HIV risks and prevention: Themes from a community forum among African community members in Queensland

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Abstract

Introduction: Significant health disparities persist regarding new/late HIV diagnoses among HIV sub-Saharan African communities in Australia . A wide range of personal and cultural beliefs and practices significantly influence HIV risk and prevention both within Australia and during return visits to countries of origin.

Method: A community forum was conducted which included 23 male and female adult members of African community agencies/networks and stakeholders. The forum was facilitated by cultural workers and an experienced clinician/researcher. The forum consisted of small and large group discussions regarding key topics with responses transcribed verbatim. Thematic analysis was utilised to analyse data collected at the forum. Ethics approval was obtained.

Results: Issues of stigma and denial, social norms, tradition and culture permeated perceptions and beliefs regarding HIV prevention and transmission among African Australians, particularly in relation to return travel to countries of origin.

Conclusions: The role of international travel as a risk factor for HIV acquisition requires increased examination and review, as do the role of the GP and Pre-exposure prophylaxis (PrEP) as responses to that risk. Further assessment of PrEP as an appropriate and feasible intervention within the community is needed with careful attention given to negative community perceptions and its potential impact on individuals.

Introduction

Significant health disparities persist regarding new/late HIV diagnoses among Sub-Saharan African (SSA) community members in Australia. Rates of new HIV notifications and late HIV diagnoses in Australia are significantly higher among members of specific culturally and linguistically diverse (CALD) communities in particular, among sub-Saharan Africans (SSA). In SSA notification rates of 13.7 per 100,000 compared to 3.5 per 100,000 in Australian born populations(1). In 2015, there were 206 heterosexual HIV notifications in Australia, of which 36% were among people from high prevalence countries (HIV prevalence ≥ 1%)(1). Further, the proportion of late diagnoses is highest among people born in SSA (43%). Of note, approximately 60% of this group arrived in Australia within the previous five years, suggesting HIV acquisition prior to arriving in Australia.(1) Nonetheless, HIV acquisition through pre-migration, as well as during return visits to home countries (post-migration) may be underestimated(2, 3).

A wide range of personal/cultural beliefs and practices significantly influence HIV risk and prevention approaches both within Australia and during return visits to home countries. A community forum ('research workshop') was conducted with members of African communities, agencies/networks and stakeholders to identify potential (current) risks for HIV infection amongst Queensland SSA community members (in Australia and during travel to home countries). The objective of the forum was to provide an opportunity for community leaders and workers to discuss:

- concerns about the nature and level of HIV risk exposure and behaviours within Queensland SSA communities
- the nature and level of risk for HIV infection among members within Australia and travelling to home countries
- the potential for PrEP to be accepted as a prevention strategy, as well as other prevention approaches

PrEP
- HIV can be prevented by taking PrEP
- When exposed to high HIV risk PrEP stops the virus from developing into a permanent infection
- PrEP must be taken every day (consistently) for 3-months
- Has been shown to reduce HIV risk by up to 92%

(Centers for Disease Control and Prevention (2016). Pre-exposure prophylaxis (PrEP). Retrieved from http://www.cdc.gov/hiv/risk/prep/)

Discussion topics	Semi-structured discussion questions
1. Risks in Australia	*Who is most at risk in the African communities?* *What behaviours put them at higher risk?*
2. Risks travelling to home countries	*Who is most at risk, when travelling back home?* *Why are they at higher risk?*
3. Prevention approaches	*What is working to prevent HIV, Here? In home countries? Past? Current?* *How has HIV prevention been promoted?*
4. PrEP acceptability and feasibility	*Do you think PrEP would be acceptable in your community?* *What are the barriers for using PrEP?*

Method

A Descriptive Qualitative Design was employed, using purposive sampling, to recruit participants who could supply critical and relevant information, and to enable in-depth information gathering from smaller, targeted groups. Participants needed to be familiar with African cultural practices and health issues, and possess English fluency. The forum consisted of 23 male and female adults who participated in small and large group discussions (facilitated by cultural workers and an experienced clinician). Key topics with responses were transcribed verbatim, and thematic analysis was utilised to analyse data collected. Ethics approval was obtained

Main themes with illustrative quotes

Major Themes	Subthemes
Risks factors for HIV transmission	i. Risks in Australia "people think now they are in Australia, there is no problem…[no] risk" i. Gender, cultural norms and youth - *Gender* "Women are often regarded as less superior to man" - *Cultural norms* "Polygamy more acceptable and encourages men to have multiple partners" - *Youth* "Youth don't want to wear condoms…not living at home with parents" i. Risks during return visits to home country …when returning to Africa "men are considered wealthy and have more women and are tempted to do silly stuff...play around…have lots of unprotected sex".
Prevention	i. Barriers to prevention -*Stigma* "[stigma] impacts on education…(people) don't want to talk about sex or condoms" Cultural shame "Community leaders don't know who are infected…people don't talk about sex or HIV" i. Prevention during return visits to home country - *Health information* "Travellers should be provided counselling before they leave Australia." - *Health promotion* "This is difficult for us to ask, the tests should be done automatically, not us asking…In Africa doctors test for everything, consent is not necessary" - *PrEP* "This might be linked to commercial sex work or male being promiscuous. This would have a negative impact. African communities are complex"

Conclusion

Discussions highlighted a range of transmission risks and prevention approaches among SSA community members, and the potential barriers to effectively reduce risks. Forum members highlighted the influence of traditional cultural norms, stigma, confidentiality and adherence issues, and the complexities inherent in reaching these heterogeneous community members from 54 countries, with multiple languages. The forum identified a wide range of personal and cultural beliefs and practices that have an explicit and implicit effect upon transmission rates and use of prevention strategies. In particular, the role of international travel as a risk factor for HIV acquisition needs better analysis, as do the role of the GP and PrEP as responses to that risk. Individualised risk reduction strategies were deemed necessary for each context and would require collaborative community efforts.

References

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