

“AS A REJECTED PERSON, THIS IS DIFFICULT FOR ME” – LEAVING A STRUCTURALLY DISADVANTAGED GROUP BEHIND IN PREP CARE

PRELIMINARY RESULTS FROM A QUALITATIVE STUDY WITH MIGRANT MSM IN ANTWERP, FLANDERS



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BACKGROUND & RATIONALE

- The Belgian HIV epidemic is **diversifying**: 24% of all new infections occur in Sub-Saharan African (SSA) migrants; of the new diagnosis occurring in men who have sex with men, an increasing amount has a non-Belgian background
- About one in four SSA migrants (23%) was estimated to have acquired HIV **post-migration** in Belgium. This calls for a renewed emphasis on **primary prevention**
- Migrant populations are **underrepresented in PrEP** uptake: most of PrEP starters in 2019 were Belgian (77.3%), 1,4% were of SSA origin,
- Yet, it is estimated that one in three SSA migrants in Antwerp would be **eligible** for PrEP, according to the official reimbursement criteria

OBJECTIVE & METHODS

- Objective:** to investigate barriers and facilitators for PrEP acceptability, uptake and use among migrants vulnerable for HIV in Belgium
- Study design:** inductive, qualitative community-based study; in-depth interviews with PrEP-users and non-users from migrant backgrounds, both on- and offline
- Data collection:** n=7 expert interviews; n= 16 in-depth interviews with migrant MSM recruited at HRC Antwerp and community-based organizations for sex workers
- Analysis:** verbatim transcribed data were analyzed in Nvivo, using a grounded theory approach

PRELIMINARY RESULTS

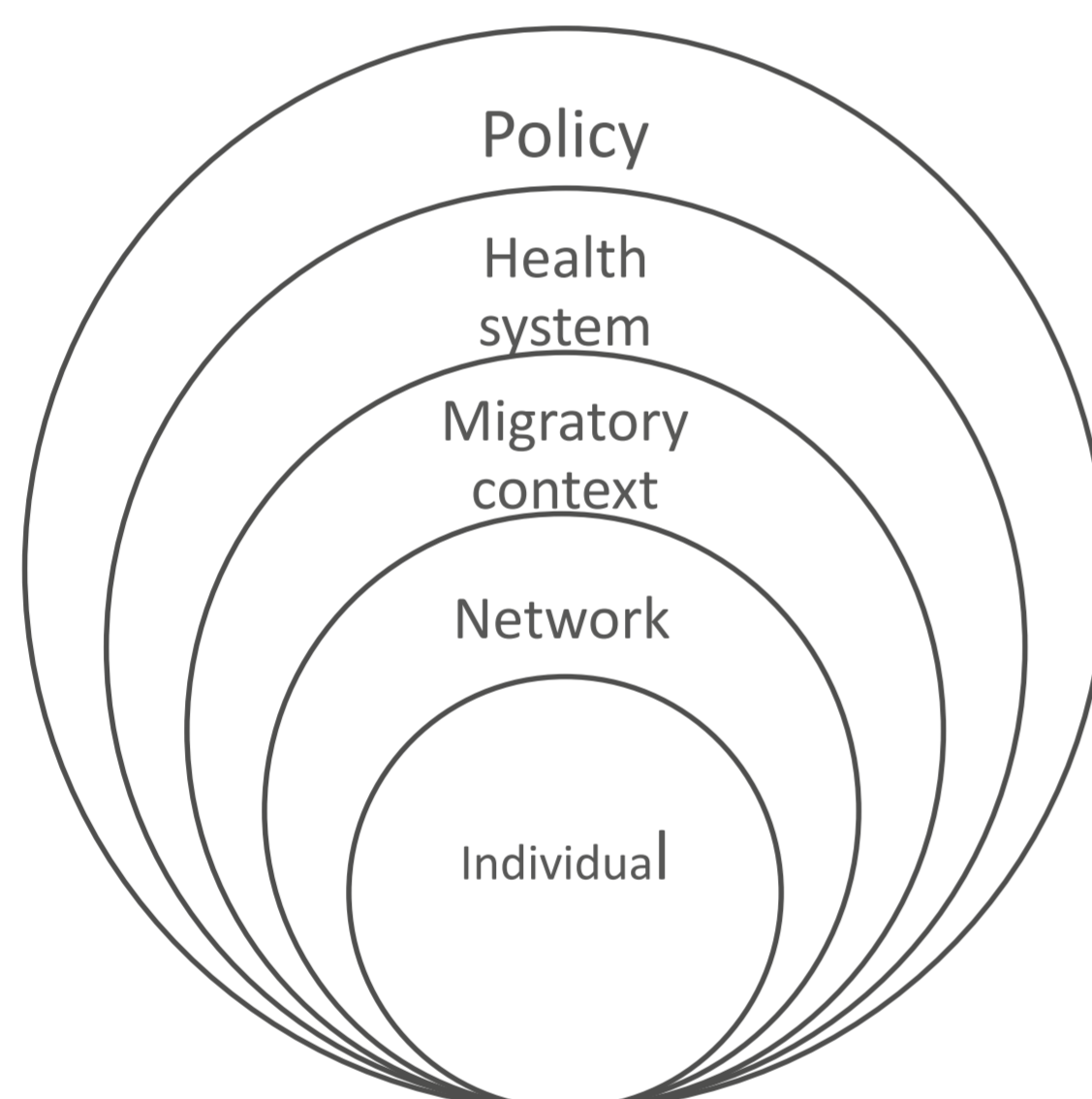
Individual PrEP uptake is influenced by intersecting factors situated at multiple socio-ecological levels

