

ARTIGO ORIGINAL

## People living with HIV, LGBT people and intersectional experiences: Young adults' conceptions of old age and aging

Pessoas vivendo com VIH, pessoas LGBT e vivências interseccionais: concepções de adultos jovens sobre a velhice e o envelhecimento\*

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### Abstract

**Objective:** This study aims to understand the social representations of old age LGBT (lesbians, gays, bisexuals, transvestites, and transgenders) among adults living with human immunodeficiency virus (HIV) in Brazil. **Method:** 111 people from 21 Brazilian states participated in the study, with a mean age of 42 years, most of the men (85%), homosexuals (75%), single (85%), and without religion (34%). For data collection, a sociodemographic questionnaire was used; a structured interview was also used; both instruments were applied online. **Results:** The classes of representations shared by the investigated group are structured in three main axes: Old age of LGBT people; Old age of people living with HIV; Intersectionality, and commonalities between groups. **Conclusions:** The representations directed to the specificities of each group were: Older LGBT people, connected to loneliness and discrimination; People living with HIV, related to the continuous use of medication. The common and intersectoral experiences for both groups are those related to the experience of stigma and social exclusion. Thus, based on the representations expressed, one can see the need for an intersectional understanding of the groups being investigated and the importance of countering the negative stereotypes to which these people are subjected.

**Keywords:** HIV; Intersectionality; LGBT; Old age; Social representations.

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## Resumo

**Objetivo:** Este estudo teve como objetivo compreender as representações sociais da velhice LGBT (lésbicas, gays, bissexuais, travestis e transexuais) entre adultos vivendo com vírus da imunodeficiência humana (VIH) no Brasil. **Método:** Participaram do estudo 111 pessoas de 21 Estados brasileiros, com média de idade de 42 anos, a maioria homens (85%), com orientação sexual homossexual (75%), solteiros (85%) e sem religião (34%). Para a coleta de dados foi utilizado um questionário sociodemográfico, também foi utilizada uma entrevista estruturada; ambos os instrumentos foram aplicados online. **Resultados:** As classes de representações partilhadas pelo grupo investigado se estruturam em três eixos principais: Velhice de pessoas LGBT; Velhice de pessoas que vivem com VIH; Interseccionalidade e pontos em comum entre os grupos. **Conclusões:** As representações direcionadas às especificidades de cada grupo foram: Idosos LGBT, ligados à solidão e discriminação; Pessoas vivendo com VIH, relacionadas com o uso contínuo de medicamentos. As experiências comuns e interseccionais para ambos os grupos são as relacionadas com a vivência do estigma e da exclusão social. Assim, a partir das representações apreendidas, percebe-se a necessidade de uma compreensão interseccional acerca dos grupos investigados, tal como, a importância de trabalhar no combate aos estereótipos negativos aos quais esses sujeitos são submetidos.

**Palavras-Chave:** VIH; Interseccionalidade; LGBT; Representações sociais; Velhice.

## Introduction

Following the worldwide trend, Brazil started facing population aging in the last decades, which has characteristics associated with the growth in the population of older adults and the decrease in birth rates (Cohen & Rocha, 2019; Pereira & Santos, 2020). Therefore, 650 thousand Brazilians become 65 years old each year, such that the number of older adults in Brazil in 2018 was 30.2 million, according to the Brazilian Institute of Geography and Statistics (Coutinho & Tomasi, 2020; Instituto Brasileiro de Geografia e Estatística [IBGE], 2018). In 2019, that number increased in all Brazilian regions, surpassing a figure of 32 million older adults in the country. Consequently, it is expected that, by 2050, older people will represent 21.9% of the Brazilian population; by 2070, that percentage will be even higher (IBGE, 2019; Oliveira et al., 2019; Salgado et al., 2020). The expansion of the older population has socioeconomic and demographic impacts and brings topics such as old age and aging into the scientific field of different disciplines. Therefore, there is an increasing need to understand aging as a universal, plural phenomenon, influenced by multiple factors, especially biopsychosocial (including gains and losses), such as the development along with a life or life-span paradigm suggests. Furthermore, based on this conception, there is a need to understand the phenomena that may influence old age and human aging throughout life (Barbosa et al., 2020; Silva & Araújo, 2020; Simieli et al., 2019).

