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Commensal meetings strategies regarding youth orphaned by HIV/AIDS in São Paulo, SP, Brazil

Sueli Aparecida Moreira(a)

Ivan França Junior(b)

Michelle Jacob(c)

Alicia Cabral(d)

Laura Alves Martirani(e)

(a) Departamento de Turismo, Centro de Ciências Sociais Aplicadas, Universidade Federal do Rio Grande do Norte (UFRN). Av. Senador Salgado Filho, 3000, Lagoa Nova. Natal, RN, Brasil. 59072- 970. suelimoreira@ yahoo.com.br
(b) Departamento de Saúde Materno-Infantil, Faculdade de Saúde Pública, Universidade de São Paulo (USP). São Paulo, SP, Brasil. ifjusp@gmail.com
(c) Departamento de Nutrição, UFRN. Natal, RN, Brasil. michellejacob@ outlook.com.br
(d) Hospitalidade, Segurança Alimentar e Identidade Cultural (HIDEAS), Centro de Ciências Sociais Aplicadas, UFRN. Natal, RN, Brasil. aliciacabral27@gmail.com
(e) Departamento de Economia, Administração e Sociologia, Escola Superior de Agricultura Luiz de Queiroz, USP. Piracicaba, SP, Brasil. lauramar@usp.br

Within the HIV/AIDS context, commensal strategies are agreed upon by the families aiming to reduce risks. With the objective of identifying risk perceptions in the commensal meetings, we developed a study with youth orphaned by AIDS. Interviews produced data through questions regarding daily life. The Wright Mills' proposal about intellectual craftsmanship was used for analysis. In this approachsubjects are considered historical and social actors. The strategies used from risk perception of HIV/AIDS were assumed as agreements by the families to ensure social interaction. It was observed that strategies include restrictions for touching and body contact; separation of dishes and disposal of food touched by the HIVpositive. The risk perception found may be due to variability of scientific findings and beliefs, thus reinforcing the process of stigma and discrimination.

Keywords: Commensality. HIV/AIDS. Risk perception. Orphaned young.

Introduction

"Come close to me. Look at me, touch me, tell me anything.
Or do not say anything, but come closer".
(Caio Fernando Abreu)

It is true that sociability is not only typical of the human species. "Human propensity to socialization is a primate heritage, part of the evolution of the anthropoids as a whole[1]. Archaeological findings in Moravia, eastern Czech Republic dating back to slightly more than 30,000 years ago show that humans already cooked at that time[2]. Having control of fire between 2.5 to 1.9 million years, social organization has been shaped around its domain[3], so that face-to-face gatherings around the fire became common, where people talked, laughed and shared food. However, these attitudes were unusual, considering that eye contact and showing teeth are hostile attitudes between animals[2].

Today, looking at each other and smiling have a different meaning during meals. We share food to mark rituals of passage, to celebrate, to show gratitude: *El que no es paga en diners es paga en dinars*, as the Catalan saying, to socially mark groups and to seal deals. Dining rituals range from choosing the menu to the guest list, serving and sharing. Strategic deals by family groups are made behind the scenes in the kitchen; similarly, meals together in schools have broad social significance for human development[4].

Commensal strategies function as ways to self-regulating people in relation to other people and things[5]. Agreements are previously made between those that eat together in order to warn about being careful or to avoid unnecessary risks: "Set aside Maria's dishes! She's got hepatitis." "I won't buy from that market, the people there are

dirty!" The strategy of avoiding contact in conviviality is one of the ways of "preserving the facade in the ritual of social interaction"[6] (p.20).

Strategic agreements are established in coexistence with seropositive HIV/AIDS, often non-verbally, with the primary purpose of reducing risks to seronegative members. Restrictive agreements in the domestic community with HIV-positive people have been documented in several African countries. A seropositive study in Ghana found that the restriction on sharing meals is interpreted as humiliation and reinforces the confidentiality of the diagnosis[7]. In Botswana, Letamo[8], it was found that from a sample of 448 adolescents, 70% of them would not buy vegetables from seropositive vendors[8].

