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We All Have A Different Consciousness About It

Exploring the Sexual Health Needs of People From African Communities in Scotland

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Contents

1. Background

This report describes the findings of a research project funded by the Scottish Government that investigates the sexual health needs of people from African communities in Scotland, asking how the community can access HIV prevention and testing services.

The findings of this national research will produce bespoke resources for the community, for example, around pre-exposure prophylaxis (PrEP) or HIV self-testing, as well as communicating the findings to services working with African communities. This report presents the findings from surveys and interviews conducted within NHS boards across Scotland in December 2020 – June 2021.

1.1 Existing Research

There is limited evidence defining the sexual health and HIV needs of African communities in Scotland today. Existing research shows that people from African communities in the UK are more broadly disproportionately affected by HIV, particularly by late diagnosis, but their needs are not being met in a culturally specific way (NAT 2014).

Similarly, women from African communities were found to have low engagement with sexual health services in Scotland (Yakubu et al, 2010), while people from sub-Saharan Africa continue to see higher STI (sexually transmitted infection) rates across the UK (Public Health England, 2020). Barriers to sexual healthcare, HIV prevention and testing services in the African community include stigma in the community, limited knowledge of PrEP within existing safer sex beliefs, lack of access to testing and care, lack of political will to engage with the community, restrictive immigration policies, and the absence of African representation in decision-making processes (Fakoya et al 2008; NAT 2014; Nakasone et al 2020).

1.2 Sexual Health and HIV Provision for African Communities

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

Restrictions on gatherings since the Covid-19 outbreak have prevented this approach. Given the absence of, or reduction in, HIV and STI testing among the community over the past two years, it is essential that we understand how to reach this key population. Through our engagement work, we know that people from African communities have so far been less likely to engage with online testing opportunities. Without access to HIV testing and key prevention tools, such as PrEP, these inequalities will continue and potentially worsen beyond the pandemic. To ensure that future sexual health and HIV provision for Scotland work for this population, it is important that we explore the views and experiences of this community.

1.3 Summary of Key Findings

Most of our survey respondents:

- would prefer to access sexual health information and services in person from a GP or other health service professional.
- would prefer to access HIV tests at a GP surgery.
- would be likely to use HIV self-testing kits and would prefer to access them via postal services from an online order.
- would prefer to collect free condoms from a pharmacy or community centre.
- had never been tested for an STI.
- had not heard of or taken PrEP.

The church pastors interviewed during focus groups:

- feel that personal relationships are key to providing services and information around sexual health to their congregation and the wider African community.
- do not feel comfortable offering services and information within the church itself but want to guide their congregants to people and services they trust.
- all agree that self-testing kits would be the best for the African community.
- believe that free condoms and teaching about condoms should be provided through outreach programmes with connection to the church, rather than from within the church itself.

2. Methology

2.1 Approach

The research design was based in a hermeneutic phenomenological approach. In other words, it sought to gather information that would enable HIV and sexual health professionals to learn from the experiences of people within the communities' they deliver services to (Neubauer, Witkop and Varpio, 2019).

This approach informed the research focus to explore the experience of people from African communities as it is lived, while recognising that the experience is influenced by the participants' cultural, social and historical context (Munhall, 1989). In practice this meant investigating the experience of contact with sexual healthcare and HIV information or services as they relate to the communities social and cultural characteristics. This facilitated an identification of culturally sensitive recommendations that reflect the communities' sociocultural values and needs (Kreuter et al, 2003).

2.2 Delivery

Summary

We used a mixed methods approach to investigate the sexual health needs, including HIV testing, of people in African communities in Scotland. We first carried out an online survey gathering the views of people from African communities across Scotland. The survey was followed by carrying out three focus groups and a series of semi-structured interviews.

2.3 Survey Demographics

The survey was designed to include a combination of qualitative and quantitative questions exploring what services respondents have accessed, how respondents wish to access services, and what respondents' existing sexual health and HIV testing needs are. A survey was chosen to provide an anonymous means of participating for people located across Scotland.

The survey was hosted on SurveyMonkey from February 2021 – June 2021. It was shared via social media and professional networks to gather responses. We received a total of 131 responses after data cleaning.

The survey was followed by carrying out a series of focus groups with faith leaders and pastors in Glasgow, Edinburgh and Aberdeen. The focus groups were facilitated by our Faith and Health Coordinator. During this time, six supplementary interviews were carried out following a semi-structured, qualitative format.

The combination of methods was chosen as the Covid-19 pandemic required research planned prior to the emergence of the pandemic to be redesigned.

This allowed the research to be carried out remotely As a result, the survey was carried out online, while the focus groups and interviews were carried out on Zoom.

This report presents the findings of survey participants living in NHS boards across Scotland, from three focus groups with African church pastors from Glasgow, Edinburgh and Aberdeen, as well as individual interviews with six community members.

2.3 Survey Demographics

There were **131** survey responses from across Scotland.

Respondents were:

Location

46% Glasgow

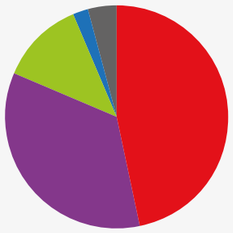
34% Edinburgh

12% Lanarkshire

2% Ayrshire and Arran, the Borders, Grampian and Forth Valley

4% Other

NB. There were no respondents from Dumfries and Galloway, Fife, Highland, Orkney, Shetland or the Western Isles.



