



We All Have Different Consciousness About It

Research Briefing

Background

This briefing presents findings from a research project that investigated the sexual health needs of people from African communities in Scotland, asking how the community can access HIV prevention and testing services.

There is limited evidence defining the sexual health and HIV needs of African communities in Scotland. Existing research shows that people from African communities living in the UK are more broadly disproportionately affected by HIV. Yet, **their needs are not met in a culturally specific way**¹.

Sexual healthcare, HIV prevention and testing within African communities has traditionally been delivered through engagement with community venues such as places of worship, restaurants and local groups.



Methodology

The research was designed to gather information that would enable HIV and sexual health professionals to learn from the experiences of people within the communities. We used a mixed methods approach by carrying out an online survey followed by focus groups and a series of semi-structured interviews. All methods gathered the views of people from African communities in Scotland.

There were:

131 SURVEY RESPONSES | **THREE** FOCUS GROUPS | **SIX** INTERVIEWS

1. National AIDS Trust, HIV and Black African Communities in the UK Policy Report, 2014

Findings

Sexual Health Services and Information



Most respondents would **prefer to access services in-person** through a **GP** or other **health professional**.



Church pastors felt that sexual health services and information should not be provided inside the church itself, but that personal relationships should be built **between services** and faith leaders.



However, respondents felt that the **church has a vital role** in providing sexual health services for the African community.

“(churches) can create the awareness by putting the flyers down, make some little announcements in their services. That should help.”

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HIV Status and Testing



Most respondents **have taken an HIV test** and would prefer to access a HIV test at a GP surgery.



Interviewees felt there is **a lack of knowledge and awareness around HIV** in the African community in Scotland and felt more education is needed to reduce stigma.

“Nobody wants to get HIV, nobody wants to come close to it. It is still considered taboo in the African community.”

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HIV Self-Testing



Most respondents would be likely to use HIV self-testing kits because they are **easier, confidential and more practical to access.**



Most respondents would prefer to receive a HIV self-testing kit via **postal delivery.**



The church pastors all agreed that self-testing kits would be best for the African community, viewing them as a way to help their congregants to **feel more secure** about their health.

Sexually Transmitted Infections (STIs)



Most respondents had been **tested for an STI over five years ago or never**; and had **not been diagnosed with an STI in the past two years.**



Interviewees mentioned a **taboo surrounding STI testing and discussing sexual health in their community**, which would prevent people from getting an STI test.

“
When I went to do my test, I wanted to know my status and everything. I went to this clinic. My friend thought I was crazy.”

”
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PrEP



Most respondents had not heard of PrEP before taking the survey; and had not taken PrEP. **Only one respondent said they were currently taking PrEP.**



Those who thought they would benefit from taking PrEP said it was so they could have **better protection** when they are sexually active.



Those who thought they would not benefit from taking PrEP said it was because they were in a **monogamous relationship** or were **not currently sexually active.**

Sexual Activity



Most respondents would find it **very easy or easy** to ask their current partner about their HIV status, STI status or to discuss condom use.



Most respondents would find **very easy or easy** to refuse to have sex if their partner refused to wear a condom.



Interviewees perceived some **psychological barriers to using condoms or taking PrEP.**

Condoms



Most respondents had had **sex without a condom in the past two years**; usually buy condoms from a **shop or pharmacy**; and would prefer to collect free condoms from a **local pharmacy or community centre.**



Most of the pastors interviewed believed that **free condoms should not be made available inside church buildings**, but that free condoms and teaching about condoms should be **provided through outreach programmes** with connection to the church.

Conclusion

The findings of this report show that the **sexual health needs of African communities in Scotland can be better met through the use of context and culturally sensitive approaches.**

Divergences between church-based and wider community-based engagement preferences indicate incorporating information from **a variety of trusted community sources** can reduce stigma and reduce late HIV diagnosis. Using context and culturally sensitive approaches can also increase uptake of PrEP and increase STI and HIV testing rates.