DETERMINANTS OF HIV TESTING AND ACCESS TO SEXUAL HEALTH SERVICES AMONG BLACK SUB-SAHARAN AFRICAN MIGRANTS IN AUSTRALIA: A CROSS-SECTIONAL QUANTITATIVE STUDY.

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Abstract

Background: Despite Australia's advances in reducing HIV incidence nationally, black migrants from sub-Saharan Africa (SSA) continue to experience low uptake of sexual health services and HIV testing. This study examined socio-demographic, HIV-related attitudes, sexual behaviours, and psychosocial factors associated with HIV testing and access to sexual health services among black migrants from SSA living in Australia.

Methods: Between July 2024 and February 2025, a cross-sectional online survey was conducted with 319 black SSA migrants living in Australia. Measures included HIV testing history, access to sexual health services, HIV knowledge, sexual behaviours, attitudes towards HIV, conservatism, medical mistrust in Western health systems, and acculturation. Bivariate analyses and multivariable logistic regression models were used to identify factors independently associated with HIV testing and access to sexual health services.

Results: Overall, 71% of participants reported ever testing for HIV, while 29% reported accessing sexual health services. In multivariable analyses, university education (aOR=3.0, 95% CI=1.4, 6.3) and prior sexual intercourse experience (aOR=3.5, 95% CI=1.5, 8.1) were independently associated with HIV testing, whereas more negative attitudes towards HIV reduced the likelihood of HIV testing (aOR=0.9, 95% CI=0.9, 1.0). Access to sexual health services was more likely among female participants (aOR=2.6, 95% CI=1.5, 4.8) and those identifying with religions other than Christianity (aOR=4.8, 95% CI=2.1, 10.8), while negative attitudes towards HIV were associated with lower access to sexual health services (aOR=0.9, 95% CI=0.9, 1.0).

Conclusion: Negative attitudes towards HIV, education, gender, and religion were associated with HIV testing and sexual health service access among black SSA migrants in Australia. Culturally responsive interventions that address stigmatising attitudes and engage community and faith-based contexts are critical to improving equitable sexual health outcomes.

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