Gender

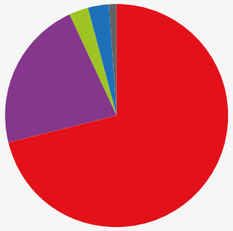
72% Female (including trans female)

22% Male (including trans male)

3% Other - undisclosed

3% Prefer not to say

1% Non binary



Age

3% 18-25

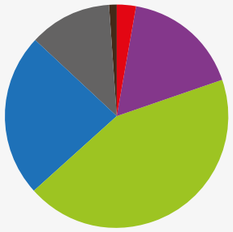
17% 25-34

44% 35-44

24% 45-54

12% 55-64

1% 65+



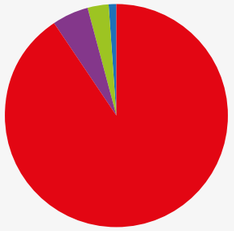
Sexual Orientation

87% Heterosexual

5% Bisexual, gay or lesbian

3% Preferred not to say

1% Other



Relationship Stautus

46% Married or civil partnership

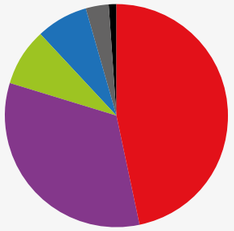
31% Single

8% In a relationship

7% Separted

3% Divorced

1% Other

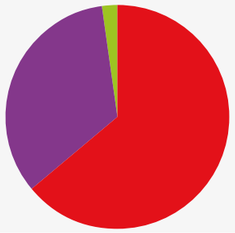


Sexual Relationship Status

64% Currently sexually active with one person

34% Not sexually active

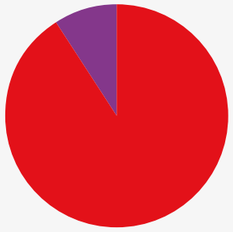
2% Currently sexually active with more than one person



Birthplace

91% Not born in the UK

9% Born in the UK



Of those who were not born in the UK, respondents had lived in the UK for:

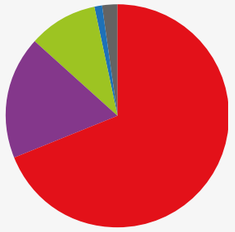
62% over 10 years

16% 5–9 years

9% 3–4 years

1% 1–2 years

2% under 1 year



Education

The majority of respondants had higher education:

28% Master's Degree (SQF 5)

16% Honours Degree (Graduate diploma)

10% Ordinary Degree (Graduate certificate)

6% Doctorate

2.4 Interview Demographics

There were **six** interviews carried out with community members, the demographics of which were as follows:

Gender

- **4** Male (including trans female)
- **2** Female (including trans female

Age

- **4** Aged 25-34
- **1** Aged 35-44
- **2** Aged 45-55

Sexual Orientation

- **6** Heterosexual

Relationship Stautus

- **3** Married or civil partnership
- **2** Single
- **1** In a relationship

3. Findings

This section of the report outlines the data analysis findings. The findings are structured to reflect the key research themes: sexual health services and information; HIV status and testing; HIV self-testing; sexually transmitted infections (STIs); pre-exposure prophylaxis (PrEP); sexual activity; and condom use. Analysis, conclusions and recommendations are presented in following sections.

3.1 Sexual Health Services and Information

Summary

Most respondents would prefer to:

- Access information about sexual health from their GP.
- Speak to someone over the telephone if they could not access face-to-face services.
- Speak to someone on weekday mornings or afternoons.
- Speak to someone who was the same gender as them.

The church pastors felt that sexual health information and services should not be provided inside the church itself, but that personal relationships should be built between services and church leaders so that pastors could guide their congregants to the right place.

However, the interviewees felt that the church has a vital role in providing sexual health information for the African community, especially around educating their congregants to look after their sexual health independently.

"More education as well. Tell people to go and look for information. Everything is available now if you really want to know. It's a matter of attitude, being responsible and caring for yourself. It's your health that we are talking about, so it's your interest too."

- The survey asked respondents how they would access information about sexual health, for example, contraception or STIs.

Information: 59% of all survey respondents said they would ask their GP or another health professional. **35%** would **search online**. **2%** respectively would ask a charity/community organisation or a friend. **1%** respectively would ask their spouse/partner or a family member.

Due to the COVID-19 pandemic many organisations cannot offer face-to-face services, so the survey asked respondents to rank possible remote ways to speak to someone about their sexual health.

- **Communication:** Most respondents' first preference was to speak over the telephone (**54%)**, then by video call **(18%)**, then via online chat **(11%**), then via email **(7%)**, with text message and WhatsApp or another instant messenger service the least preferable primary methods of communication **(5% respectively)**.

When offered days and times to speak to someone about sexual health remotely, most respondents preferred to do so on weekdays.

- **Days & Times:** In the morning **(39%)**, afternoon **(33%)** and evening **(26%)**. Weekends were much less favourable, averaging **15%** between the morning, afternoon and evening.

The survey asked respondents how important a number of factors would be if they were seeking sexual health information from a professional working in the NHS or in a charity/ community organisation, either face to face or remotely.

- **Gender: 39%** of respondents felt it was very important for staff they engaged with to be the same gender as them.
- **Age: 29%** were were neutral and **33%** found it unimportant that the person was of a similar age.
- **Sexual Orientation: 26%** found it unimportant and **25%** were neutral that the person was the same sexual orientation as them.
- **Ethnicity: 37%** found it unimportant that the person was the same ethinicity as them.
- **Socio-Economic Background: 46%** found it unimportant that they had a similar income/socio-economic background as them.

The church pastors overwhelmingly felt that developing personal relationships between external workers from sexual health services and church members was the best way to inform their congregations and the African community at large about sexual health.

Building these collaborative relationships between sexual health services and church leaders was the best way to bring services to the community, with pastors then able to direct their parishioners to find medical or pastoral support and information from the appropriate service.

This was preferable over larger forums, workshops or more impersonal information sources, which the pastors believed would be either ignored or forgotten about by the African church leaders and wider community. This was because the pastors believed that although the services were necessary for their communities, ideas around sexual health could potentially clash with the message they were delivering.

They would instead rather support a congregation member by sending them to the right service than offering them the help themselves, or not feeling that they could offer that kind of help because it clashed with the message they were teaching. Personal relationships within this field made them feel more secure in suggesting help to their congregation members.

"A programme is best placed outwith the church where we can encourage members to attend. The church is a spiritual environment, the church believes in spiritual healing... medical things... is not the specialisation of the church."

Contrastingly, interviewees generally supported the idea that the church should engage in sexual health information, believing that the church "has a vital role" in providing sex education for the community. Interviewees suggested that flyers, workshops and educational sessions would be beneficial in the church setting and that pastors could also help parents by teaching about sexual health.

"[Churches] can create the awareness by putting the flyers down, make some little announcements in their services. That should help."

3.2 HIV Status and Testing

Summary

Most respondents:

- Had taken an HIV test.
- Who had taken an HIV test had done so within the last two years.
- Who had taken an HIV test in the last two years did so at a GP surgery.
- Who had taken an HIV test in the last two years had taken one test.
- Would prefer to access an 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 that more education is needed to reduce stigma.

