



Health4U: Dissemination Event

Formative Research & Message Development

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Underpinning Participatory Philosophy

- SMS messages were **co-constructed** with the community based on formative research and **collaborative** team working
- Recruited & trained a team of community researchers
- Started off by undertaking **6** focus group discussions (FGDs) to explore community views on HIV & HIV testing and on aspects of intervention design (total participants =**48**)



Focus Groups

- Recruitment via voluntary sector groups (e.g. Refugee Forum) & local community venues (e.g. Church), nationality based community groups (e.g., Ghanaian Union, Cote d'Ivoire Community Group), external contacts (e.g. library, hairdressers, advertising in local media), social networks
 1. Muslim men
 2. Muslim women
 3. Christian (above 30 yrs)
 4. Community leaders
 5. Young persons (under 30 yrs)
 6. "Other" (not an active Christian or Muslim, not a community leader, and over 30 yrs old).
- Total of 19 men & 29 women, representing 19 different African countries, age range 18-45yrs
- Interview topic guide & thematic data analysis used **Health Belief Model** (HBM) constructs as an organising framework



Health Belief Model Construct	Relevance to HIV
Perceived susceptibility to HIV	<ul style="list-style-type: none"> Beliefs about prevalence, risk and the possibility of contracting HIV
Perceived severity	<ul style="list-style-type: none"> Knowledge about HIV Views on treatment, prognosis, outcomes and the consequences of having HIV
Perceived benefits of testing for HIV	<ul style="list-style-type: none"> Views on the benefits and outcomes of HIV testing
Perceived barriers for HIV testing	<ul style="list-style-type: none"> Social, economic, cultural, practical and health-service barriers to HIV testing
Cues to action & self-efficacy	<ul style="list-style-type: none"> Views on strategies that encourage and support HIV testing and positive health behaviours



Perceived Susceptibility & Severity of HIV

"I have never really known anyone who is HIV. I'm not sure if statistics can 'prove' that Africans suffer more from HIV compared to other continents. (CL, R6)

"This is not an issue in the African community right now, it is not a big problem" (MM, R5)

"It is scary, but here it is not common. I have never seen a person with HIV dying here" (CL, R3)

"Fear is the main issue actually, fear of the unknown, fear what if it is positive, because everybody knows there is no cure yet so people have got fear in the backs of their minds, and why should I bother myself with fear?" (MO, R2)



Perceived Benefits of Testing

"I think they need to be educated.....because it would be a good thing to do a status check so that you won't be able to contaminate another person" (CL, R1)

"The major thing I think is fear of knowing that I actually have it - so if somebody can be given the confidence that look if you are aware that you have it then you have a chance of looking after yourself well because you know you have it, you will look after yourself well, you will get some support as well" (MO, R3)



Barriers: Lack of Knowledge of Testing Services

"I think people are generally not aware of where these centres are"
(YP, R1)

"In our countries, it's expensive to do HIV test and I don't think all people can afford to do it. So, if the test is free, I think people wouldn't have any problem having the test." (MW, R9)

"Just stress that confidentiality is a very important element, I mean once people trust the system and trust the practitioners, I think you will increase people's confidence to use the system" (CL, R6)



Barriers: Accessibility & Expectations

"I think what stops me sometimes from going for a medical check-up, it is either work or other commitments and sometimes it takes long to see a doctor.....sometimes 2 weeks..... it is a kind of discouraging factor" (YP, R1)

"Well, I think the waiting time....if I have got a ten minute appointment, I still need to wait for an hour or two.....It doesn't matter whether you are dying or not, you have got...10 minutes yes, so.....how can you properly assess somebody for 10 minutes?" (CL, R3)

"Every time I go in if I have a problem or a check-up I don't see the GP it is always the nurse. No offence to the nurses, I am sure they are very good, but I want to see a doctor." (CM, R1)



Barriers: Lack of Trust in Providers

"People are scared...For a long time black people are the first group to be lied to, to be misdiagnosed, right?.....so that is why they hold back when it is time to do those things." (CL, R4)

"It depends who is doing these tests?.....some people they are not really sure whether those tests are up to the standards, so for me it depends who is running these tests?" (MO, R4)

"It is like they are trying to do, you know, the testing to cover their numbers, it is not about me but it is about fulfilling their outcomesso most of the time they push me too hard" (CM, R1)

"Like one of the guys....when he had to go to the doctor because he had like spots on his face....but straight away the doctor requested for him to get like HIV test and basically it is kind of like discrimination" (YP, R7)



Barriers: Need for Cross-Cultural Understanding

“The first contacts I have seen where people from Africa, from our continent go to the GP’s sometimes there is difficulty with language, you know, that first contacts with their reception is, I have never seen it really good. I mean the doctors are quite different so one of the things to maybe improve that, is provide information in different languages” (MO, R4)