Nevertheless, despite the recent advances in the studies investigating that topic, the overvaluation of youth to the detriment of old age prevails, in a way that stigma based upon a biological bias persists, associating that life stage with suffering, loneliness, disease, and death (Nogueira & Boris, 2019). In this sense, the concept of *ageism* is retained as a reference to the attribution of negative stereotypes or discrimination of individuals and groups based on age. Ageism causes damage to well-being and physical and mental health and perpetuates the disregard for the existence and rights of older people in different societies (Burnes et al., 2019; Lyons et al., 2017).

Among the stigmas linked to old age, it is worth mentioning the existing idea that older adults are asexual, and since sexuality is culturally understood as belonging to the young's universe, discussions that address that topic tend to cause discomfort (Fernandes-Eloi et al., 2020). Nonetheless, studies indicate that sexuality is present in

different life stages, including old age (Fernandes-Eloi et al., 2020). Moreover, maintaining sexual and affective experiences promotes life quality and physical and emotional welfare (Jesus et al., 2019). Thus, sexuality, being a taboo in old age, is a socio-cultural problem, reverberating in social interactions, intensifying discrimination against people doubly stigmatized for being older and LGBT (lesbians, gays, bisexuals, transvestites, and transgender people), and making it challenging to address HIV among older people (Santos et al., 2018; Silva & Araújo, 2020).

Recently, there has been a change in the HIV epidemiological scenario. The number of infections among people aged 50 years and older has steadily increased. This increase is because older people can contract the virus, and already infected people live longer (Brandão et al., 2020; Tavares et al., 2019). However, sexual behavior among older people tends to be neglected, even by health care professionals (Silva C. M. et al., 2020).

In the first decades of the virus discovery, groups that included homosexuals, sex workers, and injecting drug users were considered at risk. Remnants of that categorization still linger in the social imagination. The persistence of this idea, coupled with the lack of information on infection risks and preventive methods, contributes to increasing the susceptibility of older people to sexually transmitted infections since they, when exposed to unprotected sex, do not see themselves as being vulnerable to the infection. Furthermore, healthcare professionals see them as asexual, and older people are not often included in campaigns on the issue (Alves et al., 2020, Silva C. M. et al., 2020; Sousa et al., 2019).

Therefore, studies that address the interface of old age-sexuality are still based on a heteronormative perspective, emphasizing the so-called "universal elderly," i.e., cisgender heterosexual people. Thus, those whose living and sexual and gender expressions are not per the norms imposed socially remain negatively invisibilized or stigmatized (Alves & Araújo, 2020; Henning, 2017).

Meanwhile, older LGBT people see themselves discriminated against twice for their age and their sexuality. Therefore, it is not uncommon for individuals to hide or deny their way of living, practices, and identities (Fonseca et al., 2020; Santos et al., 2020). In addition, older LGBT people have physical and psychological vulnerabilities and experience difficulties accessing public and private spaces and essential services, such as healthcare (Alves & Araújo, 2020).

Furthermore, it is worth mentioning the impact of the COVID-19 pandemic on the lives of minority populations, such as LGBT, people living with HIV (PLHIV), and older people. A noteworthy face of ageism during the COVID-19 pandemic was seen, in several countries, through the lens of stigmatizing the aged as vulnerable subjects, reinforcing the image of frailty and proximity to death, stereotypes that were reinforced by the media. In addition, it was possible to perceive the devaluation of the lives of older people, as they were encouraged to sacrifice themselves since their lives were less valuable and their deaths would be insignificant. Thus, governments had an unequal distribution of resources concerning the protection and safety of older people (Fraser et al., 2020; Swift & Chasteen, 2021).