The survey asked a series of questions about respondents' HIV status and experience of HIV testing. Of the respondents who answered the questions:

- **9%** had a positive HIV status
- **80%** had a negative status
- **11%** did not know

Of those with a positive HIV status:

- **100%** had been living with HIV for over 5 years and were under the care of an HIV clinic or doctor
- **80%** of HIV-positive respondents had been diagnosed while living in the UK
- **44%** were diagnosed after an HIV test in hospital
- **22%** after an HIV test at the GP
- **33%** in another, non-specified test location.

Of all the respondents:

- **7%** had taken an HIV test within the last 4 weeks
- **5%** within the last 3 months
- **4%** within the last 6 months
- **14%** within the last 12 months
- **23%** within the last 2 years
- **14%** within the last 5 years
- **13%** over 5 years' ago;
- **20%** had never taken an HIV test

Of those who had taken an HIV test:

- **96%** had a negative result in their most recent test
- **4%** did not know the result

Of those who have taken an HIV test in the last 2 years:

- **29%** did so at their GP surgery
- **23%** did so in a sexual health clinic
- **20%** in a hospital
- **8%** via community testing services
- **8%** respectively using either a self-test kit provider or via another location
- **4%** used a self-sampling kit

Of those who have taken an HIV test in the last 2 years:

- **56%** had taken 1 test
- **32%** had taken 2 tests
- **2%** respectively had taken 3 or 4 tests;
- **5%** had taken 5 tests
- **2%** had taken 7 tests

The survey asked where respondents would most like to access an HIV test in the future if they needed one:

- **9%** had a positive HIV status
- **80%** had a negative status
- **11%** did not know

Of those with a positive HIV status:

- **A significant majority (49%)** preferred to access their test at a GP surgery
- The next **most popular (27%)** being at a sexual health clinic
- **10%** preferred a self-test kit provider
- **8%** preferred a community testing service
- **6%** preferred to use a self-sampling kit

All the interviewees recognised that there is a lack of knowledge around HIV and HIV testing in the African community, that there needed to be more education to reduce stigma and improve knowledge around the virus.

"Nobody wants to get HIV, nobody wants to come close to it. It is still considered a taboo in African community."

"In the African community we all have different consciousness about it, some take it as something that you can survive and you can have partner, while another person looks at it in the negative way of condemning the other person. Why do you have to live this kind of life? And they become the victim, so that why awareness is important."

3.3 HIV Self-Testing

Summary

Most respondents:

- Had heard of HIV self-testing kits before taking the survey.
- Would be likely to use HIV self-testing kits because they are easier, more confidential and more practical to access, especially during the Covid-19 pandemic.
- Would prefer to receive a HIV self-test kit via postal delivery from an online order.
- Did not need any additional support beyond what was already available by attending a sexual health clinic when using an HIV self-test kit.
- Who would not use an HIV self-test kit said they would feel too much anxiety around a possible positive result, the efficacy of the results, and would want more professional support.

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

The survey asked a series of questions about respondents' opinions on HIV self-testing kits – where you take a blood or saliva sample at home and find out the results on the spot.

Before taking the survey:

- **52%** of respondents had heard of HIV self-testing
- **48%** had not heard of HIV self-testing.
- Most respondents said they were either very likely **(41%)** or likely **(32%)** to use HIV self-testing.

Of the remaining:

- **22%** were neutral about using HIV self-testing
- **10%** were unlikely to use HIV self-testing
- **1%** were very unlikely to use HIV self-testing.

When asked to provide more information about why they would like to use HIV self-testing, respondents said that it was easier, more confidential and reassuring, and more practical to do so, especially during the Covid-19 pandemic.

- **Most respondents (68)** preferred to receive a HIV self-test kit via postal delivery from an online order
- After that, **39%** of respondents preferred to collect a kit from a pharmacy
- **27%** via a charity or community group
- **24%** via a sexual health clinic
- **19%** via a click-and-collect service (order online and collect from a charity, clinic or pharmacy)
- Only **10%** would be happy to receive a self-test kit via a vending machine
- **2%** from a sexual partner

When asked what kind of support respondents would like when using HIV self-test kits:

- **Most respondents (28%)** did not feel they needed any support beyond what was already available by attending a sexual health clinic.
- **24%** preferred to either receive video or online counselling
- **18%** wanted face-to-face advice from, e.g., a health advisor or outreach worker
- Only **15%** respectively preferred either a dedicated phone line or other online support.
- Respondents who would not use HIV self-test kits were asked why they would choose not to. All those who replied said that it was because of the anxiety around receiving a positive result and the efficacy of the results and the need for support and information by a professional.

The interviewed pastors all agreed that an instant self-test kit would be preferable for their congregations and the African community at large. This was based on previous experience amongst their congregations with instant test kits and other medical tests. The pastors preferred self-test kits because they would not give people the opportunity to forget or convince themselves it was not necessary:

"Maybe you have persuaded them and they feel obligated to do it and now when you give the kit to them and they go away they have the opportunity [for] either another African or themselves will persuade them 'oh I don't need to come back with it'. ... [I]f you can get someone to oblige you to do the test, seize the moment and get it done.

Even if the results surprise them, they have been taking it for granted and it will be real for them."

One pastor mentioned holding an instant HIV test session at his church and that although some of the members of his congregation were slightly scared, overall people were pleased to know their status and have their health confirmed.

3.4 Sexually Transmitted Infections (STIs)

Summary

Most respondents:

- Had been tested for an STI over five years' ago or never.
- Had not been diagnosed with an STI in the past two years.

The survey asked a series of questions around testing and diagnosis for STIs, such as syphilis and gonorrhoea.

- **Most (30%)** had never been tested
- **24%** had last been tested over 5 years' ago
- **14%** had been tested within the last 2 years
- **13%** within the tested within the last 12 months
- **9%** tested within the last 5 years
- **5%** within the last 6 months
- **2%** respectively within the last 4 weeks and 3 months.

Of the 9% of respondents that had been diagnosed with an STI in the last 2 years:

- **33%** had been diagnosed with syphilis
- **66%** did not know
- **33%** stated other

Interviewees mentioned a taboo around 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 said I was crazy."

