Lessons from HIV Prevention England campaign research: knowledge, attitudes and behaviours of key populations

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Background

The Terrence Higgins Trust has evaluated the success of the It Starts With Me campaign since 2015. The campaign, which is run in conjunction with National HIV Testing Week, aims to increase the proportion of people in target audiences to test for HIV at least annually. As well as giving direction to improve the campaign, the research provides significant insight into the knowledge, attitudes and behaviours of two key audiences, gay & bisexual men (GBM) and Black African heterosexuals (BA).

In addition to this annual survey, in 2022 THT commissioned qualitative research to gain insight into the processes and factors that influence the needs, knowledge, attitudes and behaviours on HIV and also STIs amongst a wider range of the programme's key target populations. The research identified drivers of prevention behaviours (both barriers and facilitators) through developing an understanding of the awareness, knowledge, attitudes and beliefs that exists within different communities.

Insight will be used for the purpose of reviewing existing campaigns, developing new campaigns, and adjusting campaign strategies to ensure they are effective for target audiences.

Method-quantitative survey

Most surveying is done via online research panels but these rarely ask sexual orientation and only a limited number ask ethnicity. To find the audiences therefore, THT places ads for the survey on social media using the same algorithm as used for the social media element of the campaign

This works very well for GBMs, we get many completed surveys a year, primarily from Facebook /Instagram and dating apps. It is harder to target BA, and has become harder, so in 2022 we also used online research panels. Happily we found the results from the different methods were not much different.

Whilst any GBM and BA can complete the survey (they are not screened out on age etc) in analysis we focus on those in the age groups targeted by the campaign; GBM aged 16-49 and BA aged 25-64

GBM - 2022

1400 completed surveys

BA - 2022

283 completed surveys

Methods-qual

40 individual depth interviews

1hour Zoom Interviews

7 Workshops*

*Including 17 additional participants who have not already been interviewed

Analysis

Analysis of 40 in-depth interviews

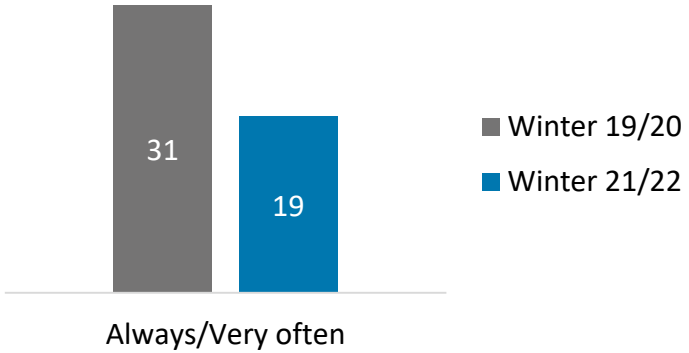
Developed and tested behaviour maps with participants

Sample

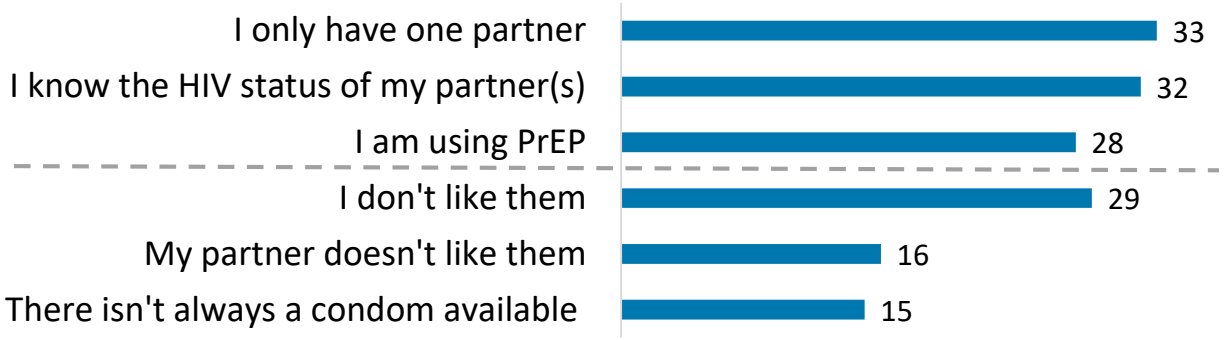
- Gay / bisexual men (**GBM**)
- Black African heterosexuals (**BA**)
- Transgender people
- Black Caribbean heterosexuals **(BC)**
- White migrants from countries with high prevalence of HIV
- White heterosexual individuals from UK areas with high prevalence of HIV