In Brazil, Ayres[9] documented separating cooking utensils by family members and attributed this practice to the processes of stigma and discrimination. Social marginalization, in addition to the elements of corporeity and character attributes are conceptual dimensions of stigma[10]. The perception of commensality risk in the context of HIV/AIDS was observed by Moreira (2014)[11] in a sample of 261 young orphans from AIDS, where 40% of them attributed some risk of eating in the context of HIV/AIDS.

The 'term risk' perception reflects the experience of the body as a sensory field, not just a mentalist representation, but an event of corporeality, and as such, of existence[12]. This perspective is based on the phenomenological analysis of Merleau-Ponty[13], in which "perception is related to the corporeal attitude and relies on movement; movements follow our perceptual agreement of the world. Sensations are associated with movements and each object invites us to perform a gesture"[13].

In recent decades, anthropological concepts about risk share the idea that "risk is socially constructed"[14]. What some societies regard as an object of fear and uncertainty may not necessarily be true for others. Humans deal with risk through lenses of perception, filtering it through sociocultural meanings:

> Individuals, in their part, always manage risks collectively or individually, and try to respond to them in a rational way. Thus, for example, in the face of the

> possibility that certain foods may be contaminated, people may stop consuming them, totally or partially, temporarily or definitively[14]. (p. 374)

The definition of the term risk reflects both the dynamics of a society prone to changes, but that also wishes to determine their own future instead of entrusting it to religion, tradition, or the whims of nature. Modern society is characterized not only by their ability to produce wealth, but also by their ability to create/manipulate risk (manufactured risk) through the productive system[14]. Risks are linked to the uncertainties arising from the inconstancy of scientific findings, the fruit of modern reflexivity[15,16].

In *Risk Society*, Beck[17] analyzed risks on global terms and acknowledged the effect of modernity in two historical processes. The first of them related to industrialization, the projection of mass society and social structure centered on the family; while in the second named reflexive modernity or risk society, foreseeing intense globalization, technological innovation, a rupture in the family nucleus and individualization, while also predicting ecological catastrophes, financial crises, terrorism and preventive wars. Regarding food safety recognized a crisis of confidence in criteria, rules, institutions and scientific production in relation to consumption[17].

Scientific instability, the superfluous and impulsive pattern of consumption characterizes liquid modernity[18]. Identity is linked to an accumulation of goods, momentary personal satisfaction, phobias and expectations in relation to the new. Risk perceptions in consumption (neophobia and neophilia) characterize the 'omnivore paradox'. 'Gastronomy' has ethical gaps, imprecise nutritional codes and food insecurity[19].

The cultural theory of risk involves seizing risk according to our value and beliefs system and our social and personal position[20]. These values, which vary over time, are organized into complex systems acquired by socialization or acculturation, and will ultimately determine whether a behavior or object is preferable or not. Thus, each culture sets its limit of acceptable risks[20].

Acceptable limits of risk are defined through strategic coexistence agreements. These agreements cover up inconveniences. According to Norbert Elias[5], the advancement of the division of functions and civilization at certain stages is increasingly accompanied by the feeling of individuals that, in order to maintain their positions in the human network, they must let their true nature fade away. There is a pressure exerted by society on the individual, which forces them to violate "their inner truth. There are forms of self-regulation of the person in relation to other people and things[5]. The word "person" derives from the Latin persona, and it refers to masks and the theater. Persona, in its origin, was the space between the mask and the face, referring to a void that was filled with the actor's pretending[21].

Coexistence requires strategic agreements to accommodate risk perceptions in social interactions. In that direction, avoiding proximity is one of the strategies adopted in essential rituals of sociability, such as at meals. Strategies to avoid contact, according to Goffman[6], can be part of the pretending/acting to cope with threats to the pleasantness of the façade, arguing for the need to perform delicate connections through intermediaries: "[...] In many societies, members understand the value of gracefully and voluntarily leaving before a threat to the facade may have a chance of occurring.[6] [...] Our facades are thus a sacred thing, and the expressive order necessary to maintain it is therefore a ritual[6] (p. 22).

In food-related rituals, the positive social value that an individual claims for themself comes into play, a sort of line of conduct or notion of facade [6].

