

Re-thinking current policy: Challenging social structures surrounding mandatory HIV screening during the Canadian Immigration Medical Examination (IME)

Aniela dela Cruz, Faculty of Nursing, University of Calgary, Alberta, Canada

San Patten, San Patten & Associates, Nova Scotia, Canada

Vera Caine, Faculty of Nursing, University of Alberta, Alberta, Canada

New*HITES* Canada CBR Team, Canada

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Introduction

Background: Limited understanding about sub-Saharan African (SSA) immigrants living with HIV in western Canada, despite over-representation of new cases of HIV among immigrants from countries where HIV is endemic.

- Mixed-methods pilot study.
- Examined the intersections of the current Canadian immigration policy, mandatory HIV screening during the Immigration Medical Exam (IME) and enacted and internalized stigma for HIV-positive immigrants from sub-Saharan Africa (SSA) in a western Canadian province.

Research question: How do SSA immigrants living with HIV in a western Canadian province internalize and experience HIV-related stigma encountered during the IME?

Objectives: (1) to measure HIV-related stigma among SSA immigrants living with HIV, using the Internalized HIV Stigma Scale (IHSS) 16; and (2) to explore how SSA immigrants living with HIV experienced HIV-related stigma during the IME.

Conflict of Interest Disclosure: The authors have no conflicts of interest to declare.

Methods

- **Quantitative:** sociodemographic, clinical data, Internalized HIV Stigma Scale (IHSS).
- **Qualitative:** semi-structured interviews (approx. 1 hour).
- **Theoretical Frameworks applied:** Critical Social Theory and Intersectionality.
- Purposive: collaborated with **sampling** community-based organizations & HIV clinics.
- Given the exploratory nature of this study, we were not aiming for a sample size with adequate power to detect statistically significant differences.
- Final sample n=8.
- Due to the small sample size, survey data were summarized using descriptive analysis. Qualitative data were analyzed through constant comparative analysis.
- Inclusion criteria: age 18+; confirmed HIV-positive; completion of mandatory HIV screening as part of the Canadian IME (this applies to immigrants who arrived in Canada after 2002); and ability to understand and speak English.
- Ethics approval was obtained from three university-based research ethics boards.

Findings

Intersections between the following social factors shaped experiences of **stigma, adequate pre- and post- HIV test counselling, and engagement in HIV care cascade** among immigration applicants:

- Canadian immigration policy, including mandatory HIV screening during the IME;
 - Gender
 - Socioeconomic status
 - Education (formal)
 - Ethnicity/Race
 - Culture
- Current social structures surrounding mandatory HIV screening during the Canadian IME, influence experience of HIV stigma.
 - Immigration applicants are vulnerable; many describe experiences indicating no agency during the IME.
 - Varied experiences of mandatory HIV screening during the IME, despite standard policies and procedures for IME.

Recommendations

- Health providers involved in the mandatory HIV screening process have an **ethical duty** to ensure people remain engaged in the HIV care cascade.
- Requires a **coordinated approach** between the Government of Canada, IME panel physicians in Canada and outside of Canada, those involved in post-HIV test counselling.
- Post-test counselling for people who test positive for HIV during the Canadian IME should include: appropriate **psychosocial support**; basic information on how to access primary health services upon arrival in Canada; adequate supply of HIV medications during migration and initial settlement in Canada; and/or basic information on HIV care and support services specific to the immigration applicant's point of arrival in Canada.
- **Re-think the role of the IME panel physician** to expand beyond disease detection and screening, and to act as an initial point of contact to the Canadian health care system, particularly for immigration applicants who test positive for HIV during the IME.
- **Evaluate the experience of panel physicians** who conduct Canadian IMEs overseas to understand factors that influence enacted stigma during mandatory HIV screening during the IME.