3.5 PrEP

Summary

Most respondents:

- Had not heard of PrEP before taking the survey
- Had not taken PrEP
- Who thought they would benefit from taking PrEP said it was so they could have better protection when they are sexually active.
- 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.

The survey asked a series of questions about respondents' knowledge of and experience of PrEP:

- **Most respondents (56%)** had not heard of PrEP before and **95%** had never taken PrEP before

Only one respondent said they were currently taking PrEP, which they got from an NHS sexual health clinic and did so every day (rather than event-based dosing).

Of the respondents who do not currently take PrEP:

- **44%** think they would benefit from accessing PrEP, all of whom stated that this was to provide themselves with better protection when they are sexually active.
- **56%** did not think they would benefit from taking PrEP, because either they were already HIV positive, were in what they perceived to be a monogamous relationship and so did not need to protect themselves, or that were not currently in a relationship or sexually active.

3.6 Sexual Activity

Summary

Most respondents:

- Would find it very easy or easy to ask their current partner about their HIV status, STI status or discuss condom use.
- Would find it 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.

The survey asked a series of questions about the respondents' sexual activity. Some responses are reflective of the gender dynamic of the survey respondents (72% of respondents described their gender as female, including trans female.)

Of the 78% of respondents who have had sex in the last 2 years:

- **66%** had had sex with men
- **28%** with women
- **1%** with partners who describe their gender in another way
- **4%** preferred not to say
- **52%** of respondents said they had had receptive vaginal sex in the last 2 years
- **37%** penetrative vaginal sex
- **3%** had received oral sex
- **1%** had given oral sex
- **6%** preferred not to say

The survey asked a series of questions about how comfortable respondents would be to discuss a variety of topics when talking about sex with their current or most recent partner.

- **Most respondents (48%)** said they would find it very easy to ask their current or most recent partner about their HIV status
- **Most respondents (48%)** said they would find it very easy to discuss PrEP use
- **Most respondents (41%)** said they would find it very easy to discuss their STI status
- **Most respondents (63%)** said they would find it very easy or discuss condom use

When asked if they would refuse to have sex if their partner refused to wear a condom:

- **42% s**aid it would be very easy
- **24%** said it would be easy
- **21%** said it would be neither easy nor difficul**t**
- **9%** said it would be difficult
- **4%** said it would be very difficult

Interviewees perceived some psychological barriers to using PrEP or condoms within their community, implying that there is a problem around personal opinion rather than around discussing these issues openly and having agency in sexual participation.

"But if the individual psychologically thinks that these things can't happen, even if you give it free of charge, even if you give it, they will never use it."

3.7 Condoms

Summary

Most respondants:

- Had had sex without a condom in the past two years.
- Usually buy condoms from a shop or pharmacy.
- Would prefer to collect free condoms from a local pharmacy or a 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.

The survey asked a series of questions about condom access and use.

- **76%** of respondents replied that they had had sex without a condom in the past 2 years.
- **55%** of respondents said they would usually buy condoms from a shop or pharmacy
- **41%** would access them from a sexual health clinic, pharmacy or other free condom venue
- Only **4%** would get free condoms by post.
- **Most respondents (39%)** said they would prefer to access free condoms from their local pharmacy. **Significantly fewer (23%)** preferred to access free condoms from their local sexual health clinic. **11%** said their GP. **8%** by post. **4%** a local hospital and **2%** said another healthcare service venue. **13%** of respondents said that they did not want to access free condoms.

The survey asked whether respondents would like to access free condoms in discrete locations from non-health-related venues in their local community, such as shops and restaurants.

- **35%** of respondents would access free condoms from a community centre.
- **18%** would access them in local restaurants
- **11%** preferred another venue such as pubs/clubs or public toilets
- **6%** respectively would access them in church or at the hairdresser
- **24%** would not want to access free condoms.

Most of the pastors interviewed thought that condoms should not be available in church buildings, as this would go against the message that they were teaching. Although they recognised that their congregations were having sex and needed access to condoms, they felt it was better to build on their personal relationships with individuals in the NHS and third sector services who can provide this service:

"I know it is happening! But the Bible says we should preach against it, but when we put condoms in the toilet we are saying it is ok, the Bible says it is not ok ... So what we need to do is preach about it and pray about it, and if somebody asks for help in that area we can point them where to get help."

One pastor said that it was necessary to talk about condoms because:

"it is a problem... HIV is real."

However, the pastors also agreed that information about condoms should not be shared within the general church teaching sessions. The pastors suggested information about condoms should instead be provided through outreach that the pastors could support and encourage their congregants to engage with, especially young people:

"You [young people] are in this category, so we organise this seminar, we are not telling people to go into all sort of promiscuity or immorality, but if you find yourself in this situation... And one of the preventative measures is this, we are not saying you are doing it... It depends on how it is handled, how it is communicated to people."

4. Analysis

Survey responses varied according to regional NHS board. The findings presented above reflect the national averages, but further analysis is required to highlight regional differences.

Below, the national results are compared to two different NHS boards: Glasgow and Grampian, to investigate the regional differences.

These are then compared to the responses from individual community members and church leaders, and recommendations are outlined.

4.1 Sexual Health Services and Information

Nationally, people preferred to access information about sexual health services from their GP. Regionally, in Grampian people preferred to search online **(55%)** for sexual health information, compared to Glasgow, where people preferred to ask their GP or other health professional **(56%)**.

Church leaders felt that this kind of information and service should not be provided in the church itself, but the interviewees felt that the church plays a vital role in providing sexual health information for the community. They also felt that the community needed to receive more education around self-learning.

Recommendations

- **Liaison officers** from the community can facilitate connection between the church and GP surgeries or other sexual health services, providing strong presence in the church community while not officially being part of the church administration.
- Funding of services that d**evelop independent learning** around sexual health should be prioritised.
- **Target online information** services at regions outside urban centres.

4.2 HIV Status and Testing

A minority **(9%)** of survey respondents were HIV positive. However, this rate was double the national average in Glasgow **(18%)**. This was also reflected in the number of respondents who had never taken an HIV test: nationally **20%** but in Glasgow only **11%**.

In Glasgow, people tended to get an HIV test at a sexual health clinic compared to nationally, who were tested at a GP surgery. Respondents also preferred to access HIV tests in the future in similar locations: national preference was at a GP clinic (49%), but in Glasgow it was at a sexual health clinic (37%).

