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## Living with HIV, from a transcultural perspective. A comparative study between Spanish and Swedish young.

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### Abstract

This study presents some results of a qualitative research about the processes of social exclusion experienced by a sample of Spanish and Swedish young, with HIV through horizontal transmission (sexual relations in all cases). The aim is to analyze the impact of HIV/AIDS in their social and personal lives and to identify and describe any cultural models circulating among them, relevant to processes of social exclusion, by focusing on the Cultural Consensus Theory. This research is based on the collection of autobiographical narratives of four young men between 26 and 27. While there is insignificant individual variability, there are also some common cultural and social responses to the stigmatizing power of HIV/AIDS in Spanish and Swedish youth culture.

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### 1. Introduction

According to the latest report published by UNAIDS (2014), since the beginning of the epidemic more than 78 million people have become infected with HIV (Human Immunodeficiency Virus) and 39 million have died of AIDS (Acquired Immune Deficiency Syndrome). In the case of young people, in the last year they were still living with this disease 4 million aged between 15 and 24 years (UNAIDS, 2014). The group of young people is one of those with greater vulnerability due to the presence of multiple risk behaviors, for that reason the age where the largest number of new worldwide cases occur is between 15 and 24 years (Macci et al, 2008; Tarazona, 2006).

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The increase of HIV/AIDS has become a social problem in which the adolescent and young community have become involved. HIV and AIDS have stopped being a problem for certain groups socially disadvantaged, to become a present threat in all social spheres, besides a constant risk for the youth group. In that way, thanks to the advance, models related to transmission prevention have included new perspectives insisting more on risk behaviors than on risk groups, from what has been called anthropologic-cultural approach (Estrada, 2004). However, specific practices are not being considered and the use of the condom as the only universal measure is being stressed without taking into account the specific characteristics of the different populations along with their language, cultures, expectations and motivations (Gasch & Tomás, 2014). HIV/AIDS is a complex phenomenon that emphasizes feelings, thoughts and behaviors proper of a particular group of subjects, in this case young people, located in a particular social and cultural context (Alvarez, 2004; Moscovici, 1998; Wagner et al., 1999).

Young people with HIV live the disease in a specific way but, generally, undergoing a variety of psychological reactions that are enhanced by the many uncertainties related to the emergence of symptoms, the period of transition from infection to disease, quality of life after diagnosis and so on. Though, these reactions occur in a social and cultural context made up of family, friends and colleagues; clinical experience and research reveals certain patterns of response in these patients: a shift from shock to denial, crisis, depression, guilt and panic to fight to find a sense of life, etc. Losses suffered by these people can be enormous: physical and mental health, energy, social status, career decision-making control, self-esteem, future expectations, personal relationships, financial independence, etc. (Despa, 2013).

For all that, HIV/AIDS is not only a medical or health condition, it is a social phenomenon which causes different behaviors, beliefs and feelings, mostly influenced by the social image of the virus in a specific cultural environment. As the United Nations Population Fund (UNFPA 2011) recommends, it is necessary a direct approach and intervention with young people because they are the base population of the nations and hence striving for their quality and psychological wellbeing is going to have a determinant impact on the society's future, and the possibility of its development (Posada, Rincón & Orcasita, 2014).

### *1.1. Objectives*

The main objective of this study is to know how young people, generally newly diagnosed, live with this infection (HIV). How they perceive their seropositive condition and its effects in their lives including changes related to the image of themselves and others (family, friends...), their relationships, expectations for the future, family and social support, and lifestyle, from the knowledge of the diagnosis.

Las but not least, there is a specific aim (resulting from a doctoral stay at the University of Uppsala, Sweden), which is to conduct a comparative transcultural study among Spanish and Swedish young, with a similar profile, to detect if there are similarities in their life experiences, despite their cultural differences.

### *1.2. Method*

This study has followed a descriptive method. According to Montero (2005), this methodology is characterized by describing populations without including hypothesis in its approach. Thus, we have examined independently autobiographical narratives or life histories, collected through semi-structured interviews from four young guys between 25 and 27 years, to integrate the discourse generated by the informants, in a second phase, in the analysis of the research object with the goal of obtaining an objective view of the reality to avoid possible biases that could potentially hinder the investigation process (Djik, 2005).

From the transcultural perspective, this study has taken as starting the "Cultural Consensus Theory" or Cultural Consensus Model. According to Susan Weller (2007, 339), this model aims to "estimate the degree of knowledge that individuals have about ideas and cultural beliefs. For this, the Theory valued culturally correct answers to a series of questions and at the same time, the knowledge of each interviewed or the degree to which each respondent share the answers".

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