GBM & Condoms

1 Regular usage has fallen, partly reflecting increased use of PrEP. Use falls slightly with age (23% of 16-24 use always/ very often)



2 Among those not always using condoms, three quarters give one or more reasons to do with their 'status', half give reasons of preference or convenience



3 Understanding of the role of condoms in preventing HIV transmission is very high among the GBM audience:

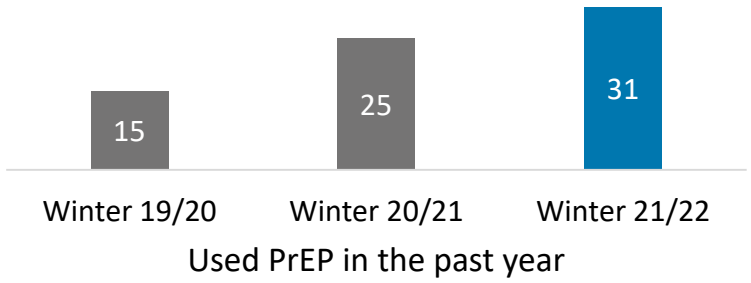
94% Agree 'condoms are one of the most important tools in stopping spread of HIV'

87% Disagree 'you don't need an HIV test if you use condoms'

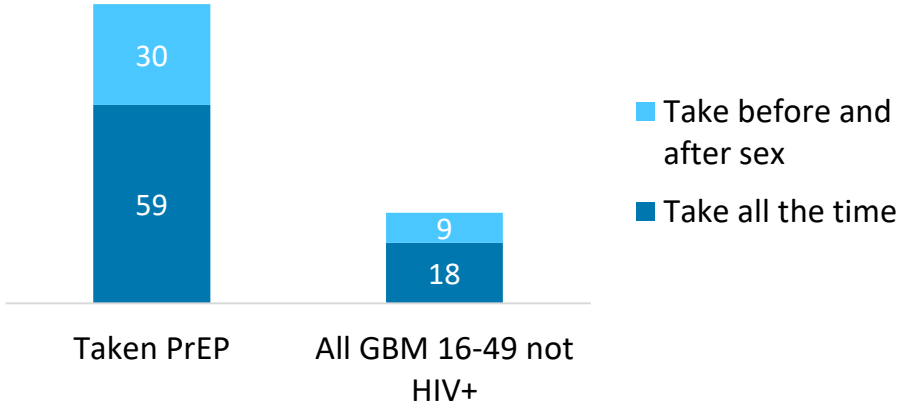
But only **20%** Agree 'most people I know always use a condom', with an increasing 53% disagreeing

GBM & PrEP

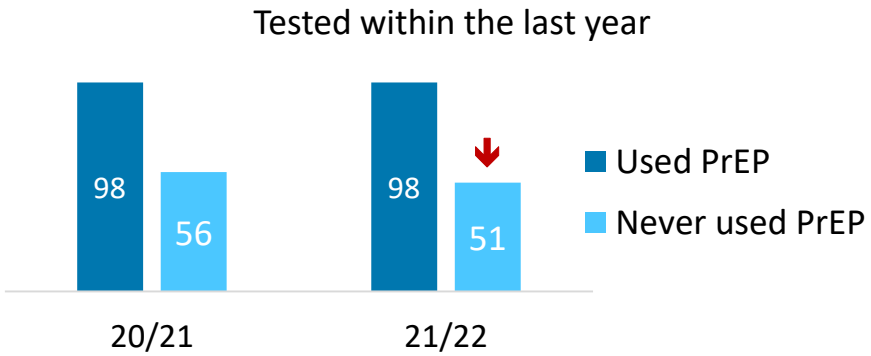
1 Almost all GBM have heard of PrEP (97%). Three in ten GBM 16-49 have used PrEP in last 12 months