Studies show that the elderly, especially those from minority social groups, are exposed to explicit necropolitics, especially in the Brazilian political context (Henning, 2020). Regarding the impacts on the lives of PLHIV, the COVID-19 pandemic accentuated the obstacles related to antiretroviral treatment access, and the restrictive measures imposed by the pandemic appeared to have aggravated their poor health conditions and increased their feelings of loneliness (Di Masi et al., 2020; Silva C. M. et al., 2020). As for health, some specificities are circumscribed to the reality of the LGBT population. For example, older transgender people are the most affected in their access to health services. Gay men constitute a risk group for HIV infection and suffer from more mental

disorders than heterosexual men (Leal & Mendes, 2017; Salgado et al., 2020). Likewise, factors such as the lack of a partner, discrimination, and poor mental and physical health collaborate to make this group more vulnerable and exposed to more risk of suicide (Slatch et al., 2018).

It is therefore understandable that the lives of elderly LGBT people are linked to the delegitimization and invisibility of their existence and particularities, which leads to the perpetuation of stereotypes and prejudices that affect them throughout their whole life cycle but are doubly present at old age (Fonseca et al., 2020; Santos et al., 2020). Thus, research is needed to understand better the social construction of these psychosocial phenomena that permeate the old age of these subjects.

In this sense, it is opportune to highlight the importance of using an intersectional approach to develop the present study. *Intersectionality* is a theory that emerged from different theories, especially black feminism. It focuses on the relationship and interaction of different factors and structures of power and oppression, a fundamental relationship and interaction in the development of health inequities among vulnerable groups (Ghasemi et al., 2021; Kapilashrami & Hankivsky, 2018). Beyond understanding systems of privilege and oppression, intersectionality theory makes the pursuit of social justice possible (Buchanan & Wiklund, 2021).

Furthermore, the social representations theory (SRT) is also pertinent to understanding the social imagery regarding older LGBT people, as it is based on the information from shared knowledge and emerging in the process of interaction and communication between the individual and the collective spheres (Moscovici, 2007). It is, therefore, a psychosocial approach to the daily life phenomena highlighted in the social sciences research (Carlos et al., 2018). Serge Moscovici formulated the SRT from the concept of the collective representations of Durkheim; later, the theory was strongly influenced by contributions from Denise Jodelet (Chamon et al., 2017). According to Jodelet (2018), SRT explains how individuals and groups interpret social reality and relate with other actors and groups and how they still influence decision-making.

Accordingly, this paper seeks to describe the conceptions about older LGBT people held by Brazilian PLHIV, also problematizing the implications of the intersections between LGBT and PLHIV groups. In this way, we intend to stimulate the scientific production regarding their life, which is sometimes silenced, and provide theoretical support for developing public policies aimed at the welfare and the promotion of health of those subjects.

## Method

### Study Design and General Procedures

This was a qualitative, exploratory, descriptive study with cross-sectional data. The sample was non-probabilistic and defined by convenience. Due to the sanitary conditions caused by the COVID-19 pandemic, the study was carried out remotely; after the previous contact by message through social networks, such as Instagram and Facebook, or in socialization groups, data collection was carried out through a virtual form produced by the researchers and evaluated by judges.

The study was approved by the Ethics Research Committee with Human Beings of Brazilian Federal University (n° 1.755.790). A free and informed consent term (FICT) to participate was presented to the subjects, also informing them about the aims, nature, risks, and implications of the study, the guaranteed confidentiality and security of data collection, and the voluntary nature of their participation and the right to withdraw at any time.

## Researcher Description

This research integrates a set of studies developed at the research center of the university where the study was conducted, which focuses on intersectional research regarding population aging and emerging themes, especially to leverage the Brazilian scientific production, still incipient on the intertwined themes. This is the compilation of new results from the trajectory of the researchers' studies regarding population aging, older LGBT people, and people stigmatized with HIV.

## Participants

A total of 111 people participated in the study (54% of them have lived with HIV for between 2 and 7 years). The participants were from 21 Brazilian States, mostly from São Paulo (24%); 84% were people of the male gender, with an average age of 42 years. Most of them declared themselves as homosexual (75%), single (85%), without a religion (34%), with complete tertiary education (31%), and with a formal job (58%). For a better understanding, Table 1 presents the sociodemographic information of the participants.

