

# **Leaving no one behind study: An exploration of the drivers of HIV testing inequities in women of Black African heritage in the U.K**

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# Background

- In the UK, Black African heritage women have higher rates of HIV diagnosis and late-stage HIV diagnosis, compared to women of other ethnicities
- In 2022 18% of new diagnosis were Black African heritage women whilst only being 2.5% of the population\*
- Identifying barriers to HIV testing for Black African heritage women is important to address health inequalities
- We sought to understand the multi-level barriers at individual, interpersonal, community, organisational and public policy level using an intersectional framework.
- An intersectional framework is necessary for conceptualizing the drivers of HIV Testing inequities in Black African heritage women driving the focus away from individual 'downstream' factors towards 'upstream' factors

# Methods

- Semi structured interviews informed by an intersectional framework
- 25 Black African heritage women recruited from community organisations in Bristol and London to explore their views on barriers and facilitators to HIV testing in sexual health services
- Eligible participants included cis gender women who identified as Black African aged 18 years and older.
- Interview transcripts were analyzed using thematic analysis

# Results: Individual and interpersonal barriers

- Individual HIV testing barriers included low perception of personal HIV risk, gaps in knowledge about HIV transmission and fear of social consequences of an HIV diagnosis
- Interpersonal barriers included delayed healthcare seeking because of prior generational differences in views on sexual health and HIV testing , interpersonal stigma as well as gender and social norms which played a significant role in discouraging communication about safer sex practices regarding HIV testing.

*The way that I have been treated in the past in healthcare, I am the kind of person who will treat myself for most things and only go to a doctor or nurse when I like really unwell. So even going for a test is a lot (female 50)*

# Results: Community and organizational barriers

- Community level barriers included mistrust of sexual health screening, gendered expectations in the community well as conspiracy beliefs about the spread, and treatment of HIV and prejudice/stereotypes toward people living with HIV which leads to community level stigma
- Organisational level barriers included not being listened to, language barriers, lack of cultural competence in healthcare staff, medical mistrust and risk based HIV testing

*There is a lot of stereotyping in the medical field, even in their textbooks about how certain groups of people should be treated. So, these assumptions come from their education and training. I think they need to be a lot of training and education in terms of culture and race...it shouldn't just be Equity, Diversity, and Inclusion (EDI) but courses on racism, medical bias and cultural competence (Female 42)*

# Results: Policy barriers

- Public Policy level barriers included:
  - the legacy of the hostile environment policies for those with an unstable immigration status
  - public health campaigns that do not represent Black women
  - uncertainty regarding migrants' entitlement to sexual health services
  - The sub population being viewed as a monolith

*We're not a monolith us Black African women even within Nigeria, for example, we have so many different tribes. Yeah, it's bizarre that this, continent (Africa), is kind of being referred to as just one group you know one label. I think it's understanding that there are multiple kind of layers within that community (female 42*

# Results: Intersectional Barriers to HIV Testing

- Intersectional barriers include:
  - misogynoir in healthcare
  - racial trauma
  - intersectional stigma
  - systematic racism in healthcare

*I was traumatised giving birth with my first two...I almost lost my life...I'm just traumatized and terrified because there is nothing to protect us Black women from dying. We're going to the hospital because it's like a safe place for us to go but based on our colour it becomes an issue. So it just makes you feel that not all hospitals or clinics are safe for us even when you are coming just for an STI or HIV testing (female 34)*

# Facilitators to HIV Testing

- Facilitators to improve HIV testing among Black African heritage women and reduce HIV-related stigma included:
  - partnering with religious and community leaders to promote HIV
  - HIV opt out testing
  - decentralised, non-clinical community-based sites for HIV testing to combat negative experiences in healthcare.
  - Training for all staff on cultural competence
- Participants highlighted that addressing HIV related stigma was as important as addressing the systematic racism within healthcare.

# Conclusion

- Whilst the individual and interpersonal barriers have long been acknowledged, more attention needs to be paid to the role of organisational and public policy barriers
- These factors intersect with experiences of race and gender and this needs to be factored in public health interventions to improve HIV testing
- Our findings can inform future HIV research with Black African heritage women, as well as efforts aimed at increasing access to sexual health services and HIV testing uptake.

## Supervisory Team

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