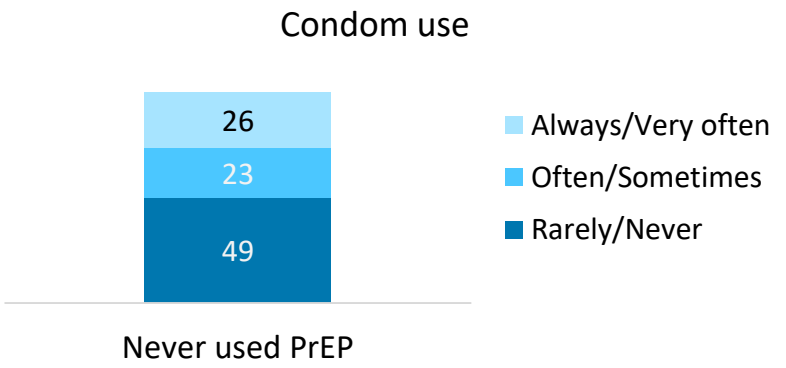


2 Six in ten PrEP users in last year take PrEP all the time. This translates to just under one in five GBM 16-49 who are not HIV +



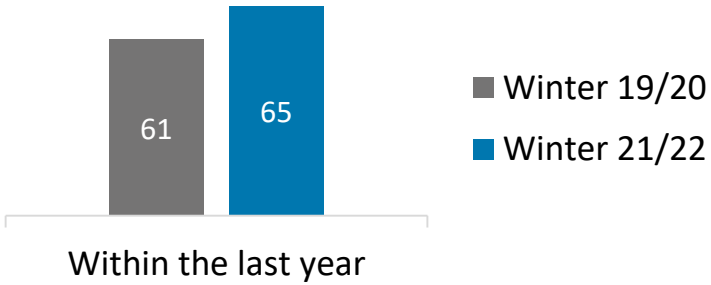
3 Whilst all PrEP users get tested, only half of those not using PrEP have tested for HIV in last year. Further, half of those who have never used PrEP rarely or never use condoms



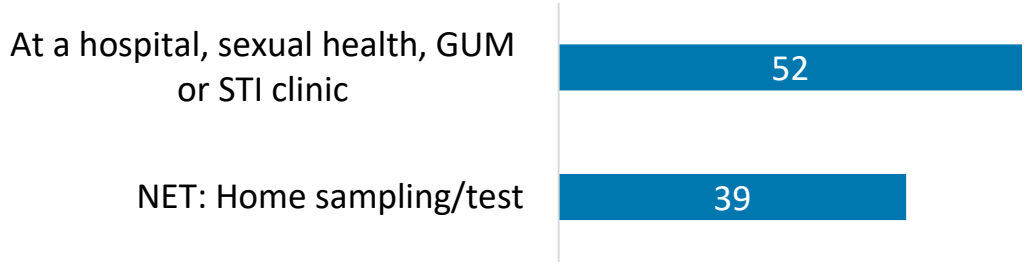


GBM & HIV Testing

1 Overall, the proportion of GBM who have tested in the last year has increased slightly



2 Of those who have tested, half did their last test at a medical facility



3 The proportion of GBM recognising the importance of HIV testing is high, both in general and for themselves, and a high proportion know how to test. However only half agree that *lots of people they know test regularly for HIV*

83% Agree 'It is important that as a gay/bisexual man I test for HIV at least annually'

86% Already knew 'You can get tested either in a clinic or test yourself at home'

47% Agree 'Lots of people I know get regularly tested for HIV'

Among GBM knowledge, attitudes and behaviours vary significantly by age, and to a lesser extent London /not

GBM aged 16-24 …

- Are less likely to know how to get tested, have the confidence to get tested, think testing is quick and easy, or know it is free of charge
- Are less likely to have used PrEP in last 12 months and know how to get PrEP
- Are less likely to test annually, and are more likely to say they have no reason to think they have HIV. Lower use of PrEP means testing is more tied to having unprotected sex than being a regular event
- Those who do test are more likely to test at home and less likely to use a clinic than older age groups

Need more focus and support to ensure they test regularly and understand the potential value for them of PrEP

GBM living in London…..