Sharing food is a concrete representation of a social group, a gathering, that is established face-to-face[22]. "Es necesário, por lo menos, ser dos para ser humano"[23] (p. 42). There is a need for agreements or strategies that will guide life in society. In face-to-face interactions, people tend to play a pattern of verbal and non-verbal roles with which they express their line of thought; opinions and judgments of others and of themselves. Masks and convivial facades are attributes of this social order. Maintaining the facade is a condition of the ritual of interaction[6]. Avoiding contact is always a threat to the meal

ritual. What are the risk perceptions identified by young people in relation to food consumption in the context of HIV/AIDS? What are the strategies adopted to maintain the order of social meals? What do young people think about these supposed agreements?

Method

Subjects were selected through Specialized Assistance Services (*SAE*s) for STD/AIDS in the municipality of São Paulo. The *SAE*s facilitated contact with schools, orphanages/daycares and non-governmental organizations (NGOs). The principle of free indications was applied after the first young person was contacted. We interviewed 19 young orphans of AIDS and a 63-year-old caregiver. Questions on risk perception emerged during the interviews. The young people were between 15 and 22 years old, with 12 females and 7 males. All were orphans from a mother, father or both, and 4 of them were HIV/AIDS positive.

A guiding script with key questions on the orphan's daily lives was used. The interviews were conducted in privacy and recorded on analog media, then converted to digital media. The transcribed interviews were searched for statements referring to strategies during the shared meals for analysis. “The fragments found were ordered using the intellectual craftsman perspective of Wright Mills”[24] (p. 21). The intellectual craftsman is “free to learn from his work, and to use and develop his skills in the execution of it”[24] (p. 59). “Avoiding any rigid set of procedures for a complete understanding of the social structures in which environments are organized. Making use of perspectives and materials, ideas, methods and any and all sensible study of man and society"[24] (p. 56). “Seeking to understand the subjects as historical and social actors, not as isolated fragments"[24] (p. 58).

The research was carried out according to the Norms and Ethical Guidelines of the National Health Council Resolution 466/12 of the Ministry of Health, and approved by the Research Ethics Committee of the Faculty of Public Health.

Results and Discussion

Perception of risk in socializing strategies in the context of HIV/AIDS

Living in modernity is living under risk. Thinking in terms of risk and risk estimates is a permanent exercise"[16]. In consumption decisions, food does not escape the rule. In Europe, discussions around the field of food safety - overcoming the danger of hunger - begin to revolve around the safety of food: foods should be free of health risks[14].

> Se recomiendan medidas de evitación, se investiga y se aplican técnicas de manipulación específica, de conservación [...] aumentan las incertidumbres y las dudas acerca de lo que comemos y de los posibles riesgos que puede entrañar nuestra comida, es decir, los daños potenciables/probables para nuestra salud[14]. (p. 372)

In the post-industrial context where being in a hurry and individualization prevails, "people eat avoiding eye contact with those around them"[25] (p. 45). Food is sacred and it must also be pure, clean, and unviolated. It crosses the limit of the mouth, it can feed or contaminate the individual that consumes it; anything that is presented to us as edible, but which we perceive to be impure in any sense immediately disgusts us[26]. For what we eat literally becomes part of us[27].

By eating together, people gain more importance than food; eating together implies selectivity[26]. Family belonging and lasting solidarity are the fruit of continuous relationships with expressions of affection and care. "The family is built by contacts, as well as social relationships"[28] (p. 77). Eating as a family tends to be healthier and more adaptable than eating alone or with strangers[29,30].

Restrictions are usually guided by the perspective of the healthy individual. Faced with risk perception, the healthy body distances itself away from the unhealthy body[31].

The transmission forms of the virus are diffused through means of communication. Touching people with HIV, hugging them, kissing them or using the same table utensils (cutlery, plates or glasses) are situations that do not pose a transmission risk. Families that live with this disease on a daily are also aware of it. Belief and science are ambivalent in risk perception.

In the context of HIV/AIDS, risk perceptions have been registered in the domestic environment due to handling or touching of food by seropositive individuals; in relation to eating or accepting food from a seropositive home or refusing an invitation to birthday parties. Risk perception has been observed in the public or in the school environment by the strategy of separating the water fountain and by meal isolation during recess.

