# PERSPECTIVES OF WOMEN AND/OR PEOPLE WHO SPEAK LANGUAGES OTHER THAN ENGLISH REGARDING HIV CURE RESEARCH

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**Background:**
As HIV cure research progresses, women and people who primarily speak languages other than English remain underrepresented in clinical studies. This raises equity and applicability concerns regarding findings. Understanding these groups' perspectives is essential to designing inclusive and broadly acceptable cure trials.

**Methods:**
Alongside HIV community advocacy groups, we conducted semi-structured, one-on-one interviews with people living with HIV who identified as women and/or spoke a language other than English at home attending Monash Health (Victorian tertiary public health service) outpatient clinics. Interviews explored knowledge and perceptions of cure research, clinical trial design (including treatment interruptions), motivations and barriers to participation. Interviews were audio-recorded, transcribed, and analysed thematically using an inductive approach.

**Results:**
Twenty interviews were completed (four with interpreters) from May 2024 to October 2025. Median participant age was 50.5years (range 32–75). Fourteen participants identified as female and six as male; 15 were born outside Australia. Overall, self-reported HIV cure research awareness was limited, many were unaware of active cure efforts. Despite having well-controlled HIV, participants described ongoing physical, psychological, and social impacts, reinforcing their desire for a cure.

Established, trusting relationships with HIV clinicians played a central role in facilitating research engagement. Additional motivators included wanting to contribute towards scientific innovation, personal benefit, and altruism toward future generations. Conversely, perceived risks, time commitments, and unintended HIV status disclosure were barriers. Participants emphasised the need for clear, culturally appropriate communication and meaningful community involvement in research.

**Conclusion:**
These participants view cure research with both hope and hesitation. Advancing equitable participation requires addressing structural and cultural barriers, improving

communication, and embedding community perspectives into trial design. HIV providers are vital partners -working alongside communities to build trust, support informed decision-making, and help ensure that the path toward an HIV cure is shaped by, and for, those it is meant to serve.

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The authors declare no competing interests.

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