- Generally have higher knowledge about HIV, PrEP, TasP and HIV testing
- Are more likely to agree lots of people they know test regularly
- Are less likely to be using a condom regularly and more likely to have used PrEP in last year (52% vs 31% not in London)
- Aligned with higher use of PrEP, are more likely to know where to get PrEP and to be testing for HIV at least annually

London remains a more informed community, and likely to have better access to services

Drivers of GBM preventative behaviours

HIV and STI Prevention	1. Generally knowledgeable and likeliest to use newer treatments. 2. Casual sex prevalent and view that condoms are in decline.

Driver 1: Background/nationality

Impact on prevention behaviours: Having multiple partners and having condomless sex on PrEP was more common in the latter group. The former group was more likely to be monogamous and less likely to talk about STIs with partners.

Driver 2: Understanding of medicine

Impact on prevention behaviours: Those without a strong medical knowledge were divided. Some had less sex and some tried behaviours not recommended by medical bodies, such as taking doxycycline before sex to prevent some STIs.

Driver 3: Level of trust in healthcare services

Impact on prevention behaviours: More likely to seek information elsewhere e.g. friends, online, through journals and less likely to follow UKHSA/NHS guidance.

> *"[I distrust] the government from time to time and the NHS. I'm not talking about individuals within the NHS but the corporate body. I'm talking about history here – the campaigns running in the 80s were actually appalling. Those are things that lead to systemic distrust."* (GBM, depth interview)

Transgender people

HIV and STI Prevention	1. Generally knowledgeable and likely to use newer treatments 2. Engaged with/knowledgeable about health services due to transition 3. Affected by gendered health system meaning that screening can be confusing/uncomfortable

Driver 1: Gendered healthcare system

Impact on prevention behaviours: More reluctant to engage in sexual health screening unless known to a clinic and key staff.

"From the point of view of a Trans woman, it can be quite confusing within the NHS because once you register as female, you start getting directed information as a woman. For example, I am constantly asked to come in for a smear test and I don't have a cervix". (Trans workshop)

Driver 2: Relationship with services

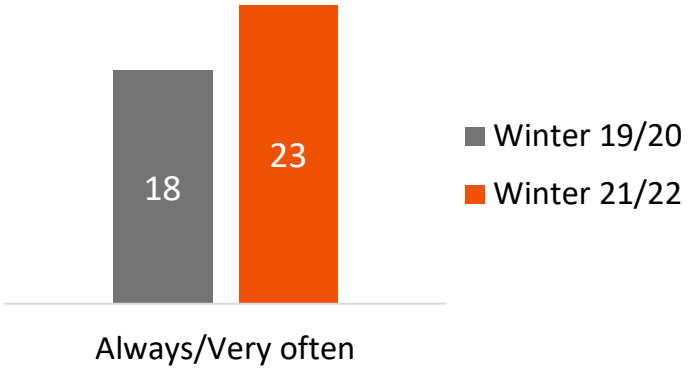
Impact on prevention behaviours: Feel more comfortable discussing sexual health with partners, but also feel more comfortable educating friends and the wider community about safer sex and screening.

