

## **“THE PILL JUST MAKES YOU INVISIBLE”: LIVING POSITIVE IN QUEENSLAND IN TIME OF BIOMEDICAL PREVENTION**

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### **Background:**

As HIV biomedical prevention (including Antiretroviral Treatment as Prevention, and PrEP) are embedded in policy and practices, it is important to understand the “material, lived and stratified experiences of diverse communities affected by HIV” (Young et al 2016). Drawing on two large community-based, participatory qualitative longitudinal studies, this presentation examines positive people’s complex, diverse and changing experiences of HIV during a time of increased focus on (biomedical) prevention.

### **Methods:**

The research engaged 73 long-term diagnosed (up to 30 years) and 40 recently diagnosed (less than 5 years) people living with HIV (PLHIV), across urban and regional Queensland. Participants have participated in up to three in-depth interviews since 2013. A combination of cross-sectional and longitudinal thematic analysis have been undertaken to map the trajectory of change in experiences.

### **Results:**

Participants described (changing) tensions between the liberating impact of biomedicalised prevention and its role in reinforcing/ constructing new forms of stigma and inequalities between and within communities of body positive and negative people. Key themes identified in long-term positive participants included negotiating shifting discourses on what it means to be an HIV citizen, recognition of biomedicalisation of prevention of HIV at the expense of their social determinants of health, the fracturing of communities, and grappling with undetectability. For recently diagnosed participants, key themes included experiences of self-stigma, uncertainties of sexual negotiation, and the ‘invisibility of undetectability’.

### **Conclusions:**

The biomedicalisation of HIV prevention is a ‘game changer’ in the global response to HIV. As infection rates begin to fall in some jurisdictions, we must be aware that the focus on biomedical prevention has the potential to reinforce or create new forms of social disadvantage, particularly amongst long-term PLHIV. Has becoming undetectable also made PLHIV invisible in public discourse and policy arenas? We discuss the implications for policy and service provision.

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