

# "Keep life as-normal": exploring the resilience of HIV mixed-status dyads in Canadian contexts



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# Background & Methods



- In **Canada** nearly 90,000 people are diagnosed and living with HIV (PLHIV).<sup>1</sup> 23% of PLHIV are believed to be in mixed-status relationships.<sup>2</sup>
- The current paradigm of HIV treatment, prevention, and control is “Treatment as Prevention” and U=U. We examined the **resilience** of mixed-status couples under this paradigm.
- Under the larger **national Positive Plus One Study**, we conducted qualitative phone interviews with a sub-set of adult participants currently or previously involved in a mixed-status relationship.
- Interviews were thematically analyzed to identify components and pathways **of relationship resilience development and disruption**.

# Results: defining resilience



Participants (N=51) included 27 HIV-positive partners and 24 HIV-negative partners (19 mixed-status dyads and 13 individuals) of diverse sexual orientations, genders, races, ages, occupations.

Core to their resilience was dyads' capacity to ***“keep life as normal”***

- To minimize behaviours and efforts needed to keep the HIV-positive partner healthy and to prevent transmission to the HIV-negative partner
- To allow both partners to focus on *normal* relationship issues unencumbered by HIV

An undetectable viral load was considered key to facilitating *life as normal*

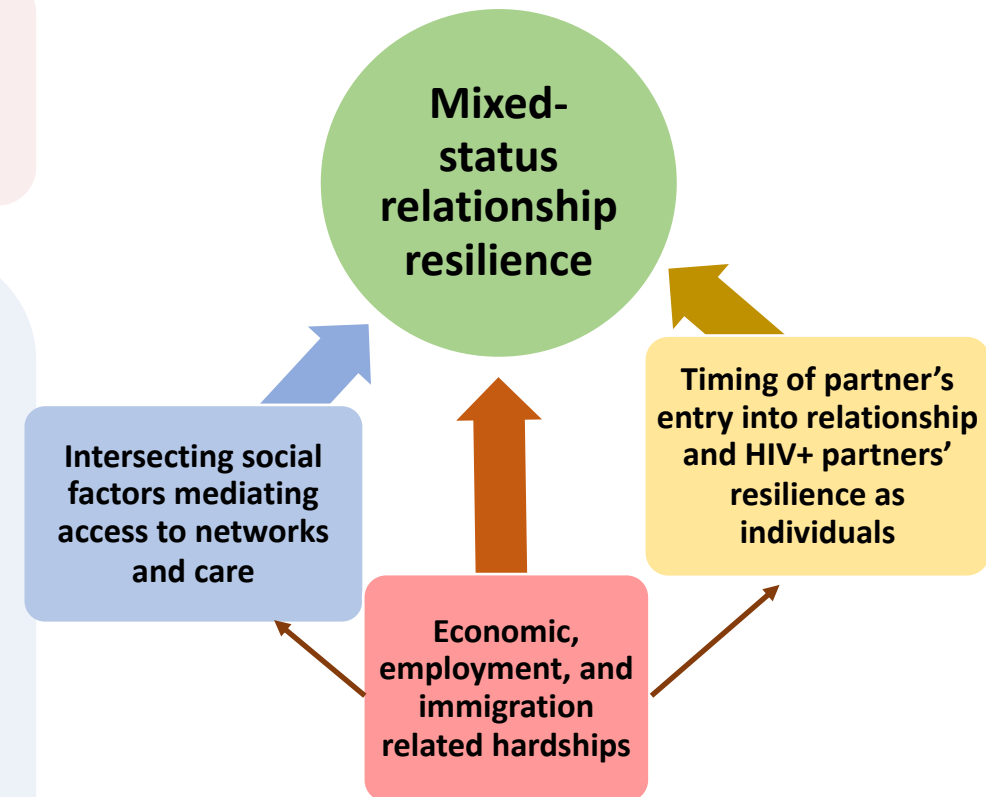
- Participants perceived that undetectable viral load of the positive partners signified the HIV positive partners were in ***“really good health”***, and enabled HIV negative partners to feel ***“there isn’t really any risks for us”***.

# Results: building (or disrupting) resilience



→ Coping with HIV-related challenges improved when positive partners had developed individual resilience to the adversities of HIV prior to the relationship

- Accessible, sustainable, and trusted HIV-related services were a leading driver of couples' resilience.
- Social networks relevant to HIV (e.g., medical community, gay community) enabled dyads to acquire cutting-edge medical care and allied support for HIV.
- Couples dealing with economic and immigration related hardships were more vulnerable to stigma and less connected to crucial networks. This impeded their disclosure of HIV and acquire help and support outside of the relationship.



# Conclusions



- Under the HIV treatment and prevention paradigm of U=U, the resilience of mixed-status dyads was centered around the capacities and resources to maintain undetectable viral load of the positive partners.
- The positive partners' resilience facing HIV-related conditions played an essential role in constructing relationship resilience.
- The social locations of partners with regards to their social capital and social network, mediated sustained access to HIV related care and allied support, reflecting intersectional influences on the resilience of mixed-status couples.