Driver 3: Sex positivity

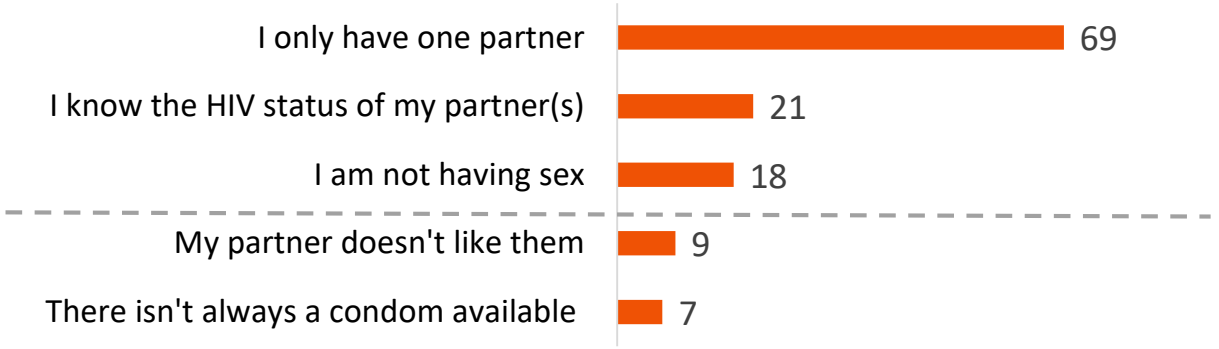
Impact on prevention behaviours: More likely to be informed about sexual health or to have gone on Prep, however still some complacency for vagina-vagina sexual relations.

Black Africans & Condoms

1 The proportion always/ very often using condoms is unchanged over time and is similar to the GBM audience



2 Among those not always using condoms, the vast majority give only having one partner as the reason



3 Although lower than GBM, knowledge of the importance of condoms was still relatively high among BA, with a higher social norm of use of condoms.

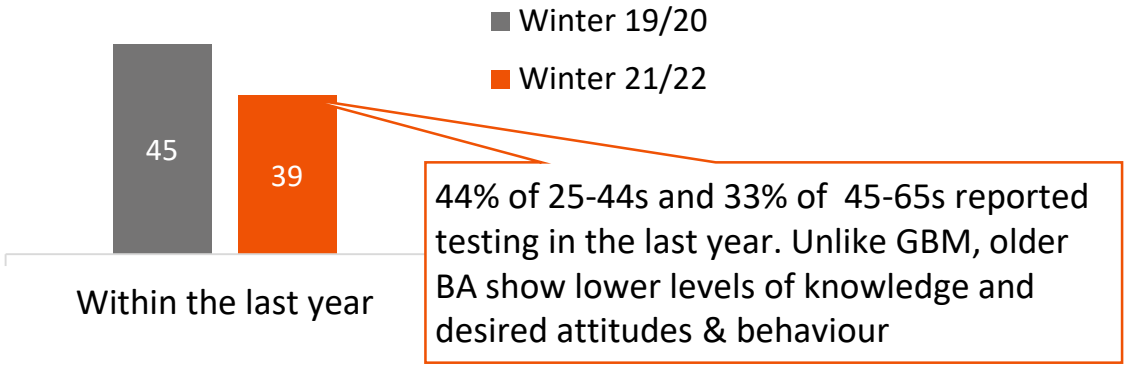
82% Agree 'condoms are one of the most important tools in stopping spread of HIV'

73% Disagree 'you don't need an HIV test if you use condoms'

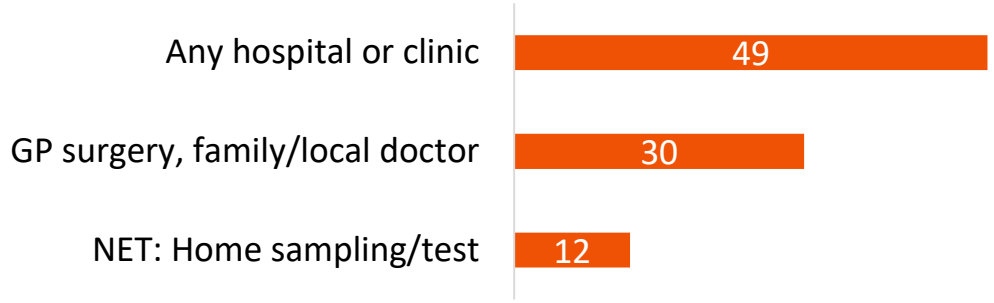
40% Agree 'most people I know always use a condom', with disagreement falling, now at 21%

Black Africans & HIV Testing

1 The proportion of BA testing in the last year is much lower than among GBM. Proportions are similar by gender but lower among older BA



