

# BEST PRACTICES IN THE ADMINISTRATION OF SEXUAL HEALTH AND BLOOD-BORNE VIRUS SURVEYS IN MIGRANT POPULATIONS: LESSONS FROM THE LITERATURE

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## **BACKGROUND**

Migrants are a priority population for the prevention and control of HIV and other sexually transmissible infections (STIs) and blood-borne viruses (BBV). Consequently, there has been a growing number of STI and BBV surveys specifically administered to migrant populations. Quality data sources are needed to ensure that strategic initiatives are meeting migrants' needs. The purpose of this scoping review was to identify, and compare the strengths and limitations of, different modes of administering sexual health and blood-borne virus surveys to migrant populations.

# **METHODS**

The methodological framework for scoping reviews developed by Arksey and O'Malley (2005) and refined by Levac, Colquhoun, and O'Brien (2010) was applied. This scoping review was conducted as a sub-study of a broader review examining modes of administering health surveys to migrant populations. Consequently, the search strategy combined terms relating to three concepts – surveys, migrants and modes of survey administration. The terms were entered into the databases Embase, Medline and Web of Science (Core Collection). Supplementary searches were conducted in Google, Google Scholar, and Proquest Theses and Dissertations. Studies were screened for inclusion by two researchers. Studies were included if they: (1) utilised surveys which were specifically aimed at overseasborn migrants (or specifically analysed data from migrant sub-groups); (2) the surveys related to the prevention, transmission or management of STIs and BBVs; and (3) the mode of survey administration was described. Studies published prior to 2000 or in a language other than English were excluded.

