

# UNDERSTANDING THE NEEDS OF FAMILIES AFFECTED BY BLOOD-BORNE VIRUSES: THE CASE FOR EXTENDING THE CONCEPT OF “SERODISCORDANCE”

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**Background:** The concept of serodiscordance is most commonly associated with HIV and the prevention of transmission within intimate partnerships. However, as social research on couples with mixed HIV and hepatitis C status has shown, lived experiences of serodiscordance extend well beyond this preoccupation with HIV transmission risk. In addition, while the concept is known to be useful in understanding mixed infection status within couples, less is known about how it is understood and negotiated within other social relationships, including families.

**Methods:** The ‘my health, our family’ study (ARC DP160100134) is the first to document the experiences of serodiscordant families in Australia. Core activities include: a critical examination of the literature on families affected by HIV, hepatitis C or hepatitis B, identifying common themes and significant gaps; and semi-structured interviews with individuals living with one or more of these infections (n=30), and their family members (n=60). The parameters of ‘family’ are self-defined by participants to include partners, parents, children, siblings and extended family, as well as families of choice, affinity, or intimate connection.

**Results:** Both the research literature and preliminary interviews document the multiple ways families are affected by blood-borne viruses, including social, emotional, financial and generational. However, the concept of serodiscordance as it is deployed in the literature does not fully capture these experiences. There is much potential for family relationships to be better recognised in policy and research as contributing to the management of serodiscordance in the community and the clinic.

**Conclusion:** Extending the concept of serodiscordance to encompass the “family life” of HIV and related infections will provide an essential step in recognising the diverse ways in which everyday lives, relationships and futures continue to be shaped by blood-borne viruses. Better understanding and supporting the needs of affected families can strengthen their contribution to treatment and prevention practices.

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