2 Of those who have tested, half did their last test at a medical facility



3 The proportion of BA recognising the importance of HIV testing is increasing but only half know about the option of testing at home and having an HIV test is not a social norm

74% Agree 'It is important that I test for HIV at least annually'

52% Already knew 'You can get tested either in a clinic or test yourself at home'

29% Agree 'Lots of people I know get regularly tested for HIV'

Drivers of Black African heterosexual preventative behaviours

HIV and STI prevention	1. HIV is not seen as relevant. When STIs are considered, they are also seen as treatable 2. Community norms and values and the negative stigma that derives from 'traditional' views about sex is a barrier in taking preventative action for this community

Driver 1: Trust

Impact on prevention behaviours: reduced screening of young people and a lack of open conversations or condom use in monogamous relationships (despite knowledge of infidelity)

"I'm more of a treatment than prevention kind of gal"

Driver 2: Gendered attitudes toward sex

Impact on prevention behaviours: Leads to a lack of open conversation or use of condoms. Women are scared to be caught screening (home or at a clinic).

"Men can sleep around, get an STI while being in a relationship and its fine"

Driver : Religion

Impact on prevention behaviours: Leads to a reduction in screening (including home testing) due to perceived shame if discovered.

"There are churches that don't believe in modern medicine - God will heal you"

Black Caribbean heterosexuals

HIV and STI prevention	1. HIV is not seen as relevant, and when STIs are, they are also seen as treatable 2. Community norms and values linked to HIV as a condition affecting men who have sex with men rather than applicable to all; a barrier in taking preventative action for this community

Driver 1: Trust

Impact on prevention behaviours: occasional screening among young people and a lack of open conversations or condom use in older heterosexual monogamous relationships as condom use presumed infidelity

"If I suggest using condoms with my partner he's going to assume I've cheated"

Driver 2: Generational gaps or sharing of knowledge

Impact on prevention behaviours: when sexual education and health is not part of community conversations there is a limited open conversation and ability to spot signs of poor sexual health early which leads to risky decisions

"I think a lot of sex education is heavily placed on school and teachers. With people in my community it's never a family thing that this is something important or necessary to talk about because it goes straight to 'I don't want you to have sex and get pregnant or you're too young to know about these things'"

Driver 3: Education

Impact on prevention behaviours: more aware of prevention strategies as well as treatment methods

White migrant heterosexuals

HIV and STI prevention	1. STIs and HIV are not discussed and very hidden in this community 2. Negative stigma is underpinned by cultural and religious norms and acts as a barrier for taking preventative action, and in some cases delays treatment.

Driver 1: Religion

Impact on prevention behaviours: Reduce knowledge seeking around HIV/ STI, reduced screening and a lack of open conversations or taking any preventative measures.

" Sex outside of marriage is a sin so why would we use prevention?"

Driver 2: Shame

Impact on prevention behaviours: Lack of open conversation or use of condoms and testing. High risk even in a monogamous relationship.

"It is shameful to have to tell a partner I have an STI so I got myself treated"

Driver 3: Lack of education/ language barriers

Impact on prevention behaviours: Treatment is delayed and stigma goes unchallenged**.**

"Information is written for people to understand"

Summary of findings

Relevance: Heterosexual groups did not perceive HIV as relevant to their daily lives. Across all groups, STIs were seen as relevant, but easily treatable.

Community: Community norms influenced preventative behaviours, in particular condom use, screening and open discussions with sexual partners. BA and White migrant groups were influenced by religious beliefs, where GBM were influenced by community norms around condomless sex. BC participants were influenced by a culture of silence.

Non-preventative behaviours: Regardless of differences in experience, awareness, beliefs and information sources, people are engaging in non-preventative sexual behaviours. For heterosexuals, the behaviours extend to both HIV and STIs, and for GBM, primarily STIs.

Community research: The two-wave structure of the research was an effective way of engaging hard-to-reach populations. More engaged participants experienced the nature of the research before recruiting people from their own communities, reassuring and motivating those not usually engaged in research to attend the workshops and provide feedback on the preliminary analysis.