Perceptions of HIV treatment as prevention among black African people living in England in sero-discordant relationships

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Overview

The concept of HIV ‘treatment as prevention’ has received significant attention in the fields of science and health promotion. However, there is little data about how individuals most likely to be involved in HIV exposure and transmission perceive and engage with this notion. As part of a wider project, we gained insight from African people who are involved in HIV sero-discordant sexual relationships (where transmission risk is high) offering a valuable perspective on community-level understandings of treatment as prevention.

Introduction

The number of black African people living with diagnosed HIV in the UK currently stands at approximately 28,000 and it is estimated a further 9,000 of not aware of it. This is population is one of those most likely to acquire HIV in the UK, with prevalence more than 30 times higher than the general population. People in HIV sero-discordant relationships (i.e. Where one person has HIV and the other does not) are at the sharp end of the epidemic because they may be having frequent sexual contact with someone who does not share the same HIV status.

There are numerous ways in which people in sero-discordant relationships can reduce the likelihood of transmitting HIV to their sexual partner, including avoiding penetrative intercourse or utilising condoms for vaginal and oral sex. There is now a growing consensus that the possibility of transmission is also significantly reduced when the HIV positive partner is on anti-retroviral therapy and has an undetectable viral load\textsuperscript{1}. This notion of ‘treatment as Prevention’ (TasP) could have a massive impact on HIV incidence across the world\textsuperscript{2}. However, in order to translate promising scientific findings into HIV prevention practice, we require an understanding of how it is perceived, or utilised, by those most at risk of infection.

Results

Understanding ART

Just under half of all participants with diagnosed HIV were uncertain about their viral load and CD4 count. Some could remember neither, while others could remember one but not the other, and frequently got them confused. Across the sample, the meaning of ART, the drugs and the potential consequences were not well understood.

“\textit{You know, when you go to the clinic nothing stays in your head. I can say my first eight years I didn’t understand a thing... Some of the words they use are too English... I didn’t know which one is viral load and which one is CD4 count for a long, long time. I just didn’t understand.}” [Woman with diagnosed HIV]

Several participants complained that they did not understand clinical language and had no resources to refer to after they had left consultation sessions.

Infectiousness and viral load

About three-quarters of participants were familiar with the notion that having an undetectable viral load might render them less infectious; they had heard about it via their Consultants or social support groups. For a small proportion of people, this idea of treatment as prevention provided an increased set of risk reduction options and, for others, understanding TasP provided comfort in situations where unplanned unprotected sexual intercourse occurs.

Most participants, however, were very suspicious of the suggestion that having an undetectable viral load would make them less infectious. Comments were raised that this technology was not yet ‘proven’. Most firmly believed that if you have HIV and you unprotected sex then there’s a very real risk you will pass it on.

“I don’t believe in that statement at all. And even though you are healthy and everything and your viral load is undetectable you will definitely transmit HIV to someone.” [Woman with diagnosed HIV]

Fundamentally, most participants were uncomfortable with the idea of just reducing risk, and felt that they needed certainty before they could ever consider having unprotected sex with their sero-discordant partner. Many of those with diagnosed HIV had struggled to cope with HIV on a personal level, and had faced pronounced HIV related stigma in their communities. They were, therefore, very uncomfortable with any suggestion of placing their partner at risk and were generally more comfortable with using condoms, which were a physical (and, most importantly, visible) means of preventing HIV transmission.

“I have to be absolutely positive that it’s working before I can really endanger my partner.” [Man with diagnosed HIV]

Negotiating risk management

There were a significant number of women, and a small number of men with diagnosed HIV, who were evidently disempowered within their relationships and were not always able to negotiate sex with which they were comfortable. Some women were reluctant to engage with a notion of TasP because they felt it removed their ability to insist their partner utilise condoms, which were still beneficial in terms of preventing pregnancy or other STIs.

“When they told him you can have sex without condoms for him it was like now we can sex without condoms all the time. For me, what I am scared of, what if he sleeps with other women who are HIV and don’t use medication or are not on treatment and then he come sleep with me without a condom? I am worried about what can happen to me.” [Woman with diagnosed HIV]

Conclusions & Recommendations

In order for people living with or affected by HIV to make informed choices about using the notion of TasP as part of their sexual risk management they need to have a good understanding of what ART means and how it works. A significant number of people in this study did not appear to have a sufficient understanding of their own treatment, and thus their infectiousness. Enhanced provision of treatment information is required for people with diagnosed HIV and their sexual partners.

Treatment as prevention represents a significant shift in how we think about HIV transmission risk. For decades the dominant discourse has been one of ‘use a condom every time’ and many individuals living with, or directly affected by, HIV may be uncomfortable with the idea of managing risk in other ways. Health promoters and health care professionals need to attend to these concerns when discussing TasP.

Any implementation of TasP-based interventions need to occur in combination with ongoing efforts to empower women, and people diagnosed with HIV, to negotiate sex and transmission risk in ways over which they have control.

Methods

The Plus One study involved 60 face to face interviews. People were eligible to participate if they were:

- black African, or in a relationship with a black African person
- in a sero-discordant relationship OR have had experience of a sero-discordant relationship within the previous year
- over 18 years of age

Participants were recruited through community based HIV & sexual health agencies across England (see ‘Acknowledgements’).

HIV STATUS

Diagnosed positive male

Diagnosed positive female

Diagnosed positive male

Diagnosed positive female

Negative or untested male

Negative or untested female

EDUCATION

Primary/elementary

Secondary/high school

University/college

Other

RELATIONSHIP STATUS

Currently in SD relationship

No longer in SD relationship

TIME IN RELATIONSHIP

Average (median) Range

3yr

1m-12yrs

AGE

Average (median) Age

Range

40

11.3

25-55 yrs

12.58

55 yrs

11.3

25-55 yrs

Interviews lasting between one and two hours, sought to explore:

- HIV status disclosure (or lack thereof)
- Impact of HIV on the relationship
- Sexual behaviour

This was not a ‘couples study’ – there was simply a requirement that people had experience of a sero-discordant relationship. The majority of interviews were conducted by black African peer interviewers drawn from community based HIV organisations who had given comprehensive training in qualitative interviewing (see acknowledgements).

References


Acknowledgements