Participants were recruited through social media (e.g., Instagram and Facebook), mainly from hashtags and comments on posts with topics related to living with HIV; of note that there were no previous relationships between participants and researchers. After identifying the participants, initial contact was made to establish a bond and for the presentation and invitation to participate in the research. Moreover, the study included sharing an invitation in groups addressed to PLHIV. After explaining the study aims and meeting the inclusion criteria (being Brazilian,  $\geq 18$  years old, and living with HIV) and agreeing with the FICT, the participants answered a sociodemographic questionnaire. This questionnaire was used to characterize the study sample and ensure inclusion criteria. Subsequently, a structured interview was applied through the online form.

**Table 1**

### *Sociodemographic Characteristics of the Participants*

Characteristics	Categories			
	Homosexual	Heterosexual	Bisexual	Pansexual
Sexual orientation	75%	12%	12%	1%
Marital status	Single 85%	Married 9%	Stable union 4%	Divorced 2%
Lives with	Alone 24%	Relatives 55%	Friends 11%	Spouse 10%
Years of living with HIV	$\leq 1$ 29%	2–7 54%	8–13 11%	$\geq 14$ 6%
Education	Secondary school 10%	Unfinished 3 <sup>rd</sup> Educ. 31%	Complete 3 <sup>rd</sup> Educ. 34%	Specialization 25%
Work	Unemployed 23%	Formal job 59%	Informal job 18%	–
Monthly income (R\$)	$\leq 1.045,00$ 28%	1.045,00–2.090,00 35%	3.045,00–4.180,00 24%	$\geq 4.180,00$ 13%

## Data Collection

Two instruments were used to collect the data: a sociodemographic questionnaire to characterize the population (gender, age, marital status, education, monthly income, number of years of living with HIV, religiosity, and sexual orientation); and a structured interview composed of six open questions. The questions were as follows (original version in the Appendix):

1. What do you think about the aging process of an HIV-positive person?
2. What do you think of the old age of LGBT people (Lesbian, Gay, Bisexual, Transvestite, Transgender)?
3. Do you believe that LGBT older people have safe conditions to live their old age in a tranquil way? Explain.
4. Are you related to an LGBT person? (If yes, what is the relationship?)
5. Do you have contact with any LGBT elderly (if yes, what is the relationship?)
6. Do you know any elderly living with HIV? (If yes, what is the relationship?)

The collection took place individually, in a single moment. The estimated time of data collection was about 20 minutes. The responses were recorded in an online database and later transcribed into the database used for data analysis.

## Analytical Strategy

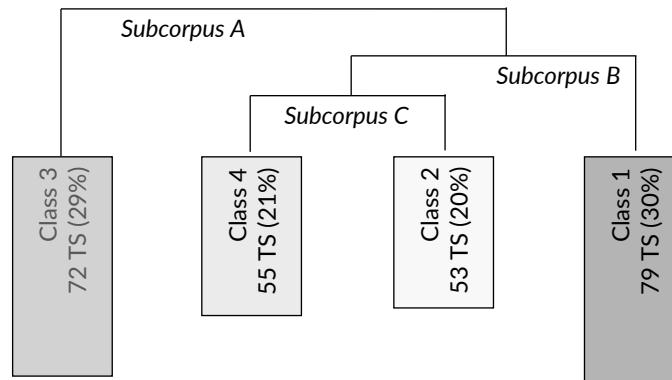
The data from the sociodemographic questionnaire were analyzed through the software SPSS for Windows version, which provides descriptive statistics to characterize the participant's population. The data about the structured interview were grouped in a data bank analyzed by Iramuteq, a qualitative lexical data analysis software (IRaMuTeQ, v. 0.7 alpha 2). The analysis was based on Descending Hierarchical Classification (DHC). In the DHC method, the software organizes the text segments from their vocabulary and distributes them based on frequency, thus obtaining Elementary Context Unit Classes (ECU) that have elements in common with themselves and are different from the others (Camargo & Justo, 2013).

## Findings and Discussion

From the data analysis carried out by the DHC, the general corpus was identified. It was composed of 111 texts (interviews), grouped in 349 text segments (TS), with a usefulness of 75%. In addition, 6573 occurrences (words) emerged; 1344 distinct words and 791 words mentioned only once were noticed. Content analyzed was classified into 4 distinct classes: Class 1, composed of 79 TS (30%); Class 2, composed of 53 TS (20%); Class 3, composed of 72 ST (29%); Class 4, composed of 55 TS (21%). As for their structure, it is important to highlight that the main corpus was subdivided into three branches (Figure 1).