Family strategies for organizing the shared life

Tableware is separated:

> "My [deceased] father was spending some time at her house [the aunt]. She had lots of arguments with him. Glasses, plates, tableware, everything was separated. What is his is his. Mine is mine! It was all separated: blankets, cutlery, glasses, plates, everything, everything separated" (Olga).

> "She [the aunt] thinks that eating from the same spoon as the person eats will transmit (the disease). It doesn't, because I used to eat with the same spoon as my mother and thank goodness nothing happened. She has this fear, that's why she's so prejudiced" (Joana).

Food is discarded because it has been touched by people infected by HIV/AIDS. Gabriel [seronegative] reports that he has experienced disrespect and discrimination at home due to his seropositive mother, mainly from his grandmother, who said she did not want her to touch the food. We found an extreme occurrence in Fatima's narrative, in

which only contact by her [seropositive] mother with the tableware was enough of a reason for disgust or for not using them. Even touching the food by the mother's caretaker [a seronegative aunt] at the time of preparation was enough for them to be discarded as garbage.

> "My aunt could even make a plate of food for my mother to take home, that my cousin, if they sent the dish back, she threw the plate away. Because my mother had eaten on it, in this case. My aunt thought that was nonsense. Even his mother he was disgusted, you know? Because my aunt would make a meal, and put it on a plate and if she touched the rice, she did not want to eat that food anymore, get it?" (Fatima).

Celina recalls: "One day I took some ice cream from my [seropositive] sister. My grandmother looked at me like that, with anger".

Touching is avoided:

> "My uncle, he is like that. He has a certain prejudice [about HIV]. He acts natural with my sister [HIV-positive orphan]. He is like this. He acts normal with my sister, but he won't touch anything that's hers, nothing at all. He does not like to touch her" (Celina).

Strategies to avoid contact were also noticed in Joana's account of her aunt:

> "She is disgusted by it. She thinks it's going to happen to her. Because she thinks it can be transmitted, that for no reason she will catch the disease. She thinks there is a certain way to get it. She thinks that from the wind, anything will give it to her. But for me this is nonsense" (Joana).

These findings are consistent with those by Ayres et al.[9], who revealed familiar precautions with food, separating utensils for the exclusive use of those affected by HIV/AIDS. They also reiterate the results found by Moreira[11] on the stigmatic impacts of sharing meals (offering and refusing food) with seropositives[11].

Restrictive and impeditive socializing strategies at school

Constraints act as strategies for adjusting inappropriate behavior at mealtimes and especially to avoid bodily approximations - establishing safe limits - during shared meals.

In the public sphere or in the school shared spaces

Restrictions hindering shared spaces such as preventing use of the water fountain and separating seropositives at mealtimes have been reported in the school environment:

Separation of the drinking fountain: In the public space of the school, strategies to avoid body contact between seropositives and negatives: “There was a time that I gave an interview, the people saw it. Then I got to school, I went to drink water in the water fountain. They isolated the drinking fountain. All the teachers, all the students. I do all group assignments alone,” confesses (Humberto [seropositive]).

Eating separately at school has been reported by Penelope. She said that her younger sister, who is also HIV positive, receives differential treatment from the school: “Directors and coordinators (there are two directors); the kitchen staff goes to get her in her classroom, they take her to the kitchen for her to eat, do you understand? They get her before all the other kids and they don’t explain why.”

Restrictive strategies as a result of modern reflexivity uncertainties

Individualization and isolation reiterate risk society and liquid modernity[17,18]. People are seen as potential risk agents within the visible walls of the ghettos, or behind the invisible but no less tangible prohibitions on commensality, shared living and commerce; 'Purifying' - banishing strangers out of the administered territory[18].

