Situating Antiretrovirals: Utilising situational analysis to topographically foreground antiretrovirals in analysing the discourses of HIV treatment as prevention
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Background on the project

- HIV treatment as prevention is an emerging biomedical prevention approach that seeks to utilise routine HIV testing, linkage to and engagement in care, and the consumption of antiretrovirals in order to suppress individuals’ viral loads, greatly reducing or eliminating the risk of onward transmission of HIV, as well as improving the health and wellbeing of the individual.

- According to Adele Clarke, it is important to study “the social life of things” (2005:153).

- Via the discourses of HIV treatment as prevention, antiretrovirals are being made up as things which both potentiate and disrupt the possibilities for their use as prevention technologies, and also provoke the anticipation of imagined futures.
Study Design and Methodology

- Multi-sited qualitative study of the professional discourses of HIV treatment as prevention with data collection taking place via 31 interviews with HIV professionals, ethnographic field work at 3 scientific meetings, and also the collection of extant documentary, material and visual discourse data.

- Data were first analysed using constructivist grounded theory (Charmaz 2006). Situational analysis methods (Clarke 2005) were then applied to these coded texts and memos to produce situational, social worlds/arenas, and positional maps.
What is Situational Analysis?

- Developed by Adele Clarke, in her time at the University of California, San Francisco, situational analysis is a analytic method or set of cartographical tools, which seeks to take traditional grounded theory, with its emphasis on the knowing subject and on action-centred ‘basic social processes’, around the postmodern turn to be more fully focused on the ‘situation’ itself as the unit of analysis.

- Situational analysis seeks to draw into analysis everything of analytic importance within the situation of inquiry, broadly conceived, including discourses and including especially the nonhuman and the material.
Social Worlds/ Arenas Mapping “lay[s] out the collective actors, key nonhuman elements, and the arenas of commitment and discourse with which they are engaged in ongoing negotiations” (Clarke 2005:xxii)
Positional Mapping “lay[s] out the major positions taken, and not taken, in the data vis-à-vis particular axes of difference, concern, and controversy around issues in the situation of inquiry” (Clarke 2005:xxii)
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Along with political/economic elements, major debates, implicated/silent actors & actants, discursive constructions of nonhuman actants, sociocultural & symbolic elements, spatial & historical elements, related historical, narrative & visual discourses.

Categories included in Situational Map:
Ordered Situational Mapping
Mapping: Emphasising analytic relationship between constructions of toxicities and antiretroviral

ARVs travel with baggage

WHO Treatment Recommendations

START study

ARVs as evolving

ARVs as not modern/outdated

Distrust of Big Pharma

WHO & UNAIDS

ARVs as toxic

SITUATING ANTIRETROVIRALS IN TREATMENT AS PREVENTION DISCOURSES
“In the early days of HIV with AZT, when everybody got anaemic, and everybody having alarms set to take their medications in the middle of the night, and people coming in for blood transfusions because of the side effects of the drug, but there was nothing else. But they gave us a respect for these drugs. And yes, we saw fabulous results. By the time we got to, are you going to take protease inhibitors which is eighteen pills a day? The idea that you’d offer that to somebody who wasn’t going to get a personal benefit was a non-starter. So you got an overlapping movement of technological expertise by a pharmaceutical sophistication and once you get to a product that is relatively clean and relatively easy, actually then the conversation changes. Because then you can begin to say, ‘You know what? You could take one pill once a day and most people are fine on it. And as far as we know it’s not going to compromise anything later on.’” (HIV clinician)
"I have been on Truvada for twelve years and last week they had to stop me because my kidneys are packing up. I have no effects of this. I mean, I don’t feel, I have no symptoms. They have picked it up because I go to hospital every quarter and they can do my blood test and can see the effects the Truvada is having on my kidneys. I’m just like multiply this for millions of people in developing countries where there is not even, you know, they are discussing about viral load tests. I really doubt they are going to be checked for their kidneys, their livers as closely as I have... I am also annoyed because a lot of better treatments are coming out, but those millions of people are not going to be treated with those. They’re going to be given, you know, Efavirenz and Truvada, which are very toxic. I’ve seen people who have taken those drugs. I’ve seen people taking those drugs for the past fifteen years, twelve years, as long as they’ve been around. Those drugs are toxic. I’m sorry but they can’t tell me, you know. I have the lived experience of myself and the community, you know, so I’m thinking you’re going to put those 34 million people in places where they don’t even have the monitoring? What is going to happen in ten, fifteen years? You know, how are we going to deal with that?" (Director of an HIV advocacy organisation)
The big question about compulsory treatment is how on earth would you do it? What are you going to do? Are you going to incarcerate positive people? God knows it's being tried in a few countries, but you can't practically do it these days in most countries in the world because there's too many of us. How are you going to do it? Interestingly, there is a technology out there whereby you might do it and that's the long-lasting injectable HIV drugs. I think we need to be very careful about them because we have to remember that there is a mechanism whereby you can compel people to take a long-lasting injectable drug and that is injectable antipsychotics. It's not beyond the bounds of possibility that somebody could steer through a law saying positive people are just as much a danger to the public as people with uncontrolled schizophrenia and therefore we must make them take their drugs.” (HIV advocate)
Thank you!


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