



Curtin University

GENERAL PRACTITIONER EXPERIENCES OF TESTING PEOPLE BORN IN SUB-SAHARAN AFRICA AND SOUTH EAST ASIA FOR HIV IN AUSTRALIA

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CONTEXT

- Australia's HIV epidemic has been primarily concentrated among men who have sex with other men
- In the last decade, there has been an increase in HIV notifications among people travelling to and from high HIV prevalence countries
- Around a third of HIV notifications among people born in sub-Saharan Africa (SSA) and South East Asia (SEA) are diagnosed late, increasing the likelihood of subsequent morbidity and mortality, health care costs and the risk for onward HIV transmission
- General practitioners (GPs) play an important role in Australia's HIV response, particularly in facilitating HIV testing among migrants
- Two previous studies found only 33 to 50% of people born in SEA or SSA had ever tested for HIV, despite seeing their GP regularly.

AIMS AND FUNDING

This piece of work is part of a larger project, that also involved capturing the perspective of people born in SEA and SSA

Objectives:

- To identify barriers and motivators to offering HIV testing from the perspective of clinical staff and general practitioners
- *To identify barriers and facilitators to HIV testing and assess the knowledge and perceived acceptability of new HIV testing strategies (rapid testing, self-testing kits and clinical testing) (go see our poster!)*

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- A Healthway Australian Health Promotion Association Graduate Scholarship
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METHODS

Eleven interviews were conducted with GPs in:

- Western Australia (n=5)
- New South Wales (n=2)
- South Australia (n=1)
- Victoria (n=3)

Phone interviews with GPs were semi-structured and lasted between 25 and 50 minutes. Audio recordings were transcribed verbatim in English and coded thematically.

The following themes are described:

- Interest and experience in HIV testing
- Opportunities for testing
- Language and interpreters
- Cross-cultural communication
- Pre-test counselling

INTEREST AND EXPERIENCE IN TESTING

Interest and experience in testing increased confidence to test. Some GPs reported being unsure who were priority populations for HIV testing.

“I think GPs do a particularly bad job... there’s too much judgement layering when those individuals go to their GP, many will not disclose their sexuality and the GPs feel uncomfortable asking about it,” – GP 09

OPPORTUNITIES FOR TESTING

Timing and context were described as incredibly important in determining when to ask a patient if they would like an HIV test

“Obviously you don’t pounce on someone when they have a cough and say ‘oh, by the way, what about your HIV status,’” – GP 03

LANGUAGE AND INTERPRETERS

GPs described challenges securing an interpreter who was confident discussing sexual health, who was of the same gender and was not known to the patient. GPs put off asking about sexual health and HIV.

“...It’s more of an issue for me because I haven’t asked her the question because I haven’t known how it would go down... I was anxious about how she would cope with me asking that through a male interpreter,” – GP 08

CROSS-CULTURAL COMMUNICATION

GPs believed that many SEA and SSA communities are conservative in regards to willingness to discuss sexual health. Some avoided or delayed conversations about sexual health due to fear of offending a patient.

“I don’t want them to think I’m making assumptions about them,” – GP 08

PRE-TEST COUNSELLING

GPs described the importance of pre-test counselling for HIV. Some patients knew very little about HIV and held a number of incorrect beliefs. Having enough time to discuss transmission, treatment and potential issues if diagnosed positive was important for GPs.

“Patients won’t get tests with informed consent unless they feel that they have enough education about the testing they are getting and I don’t think it’s fair to just test... I think there is a lot of fear around HIV testing... there is a lot of stigma,” – GP 02

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SO WHAT?

- Migrants born in SSA and SEA are considered a priority group for HIV testing in Australia, and regularly visit their GP. However, many have never tested for HIV.
- The framing of HIV testing as a 'routine' public health practice, alongside access to interpreters confident in discussing HIV and navigating cultural gaps, could increase GPs readiness to initiate HIV testing.
- Broader public health initiatives tailored for priority communities that focus on addressing HIV-related stigma and that encourages uptake of testing could assist in reducing late diagnosis.

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