Despite public awareness campaigns on forms of HIV transmission, the stigma of HIV/AIDS remains in many forms throughout the world. Body restriction is the most expressive portrait of this perception[31]. As we can perceive in the above transcribed reports, similar behavior was observed in this study. Leticia, dissatisfied with the reality of discrimination, indicates the lack of information as one of its causes:

> "I think people today think like this: We cannot be too close to a person with HIV, because it is contagious, because you'll get it. It is a lack of information because the person does not live with it. We only have access to information when we go through certain problems. A person who doesn't even know, that only knows that this disease kills and that it is transmissible, then what goes through this person's head is: If I touch you, I'll get HIV". (Letícia)

Here, the young orphan justifies the lack of information from those who did not live with the reality of HIV/AIDS, which would not be the case of relatives of people diagnosed as HIV-positive. Despite understanding of the orphan that justifies the prejudice being due to the lack of coexistence, it was verified that the prejudice was noticed in the shared living spaces even among those who are aware of the transmission forms.

Reflecting on inclusive strategies in urban shared living requires considering the idea of a risk society, whose way of life coexists with the dynamics of liquid modernity[18], and which rejects the idea of stopping or finding a deeper meaning. Liquid life portrays the instant pursuit of personal satisfaction that admits no idea of discomfort which would rob them of immediate and superfluous pleasure. Conceiving the idea of risk requires reflecting on lifestyle, torments and uncertainties of superficial identities; methods of

producing safety in isolation. Thinking about the dynamics of social movements and their consumption modes requires inclusive ethical and thematic discussions in social spaces.

Refusing food from the house

As reported by the caretaker of the HIV-positive orphan, food brought from her home will only be accepted by the relatives if they are in sealed packages: “I say this because of my daughter-in-law, she does not eat and does not drink anything that is so open. If I take something to my grandchildren ... she says: Put it in the fridge! Then I turn my back and she throws it in the trash.” “Beans, sugar, rice, oil, everything is sealed, but if has been opened, no! Not open.” People who visit the house also refuse food: “So I'm often making lunch, sometimes we see that it is something that they like, then you offer it. Oh, no, thank you, I've already had lunch! They drink water because it comes out of the tap, they drink the soda because the bottle is sealed. But if the bottle has been opened they do not accept it anymore, understand?”(Veridiana, 63 years old, seronegative).

Uncertainties about health and food safety are a result of the lack of scientific consensus on risks and the continuous reform of social practices[15–17]. Nutritional recommendations tend to be uncomfortable for the target population. A certain food goes from being villain to good guy, or from being healthy to not in the blink of an eye: fibers, eggs, and tomatoes have experienced both roles, as a result of modern reflexivity: Eggs were cholesterol bombs. They were not only NOT recommended, they were mortal. You could calculate the days of your life you’d lost each time you ate a yolk[32].

Scientists and doctors define their consensus and disclose them to society, but they do not convey security because opinions change rapidly and/or represent corporate interests. Unpublished findings suffer media influence and are quickly replaced, and this encourages speculation and insecurities in everyday life[17,33]. In uncertainty, experiences are privileged as “solid”, the result of empirical knowledge[15,16]. Food represents a great

risk, as by crossing the border between the outside world and the body, it can contaminate you, transform you[19].

Knowledge about the forms of HIV/AIDS transmission disseminated today may also be different tomorrow. In this case, ones who live with a seropositive family member may think that the best thing to do is to watch out for all forms of transmission: 'It's better to be safe than sorry'; because, after all, 'The cautious man died of old age', are the popular sayings. Shared living strategies with cautions at the table hinder feeding rituals. Constraints cause differences[34]. Refusing to eat in the company of a particular person can be interpreted as a sign of hostility. The one who receives the refusal feels like 'the different one'. In the context of the family, not eating the same food is equivalent to being excluded from the family.

Selective strategies for rituals due to stigma

The stigma is understood, according to Goffman[10], as demands made in relation to the character we impute to the individual, in an 'effective' characterization that is only possible by the experience of corporeity. Risk perception in HIV/AIDS contexts stems from attributes (body, character, status and marginalization) that affect the biological (nature of what is eaten) and social dimensions (with whom and in what way agreements are strategically made) to arrange the shared meal.

The body, in the context of HIV/AIDS, triggers the “potential retrospect”, an expression used by Goffman[10] to refer to the imaginary identity. In the face of those who are different, the conjectures of risk perception that feed the “retrospect” occur. The quality of the individual is restricted to the observation of conducts and bodily movements that deny their original identity: “we cease to regard them as ordinary and as a complete creature, reducing them to a damaged and diminished person”[10] (p. 12).