The interviewees recognised that there was stigma and a lack of knowledge around HIV status and testing in the African community in Scotland, which could link to the number of respondents who had never been tested.

Recommendations

Target education campaigns and testing drives regionally, for example, through sexual health clinics in Glasgow and GP surgeries in other areas, to reduce stigma and improve knowledge around HIV status and testing to encourage people to get tested.

4.3 HIV Self-Testing

Although most survey respondents nationally had heard of HIV self-testing kits **(48%)**, a significantly higher proportion had not heard of HIV self-testing in Grampian **(91%)** compared to Glasgow **(42%)** NHS boards. However, a similar proportion throughout the regions expressed their willingness to use HIV self-testing.

Considerably more people nationally preferred to receive self-test kits via postal delivery from an online order (68% nationally compared to 32% in Glasgow) or collect via a pharmacy (39% nationally; 17% in Glasgow).

Although most respondents nationally said they would not need any additional support around self-testing, of those who said they would like support, more wanted video/online counselling in Grampian (43%) than in Glasgow (25%).

Church pastors agreed that self-testing kits would be preferable for their congregants and could be used to help them feel more secure about their overall healthcare.

Recommendations

- Encourage **self-testing information and services**, especially in non-urban areas.
- Frame **self-testing as part of overall healthcare and wellbeing** to destigmatise and increase testing rates.
- Provide **regionally targeted services**, such as promoting video/online counselling and support to non-urban areas.

4.4 STIs

The rates of who had never been tested for an STI varied considerably depending on region. Nationally, **30%** of respondents had never been tested; in Glasgow this rate was **19%** but in Grampian it was **64%**. This data may reflect the higher number of respondents in Glasgow compared to Grampian NHS boards, but indicates that a regionally targeted approach to STI testing is needed.

Of those who had been diagnosed with an STI in the last two years, one-third of them did not know what they had been diagnosed with. Another third chose "other" when presented with a comprehensive list of STIs.

This implies that there is a lack of knowledge and active participation around STI testing. Interviewees suggested this was because of the taboos surrounding STIs in the community, resulting in a lack of open discussion and regular testing.

Recommendations

- Facilitate **community discussion spaces** around STIs and sexual health, including education on how and why to get tested and on reducing stigma around sexual health.
- Focus efforts across all NHS boards, but with specific attention to those boards with low STI test uptake.

4.5 PrEP

Most respondents had not heard of or taken PrEP, but regionally, these figures varied considerably. In Grampian NHS board, **73%** had not heard of PrEP before, compared to **56%** nationally and **52%** in Glasgow. Nationally, **44%** of respondents felt they would benefit from taking PrEP. This shows that there is a need for more education around PrEP as the willingness to take it is there.

Recommendations

Regionally **targeted information campaigns** around PrEP and its uses. In particular, focus on non-urban areas such as Grampian NHS board.

4.6 Sexual Activity

Most respondents nationally would find it easy to ask their partner about their HIV or STI status, PrEP use, or condom use. However, interviewees noted that there are some psychological barriers to using PrEP or condoms within their community, highlighting a disconnect between asking others and taking precautions themselves.

Recommendations

Provide **peer-led education** sessions to destigmatise condom and PrEP use.

4.7 Condoms

A significant majority of respondents had had sex without a condom in the past two years, but this statistic may be due to a higher number of respondents being in a long-term relationship, married or not sexually active.

Nationally, respondents would prefer to buy condoms from a shop or pharmacy. This however differed regionally: far more respondents in Glasgow would prefer to access free condoms via a sexual health clinic, pharmacy or other free condom venue **(72%)**, with only **21%** preferring to buy them from a shop or pharmacy. In non-health-related spaces, more people would be interested in accessing condoms from a community venue in Grampian **(45%)** compared to Glasgow **(33%)**.

Recommendations

Increase free condoms in pharmacie**s**, GP surgeries and community venues, especially in regions outside of urban centres.

5. Conclusion

The findings of this research highlight that the sexual health needs, including HIV testing, of people from 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 approaches incorporating both outreach and information provided by a variety of trusted community sources can reduce stigma, increase the dissemination of accurate information, and reduce late HIV diagnosis.

Using context and culturally sensitive approaches can also increase PrEP uptake while increasing STI and HIV testing rates.

Moreover, the use of peer-led methodologies in designing such approaches prioritises context and culture from the outset of delivery.

Consequently, a process of destigmatising sexual health and HIV can be instigated by more sustainably embedding knowledge within the communities' informational ecosystem.

5.1 Next Steps

The following section details outreach, information and strategic development recommendations improving sexual healthcare for African communities in Scotland. Areas where future research can benefit the development of more targeted services are additionally included.

Outreach

- Engagement with sexual healthcare can be improved by establishing **independent liaison roles** between the most frequently accessed healthcare spaces such as GP surgeries and pharmacies, and most frequently accessed community spaces such as churches and businesses.
- Engagement with STI and HIV testing can be increased by **promoting regionally targeted access opportunities** through healthcare spaces such as sexual health clinics, GP surgeries and pharmacies.
- Identifying spaces to facilitate **peer-led community discussion** centred on **destigmatising sexual healthcare** and **HIV** can increase uptake of testing opportunities.
- Identifying spaces to facilitate **peer-led education sessions** centred on **destigmatising condom and PrEP** use may increase uptake of testing opportunities.
- **Increasing the provision of free condoms** in frequently accessed healthcare spaces such as GP surgeries and pharmacies, as well as frequently accessed community venues such as churches and businesses, can increase uptake.

Information

When it comes to improving access to and dissemination of sexual health information, the findings of this research indicate:

- There is significant scope for developing information based sources and services aimed at **improving community knowledge** of sexual health, including HIV testing. This is particularly important in improving access for people located outside urban centres.
- **Education campaigns** can benefit from **regional targeting** as a way of reducing the impact of stigma and improving knowledge of HIV status, HIV self-testing opportunities, PrEP access and STI testing.
- Framing HIV **self-testing as part of overall healthcare and wellbeing** can destigmatise access and increase uptake.
- Generating and disseminating **peer led information** can better embed sexual health and HIV within the informational ecosystem of African communities in Scotland. For example, contextually sensitive education and testing sessions should target messaging based on locations such as churches or secular venues

Strategic development

The findings of this research make clear the following considerations when it comes to the strategic development of services and engagement with African communities in Scotland:

- Making use of c**ombined liaison and peer-led approaches** can ensure sensitivity to the varying values of community members based on their faith, gender and sexual orientation.
- While there are nationally applicable community needs such as increasing uptake of PrEP, **regional differences must also be taken into account** when developing services and engagement.
- **Peer-led research** on the experiences of women, LGBTQIA+ people, as well as remote and rural community members, can provide a fuller understanding of the varying needs of African communities.

