

A survey of HIV knowledge and use of health services among people from culturally and linguistically diverse populations in WA

Presented by Corie Gray BSc. Health Promotion

Supervisors: Dr. Roanna Lobo, Gemma Crawford and Associate Professor Alison Reid I acknowledge the Whadjuk Noongar people as the traditional owners of the land on which we meet today.

I pay my respects to them and their culture; and to elders past, present and future.



### Overview

- Historically, HIV predominantly spread through male-to-male sex<sup>1,2</sup>
- HIV transmissions have increased in Australia among those reporting heterosexual contact by 25% in the last decade (2004-2013)<sup>1</sup>
- Most noticeable among people born in high HIV prevalence countries, particularly those born in sub-Saharan Africa and South-East Asia<sup>1</sup>
- Largely late diagnosis (CD4+ cell count < 350 cells/μl at diagnosis) increasing the likelihood of subsequent morbidity and mortality, health care
  costs and the risk for onward HIV transmission<sup>3</sup>

<sup>&</sup>lt;sup>1</sup>The Kirby Institute (2014) HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2014. The Kirby Institute, UNSW, Sydney, NSW

<sup>&</sup>lt;sup>2</sup>The Kirby Institute (2015) HIV, viral hepatitis and sexually transmissible infections in Australia. Annual Surveillance Report 2015. The Kirby Institute, UNSW, Sydney, NSW.

<sup>&</sup>lt;sup>3</sup>Fisher M. (2008) Late diagnosis of HIV infection: major consequences and missed opportunities. Current Opinion in Infectious Diseases 21, 1-3.

### HIV surveillance - WA

#### In 2009-2013<sup>2</sup>

52% heterosexually acquired (n=287)

56% born outside of Australia - most were from sub-Saharan Africa and South East Asia

Heterosexually acquired 2009-2013

57% overseas born diagnosed late

<sup>&</sup>lt;sup>2</sup>Department of Health Western Australia (2015) The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia 2014. Department of Health, Western Australia, Perth, WA.

# Past surveys with CaLD

**2006-2008**<sup>1</sup>: Cross-sectional survey of Thai, Cambodian, Sudanese and Ethiopian communities (284 participants) in NSW. Paper-based questionnaires, intercepted at community events.

**2012-2013<sup>2</sup>:** Cross-sectional survey of South African, Ethiopian, Thai, Cambodian, Zimbabwean and Sudanese (1 406 participants) in NSW.

<sup>&</sup>lt;sup>1</sup>·Periodic survey of HIV knowledge and use of health services among people from culturally and linguistically diverse backgrounds, 2006-2008 <sup>2</sup>·A study assessing HIV knowledge, risk behaviour, health service usage and testing in people from culturally and linguistically diverse (CALD) backgrounds in NSW Australia

# Project aims

- **a.** To adapt an existing questionnaire on HIV knowledge, risk behaviour and use of health services to be culturally appropriate and relevant for use in WA.
- **b.** To explore appropriate methods of recruitment with CaLD populations in WA.
- c. To explore knowledge of HIV, risk behaviour and recent use of health services among CaLD groups in WA

## Target group

Sample size: 146

- 18 + years old
- Born in sub-Saharan Africa or South-East Asia (ABS SACC 2011\*)
- Recent arrival (less than two years)
- English-speaking (self-determined)



## Questionnaire

Developed with assistance from the project's advisory group – researchers and service providers who work with the target group.

**Demographics** – Religion, age, country of birth, time in Australia, sex, language, education, visa status

**HIV knowledge** - *Transmission routes, prevention* 

Perception of HIV –

**Sexual behaviour –** *Number of sexual partners, condom use, attitudes to condom use* 

**Access to health services –** *Medicare, factors that influence seeing a doctor, check-ups* 

**HIV testing** – Tested, reasons for and not testing

**Travel** – sexual behaviour in a high HIV prevalence country

### Recruitment

#### Intercept

- Approached at community events, groups, at service centre by Researcher
- Paper or electronic (i.e. iPad) option
- Response rate calculated
- Reason for non-participation will be asked where possible

#### Web-based

- Email through networks
- Flyer
- Social media



# Significance

- Provide a questionnaire relevant for use in CaLD communities
- Add to literature around involving CaLD communities in research
- Support further need for a proposed nationwide surveillance survey
- Inform public health interventions

# I am a migrant. I face these issues. I am unable to find a doctor who understands me **@UNAIDS**

Thank you