

## **Objects in time: HIV treatment-related issues as investigated in the HIV FUTURES study (2015 to 2025).**

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### **Background:**

It has been argued in particular by STS (Science and Technology Studies) scholars that methods don't simply describe social realities but are also involved in creating them, which invites attention to the ways in which objects are made through research.

### **Methods:**

HIV FUTURES is a repeat cross-sectional survey of the health and well-being of PLHIV, and is undertaken approximately every three years. This analysis reviews survey questions related to HIV treatment across the past decade.

### **Results:**

FUTURES 8 (2015–2016) included sections focused on reasons for not initiating or having stopped treatment. Also included were items about perceived benefits/usefulness of early treatment initiation, reflecting emerging evidence (and changes to prescribing guidelines) related to reduced risk of developing serious illness or death. Questions also investigated the notion of daily dosing as an 'unwanted reminder' of HIV. In addition, those on treatment were asked which regimen they were taking (from a list of drug and brand names). FUTURES 9 (2018–2019) had a reduced number of questions on treatments, and increased attention was given to costs of treatment and related clinical care (e.g. bulk billing, travel) and service provision. FUTURES 10 (2021–22) was similarly brief in relation to treatments, and in both FUTURES 9 and 10 participants weren't asked what regimen they were currently taking. (This round had a large section related to COVID-19). FUTURES 11 (currently collecting data) includes two new scales: on necessity/concerns; and understanding/knowledge of medications.

### **Conclusion:**

Across the decade, there has been a decreased focus on attitudes and experiences related to starting (or stopping) treatment, as well as treatment adherence, but more intense concern with the effects of treatment, in particular the meanings and implications of undetectability. Objects such as 'treatment readiness' were enacted through earlier surveys, and more recently treatment 'ambivalence' has been of interest.

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