6. Limitations

The data gathered through this research aimed to be representative of the current demographics of African communities in Scotland. Our understanding of what constitutes representation was however limited by a lack of up to date census data available detailing Scotland's population growth. This affected our ability to contextualise respondents' demographic data, with the most recent census data available from 2011 (Scotland's Census, 2022).

The degree to which the data is representative is further limited by the make-up of those who consented to participate in the research. While the survey sought to gather responses from people across Scotland, there were no respondents from Dumfries and Galloway, Fife, Highland, Orkney, Shetland or the Western Isles NHS health boards.

This consequently highlights a potential benefit to exploring the sexual health needs, including HIV testing, of African communities in remote and rural areas of Scotland. Such research would however be most appropriately designed upon completion of Scotland's 2022 census.

Similarly, the survey, interviews and focus group demographics included more people who identified as heterosexual and male (including trans male). This highlights a need for more targeted research exploring the experiences of women and LGBTQIA+ people within African communities.

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8. Appendices

Appendix 1 - Survey

Introduction

What is this survey about?

The purpose of this survey is to find out how people from African communities in Scotland would like to access sexual health information and services, including HIV testing.

For many years, staff from Waverley Care's African Health Project have delivered sexual health information and HIV testing at community venues. However, COVID-19 has it impossible to continue working in this way. We would like to find out how we can continue to make sure people from African communities can access sexual health information and services.

You can complete the survey whether or not you have accessed sexual health or HIV services before.

All of the questions are optional and you can skip any that you do not want to answer.

The survey will take around 15 minutes to complete.

Who is running the survey?

Waverley Care is running the survey. You can find out more about us **here**.

What personal data will the survey collect?

The survey can be completed anonymously, or you can choose to enter personal data (your email address). We will only use your email address to enter you into a prize draw to win £250 Amazon vouchers or to contact you about a follow up interview. If you include your email address, you will be asked at the end of the survey if you consent to it being used for both, or only one of, these purposes.

How will you use the information I provide?

Your survey response will be collated and analysed by staff from Waverley Care. We will use the information you provide as part of a report. We will share the survey findings publicly, including via social media and in published articles. We will not share any information that could identify you or other people.

How will you store the information I provide?

Your survey response will be stored using password protection. Your personal data will be deleted by 31 Dec 2021 and we will only keep your anonymised survey response.

Can I withdraw my survey response?

If you decide you do not want your survey response to be included in the research, you can contact comms@waverleycare.org. If you have completed the survey anonymously, we may not be able to identify your response, but we will try to do this. If we can identify your response, you will be able to withdraw it until the point we publish the survey results, which will be around mid-March.

Who can I contact if I have questions about the survey or I want to make a complaint?

If you have questions about the survey, you can contact: **comms@waverleycare.org**

If you would like to speak to someone who is not involved in the survey, you can contact:

Grant Sugden, CEO, Waverley Care
E: Grant.Sugden@waverleycare.org

Screening questions

1. Would you describe your ethnicity as African, African Scottish or African British?

- ◯ Yes
- ◯ No

2. Do you live in Scotland?

- ◯ Yes
- ◯ No

3. Are you over 18?

- ◯ Yes
- ◯ No

Background

This section of the survey asks for some information about your background. You can skip any questions that you do not want to answer.

4. What is your age?

- ◯ 18 – 24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65+

5. How would you describe your gender?

- ◯ Male (include trans male)
- ◯ Female (include trans female)
- ◯ Non binary
- ◯ Prefer not to say
- ◯ In another way, please describe

6. Do you consider yourself to be transgender?

Transgender describes a person whose gender identity is not the same as the sex they were assigned at birth.

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

7. How would you describe your sexual orientation?

- ◯ Gay/lesbian (attracted to someone of the same gender)
- ◯ Bisexual (attracted to people of the same and other genders)
- ◯ Heterosexual/straight (attracted to people of the opposite gender)
- ◯ Prefer not to say
- ◯ In another way

8. How would you describe your relationship status?

- ◯ Single
- ◯ In a relationship
- ◯ Married or in a civil partnership
- ◯ In another way, please describe
- ◯ Widowed
- ◯ Divorced
- ◯ Separated

9. How would you describe your sexual relationship status?

- ◯ I am currently sexually active with one person
- ◯ I am currently sexually active with more than one person
- ◯ I am not currently sexually active

10. What health board area do you live in?

11. What is your highest educational qualification?

12. Were you born in the UK?

- ◯ Yes
- ◯ No

Background

This section of the survey asks about your identity and background. You can skip any questions you do not want to answer.

13. How long have you lived in the UK?

- ◯ Under 1 year
- ◯ 1-2 years
- ◯ 3-4 years
- ◯ 5-9 years
- ◯ 10+ years

14. What is your country of origin?

Sexual health care and advice

This section of the survey asks about your experience of seeking sexual health information and advice. More information about sexual health services in your area is available at the end of this survey.

15. If you wanted information about sexual health, for example, contraception or STIs, how would you normally find this out?

- ◯ I'd ask my spouse or partner
- ◯ I'd ask a friend
- ◯ I'd ask a family member
- ◯ I'd ask my GP or another health professional
- ◯ I'd ask a charity or community organisation
- ◯ I'd search online
- ◯ Another place, please describe

16. Due to the COVID-19 pandemic, many organisations cannot offer face-to-face services. If you could only speak to someone about sexual health remotely, which of the following ways would you like to do this?

Please rank your answers, with 1 representing your highest preference and 6 your lowest preference.

- ☐ Telephone
- ☐ Video call
- ☐ Email
- ☐ Whatsapp or another instant messenger service
- ☐ Text message
- ☐ Online chat (where you talk to someone using a chat window on a website)

17. If you could only speak to someone about sexual health remotely, at what time of day would you prefer to do this? Please select all that apply.