Corporeality in HIV/AIDS is one of the aspects in the stigma process because for Goffman[10], it is not the presence of the derogatory attribute that configures the stigma,

but instead how the relationships are operationalized; it is a “language of relations and not of attributes”[10] (p. 13).

Lack of family members at birthday parties

Corrective strategy due to the lack of family members invited to the birthday party was evidenced in the report of the grandmother-caretaker of a seropositive orphan. She tells us about this event.:

> “It was my granddaughter's birthday, and my grandchildren did not come. We had a party for the girl, as they did not come I found myself in obligation of cutting a piece of the cake and bringing it (to them). I spent the afternoon there with my daughter-in-law and her children and I brought the cake. (...) She had the boy put it in the fridge. (...) on Wednesday, my other niece went to her house. She had thrown the cake away. The way I took it, she threw it in the trash” (Veridiana).

From the point of view of the individual playing the role of host, restrictive strategies reinforce the stigma process[10]. From the point of view of ritual in face-to-face contact, the person tends to play a pattern of verbal and non-verbal acts through which they expresses a line of thought; opinions, judgments of others and of themselves. All these aspects make up what Goffman[7] called the “façade” to maintain social rituals. After an unsuccessful interaction, correcting the facade to personally reestablish the order of the ritual tends to occur” [7].

Impeding strategies as a form of social control

In the idea of perception of Merleau-Ponty[13], the body's vision goes beyond the physiological one, as it is associated with the lived experience. Comprehension of the

body is not limited to anatomical knowledge, neural state or physiological processes, it also encompasses the symbolic[12]. It is not possible to separate body and accumulated experience. In that sense, denying the body is tantamount to denying the person, because "the body is a model by excellence of any finite system"[35] (p. 32). Through contact, the body establishes its limits, its borders. Because the body has a complex structure, the functions of the different parts and the relationships between them can serve as symbols for other complex structures. "The body is a symbol of society, and the human body reproduces the powers and dangers attributed to the social structure on a reduced scal"[35] (p. 32).Then, when men become ill, social, cultural and relational (structures) are also compromised with the onset of the disease.[36]

The elements of social control (body, food and company) and of health risk are at shared meals[37,38]. Then, strategies of coexistence are agreed on with the intention of living with the patient, without directly contacting them. Strategies to prevent conflicts mean humiliation and shame[37]. Even in treatment of HIV/AIDS, not implying food restriction, it is common to use some strategy as a precautionary measure. Restrictive actions in relation to a family member can generate changes for all members, even if they do not come from them[29].

Perceptual agreements conceal elements of subjectivity and historicity, of dialogue, of tensions and contradictions[13]. Perceptual experiences are bodily experiences[12]. The body denies contact, legitimized by culture. Moral values are called into question when someone is identified as HIV-positive. From the moral point of view, "movement is guided by conduct"[39] (p. 38).

It is a consensus among them that, years ago, AIDS was something more distant than it is today. One thought of the African continent as a distant reality that would never touch theirs. Now, after being confronted with this reality, they have learned more about the disease - the forms of contamination, the care - but the majority have concluded that prejudice is far from over; society treats those affected by the virus as an outcast,

someone who feels guilty of their illness, as mentioned by the young Romeo: “he died of AIDS, he died feeling guilty!”.

Based on reports of meal restrictions, we asked young people about their ways of coping. They reflected on the role of AIDS in their lives, reporting to an imaginary (spirit) in which they conjugate God’s will and medical treatment. In pursuit of conformity, they question whether or not the disease would be necessary - since God put it into their lives - while medical technology was created by the human being. The search for explanation is mitigated between technology and scientific knowledge which are consistent with beliefs, with the divine will. “This disease is not a defect. It is God. It is helping to care for and fight the disease,” advised Judite.

The statements portray the fact of having to deal with issues such as life, death, destiny and God's will, sooner and more objectively. God would be acting as a great force of nature, responsible for destroying and unbalancing their worlds, by placing AIDS in their lives. For some, the virus only exists as a form of divine punishment, something they would have to endure to purify themselves - some have metaphorically classified the disease as hell.

