

## RISK PERCEPTIONS AND HIV TESTING IN FAMILIES LIVING WITH MIXED HIV STATUS

Persson A<sup>1</sup>, Newman C<sup>1</sup>, Hamilton M<sup>2</sup>, valentine k<sup>2</sup>, Wallace J<sup>3</sup>, Bryant J<sup>1</sup>, Gray R<sup>1</sup>, Drysdale K<sup>1</sup>

<sup>1</sup> Centre for Social Research in Health, UNSW Sydney, <sup>2</sup> Social Policy Research Centre, UNSW Sydney, <sup>3</sup> Burnet Institute, Melbourne

**Background:** HIV testing is an important component of prevention, especially for sexually intimate serodiscordant couples. Serodiscordance extends to other family members too, yet we know little about risk perceptions in families affected by HIV. How do they engage with testing and with different public representations of HIV, from super-infectious to untransmissible?

**Methods:** *My health, our family* is the first study to document experiences of serodiscordant families in Australia. Qualitative interviews were conducted 2017-2019 with 31 people diagnosed with a blood-borne virus, 15 family members, and 15 people who fitted both categories (n=61). "Family" was self-defined by participants. In this presentation, we focus on families affected by HIV.

**Results:** Family members had typically tested for HIV in instances of direct bodily contact through sex and birth (partners and children). While a few family members had sought testing despite an absence of exposure, inaccurately believing HIV was infectious in domestic environments, many claimed to not have tested or to ever having considered it. Concerns about personal risk were often framed in family narratives as incompatible with support for the diagnosed member, including when the diagnosis had occurred prior to effective treatment. Several families were literate in the contemporary science of U=U, yet even these described an absence of family discussion about testing.

**Conclusion:** The lack of emphasis on testing suggests that the importance and well-being of the family connection tended to override the possibility of risk to individual members. While some families may remain resistant to accepting U=U, it is encouraging that many families see their responsibility as one of caring for loved ones, rather than fearing for the self. These findings could provide a guide to health promotion campaigns that engage families in the treatment and care of significant others and in normalising testing practices in the community.

**Disclosure of Interest Statement:** This research was supported under Australian Research Council's Discovery Project funding scheme (DP160100134). The views expressed herein are those of the authors and are not necessarily those of the Australian Research Council. The contributions of the investigator team were supported by the Centre for Social Research in Health and the Social Policy Research Centre at UNSW Sydney, both of which receive some support from UNSW Arts and Social Sciences, and by the Australian Research Centre in Sex, Health and Society and The Burnet Institute. All of these research groups receive funding from a range of external agencies. The authors have no other interest to disclose.