- ☐ Weekday mornings
- ☐ Weekday afternoons
- ☐ Weekday evenings
- ☐ Weekend mornings
- ☐ Weekend afternoons
- ☐ Weekend evenings

18. If you were seeking sexual health information from a professional working in the NHS or in a charity/community organisation, either face to face or remotely, how important would it be that the person you spoke to:

	Very important	Important	Neutral	Unimportant	Very unimportant
was the same gender as you?	◯	◯	◯	◯	◯
was a similar age to you?	◯	◯	◯	◯	◯
was the same sexual orientation as you?	◯	◯	◯	◯	◯
was the same ethnicity as you?	◯	◯	◯	◯	◯
had a similar income/socio-economic background as you?	◯	◯	◯	◯	◯

HIV status

This section of the survey asks about your HIV status. There are online links where you can find out more about HIV at the end of the survey.

Remember, you do not have to answer any questions you do not want to. Any information you do tell us will be kept anonymous.

19. What is your HIV status?

- ◯ Positive
- ◯ Negative
- ◯ I don't know

HIV status

This section of the survey asks about your HIV status. There are online links where you can find out more about HIV at the end of the survey.

20. Were you diagnosed with HIV while living in the UK?

- ◯ Yes
- ◯ No

21. Where did you receive your HIV diagnosis?

- ◯ After an HIV test in hospital
- ◯ After an HIV test at my GP
- ◯ After an HIV test at a community testing service
- ◯ After an HIV text at a sexual health clinic
- ◯ After using a self-sampling kit (I took a blood or saliva sample and sent off for the results)
- ◯ After using a self-test kit (I took a blood or saliva sample and found out the results on the spot)
- ◯ I was born with HIV
- ◯ In another way, please describe

22. How long have you been living with HIV?

- ◯ Within the last 12 months
- ◯ Within the last 2 years
- ◯ Within in the last 5 years
- ◯ Over 5 years ago

23. Are you under the care of an HIV clinic or doctor?

- ◯ Yes
- ◯ No
- ◯ I don't know

HIV status

This section of the survey asks about your HIV status. There are online links where you can find out more about HIV at the end of the survey.

24. It is very important that you receive care from an HIV clinic or doctor. Would you like someone from our team to contact you to discuss this with you?

- ◯ Yes
- ◯ No

HIV status

This section of the survey asks about your HIV status. There are online links where you can find out more about HIV at the end of the survey.

25. Please include your contact details and someone will be in touch with you.

HIV testing

This section of the survey asks about your experience of taking HIV tests. Online links to find out more about HIV testing are available at the end of this survey.

26. When did you last take an HIV test?

- ◯ Within the last 4 weeks
- ◯ Within the last 3 months
- ◯ Within the last 6 months
- ◯ Within the last 12 months
- ◯ Within the last 2 years
- ◯ Within the last 5 years
- ◯ Over 5 years ago
- ◯ Never

HIV testing

This section of the survey asks about your experience of taking HIV tests. Online links to find out more about HIV testing are available at the end of this survey.

27. Where have you tested in the last 2 years (please tick all that apply)?

- [ ] GP
- [ ] Sexual health clinic
- [ ] Community testing service (for example, a charity or community group)
- [ ] Hospital
- [ ] I used a self-sampling kit (I took a blood or saliva sample and sent off for the results)
- [ ] I used a self-test kit provider (I took a blood or saliva sample and found out the results on the spot)
- [ ] Another location, please describe

28. How many HIV tests have you taken in the last 2 years?

HIV testing

This section of the survey asks about your experience of taking HIV tests. Online links to find out more about HIV testing are available at the end of this survey.

Remember, you do not have to answer any questions you do not want to. Any information you do tell us will be kept anonymous.

29. What was the result of your most recent HIV test?

- ◯ Positive
- ◯ Negative
- ◯ The test didn't work
- ◯ I don't know

HIV testing

This section of the survey asks about your experience of taking HIV tests. Online links to find out more about HIV testing are available at the end of this survey.

30. Are you under the care of an HIV clinic or doctor?

- ◯ Yes
- ◯ No
- ◯ I don't know

HIV testing

This section of the survey asks about your experience of taking HIV tests. Online links to find out more about HIV testing are available at the end of this survey.

31. It is very important that you receive care from an HIV clinic or doctor. Would you like someone from our team to contact you to discuss this with you?

- ◯ Yes
- ◯ No

HIV testing

This section of the survey asks about your experience of taking HIV tests. Online links to find out more about HIV testing are available at the end of this survey.

32. Please include your contact details and someone will be in touch with you.

HIV testing

This section of the survey asks about your experience of taking HIV tests. Online links to find out more about HIV testing are available at the end of this survey.

33. If you needed an HIV test in the future, where would you most like to access this?

- ◯ GP
- ◯ Sexual health clinic
- ◯ Community testing service (for example, a charity or community group)
- ◯ A self-sampling kit (You take a blood or saliva sample at home and send off for the results)
- ◯ A self-test kit provider (You take a blood or saliva sample at home and find out the results on the spot)
- ◯ Another location, please describe

34. Before taking this survey, had you heard of HIV self-testing before?

Self testing is where you take a blood or saliva sample at home and find out the results on the spot.

- ◯ Yes
- ◯ No

35. How likely would you be to use HIV self-testing?

- ◯ Very likely
- ◯ Likely
- ◯ Neutral
- ◯ Unlikely
- ◯ Very unlikely

HIV testing

This section of the survey asks about your experience of taking HIV tests. Online links to find out more about HIV testing are available at the end of this survey.

36. Could you tell us more about why you would like to use HIV self-testing?

37. In which of the following ways would like to be able to receive self-test kits? Please select all that apply.

- ☐ Postal delivery from online order
- ☐ From sexual partners
- ☐ Via a charity or community group
- ☐ Via vending machines
- ☐ Via click-and-collect (order online and collect from a charity, clinic or pharmacy)
- ☐ Collect via a sexual health clinic
- ☐ Collect via a pharmacy

38. What kind of support would you want when using HIV self-testing kits?

- ◯ Video / online counselling
- ◯ Other online support
- ◯ Dedicated phone line
- ◯ Face-to-face advice (from a health advisor or outreach worker for example)
- ◯ No support is needed beyond that available already by attending a sexual health clinic

HIV testing

This section of the survey asks about your experience of taking HIV tests. Online links to find out more about HIV testing are available at the end of this survey.

