BARRIERS TO HELP-SEEKING & OUR RESPONSE TO HIV & OTHER STIS AMONG MIGRANTS FROM SUB-SAHARAN AFRICA & SOUTHEAST ASIA LIVING IN HIGH INCOME COUNTRIES: FINDINGS FROM TWO LINKED SYSTEMATIC REVIEWS

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INTRODUCTION

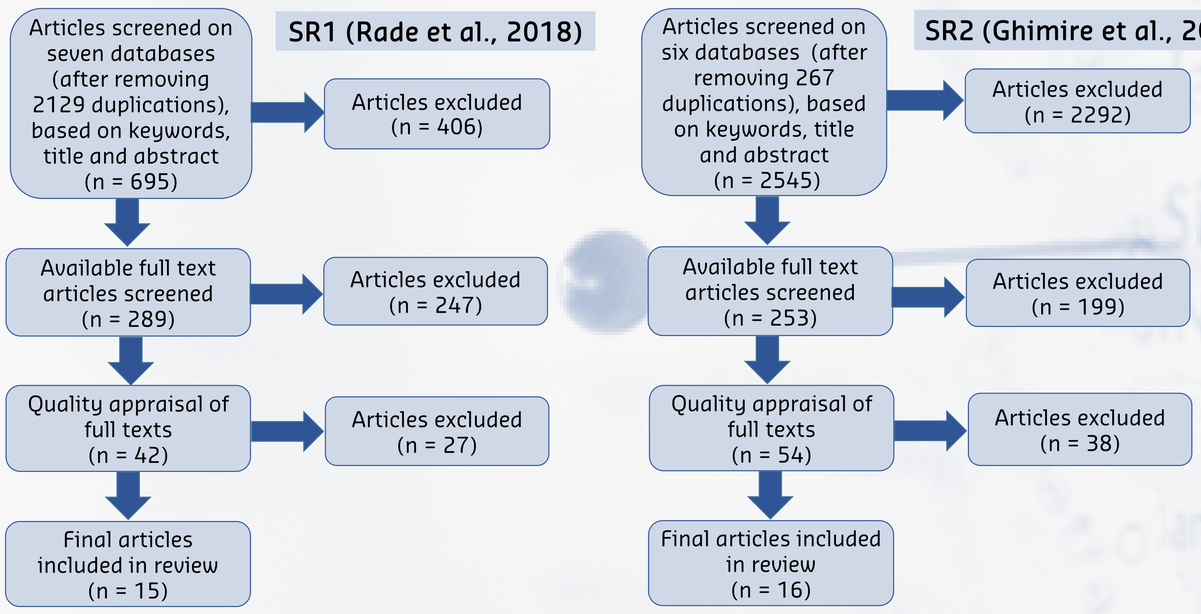
Migration is a risk factor for the acquisition of HIV and other STIs. In Australia, an increasing proportion of these infections are among migrants. Adaptation processes in destination countries present difficulties for migrants to seek help from and gain access to health services.

Two systematic reviews examined help-seeking behavior and interventions for the prevention and control of HIV and other STIs in migrants (18+ years) from Southeast Asia (SEA) and sub-Saharan Africa (SSA) living in high-income countries with universal health care.

- *Systematic Review One (SR1)* explored, from the perspective of migrants, types of help-seeking behaviour and barriers and enabling factors that influence documented migrants in gaining access to sexual and reproductive health services and HIV testing in high income countries with universal health coverage.
- *Systematic Review Two (SR2)* (1) mapped interventions carried out in high-income countries, which prevent and control the risk of HIV, and other STIs in migrant communities, (2) identified gaps and (3) provided recommendations for policy, practice and research in Australia.

METHODS

Reviews followed PRISMA Guidelines and were registered with PROSPERO. Included articles (SR1: 2000-2017; SR2: 2002-2018) were peer-reviewed and published in English.



RESULTS: SR2

Most studies addressed factors at an individual level. Interventions were most commonly outreach testing. Few studies addressed structural factors or demonstrated comprehensive evaluation.

Level	Definition and Examples	Studies
Individual	Included clinical interventions (e.g. recruitment into general practice and home-based testing, provider-initiated testing and outreach testing	8
Community	Included mass media and group or peer education (e.g. sexual health education and stigma reduction)	6
Structural	Included interventions addressing broader social, economic and political environments (e.g. mandatory screening and changes in laws impacting on sex work)	3

RESULTS: SR1

Migrants experienced a range of difficulties accessing health services, outlined below:

DIRECT & INDIRECT COSTS
- Testing is too expensive
- Transportation, child care, and time off work

DIFFICULTY NAVIGATING HEALTH SYSTEMS IN DESTINATION COUNTRIES
- Not knowing how to make appointments or which documents are required
- Lack of knowledge about sexual and reproductive health services and their location

LACK OF CULTURAL COMPETENCY WITHIN HEALTH SERVICES
- Health providers were insensitive and arrogant from lack of appropriate interpreter services and providers' beliefs
- Providers did not use simple language
- Incompetent interpreters
- Providing interpreters without patient consultation was insulting

STIGMA
- Believed that people with HIV are at fault, resulting in individuals feeling that they are not at risk and avoiding testing for fear of being diagnosed
- Stigma in religious and community leaders impacts on willingness to test for HIV as a HIV diagnosis can result in social isolation.

DISCUSSION & CONCLUSIONS

Findings indicate significant barriers to health service access and few articles reported enablers. Additionally, few interventions are reported in the literature. Most fail to comprehensively address the range of cited barriers to accessing sexual health services. Most interventions addressed barriers at the individual and community level. While few examples existed, it is likely that structural interventions have the greatest potential for health enhancing and harming outcomes.

Preventing further transmission of HIV and other STIs amongst migrant populations means public health approaches must consider the complexity of the migration experience. Culturally secure health services, increased health service literacy and policy support to mitigate costs, will improve health service access for migrants from sub-Saharan Africa and Southeast Asia. Addressing structural drivers for stigma and discrimination remains a critical challenge.

SR1: Rade, D., Crawford, G., Lobo, R., Gray, C., & Brown, G. (2018). Sexual health help-seeking behavior among migrants from sub-Saharan Africa and South East Asia living in high income countries: a systematic review. https://doi.org/10.3390/ijerph15071311
SR2:Ghimire, S., Hallett, J., Gray, C., Lobo, R., & Crawford, G. (2019). What Works? Prevention and Control of Sexually Transmitted Infections and Blood-Borne Viruses in Migrants from Sub-Saharan Africa, Northeast Asia and Southeast Asia Living in High-Income Countries: A Systematic Review. https://doi.org/10.3390/ijerph16071287

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