The body’s phenomenology interprets actions and reactions; the movements follow our perceptual agreement of the world[13]. Sensations appear associated with the movements and each object invites another to make another gesture, without representation, but with creation and new possibilities of interpreting the different existential situations[13]. And it would not be different in the context of HIV/AIDS.

Impeding strategies occur by the theory of perception of Merleau-Ponty[13], because we unlearn to live with the corporeal reality, with the experience of the senses, because we privilege a reason without body. Risk perception invites the body to withdraw, but corporeality also contains the moral expectation of life in society. Foundations of philosophical-religious character become convictions used to distinctively choose guests[40]. In dealing with beliefs, moral immersed in culture is not understood in a conscious and transparent way[41]. It is allocated, but in the structure of symbolic thought,

which is the order of the unconscious[41]. Within the body are the social and cultural possibilities that are developed: "The body metaphorizes the social and the social metaphorizes the body"[36] (p. 70). Knowledge arises from retained experience because "All knowledge, all objective thinking stem from this inaugural fact that I felt"[31] (p. 184).

Final Considarations

In the context of HIV/AIDS, risk perception motivates coping strategies that can affect at least two dimensions of eating behavior: the social dimension of living together and the biological dimension of consumption. Based on the literature, it is possible to conclude that stigma relentlessly affects society in light of Goffman's theory, through attributes of body, character, and social marginalization.

Strategic agreements are established in shared meals with HIV-positive young people under the perception of the body as a contaminating agent. Physical presence stimulates the stigma process in imminent bodily experience. Separating utensils and throwing away food are shared life organization strategies, guided by restricting touch and contact with the HIV-positive individual. These strategies serve to preserve the facade of shared experiences and the distinction of those that eat together both in public and in private. Risk perception is explained by the inconstancy of scientific findings and beliefs which motivate food insecurity. From the anthropological perspective, risk perception may represent the exclusion of family bonding. Further studies are necessary to investigate the effect of the hygienic-sanitary trend and to report the scientific discourse in popular knowledge.

Sueli Moreira (the author of the project) conducted data collection, the discussion and revision of the final version. Ivan França Junior and Laura Martirani guided the larger research and participated in the discussion of the results. Michelle Medeiros and Alicia Cabral actively participated in the discussion of the results and in the revision of the final version.

Collaborators

Sueli Moreira, the author of the project, performed the data collection, the discussion and review of the final version. Ivan França Junior and Laura Martirani advised the main research and participated in the discussion of the results. Michelle Medeiros and Alicia Cabral actively participated in the discussion of the results and in the revision of the final version.

References

1. Foley R. Os humanos antes da humanidade: uma perspectiva evolucionista. São Paulo: Unesp; 2003.

2. Jones M. Feast: why humans share food? New York: Oxford University Press; 2007.

3. Roebroeks W, Villa P. On the earliest evidence for habitual use of fire in Europe. St. Louis: PNAS; 2011.

4. Morrison M. Sharing food at home and school: perspectives on commensality. Sociol Rev. 1996; 44(4):648-74.

5. Elias N. A sociedade dos indivíduos. Rio de Janeiro: Jorge Zahar; 1994.

6. Goffman E. Ritual de interação. Ensaios sobre o comportamento face a face. Petrópolis: Editora Vozes; 2011.

7. Mill JE. Shrouded in secrecy: breaking the news of HIV infection to Ghanaian women. J Transcult Nurs. 2003; 14(1):6-16.

8. Letamo G. HIV/AIDS-related stigma and discrimination among adolescents in Botswana. Afr Popul Stud. 2004; 19:191-203.

9. Ayres JR, França Júnior I, Calazans GJ, Filho HCS. O conceito de vulnerabilidade e as práticas de saúde: novas perspectivas e desafios. In: Czeresnia D, Freitas CM. Promoção da saúde: conceitos, reflexões, tendências. Rio de Janeiro: Editora Fiocruz; 2003. p. 117-40.

