

Obstacles to achieving ‘zero’ HIV transmission among people of Black heritage in London

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Positive East

Conflicts of interest

I have no conflicts of interest

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What was this study about?

Background

New diagnoses among people of Black heritage are increasing. PrEP, HIV testing, and engagement with care are essential to ending HIV transmission, while HIV-related stigma challenges all three.

Study aim

To explore barriers and facilitators to PrEP access and HIV testing, and to understand how HIV-related stigma shapes prevention, treatment and care among People of Black Heritage, thus informing community-led strategies to support progress towards achieving 'zero' HIV transmission.

How was the study conducted?

Participants	Barriers to HIV testing	Access to PrEP	HIV-related stigma
No of participants	8	14	17
Gender	2cis-females; 6cis-males	6cis-females; 8cis-males	10cis-females; 7cis-males
Sexuality	3 straight; 5 gay	7 straight; 6 gay, 1 bisexual	12 straight; 4 gay, 1 bisexual
Age	25-65 yrs	16-65 yrs	16-65 yrs

Recruitment: Positive East's networks and on outreach

Participants were given information sheets and signed consent forms prior to focus group session. Reimbursed £50 each

Focus groups: trained facilitators, guided set of semi-structured questions. Sessions were recorded, transcribed and analysed thematically

Key barriers to accessing PrEP and factors to supporting uptake

BARRIERS: Stigma and social fear, concerns about side effects, limited awareness and communication, structural and adherence challenges

FACILITATORS: Normalisation and empowerment, discrete access options, long-acting injectable PrEP, education and visibility

“If someone sees you taking PrEP the stigma comes straight away”

“I think the injection would make it easier ... it's just flowing through your body... I think tablets or taking it orally will be a difficult challenge if you got too much things going on”

Key barriers to accessing HIV testing & factors that encourage HIV testing

BARRIERS: Service accessibility issues, concerns with self-testing and emotional distress, fear of stigma, negative health-care experiences,

FACILITATORS: Preference for clinic-based testing, role of community organisations, routine testing as self-care, supportive clinical encounters

“For me ...I was unable to get an appointment, so I had to choose the alternative of ...a self-test home kit ...and it was unsuccessful because ... I just felt uncomfortable testing myself.”

“...sometimes, [I] find with their SHL tests, [you] have to get them done recorded delivery, and I just don't have the time, so I'd rather come to Positive East because it's more accessible, you can just phone, come in, get your test done”

Sources of HIV-related stigma and factors that will reduce it

BARRIERS:

Misinformation and fear, cultural and religious belief, self-stigma and isolation, institutional discrimination

“I've got a big family ...they are very strong church goers. Each time we are speaking, they take people with HIV ... have[ing] been prostitutes or people who have been cheating...I don't know how they're going to judge me...it hurts me most when they talk about HIV.... They think even sharing a cup, it can affect them.”

“the nurse, who was wearing gloves, she didn't want to touch me...I say, why are you not touching me? This is your work...What is the problem? I say, you have been doing for all other people...But she doesn't want to touch me .”

FACILITATORS: Education and knowledge, healthcare professional training, confidentiality in health services, normalising open dialogue

“If I'm knowledgeable...touching someone won't give me HIV...But in some people's mind, touching somebody with HIV, they feel like, I think I'm infected too, which is not true.”

Working towards ending HIV transmission



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- 🦏 **Remove barriers to PrEP and HIV testing**
- 🦏 **Education to reduce stigma**
- 🦏 **Training healthcare professionals**
- 🦏 **Strengthening community services**

Thank you