- Public policy:** limited health insurance coverage for PrEP due to restrictive migration policies
- Health system:** High threshold for PrEP services and specialized care in general; lack of structural and cultural competency; affordability of PrEP dependent on health insurance coverage
- Migratory context:** limited sexual education, health seeking behavior, LGBT stigma in countries of origin, language
- Network:** friends and sex partners are important in prevention decisions, online dating apps normalize PrEP, rumours easily spread
- Individual:** socio-economic precarity and competing priorities (influenced by all of the above), mental health issues, substance abuse, language, low health literacy, feeling rejected by health services and anti-medication sentiment for prevention

“Of course, if I can pay for these pills, I will use them permanently as well, for example, if it is only a pill per day, but because their cost is difficult for me, it is impossible.”

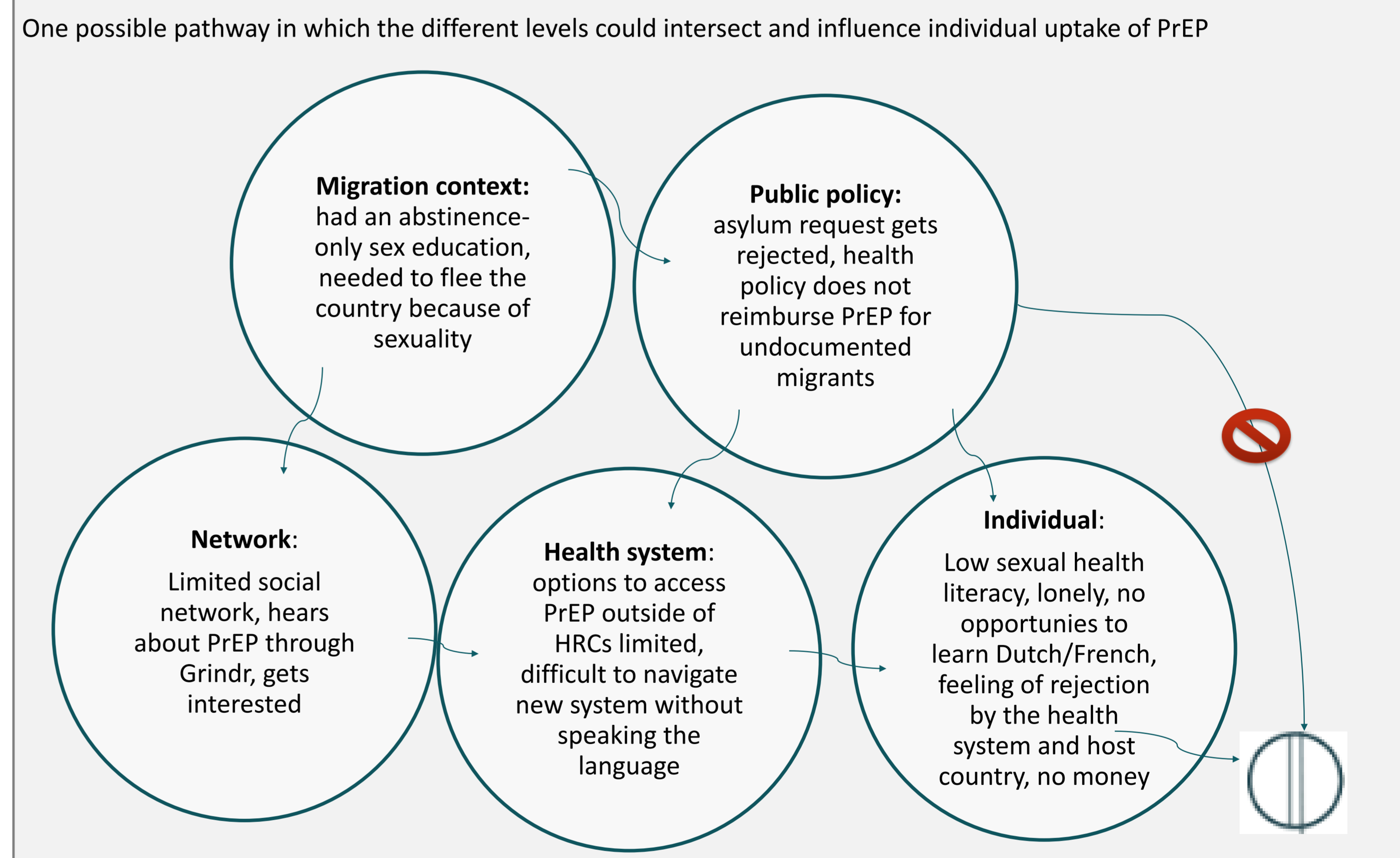
“There is nothing wrong with me, why would I take pills? I am sexual, I protect myself. But why would I take pills?”

“I don’t know if I was tested on other STIs – the doctor told me that they tested for AIDS and other stuff so I said ok and that was it. It was difficult to communicate (...) I only speak a little French and the doctor also so I could not ask questions”



“Look, I’ll be honest, thank God I have food, I have a house, and I don’t worry about it, what I worry about is having the money to pay for the house. That, and from there, nothing else.”

“As a rejected person, this is difficult for me. I had kidney stones and the ambulance did not take me to the hospital. You would have seen me lying on the road from the pain. (...) It was necessary to carry out the operation right away but they [asylum centre] refused because it was an expensive operation. (...) I don’t give them [the Belgian healthcare system] 1 out of 10 [in terms of trust].”



DISCUSSION & CONCLUSION

- PrEP uptake is influenced by **structural vulnerabilities, social disparities in health** and individual **health literacy**
- Intersecting** factors cut across the socio-ecological model, mutually influencing each other → resulting in several emerging pathways that potentially explain acceptability and uptake
- PrEP uptake should therefore be **contextualized** within broader accessibility to (sexual) health care for migrants
- Health literacy** in migrant populations and **structural competency** among health care providers should be increased
- To achieve equitable access to PrEP for migrants in Belgium, tailored structural support should be provided independent of migration status**

NEXT STEPS

- Expand data collection in other regions (Brussels & Liège)
- Continue recruitment/purposive sampling to confirm the preliminary pathways through the integration of new data to contribute to theory-building
- Participatory action research: community based group discussions assessing community norms and providing information on sexual health and PrEP



 **PROMISE**
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