**Figure 1**

*Structure and Subdivisions of the Main Textual Corpus*

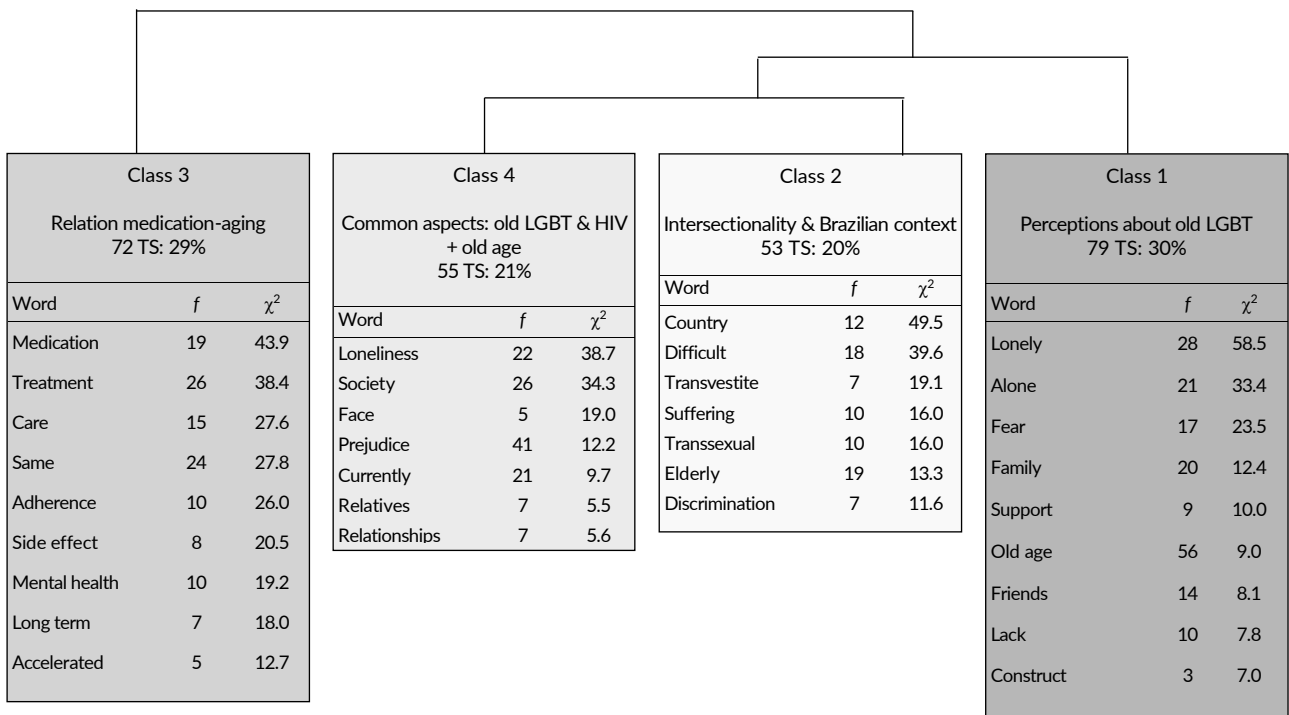


Note. TS = text segments.

A dendrogram is presented for better visualization and understanding; it contains the list of the words that compose each class that emerged from the DHC, based upon the chi-square test ( $\chi^2$ ). Thus, later, such information will be described, exemplified, and discussed from the order of integration into the subcorpus (Figure 2).

**Figure 2**

*Structure and Subdivisions of Composition of Word Classes*



Note. TS = text segments; f = frequency;  $\chi^2$  = chi-square test.

Using the chi-square test, only words with a value of 7 and  $p < 0.0001$  were analyzed. Furthermore, after data analysis, each four-word class was examined for its understanding and naming.

