

Dual Pharmaceutical Citizenship: Exploring Biomedicalization in the Daily Lives of Mixed HIV-serostatus Couples in Canada



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Background



- ❖ Little is known about the experiences of mixed HIV-serostatus couples in Canada.
- ❖ By recruiting both partners and applying a dyadic analysis, we gained insight on relationship dynamics and a holistic view of daily life for mixed serostatus couples.
- ❖ In this paper, we explore how biomedicalization manifests in mixed-status relationships through observable processes of normalization.
- ❖ *Objective:* We aim to understand how and why narratives of normality are constructed in the first place, and the ways in which positive and negative partners co-create, sustain, and benefit from processes of biomedicalization at an intra-dyad level.

Methods



- ❖ In-depth semi-structured interviews were conducted with HIV-positive and HIV-negative partners in current or past mixed-status relationships.
- ❖ Participants were recruited through a purposive subsample of Positive Plus One participants who completed an online survey and consented to a qualitative interview.
- ❖ Data were uploaded to Dedoose (ver.8.3.43) and analyzed by inductively identifying themes within dyads and across serostatus and sexual orientations.
- ❖ Fifty-one participants were interviewed (**27 HIV-positive; 24 HIV-negative**), representing a diversity of sexual orientations, gender identities, and other sociodemographic characteristics.

Results



- ❖ Biomedical knowledge, values and adherence to ART were central to relationship dynamics. These factors provided a sense of ease, comfort and empowerment in pursuing mixed serostatus relationships. (See quote 1, 2, 3)
- ❖ Over time, HIV became a mundane part of life for mixed-status couples. (See quote 4)
- ❖ In making HIV mundane, most couples shared some version of a normal life narrative, hinging on the ability to put HIV on the back burner, grounded in both:
 - 1) the negative partner learning HIV-related knowledge, in particular U=U. (See quote 1, 2, 3)
 - 2) the positive partner having managed HIV through adherence to ART. (See quote 2, 3, 4)
- ❖ **Dual pharmaceutical citizenship*** signifies responsibilities for each partner stemming from biomedicalization of daily life.
Examples: ART adherence for positive partner; Learning and developing shared understanding of HIV information for negative partner; Regular viral load and HIV tests in some cases; Negative partner reminding positive partner to take their medication etc.
- ❖ Positive partners more fully experience the legitimizing and normalizing benefits of citizenship when the negative partner also engages with biomedicalization.

"If we fought about his disease before, it was mostly because of misinformation."

— HIV-negative straight female

1

"Before that I was very scared, even if I was undetectable, it wasn't as clear as today that the risk was very low, all that. Today I am a lot more comfortable in my relationship with him."

— HIV-positive LGBTQ+ male

2

"I wish we'd been told about U=U. I've been undetectable for many, many years at that point and so we didn't need to use condoms, but we didn't know. We weren't told. So if we'd been told the correct information, I'm not sure it would have saved our relationship but it certainly would've made it easier."

— HIV-positive straight female

3

"She takes a pill a day and she's living a normal life."

— HIV-negative LGBTQ+ male

4

Conclusions and Implications



Conclusions

- ❖ Everyday lives of mixed-serostatus couples are shaped by biomedical knowledge, and enacted through routine ART adherence.
- ❖ We introduce the concept '**dual pharmaceutical citizenship**' to describe a process by which particular biopolitical and biomedical expectations are fulfilled by both partners in mixed-serostatus relationships.
- ❖ These findings have implications for people who do not readily accept or have access to biomedical knowledge, particularly when treatment-as-prevention frames a “right” and “wrong” approach to HIV management.

Implications and Future Directions

- ❖ Narrowing a “right” way to be in mixed-serostatus relationships could create new avenues for stigma.
- ❖ Through emphasis on individual responsibility and self-surveillance, these expectations could affect partner-seeking or create tension within relationships (e.g., expecting all HIV-positive people to be undetectable; expecting one or both partners to readily uptake biomedical knowledge and find comfort in it).
- ❖ Future studies should focus on couples where at least one partner does not readily accept or have access to biomedical knowledge.