HIV KNOWLEDGE AND USE OF HEALTH SERVICES AMONG PEOPLE BORN IN SUB-SAHARAN AFRICA AND SOUTH EAST ASIA LIVING IN PERTH, AUSTRALIA

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In Australia, Human Immunodeficiency Virus (HIV) notifications among people born in sub-Saharan Africa (SSA) and South East Asia (SEA) have increased over the last decade; and over half of these notifications are late or advanced. Research regarding migrants' experience and risk of HIV within Australia has to date been limited and has been mostly qualitative, and focused on experiences of service providers.

There is no regular behavioural surveillance of HIV testing for this group, despite being a priority population for HIV prevention in Australia. In developing an Australian national survey, there are two main considerations: a) the development of a reliable questionnaire tool that is appropriate to both the population group and end users of the results; and b) an appropriate recruitment method for involving participants.

PROJECT METHODS

This project:
• developed a survey tool on HIV knowledge and use of health services
• tested reliability through test-retest using intra-class correlation coefficients (ICC)
• conducted a cross-sectional survey using intercept and online recruitment

209 people born in sub-Saharan Africa and South East Asia, who had arrived in Australia less than ten years ago and were living in Western Australia, participated in the cross-sectional survey.

The project was overseen by a project advisory group (n=8) with individuals from research, government and non-government organisations.

FINDINGS

ICC results indicate that the survey is a reliable tool. 70% of participants were recruited through online networks. Challenges were experienced in recruiting via face-to-face.

Participants had a reasonable knowledge of HIV transmission, but held a number of incorrect beliefs.

Two-thirds (65%) of participants reported a barrier to accessing health services in Australia. Just over a third (34%) of participants had ever tested for HIV, despite indicating that they believed HIV testing was important.

Lessons learnt in implementation included:
• Participants were able to be recruited through online networks.
• Forming relationships with community takes time and should not be underestimated.

CALL TO ACTION

This project indicates a very low rate of HIV testing among this priority population. We need targeted interventions that extend beyond knowledge to increase HIV testing rates among this population, to improve early diagnosis of HIV and reduce onward transmission of HIV infection within these communities.

Challenges in involving community in this project highlight that sufficient time and resources for engaging community needs to be allocated when designing health promotion programs, developing policy and conducting research. Collaborative action is required to address HIV —researchers, policy makers, health promotion professionals and affected communities working together is critical to meet Australia’s goal of zero new HIV infections by 2020.