

THE MANY (INTERCONNECTED AND RELATIONAL) STRANDS OF HIV: QUALITATIVE INSIGHTS FROM AUSTRALIA AND PAPUA NEW GUINEA

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Introduction:

In medical discourse, HIV is conceptualised as a pathogen confined within individual bodies, until transmitted to other similarly isolated bodies. However, a broadening field of social and cross-cultural research on serodiscordant relationships (mixed infection status) is challenging this assumption by showing that HIV (and other blood-borne viruses) are relationally embodied in socially situated ways.

Methods:

This presentation will draw on critical new insights derived from three qualitative research studies to examine what we know about how HIV serodiscordance is understood and negotiated in different relational and cultural contexts in the Asia-Pacific region: (1) intimate couples with mixed HIV status in Australia (completed in 2016); (2) intimate couples and polygynous unions with mixed HIV status in Papua New Guinea (ongoing); and (3) families living with mixed infection status in Australia (ongoing).

Results:

The remarkable global advances in biomedical treatment of recent years mean that people with HIV can now live relatively normal lives, and keep their status private, if that is what they prefer. And yet our three studies clearly show that HIV continues to be experienced and negotiated through embodied connections to significant others, made meaningful through local understandings and expectations regarding kinship, love, religiosity, familial and relationship contexts. Looking across these research sites permits broader recognition of HIV as an “intercorporeal” phenomenon in the Asia-Pacific, with spouses/partners, family members (including children), and friends of those diagnosed with HIV becoming intimately entangled in co-creating the contemporary meanings of the disease.

Conclusion:

Understanding HIV and related infections as relationally embodied and culturally situated practices supports greater recognition of the significant ways in which intimate connections can be either strengthened, repaired, severed or rearranged by responses to infectious diseases. Better understanding and supporting the needs of those in affected relationships can strengthen their contribution to treatment, care and prevention practices.

Disclosure of Interest Statement:

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