivated by the lack of knowledge, the nurse has the conduct only to refer partners to specialized services after signaling the desire for fertility, without providing basic information about the viability and existing strategies, or even discourage partners from this desire<sup>(21)</sup>.

The literature points out the need for participation of nurses in training and updates on how to care for and support serodiscordant couples, in order to correct misconceptions driven largely by beliefs, taboos and prejudices, and provide the professional more knowledge about what serodiscordance is and especially the aspects related to safer conception in these couples, as well as their sexual and reproductive rights<sup>(15,16,27)</sup>.

Strategies for a safer conception based on HIV-serodiscordant couples have been increasingly widespread, such as reducing the viral load to undetectable, sperm washing, PrEP for the seronegative partner, limiting unprotected sex to peak fertility, male circumcision, manual insemination at peak fertility and in vitro fertilization<sup>(19,22,29)</sup>. Although these procedures are complex and require expert supervision, it is important that the nurse is aware of both the existence of these alternatives and that the partners have the right to be informed<sup>(21)</sup>.

The awareness of partners about the safest conception in serodiscordance is related to the support in mental health pointed out by the studies, since this support has a positive influence on the management of crises during sexual, emotional and social adaptation, and psychic/emotional suffering can be originated by the desire to have a safe pregnancy<sup>(15,21)</sup>.

Moreover, partners feel more encouraged about decision-making, in order to review risk behaviors and to reveal the diagnosis when not yet exposed to the partner, when they receive psychological and emotional support through qualified listening of doubts, fears and anxieties and adoption of a welcoming posture without judgments<sup>(26)</sup>. Still in this context, the use of alcohol and other drugs is an aspect that needs to be evaluated by nurses because it is a compromising factor to the adoption of preventive methods, as well as adherence to the therapeutic process<sup>(4)</sup>.

The identified preventive actions are part of the combined prevention, that is, strategies that can be adopted simultaneously<sup>(4)</sup>. They are couple-based conducts even if there are individual preventive strategies, such as counselling (individual and with partners), which can be associated with other conduct such as nursing consultations, before and after rapid testing; provision of PrEP and PEP for the HIV-negative partner; treatment with antiretroviral drugs of PLHIV; in addition to health education activities to raise awareness of partners and their family network<sup>(4,20)</sup>.

As for the health services in which nurses develop these actions, it is important to mention that, although specialized services in STI/HIV/AIDS still have a leading role in PLHIV care in Brazil, all assignments listed by the studies can be performed by the nurse in the context of PHC. Such actions are directly or indirectly embedded in the recommendations that the Brazilian Ministry of Health (MH) has outlined as to the actions that should be developed with PLHIV in this health instance<sup>(30)</sup>.

This understanding is fundamental for the nurse to situate his/her responsibilities in face of these demands in PHC, since the trend will be increasingly decentralized care of specialized services in order to make assistance to users closer and more effective. For this, the search for qualification in the specificities that are related to HIV is fundamental for serodifferent partners to come across professionals more qualified to meet their demands<sup>(1,27)</sup>.

In addition, stigmas and prejudices involving serodiscordance may represent a barrier in the therapeutic process and need to be deconstructed with information based on scientific evidence, which reinforces the importance of continuing education of these professionals<sup>(27,11,1)</sup>.

## CONCLUSION

The results of this review identified that the role of nurses in serodiscordant partnerships is linked to sexual and reproductive health care, preventive actions to serodiscordance, nursing consultations, combating prejudice and support in mental health. These results contribute to the understanding of nurses as to their role in the face of serodiscordant users and detail relevant aspects to which professionals often do not pay attention.

Since there is no specific service flowchart for these partners, the study is relevant for contributing to the direction of nursing performance either in specialized services or in PHC. These actions can be increased in the professional routine because they are already part of assignments that the nurse performs.

In addition, the study points to the need for nurses to make use of educational tools that add knowledge and qualify them to better contribute to the health needs of HIV-serodiscordant partners.

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