



Barriers and enablers that influence the uptake of HIV testing among heterosexual migrants in the Netherlands: **Understanding late-stage HIV diagnosis**

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Background

- 1,400 people living with HIV (PLWH) in the Netherlands remain undiagnosed by 2021
- 21,399 PLWH are in care, of whom 44% are migrants
- Heterosexual migrants often face barriers to access health services, including HIV testing
- Higher percentage of late-stage HIV diagnosis among heterosexual migrants, despite previous HIV testing prior to diagnosis
- Most of the migrants acquire HIV within 5 years after arrival to the country

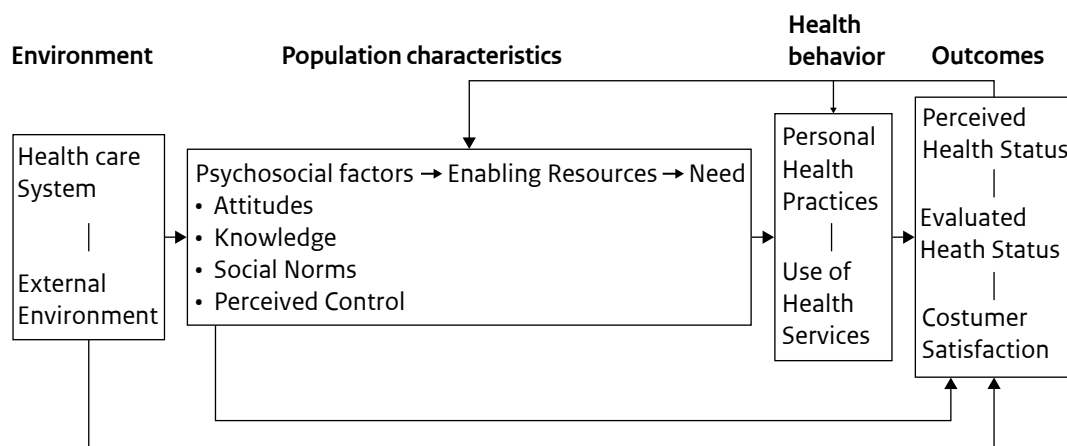
Aim

- To explore factors of influence in the usage of HIV testing among heterosexual migrants in the Netherlands to understand late-stage HIV diagnoses

Methods

- Qualitative study with semi-structured interviews and a focus group discussion (FGD), June-July 2023
- Recruitment of heterosexual migrants at AIDS Healthcare Foundation (AHF) Checkpoint Amsterdam
- 19 study participants: 12 heterosexual migrants, 7 key informants from the (public) health sector
- Recorded interviews and FGD were transcribed and thematically analyzed in Nvivo
- Analyses were based on the framework of Andersen's Expanded Behavioral Model of Health Services Use (Figure 1)

Figure 1. Andersen's expanded behavioral model of Health Services Use



Adapted from the Andersen-Newman 1995 Framework of Health Service Utilization

Results

- Interview participants: 9 males and 3 females (Romania, Iraq, Iran, India, Turkey, Indonesia, Bulgaria, Nigeria, Mexico, Suriname, Morocco). Most were higher educated (8 out of 12), mean age 29 years (range 20-47)
- Key informants: 2 males and 5 females, including policy advisors, STI nurses, STI doctor, research coordinator, and GP
- In total, 116 themes emerged from the interviews and 36 from the FGD. Overarching domains and themes are depicted in Table 1, and relating quotes in Table 2
- Interviews revealed that insufficient availability of information on HIV and testing services and difficulty in accessing these services are important barriers
- Key informants expressed that poor health literacy, and a lack of clarity on the healthcare system's guidelines were barriers for heterosexual migrants to access information on HIV testing services
- The Andersens' framework appeared useful in helping to asses inequalities in accessing HIV testing services

Table 1. Factors and domains/themes emerging from interviews or FGD

Factors	Domains/themes
Healthcare System	NL healthcare system (in relation to HIV testing) Discrimination Health literacy
Psychosocial	Knowledge Attitudes Social norms Perceived control
Enabling	Availability of HIV testing services Accessibility of HIV testing services
Need	Perceived Evaluated
Use of Health Services	Expectations of HIV test Experience during HIV test Competency of HIV test counselor
Perceived Health Status	Perception of overall health
Evaluated Health Status	Assessment of client's health by health professional

Table 2. Selection of quotes from the interviews or FGD

Factors	Domains/themes	Quotes
Healthcare System	NL healthcare system (in relation to HIV testing)	"We already knew it was going to be like ok, let's review what options the GGD offers and after GGD it's like, ok well, we saw that the GGD does not work, let's look for other options" [Male, 35, interview participant] "But it's not a governmental task. That's exactly the point. That's the decentralized system we have in the Netherlands and that means that this task is at the GGDs. They are the ones that have to address preventive measures towards the people within their region and they can issue leaflets or whatever in any language if you have the finances for that" [Key informant, female]
Psychosocial	Social norms	"I think looking at myself that's [taboo] one of the barriers I had to go through myself – living in the Netherlands – because then you see also the difference is, in terms of back home, we barely talk about the sex and sexuality and sexually transmitted diseases" [Male, 40, interview participant]
Need	Evaluated	"My doctor says it's not necessary because it's very low risk with Dutch girls. Only if I slept with [girls from] other countries. He told me that. He says not necessary for me now, because you don't sleep with in the Red [Light] districts" [Male, 27, interview participant]
Use of Health Services	Expectations of HIV test	"I think the fact that I don't feel judged. Let me know that I am in a safe place. That they are not going to make any judgement or something that could affect me negatively" [Male, 35, interview participant]
Evaluated Health Status	Assessment of client's health by health professional	"So, in the general GP training, there's no HIV specific curriculum, but we of course have training in STDs but it's pretty superficial. As GPs we try to assess 'risk behavior' and give our patients some education about sexual behavior and its risks. STD tests/diagnostics are offered according to (risky) behavior and/or patients' wishes, however, we do not outreach to all our patients" [Key informant, male]

Conclusions

- Factors contributing to a low HIV test uptake were participants' low knowledge of HIV, perception of limited accessibility of Centre for Sexual Health (CSH) facilities, insufficient available information on HIV (testing) services, and low perception of HIV risk
- Unclear policies on accessing HIV/STI testing services at CSHs, and potential missed opportunities for HIV testing at GPs were contributing factors identified by key informants
- Free, rapid testing with no appointment required, and a positive experience during their HIV test, were important enablers to test (again) for interview participants

Recommendations

- Improve the appointment system of CSHs, by providing the option to call and remove the postal code requirement
- Make information on HIV testing available in multiple languages
- Integrate health literacy and knowledge of HIV (testing) facilities
- Improve GP initiated HIV testing
- Bundle initiatives with other health providers (GPs, CSHs and AHF Checkpoint Amsterdam) to learn from each other's interventions, and collaborate on HIV testing projects to better reach heterosexual migrant groups
- Further research development on heterosexual migrants who never tested for HIV

In collaboration with:



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