WHAT IS THE ISSUE?
Over the past decade Australia has seen an increase in Human Immunodeficiency Virus (HIV) notifications among people born in sub-Saharan Africa (SSA) and South East Asia (SEA). People born in these regions have the highest rates of HIV diagnosis by region of birth and are overrepresented in late or advanced presentations of HIV infection. Previous research from New South Wales indicates that migrants from SSA and SEA attend health services in Australia regularly, but only 50% have ever tested for HIV.

WHAT DID WE DO?
Eleven focus group discussions were held with 77 people born in SSA and SEA, who were living in Western Australia (WA), New South Wales (NSW), South Australia (SA) and Victoria (Vic). We asked what stopped them from testing for HIV, and what we could do to increase testing. Additionally, eleven interviews were conducted with general practitioners (GPs) in WA, NSW, SA and Vic on their experiences testing patients for HIV from these two regions.

KEY FINDINGS
- Many participants knew very little about HIV in Australia – particularly where to go for testing.
- Most people had seen very little HIV-related material (such as pamphlets or online information) – when they did, it was mostly targeted at men who have sex with men. The images used did not reflect people from their communities.
- Many people did not want to test for HIV due to fear of testing positive. This fear came from the perception of HIV as a ‘death sentence’ (particularly knowing of people who had died from AIDS-related illnesses); hearing negative stories about other people living with HIV being isolated or ‘disappearing’ from communities; criminal cases of HIV being reported in the media; or stories of people on temporary visas who are living with HIV being unable to obtain permanent residency.
- Many participants wanted HIV testing to be offered by GPs. They wanted it to be included as part of a general health check-up, rather than focusing on specific behaviours. For those who weren’t regularly visiting a doctor, they wanted HIV testing offered at community events and/or settings or at home.
- Most GPs described concern about offering HIV testing to these groups. There was a fear of offending patients (i.e. suggesting that that person was having sex when they were not married); causing anxiety (i.e. patients afraid of dying or being isolated from community); or being seen as ‘targeting’ someone because of their country of birth. Having to do testing through an interpreter complicated this more if they did not know the interpreter.

RECOMMENDATIONS
Findings demonstrate a need to broaden the salience of HIV messages for less visible population groups (beyond Australian men who have sex with men). Opportunities to increase HIV testing include GPs offering testing as part of a general health check-up; and exploring new and novel ways to increase access to testing including consideration of rapid testing or self-collection kits in community-based settings.
FINDINGS IN MORE DETAIL
We found that the barriers to accessing HIV testing for people born in sub-Saharan Africa and South East Asia are complex and include both structural and sociocultural factors. An overview of the common barriers, and barriers unique for each group, are shown below.

SUB-SAHARAN AFRICA
- Social isolation of people living with HIV
- Experiences of an ‘AIDS’ epidemic
- Low engagement with health services
- Low visibility of HIV
- Stigma about HIV transmission

SOUTH EAST ASIA
- Concerns about confidentiality
- Fear of judgement from health service providers on behaviour

COMMON
- Community not visible in HIV-related material
- Limited opportunities to test for HIV
- Fear of deportation if tested positive
- Low individual risk perception
- HIV a ‘death sentence’

ASIAN MEN WHO HAVE SEX WITH MEN
- Fear of homophobia from health service providers
- Concerns about confidentiality – particularly sexual behaviour

INTERNATIONAL STUDENTS
- Concerns about hidden costs for accessing health services
- Fear of not being able to finish studies or obtain permanent residency if tested positive

We found that most GPs initiated HIV testing with their patients, with very few patients requesting a test. Barriers and motivators for GPs testing patients from sub-Saharan Africa or South East Asia for HIV are shown below.

MOTIVATORS
- Interest and experience in HIV
- Patient requests screening

BARRIERS
- Not sure of priority groups for HIV
- Fear of offending patient
- Cross-cultural communication
- Short consult times

Interpreter (depending on quality)

WANT THE FULL RESULTS AND RECOMMENDATIONS?
More information on this project is available at the WA SiREN (Sexual Health and Blood borne Virus Applied Research and Evaluation Network) website - https://siren.org.au/project-overview-barriers-to-hiv-testing/

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