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## Seeking resolution for an illness that does not exist: The case for Health-Check as prevention for HIV among immigrants from Sub-Saharan Africa

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In the earlier times, when we fell sick and the usual go-to 'home remedies' have failed we attend our GPs for resolution. In contemporary times however, it is now the norm for many people to go for regular health check-ups whether sick or not. The reason for this pre-emptive behaviour is to monitor and lower the risk of potential conditions or diseases before they turn into problems. In this respect, early detection of potential conditions gives one the opportunity to get the right treatment quickly and complications averted<sup>1</sup>. Ultimately, ones' life span is increased, health is improved and potential healthcare costs greatly reduced in the long run. However, it can be argued that the culture of regular health check-up is a somewhat normalized behaviour in the developed countries.

In the African context perhaps it is not a normalized behaviour to seek out non-existent sicknesses ahead of its time. One consistent issue among the many findings from a research I carried out for ACET Ireland on why black immigrants from Sub-Saharan Africa living in Ireland do not take up HIV testing opportunities as much as other groups, was the absence of the need to attend a clinic. In order words, what would be the point of going to see a doctor when one is not sick? This is because we were not socialized into 'going to look for sickness' which is what health check-ups seem to imply. As one Church Leader interviewed puts it, "...people do not want to go and know if they are sick or not... where will they start from being positive?"



The recent report by the Health Protection Surveillance Centre show that those born in Sub-Saharan Africa (SSA) were among those presenting in greater numbers with late diagnosis of HIV. This increases the risk of transmission and poor health outcomes<sup>2</sup> as clinical care would commence late.

Of new diagnoses in Ireland among those born in SSA, over 60% were late diagnoses with 31% advanced<sup>3</sup>. Furthermore, while ethnicity is a very recently initiated indicator in HIV data recording in Ireland, research from Public Health England demonstrated that black-African Men living with HIV were the group most likely not to have been diagnosed early (30%v ,24% as total)<sup>4</sup>.

The very important issue here is "late and advanced diagnosis" and perhaps it is pertinent to surmise that the culture of not availing of health-checks perhaps may account for this. In exploring this culture of non-health check-ups by us black Africans we look at 3 key areas; psychological, spiritual and economics so that a clearer understanding can be yielded and perhaps solutions can be proffered therefrom in respect of testing for HIV.

### Psychological Implications:

The most relevant implication for going for health checks is that sicknesses that have not presented themselves may be located and therapeutic regimen applied for instance locating and, for example, treating high blood pressure may prevent the occurrence of premature heart attack and or stroke.

However, the idea that you are going to attend a doctor in order to seek out sickness amounts, in the mind of the immigrants from Sub-Saharan Africa we interviewed, to 'looking for what was not looking for you.' Thus, if you provoke sickness and it came calling, you are then the architect of your problem and you are going to carry it on your head alone.

It may appear illogical, silly even, but it is what it is, in so far as you are not sick, one is not likely to seek out a doctor for non-illness concerns. As it stands there are many things vying for our attention back home and going out there to find sickness to bring home is not likely to be a priority as it is only the sick that needs the services of a doctor it is said. The psychology at work here is that you get what you look for and so nobody goes looking.

### **Spiritual Implications:**

Belief is a very strong influencer of behaviour. The dual nature of life see us black Africans believing that what happens in the spiritual realms impacts our lives in the corporal world as such we are mindful of what we do. In my doctoral research that explores the core reason that underpin the illness behaviour of outsourcing pharmaceutical products by some Nigerians living here in Ireland, to take care of their illnesses concerns show that 80% of my respondents believe that "sicknesses can be sent by people who do not wish others well".

Imagine then that these ill-wishers are watching you looking for future sicknesses in the now; this may prompt them into sending some to you since you do not want to leave well alone! Therefore the appeal to "know your status" in terms of HIV for example, may need some qualification as "knowing" may be bound to a Western way of thinking which is anathema to the experience of those of other cultures.

### **Economic or financial implications:**

Finally, poverty and illiteracy are big problems in Sub-Saharan African countries and the masses suffer many hardships. The rich members of these societies may indulge in the "luxury" of attending health checks as they really need to be alive to enjoy their wealth. The educated perhaps because they knew better and as such can avail of health checks but the majority of the people do not have the money nor the time to 'waste' on frivolous things like looking to find out if you may be sick in the indeterminate future. Therefore the presence of a "free" health service can be inadequate to engage the black African immigrant. There must also be an engagement with their cultural perception of the health check.

### **Health Check vs. Testing for HIV:**

There are a range of findings as mentioned above in the ACET Ireland research which illustrate the particular needs, lenses and insights of black-African people in Ireland. Stigma may be a dominant theme but central to our findings are also the themes of memory, agency and place. The memory of a strong HIV=death paradigm and its implications for resisting testing is explored. The agency and role of the individual in relationship to health professional is investigated showing that our cultural understanding of illness, prevention and death are found to differ significantly from the White-Irish assumptions.

Finally, the not 'taunting the tail of the Tiger' or non-health checks behaviour by us black Africans appear to underscore the resistance to the revealing of future sickness and as such may account for the lower rate uptake of testing for HIV and therefore problematic in the prevention, transmission and treatment of the disease. However, being aware of these nuances in our ways of being and doing may go a long way to aid the formulation of appropriate testing strategies and promotional education that will suit the needs of this population and perhaps go long ways to prompt an increase in the uptake of HIV testing.

Illness must be felt through sickness and as one community leader of an ethnic group succinctly commented, *"the reality is that beyond the issue of somebody thinking that their world has come to an end if they find that they have HIV...you can only discuss what you know...if somebody is not sick...they do not have the motivation to go and find out about something if that will be the end of their life" to drive home the core of the problem.*

### **Organization: ACET (Aids Care Education & Treatment) Ireland**

**For a copy of ACET's Mind the Gap report on the low uptake of HIV testing among immigrants from Sub-Saharan Africa in Ireland, Please contact [dublin@acet.ie](mailto:dublin@acet.ie)**

#### **References**

- <sup>1</sup> <https://mypvhc.com/importance-regular-check-ups/>
- <sup>2</sup> HIV in Ireland, Annual Report 2017, Health Protection Surveillance Centre.
- <sup>3</sup> Late Diagnosis is defined as CD4 cell count less than 350 cells/ $\mu$ l at diagnosis or an AIDS defining illness at diagnosis. Advanced HIV infection is defined as CD4 count less than 200 cells/ $\mu$ l at diagnosis or an AIDS defining illness at diagnoses
- <sup>4</sup> HIV in the United Kingdom 2014, Public Health England. We note here that UK has seen a significant recent decline in HIV incidences among black African men and women (78% drop over the decade to 2017).