“GPs - they don’t understand the culture, they don’t understand in some cases their religious beliefs yes.....I think people are suspicious of the system, you know that you know even when you’re supposed to get screening and go for certain tests you don’t want to go because you don’t know what to expect, you know you’re not confident enough to trust anyone because they are not of your cultural group and it is frightening.” (CL, R2)



Barriers: Health Seeking Practices

“African men like to be seen as strong and tough - going to the hospital means you are weak - it's a mentality problem” (MM, R3)

“Even if you are dying you see yourself with added strength and especially with Christian mentality, you don't want to say you're sick even if you're feeling sick” (CM, R4)

“I don't have that tendency to go to the hospital when I am not sick... you know when I am well, I don't think I need to go to the hospital ” (CM, R1)

“People don't regularly go for check-ups in Africa” (MO, R1)



Barriers: Complex Lives

“They are worried about other issues you know immigration, work, family back home. You know they are worried about these things and maybe health is not a first priority for them” (CL, R5)



Cues to Action/Self-Efficacy

- Need for more education and awareness
- Need wide spread, visible, tailored, public health campaigns
- High value placed on community outreach (building trust) & community testing
- Use of social media
- GP reminders (texts, letters)
- Testing during medical consultations

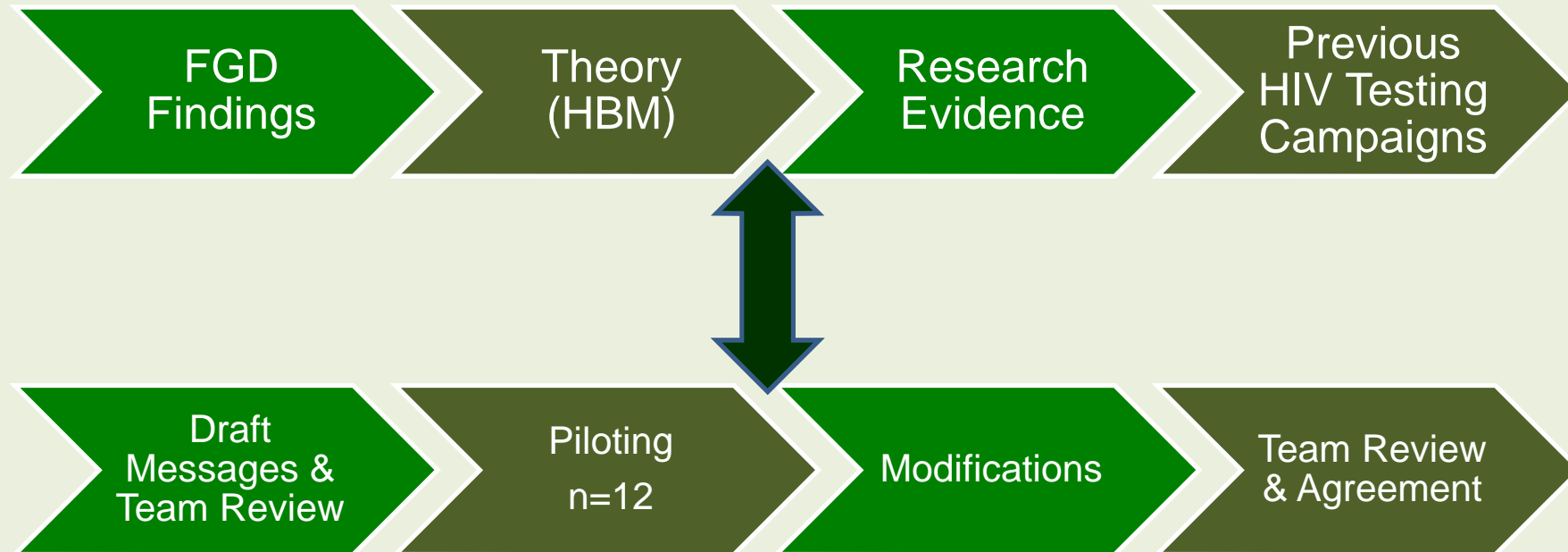


Views on Proposed SMS Intervention

- Positive response to the concept of SMS
- Trusted source
- Personalised
- Different languages
- Not just about HIV
- No strong confidentiality concerns
- No real consensus re. message frequency/timing
- Desire to have periodical but not frequent messaging (e.g. 1 per week but not more)



Message Development





SMS Intervention Structure/Content (see handout)

- Personalised & tailored on gender, religion & language (English, French, Arabic)
- 12 week intervention
 - 1 HIV message per week
 - 1 'general' health message per week
 - Final message to request primary outcome data & link to on-line survey
- Upbeat, informative, motivational, supportive, action-orientated
- Using African proverbs where possible
- Hyperlinks to further sources of information

NB. Limited by 160 characters!