10. Goffman E. Estigma: notas sobre a manipulação da identidade deteriorada. 4a ed. Rio de Janeiro: LTC; 2008.

11. Moreira SA. Ecologia dos convívios comensais de jovens órfãos pela AIDS em São Paulo [tese]. Piracicaba (SP): Universidade de São Paulo; 2014.

12. Nóbrega T. Merleau Ponty: o corpo como obra de arte. Princípios. 2000; 7(8):95-108.

13. Merleau-Ponty M. Fenomenologia da Percepção. São Paulo: Martins Fontes; 1994.

14. Contreras J, Gracia-Arnáiz M. Alimentación y cultura. Barcelona: Ariel; 2005.

15. Giddens A. Mundo em descontrole: o que a globalização está fazendo de nós. Rio de Janeiro: Record; 2000.

16. Giddens A. Modernidade e identidade. Rio de Janeiro: Jorge Zahar; 2002.

17. Beck U. Sociedade de risco: rumo a uma outra modernidade. São Paulo: Editora 34; 2010.

18. Bauman Z. O mal-estar da pós-modernidade. Rio de Janeiro: Jorge Zahar; 1998.

19. Fischler C. El (H) omnivoro. El gusto, la cocina y el cuerpo. Barcelona: Anagrama Editorial; 1995.

20. Peretti-Wattel P. Sociologie du risque. Paris: Armand Colin; 2000.

21. Couto M. E se Obama fosse Africano? E outras interinvenções. Lisboa: Caminho; 2009.

22. Sobal J, Bove CF, Rauschenbach BS. Commensal careers at entry into marriage: establishing commensal units and managing commensal circles. Sociol Rev. 2002; 50(3):378-97.

23. Todorov T. La vida en común: ensayo de antropología general. Madri: Taurus; 2008.

24. Mills W. Sobre o artesanato intelectual e outros ensaios. Rio de Janeiro: Jorge Zahar; 2009.

25. Fernández-Armesto F. Comida – uma história. Rio de Janeiro: Record; 2004.

26. Visser M. O ritual do jantar. Rio de Janeiro: Editora Campus; 1998.

27. Bäckström A, Pirttilä-Backman AM, Tuorila H. Dimensions of novelty: a social representation approach to new foods. Appetite. 2003; 40:299-307.

28. Bestard J, Contreras J. La casa pairal en Catalogne urbaine. In: Gullestad M, Segalen M. La famille en Europe. Paris: Éditions La Découverte; 1995. p. 77-91.

29. Savoca M, Miller C. Food selection and eating patterns: themes found among people with Type II diabetes mellitus. J Nutr Educ Behav. 2001; 33:224-33.

30. Sobal J, Nelson MK. Commensal eating patterns: a community study. Appetite. 2003; 41:181-90.

31. Merleau-Ponty M. Signos. São Paulo: Martins Fontes; 1991.

32. Veríssimo LF. A mesa voadora. Rio de Janeiro: Objetiva; 2001.

33. Slovic P. Perception of risk. Science. 1987; 236(4799):280-5.

34. Silva VP, Cárdenas CJ. A comida e a sociabilidade na velhice. Rev Kairós. 2007; 10(1):51-69.

35. Douglas M. Natural symbols – explorations in cosmology. Harmondsworth: Penguin Books; 1973.

36. Le Breton D. A sociologia do corpo. Petrópolis: Editora Vozes; 2010.

37. Figueiredo M, Fioroni L. Uma análise de conteúdo de crenças relacionadas com a AIDS entre participantes em ONGs. Estud Psicol. 1997; 2(1):28-41.

38. Sobal J. Sociability and meals: facilitation, commensality, and interaction. In: Meiselman HL. Dimensions of the meal: the science, culture, business, and art of eating. Gaithersburg: Aspen Publishers; 2000. p. 119-33.

39. Bimbela JL. Sociologia del SIDA. Jóvenes y sexualidad en Andalucía. Madrid: Siglo XXI de Espanã Editores S.A.; 2002.

40. Douglas M, Isherwood B. The world of goods: towards an anthropology of consumption. London: Routledge; 1996.

41. Amorós C. Ética y antropología. In: Sánchez CG; Carpintier JM. La aventura de la moralidad. Madrid: Alianza Editorial S.A.; 2007. p. 184-223.

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