From the interpretation of the data, it can be noticed the social representations presented by the participants' discourses is related to the understanding of the specificities of old age and aging of LGBT people and PLHIV. Besides that, it was evidenced similarities or common issues in the life of both groups (i.e., representations related to LGBT + PLHIV intersectionality were evidenced).

Data mentioned above (Figure 2) are compared and discussed below, based on previous scientific productions. Below, when given names are mentioned, they are fictional and do not represent the identity of the participants.

### ***Class 3: Relationship between medication and aging***

This class mainly demonstrates a dualistic idea concerning medical treatment and the aging of PLHIV. As it is understood that medications offer more life expectancy and life quality, the insecurity about the effects of their continuous use on the body was revealed. Considering that, two care levels were evidenced. On the first hand has to do with the need for health care, medical assistance, physical exercise, and adherence to the treatment; on the other is restricted to mental health, threatened by social conditions like abandonment and lack of support.

"If you watch what you eat, if you get antiretroviral treatment, and do physical exercises, you can even have a life with the same quality as other people, or even better" ("Jorge", 26 years old, living with HIV for 1 year and 9 months).

"I think that physical health is not the biggest problem, but mental health is, for I believe that they will be alone and without anyone to share the old age" ("Andreas", 31 years old, living with HIV for 2 months).

Antiretroviral therapy (ARVT) aims to block viral replication, and AIDS meets the criteria for a chronic condition due to ARVT. Therefore, the efficacy of the HIV treatment is based on adherence to the ARVT (Nogueira et al., 2019). In Brazil, currently, there are 21 medications in 37 pharmacological presentations; since 2013, treatment has been provided free of charge to all patients by the Brazilian Unified Health System (SUS), regardless of the viral load level (Lacerda et al., 2019).

Besides the effect on the viral load control, the ARVT may influence mental health. Some studies point to a correlation between the non-adherence to ARVT and the high level of viral load and common mental health disorders (Nogueira et al., 2019; Pimentel et al., 2020). Moreover, the evolution of medications must be highlighted, with Brazil having invested in the development of drugs that ensure a longer life and minimal side effects when used in the long term (Lacerda et al., 2019). However, as the participants reported, it is important to keep continuous multi-professional assistance and personal care for PLHIV, such as physical activities and an appropriate diet.

In a study carried out with Brazilian PLHIV in Piauí state, the authors evidenced the importance of health interventions addressed to the resilience of those subjects in order to better deal with the social exclusion and prejudice that still exist and with side effects that can arise at the beginning of the ARVT (Araújo et al., 2019).



### ***Class 1: Perceptions Regarding Older LGBT people***

This class is related to the understanding of the old age of LGBT people by the participants; that understanding was permeated by fear and insecurity about reaching a lonely old age without support and care from relatives. It is worth mentioning that among the study's participants, 74% were homosexual, 11% were bisexual, and, as for gender identity, 7% declared themselves non-binary. The answers of homosexual participants were another highlighted characteristic in this class. Therefore, when mentioning the old age of LGBT people, they are also talking about conceptions of their old age.

"The welfare at old age will depend on the relationships that you construct along with life, but I'm insecure about it, I fear to have a lonely old age" ("Lucas", 27 years old, living with HIV for 4 years and a half).

"I guess it's a lonely old age because there is a lot of abandonment, they end up alone at the old age" ("Julia", 26 years old, living with HIV for 3 years).

Fear of having a lonely old age is a reality for the population in general. Nevertheless, it is represented that the phenomenon is accentuated among the LGBT population. Regarding that, it is important to consider some factors, once that, due to the presence of stigma and discrimination, those people are often abandoned by their family, or they deny their sexuality or gender identity, which prevents them from living their interpersonal relationships in that life stage fully (Gomes et al., 2020; Santos et al., 2018).

It is worth highlighting that the current cohort of older people has been through specific processes of denial or repression of their identities, like the military dictatorship and the framing of homosexuality as a disease. Besides oppressing those subjects' desires and experiences, such factors create stigmas, and invisibility lingers in society (Fonseca et al., 2020; Jesus et al., 2019; Santos et al., 2020). Therefore, it is necessary to study and act through public policies that oppose stigmas and taboos and ensure this population's rights.