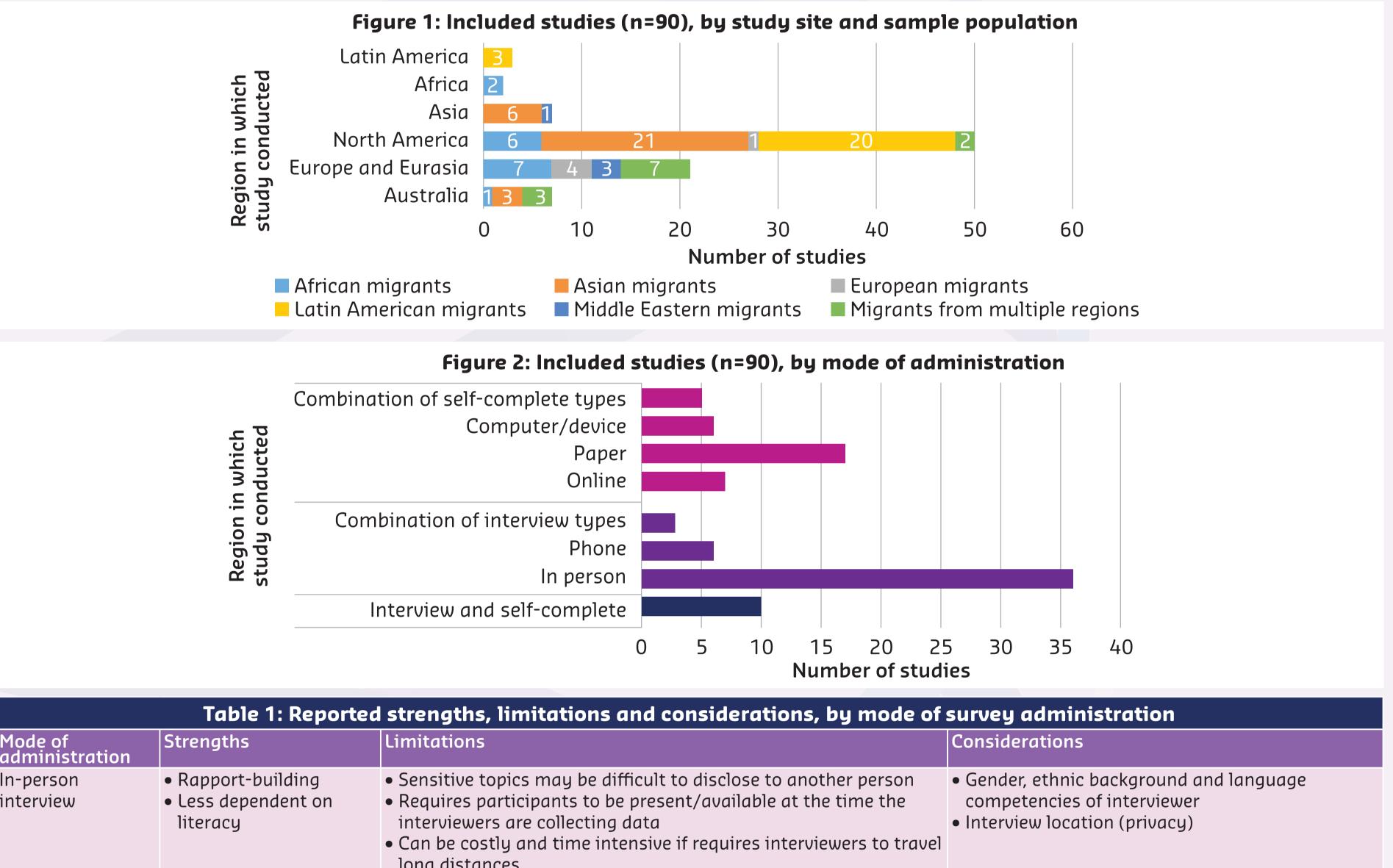
### RESULTS

Ninety studies were included in the study. As shown in Figure 1, the majority of studies (n=50) were conducted in North America, followed by Europe/Eurasia (n=21), Australia (n=7) and Asia (n=7). Globally, the majority of STI and BBV surveys were administered to migrants from Asia (n=30) and Latin America (n=23). Only four included studies reported data from STI and BBV surveys administered to migrants from Middle Eastern countries.

Figure 2 shows that 'interview only' was the most common mode of survey administration (n=45), comprising 'in-person' interviews (n=36), phone interviews (n=6) and a combination of the two (n=3). Thirty five studies reported data from 'self-completed' surveys only, with pen and paper being the most common method of completion (n=17) followed by online (n=7), completion using a device (e.g. iPad) (n=6) and a combination of self-administered methods (n=5). Few studies (n=10) combined interview and self-completed methods of survey administration.

Potential methodological limitations were reported with all modes of administration and are summarised in Table 1, along with potential strengths and considerations for best practice.

It was not possible to determine whether specific modes of administration were associated with higher response rates. Response rates were only reported in 50% of studies and other variables relevant to response rates were also unreported; for instance, 29% of studies did not report whether survey translations were available.



	Number of studies		
Table 1: Reported strengths, limitations and considerations, by mode of survey administration			
Mode of administration	Strengths	Limitations	Considerations
In-person interview	<ul> <li>Rapport-building</li> <li>Less dependent on literacy</li> </ul>	<ul> <li>Sensitive topics may be difficult to disclose to another person</li> <li>Requires participants to be present/available at the time the interviewers are collecting data</li> <li>Can be costly and time intensive if requires interviewers to travel long distances</li> <li>Limited to languages spoken by interviewers which may result in sampling bias</li> </ul>	<ul> <li>Gender, ethnic background and language competencies of interviewer</li> <li>Interview location (privacy)</li> </ul>
Phone interview	<ul> <li>Versions of the survey can be prepared in multiple languages</li> </ul>	<ul> <li>Sample limited to those with listed phone numbers</li> <li>May create privacy issues if other people in household are present</li> </ul>	• Languages spoken by interviewer
Online	<ul> <li>Anonymity can reduce reporting bias</li> <li>Can facilitate greater geographical sample diversity</li> </ul>	<ul> <li>Sample limited to those who have access to or are proficient with technology</li> <li>Difficult to calculate response rates</li> </ul>	<ul> <li>Languages available</li> <li>Where/how survey link is made available to limit sampling bias</li> </ul>
Paper-based self-administered	<ul> <li>Anonymity / privacy</li> </ul>	• Requires literacy	<ul><li>Languages available</li><li>Clarity of instructions about survey completion</li><li>Length of survey</li></ul>

## SO WHAT?

Rigorous survey design must take into account the sensitivity of the subject matter and participants' language and technological proficiencies. It is recommended that future STI and BBV surveys in migrant populations are administered using a combination of techniques to maximise reach and minimise selection and response biases. Future studies should follow existing guidelines for the reporting of survey research.

# **WANT MORE INFO?**

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### References

- 1. Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework *International Journal of Social Research Methodology, 8*(1), 19-32.
- 2. Levac, D., Colquhoun, H., & O'Brien, K. (2010). Scoping studies: advancing the methodology Implementation Science, 5(69).