# Curtin University

# "I WANT TO TEST BUT I'M AFRAID" BARRIERS TO HIV TESTING FOR PEOPLE BORN IN SOUTH EAST ASIA AND SUB-SAHARAN AFRICA

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## CONTEXT

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 living in Australia who were born in SSA and SEA have the highest rates of HIV diagnosis by region of birth and are overrepresented in late or advanced presentations of HIV infection.

New testing technologies for HIV such as rapid testing, self-collection, and self-testing have recently been made available in Australia. Little is known about the acceptability of these technologies among people from SEA and SSA.

## PROJECT METHODS

Eleven focus groups exploring barriers to HIV testing were conducted in Western Australia (n=7), South Australia (n=2), New South Wales (n=1) and Victoria (n=1). Where possible peer facilitators were used to conduct the focus groups to increase cultural security and to provide opportunities for peers to be involved in a large multi-jurisdictional research project.

Focus groups participants (n=77) had diverse experiences and backgrounds and included women, men who have sex with men, individuals on temporary visas and people who had arrived recently (less than 5 years) in Australia.

Discussions ran for approximately 90 minutes, were audio recorded and transcribed verbatim. Data was thematically analysed using Nvivo software.

## CALL TO ACTION

Findings demonstrated a need to broaden the salience of HIV messages for other priority population groups (beyond Australian men who have sex with men).

Opportunities to increase HIV testing may include GPs offering testing as part of a general health check-up. Exploring new and novel ways to increase access to testing including consideration of rapid testing or self-collection kits in community-based settings is also critical.

## FINDINGS

Across the focus groups we found that participants' understanding of HIV and readiness to test were influenced by:

### **ACCESS TO HEALTH SERVICES**

For many participants from SSA, many commented on the need to be obviously physically sick (where it was recognisable to others, to the point of being on their 'death-bed') to access services.

"...here for ten years and I don't have malaria or anything, I don't go to a doctor... you only see the doctor when you are sick" - Male, South Sudan

#### **EXPERIENCES FROM HOME COUNTRY**

For men who have sex with men from SEA, experiences of homophobia in social, political and healthcare settings in their country of birth resulted in a reluctance to test for HIV or to seek information about gay communities and safe sex.

"I never really checked in Indonesia, once you get HIV, there is nothing you can do. You die... and also -you can be arrested for being you" - Male, Indonesia

### VISIBILITY OF HIV IN AUSTRALIA

Most participants noted that HIV was often considered a 'taboo' topic – both in their country of birth and in Australia. For many participants, this was the first time they had heard HIV openly discussed in Australia.

"I've been in Australia for 14 years now, and I've never seen anything on HIV" - Male, South Sudan

#### 'OTHERING' OF RISK PERCEPTION

Most participants described HIV as being for 'others'. This was either a perception that HIV could not happen to them, or that it only happened to people engaging in a particular behaviour.

"...you also don't think that you are part of that AIDS...you just exclude yourself from it, you are not part of it..." - Male, South Sudan