### ***Class 4: Common aspects: Older LGBT people and HIV+ old age***

This class is similar to the previous one, emphasizing a representation of old age and aging as lonely. However, it was revealed that participants had a representation of LGBT and PLHIV people as suffering from other problems resulting from the processes experienced. Moreover, it disclosed that both groups are represented as socially vulnerable and as having common dilemmas: prejudice, stigmatization, abandonment, and loneliness. Thus, it is worth reflecting on how these experiences are integrated when an LGBT person also lives with HIV and how that vulnerability happens or is amplified.

"It's a process that needs personal attention and individual and collective effort to keep access to SUS, support for employment and for keeping their income" ("Hélio", 36 years old, living with HIV for 11 years).

"There is a high level of violence, abandonment, and depression because of the prejudice and the discrimination that still exist in our society" ("Sheila", 57 years old, living with HIV for 30 years).

This way, it is represented that stigma and discrimination interfere with the life of those subjects and can cause problems in common, even if they happen in different ways. Thus, Marshall and Cahill (2021) point out that both populations (older LGBT and older PLHIV) suffer losses in terms of mental health. LGBT people face difficulties remaining in the school environment and getting into the formal job market afterward. For their part, many PLHIV feel threatened to lose their jobs or have difficulties getting new ones due to the explicit

prejudice concerning the disclosure of their HIV status, regardless of the national law that protects them (Araújo et al., 2019; Mongiovi, 2018).

The fear or the necessity to hide their HIV status may lead PLHIV to isolation and loneliness; in addition, the lack of knowledge and information regarding the stigma about HIV can result in family members experiencing discrimination. Such fact also interferes with the construction of interpersonal relationships (Galvão et al., 2012). It must be highlighted that 85% of the participants of this study are single, and 24% of them live by themselves.

Another factor to be considered is the difficulty of accessing the healthcare service, considering the importance as mentioned above and the necessity of multi-professional assistance for PLHIV. In this sense, the COVID-19 pandemic has accentuated the obstacles threatening the continuation of treatment for these subjects and making them more vulnerable as a group of risk. Moreover, the restrictive measures for social isolation required during the pandemic in Brazil seem to have worsened pre-existing health conditions and feelings of loneliness due to HIV, stigma, and prejudice (Di Masi et al., 2020; Silva Filho et al., 2020).

### ***Class 2: Intersectionality and Brazilian context***

This class is also similar to the previous one, given that the participants represent intersectionally PLHIV and LGBT people as suffering from prejudice. While a subject is a PLHIV, they can also be LGBT, black, and/or occupy other social vulnerability spaces. Likewise, the notion that Brazil presents specificities in relation to high prejudice levels is evoked, as the country is the one that most kills LGBT people, mainly transgender people and transvestites (Bonassi et al., 2015).

"They suffer double prejudice. So, how do you live in the country that most kills LGBT people? And let alone those who, besides old, are LGBT and black or disabled?" ("Joyce", 23 years old, living with HIV for 1 year and 3 months).

"The old age in LGBT people is still impossible to many of us, as we live in the country that most kills LGBT in the world, especially transvestites and transsexuals" ("Diego", 21 years old, living with HIV for 4 years).

Old age is historically full of stigmas. Thus, a large part of the representations is that there is prejudice about old age. Therefore, when the subjects under consideration are LGBT people, they are represented as living a double stigma process for their age and sexual or gender identity (Santos et al., 2018). Moreover, that prejudice is lived in the same endogroup, once older LGBT people are seen negatively by the younger participants. In addition, as discussed previously, the specificities of transgender people and transvestites are highlighted in that community, for they are more vulnerable, have more mental diseases, and have more difficulties accessing basic services (Salgado et al., 2020; Slatch et al., 2018).

The importance of discussing such issues from an intersectional perspective lies in the need to understand how social exclusions sum up and affect the life of the subjects that are part of mixed vulnerable classes and, in addition, to enable the development of policies aimed at guaranteeing social justice, thus overcoming the inequities that affect the subjects discussed here, especially in the field of health (Alves & Araújo, 2020; Buchanan & Wiklund, 2021). Similarly, in Brazil, considering the pandemic context we have been into and the current political character of the country, there is an urgent and extra preoccupation with the right of the

elderly to live once they are exposed to an explicit necropolitics, mainly addressed to the classes that are already vulnerable, such as social minorities (Henning, 2020).