39. Could you tell us more about why you would not like to use HIV self testing?

STI testing

This section of the survey asks about your experience of taking STI tests. Online links to find out more about STI testing are available at the end of this survey.

40. When did you last have a test for sexually transmitted infections (STIs), such as syphilis and gonorrhoea?

- ◯ Within the last 4 weeks
- ◯ Within the last 3 months
- ◯ Within the last 6 months
- ◯ Within the last 12 months
- ◯ Within the last 2 years
- ◯ Within the last 5 years
- ◯ Over 5 years ago
- ◯ Never

STI testing

This section of the survey asks about your experience of taking STI tests. Online links to find out more about STI testing are available at the end of this survey.

41. Have you been diagnosed with any STIs in the last 2 years?

- ◯ Yes
- ◯ No

PrEP

This section of the survey asks about your experience of using PrEP.

46. Where do you currently get your PrEP drugs?

- ◯ NHS sexual health clinic
- ◯ From an online pharmacy
- ◯ In another way, please describe

47. When do you take your PrEP drugs?

- ◯ Every day
- ◯ Just when I need to (event-based dosing)

PrEP

This section of the survey asks about your experience of using PrEP.

48. Do you think that you could benefit from accessing PrEP?

As a reminder, PrEP is a medication you can take to protect against HIV if you are HIV negative.

- ◯ Yes
- ◯ No

PrEP

This section of the survey asks about your experience of using PrEP.

49. Could you tell us why you think you would benefit from PrEP?

PrEP

This section of the survey asks about your experience of using PrEP.

50. Could you tell us why you do not think you would benefit from accessing PrEP?

Sexual history

This section of the survey asks about your sexual history. We are asking for this information because it helps us to better understand what kind of information about sexual health would be most useful to you.

Remember, you do not have to answer any questions you do not want to. Any information you do tell us will be kept anonymous.

51. Have you had sex in the last 2 years?

- ◯ Yes
- ◯ No

Sexual history

This section of the survey asks about your sexual history. We are asking for this information because it helps us to better understand what kind of information about sexual health would be most useful to you.

52. In the last 2 years, who have you had sex with?

- ◯ Women
- ◯ Men
- ◯ Prefer not to say
- ◯ Partners who describe their gender in another way, please describe

53. If you are comfortable doing so, could you tell us what kinds of sex have you had in the past 2 years?

- ◯ Penetrative vaginal sex (you inserted your penis into some else's vagina)
- ◯ Receptive vaginal sex (someone else inserted their penis into your vagina)
- ◯ Penetrative anal sex (you inserted your penis into some else's anus)
- ◯ Receptive anal sex (someone else inserted their penis into your anus)
- ◯ Given oral sex
- ◯ Received oral sex
- ◯ Prefer not to say

54. When talking about sex with your current or most recent partner, how easy or difficult would it be for you to:

	Very easy	Easy	difficult	Difficult	Very difficult
Ask about their HIV status?	○	○	○	○	○
Ask if they have ever had another type of sexually transmitted infection (STI)?	○	○	○	○	○
Discuss condom use?	○	○	○	○	○
Discuss PrEP use?	○	○	○	○	○
Refuse to have sex if they won't use a condom?	○	○	○	○	○

Condom use

This section of the survey asks about condom use. Online links about access to free condoms are included at the end of the survey.

55. In the last 2 years, have you had sex without using a condom?

- ○ Yes
- ○ No

Condom use

This section of the survey asks about condom use. Online links about access to free condoms are included at the end of the survey.

56. If you needed condoms, where would you usually access these?

- ○ Buy them from a shop or pharmacy
- ○ Collect free condoms from a sexual health clinic, pharmacy or another free condoms venue
- ○ Free condoms by post service
- ○ From somewhere else, please describe

57. At which of the following healthcare services would you like to be able to access free condoms?

- ○ Local sexual health clinic
- ○ Local pharmacy
- ○ Local hospital
- ○ GP
- ○ Condoms by post service
- ○ I do not want to access free condoms
- ○ Another healthcare service venue, please describe

58. *We are interested in whether people would like to access condoms from non-health related venues in their local community, such as shops and restaurants. Condoms would be available in a discrete location, such as in toilet cubicles, so that nobody else would be able to see you collecting them.*

At which of the following non-health related venues would you like to be able to access free condoms?

- ○ Church
- ○ Local restaurants
- ○ Hairdresser
- ○ Community centre
- ○ I do not want to access free condoms
- ○ Another venue, please describe

Appendix 2 – Interview Pro-Forma

Demographic Information

Age		
Sexual orientation		
Relationship status		
Ethnicity		
Country of origin		
How long have you lived in Scotland?		
What is your highest level of education?		
Are you: (tick correct box. You can tick more than one but please number them in rank 1, 2, etc.)	Working	
	Retired	
	A Student	
	Not working	
	Volunteer	
	Other	
If other please detail:		

Questions

1. Can you tell me about your experiences of accessing the health care services?

2. Can you tell me about your experience accessing sexual health services?

Follow up questions:

- Have you ever been to a sexual health clinic?
- If yes, how was your experience?
- Do you think it is easy to find information about sexual health?

3. What changes would you like to see in the services in the future?

Follow up questions:

- What about young people from African communities?

4. Is there anything else that you would like to share with us that can help with this research?

Follow up questions:

- Is there anything specifically about sexual health?
- Who needs to be passing on information about sexual health and how?
- Who needs to be passing on information about HIV and how?
- There can often be issues experienced by African communities because they feel isolated and that the services available are not suitable for their culture or language. This can mean for example, that there is a lot of stigma around issues like HIV. What do you think about this?

Appendix 3 – Faith Leader Engagement Session

Questions

There are two types of HIV testing available:

- Rapid HIV testing
- Dried blood spot testing

1. How do you feel about community members accessing both forms of testing?

Follow up questions:

- Directly in a church or faith space?
- Promoted through a church or faith space?

2. What is your view on distributing condoms via churches or faith spaces?

Follow up questions:

- Directly in a church or faith space?
- Promoted through a church or faith space?

3. How can information about sexual health, including HIV testing, be promoted through churches or faith spaces?

- How does it link with faith?

Contact

If you have any questions about this research, please contact us at the details below:

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