

Increasing HIV Testing among African-born Immigrants in Dublin, Ireland: A qualitative study of challenges and opportunities in the Irish Health Service



Adebola Adedimeji PhD, Aba Asibon BS, Gerard O'Connor MD, Ethan Cowan MD MS, Jason Leider MD PhD, John Y. Rhee BS, Yvette Calderon MD MS, Patrick Mallon MD

Albert Einstein College of Medicine, Jacobi Medical Center, Mater Misericordiae University Hospital



Background

In 2011, a total of 320 individuals were newly diagnosed with HIV in Ireland. Of the HIV transmissions attributed to heterosexual contact, 43% were among immigrants from high prevalence countries, and more than 70% of these immigrants live in or around Dublin. Political, economic, and social instability in many African countries have resulted in increased immigration of Africans to Europe. Historical ties and the influence of missionaries have led many of these migrants to Ireland. With an adult HIV prevalence rate of 0.2%, Ireland does not have the "generalized" HIV epidemic seen in parts of Sub-Saharan Africa, Latin America, and the Caribbean. Due to the increasing migration from areas of high disease prevalence, however, there is a need in Ireland to develop appropriate strategies to curtail HIV transmission and increase linkage to care among those already diagnosed.



Ideally, increased HIV screening results in higher CD4+ T-cell counts and lower viral load at diagnosis, meaning a reduction in the rates of late presentation and the potential for further HIV transmission. Yet among African migrants living in the US and Europe, traditional methods of HIV testing have been largely unsuccessful for several reasons. Previously identified obstacles include an unwillingness to access preventive health care or disclose information about HIV status to one's social network; pervasive stigma; migrant-specific factors that generally restrict access to health services; and lack of culturally appropriate HIV prevention and treatment services. It was not known, however, whether and to what extent these same obstacles and attitudes affected the African immigrant community in Ireland.

Objective

To obtain qualitative data on the challenges and opportunities for increasing voluntary counseling and testing (VCT) among African-born immigrants living in Dublin, Ireland.



Methods

Six focus groups were held: 2 male groups, 2 female groups, and 2 mixed-gender groups with a total of 25 participants, 13 males and 12 females. Prior to the discussion, participants were shown a video that was developed and used to increase VCT among African migrants visiting the emergency department of a Bronx, NY hospital. The discussion guide specifically explored issues highlighted in the video as well as opportunities for increasing VCT among migrants.



Results

Several distinct themes emerged from the discussions of barriers to HIV care in the African immigrant community in Dublin.

Widespread stigma and fear of being labeled HIV-positive.

"A man would prefer to die, OK, of AIDS than coming forward to admit it and ask for help. It is stigma... That stigma, he will take it to his grave quietly."

"[There is] fear of being alienated, the fear of being isolated."

Results

"When you say I'm HIV positive...[the] first question they'll ask you [is,] 'How did you get it?'"

Lack of support

"People need to know that they are not alone, they will be supported through this, you know, through the group and whatever."

"We don't have a hero in Ireland... That's the person [who says,] 'Know what, I'm HIV positive, and I'm telling it and I don't care who knows, who doesn't know, that's just me.'"

Stereotypes of Blacks and Africans

"It is...unfortunate that HIV and AIDS is associated with black people. Black people, not only, not even Africans but black people, because maybe we are more associated with low socioeconomic status, you know that we are poor and you know we sell our bodies for money and stuff like that."

"You go to an Irish doctor: 'Are you from Africa?' They think Africa is a country. So Irish people have no idea, and they like put all of us in one blanket... 'These people are like this.' This one time...this guy driving a car, they said, 'Oh...you want to give us a blowjob?' I'm telling you. They're laughing as they drove off."

Attitude of health workers

"You go to the doctor, he already judged you."

"Sometimes we go to the hospital and doctors use these words...big words. They say, 'Oh, your esophagus.' You are thinking, 'What?'"

"Sometimes it's ignorance or arrogance...but doctors can stand and say, '...I've been a doctor for seven years so I know better than you.' Like you're asking a question and they can get a bit defensive."

Organizational barriers

"A lot of people would self-medicate, you know, instead of accessing the... Irish system. When it comes to some of these things, the processes are so bureaucratic, sometimes you have a problem and you are put on a waiting list for nine months..."

"Apparently there's only one clinic that you go to [for HIV treatment]. Can't get a private...you can't access treatment without everyone else [who is HIV-positive] going... no matter how sick."

Costs of HIV testing and care

"Not all African immigrants are able to access health care... Because for you to get an HIV test if you are not in a hospital setting you need to go to the GP and part with...40 Euros."

"People won't go and pay the 75 Euros."

Lack of HIV awareness

"[An HIV counseling video] would really help, but I think before we even go onto the video we need a broader way of informing people, you know, like in the form of posters, on the streets, and the GP offices."

"I had lost two friends who died of [AIDS]. They're going to hospital [in Ireland] in and out and they were tested for everything but HIV/AIDS. They were not tested."

Discussion and Conclusion

African immigrants living in Dublin, Ireland face a variety of barriers to HIV care. Focus group participants mentioned various cultural, structural, and personal factors that hinder access to testing services and treatment. Addressing these challenges will require development and implementation of strategies that acknowledge the cultures and unique situations of this immigrant group.

Participants indicated that significant changes in the organization and implementation of HIV testing services is needed to encourage testing among African immigrants. These changes might include HIV education, awareness, and testing campaigns; cultural sensitivity training for doctors and other health workers; and intensified efforts at eradicating stigma within the community, perhaps through engagement of community leaders and stakeholders.

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