The set of data of this manuscript presents, in general, negative SRT of older PLHIV and LGBT people and aging, evidencing specificities of each of those groups. They presented shared or similar experiences, considering they are two distinct groups, but both suffer interurrences caused by stigmas and prejudices still present in society. It also must be highlighted that carrying out this study during the Covid-19 pandemic was a challenge to the researchers and the participants once the latter lived within a process of psychosocial and sanitary vulnerability.

## Conclusions

Understanding old age is highly relevant, considering the growth of the elderly population at the global level. Notwithstanding, it is crucial to investigate, especially how aging occurred in groups still invisibilized in society and the scientific context, such as the case of the groups studied here: LGBT people and PLHIV. The present study can be characterized as being challenging and innovative once it intended to investigate an invisibilized topic among a population who is equally silenced and stigmatized. Moreover, considering the pandemic context, the study searched for new ways to find participants (hashtags, comments, and groups in social networks) and collect data, which occurred virtually with online questionnaires and contacts through social networks. The research had participants from most Brazilian states (21 from the 27 Brazilian federal units) despite the difficulties.

This study sought to understand the social representations of the older LGBT people among Brazilian PLHIV; it can be concluded, from the analysis of the data obtained, that the representations shared by the participants are structured in three main axes: perceptions about PLHIV's old age; understanding older LGBT people; intersectionality and meeting points among the different socially vulnerable groups. Therefore, those issues could be addressed in further studies in the Brazilian and the international contexts to deepen the experiences with HIV/AIDS in an intersectional approach.

Regarding older LGBT people, representations are mostly negative, related to loneliness and abandonment. Concerning the old PLHIV, two comprehensions are presented related to the ARVT. The first one is positive because it evidences the ARVT as a booster of the quality of life; the second one is negative, related to the fear of the side effects of the medications. Furthermore, it is worth mentioning that most of the participants have already been living with the virus for more than two years, and around 6% of them surpass 14 years of living with the virus. Finally, the last axis stems from the inference of stigmas and prejudices in the life of both groups and invites us to think about the integration of vulnerabilities and their interference in the subject's lives.

Lastly, this study has limitations, which do not allow the generalization of the results. For being carried out online, one of the hindrances was the participation of heterosexual subjects, as they usually do not disclose their condition as an infected person. Moreover, 75% of the participants are homosexual, despite the HIV heterosexualization wave. Moreover, most participants had a high education level (65% were undergraduate students or had already finished undergraduate studies). A higher level of data randomization would have been possible if the collection could have been carried out face-to-face in health care centers.

Nevertheless, it must be mentioned that having 88% of non-heterosexual participants allowed a better understanding of the reality of subjects who are triply stigmatized: for being elderly, LGBT, and living with HIV. In addition, it is expected that this study will lead to the development of further research, as well as the creation and implementation of public policies addressed to the understanding and to the improvement of life quality, the guarantee of rights, and full access to healthcare assistance, that is, to enable a global look at the subject and how their social conditions and different vulnerabilities affect them. So, it emphasizes the need to think about the specifics of the aging of LGBT people living with HIV, understanding that the factors that impact these people's physical and mental health throughout life also influence the quality of life in old age.

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## APPENDIX

### Entrevista Estruturada sobre o Envelhecimento de Pessoas LGBT e Pessoas com SIDA

1. O que você pensa sobre o processo de envelhecimento de uma pessoa HIV positiva?
2. Como você entende a velhice de pessoas LGBT? (Lésbicas, Gays, Bissexuais, Travestis, Transsexuais)
3. Você acredita que os idosos LGBT possuem condições seguras para viver a velhice de forma tranquila? Explique.
4. Você tem parentesco com alguém LGBT? (Se for sim, qual o vínculo?)
5. Você tem contato com algum idoso LGBT? (Se for sim, qual o vínculo?)
6. Você conhece algum idoso que vive com HIV? (Se for sim, qual o vínculo?)