



COALITION OF LATIN AMERICANS IN THE UK
NAZ PROJECT LONDON

Latin Americans: a case for better access to sexual health services

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Latin Americans' lack of access to NHS sexual health services

Brief overview of the Latin American community

According to the *No Longer invisible* report (McIlwaine et al., 2011), the Latin American community is one of London's fastest growing groups, with 113,500 in 2008 (an amount comparable to other large ethnic group such as Polish 122,000 and Chinese 111,500). Fleeing economic crises, increasing numbers of Latin Americans are coming from Spain, Portugal and Italy. The largest national groups of this 40-year old community are Brazilians, Colombians, Ecuadorians and Peruvians. In general terms, the Latin American community is young, with an average age of 36 years. Geographically, the population is dispersed around London; however, the boroughs with the highest concentration are Southwark (15%), Lambeth (14%) and Newham (8%)[1]. Initial settlement can be tracked back to the late 1960s early 1970s but it wasn't until 2012 that this community was officially recognised by a local government – the London Borough of Southwark – as an ethnic minority. Despite the fact that Latin Americans make up a significant percentage of the London population, other London boroughs have not yet officially recognised this community.

It is a highly qualified group with high rates of employment (85%). However, many Latin Americans are employed in the cleaning and catering sectors, which lack regulations and are characterised by very low pay and extremely poor working conditions (40% report workplace abuse, 11% are paid less than the National Minimum Wage).

In spite of low incomes, only 1 in 5 Latin Americans claim some form of welfare benefit, which is much lower than the London average. This situation translates into precarious housing conditions and limited access to services. One-third share their home with other families, the same proportion is unable to speak English.

Latin Americans' lack of access to health services is particularly worrisome: at least 1 in 5 Latin Americans are not registered with a GP, and only 4 out of 10 have been to a dentist in the UK[2]. Although there is strong evidence that health care access rates are very low, there is very little information on Latin American's health care needs.

Barriers affecting Latin Americans' access to health services [3]

Lack of knowledge of the system and lack of access to information

Although the vast majority of Latin Americans either have citizenship status or are in the path to citizenship, many are not familiar with the requirement of registering with the GP before needing assistance. This leads people to misuse the A&E services or only access drop-in and sexual clinics, and therefore do not have a unified medical record.

Lack of access to basic information about the NHS in Spanish and Portuguese is an important barrier to service access.

In addition, we strongly believe it is extremely important to deliver cultural and linguistic specific informative campaigns for Latin Americans about key health issues and available services. A communication strategy that involves the voluntary sector should be developed in order to ensure all groups are informed about available services and access requirements.

The language barrier

With one-third experiencing a language barrier, the lack of translation and interpreting services is an important obstacle to accessing health services. There is an insufficient number of medical staff in NHS who speak Spanish and Portuguese, or who have a good understanding of the cultural aspects influencing LA health needs. This is particularly evident in sexual health services. Having no help with dealing with the language barrier often lead Latin Americans to:

- Refrain from visiting GPs for check-ups and information.
- Miss out on important information about their health and treatment.
- Attend appointments only to re-schedule them.
- Seek help outside the NHS.
- Repeat treatments and tests that are part of their medical history.

For those who can't speak English fluently, interpreting services are indispensable when attending appointments. If non-English speaking patients are unable to find translators, they end up missing or rescheduling their appointments. This situation often leads to physical and mental health deterioration and further use of NHS resources.

Focus on Sexual Health

Indicators of high levels of sexual health risk in the Latin American community

According to study by McGrath-Lone et al. (2013), which provides information on the sexual health of male sex workers in England, male sex workers are significantly more likely to be diagnosed with certain STIs than other men. Male sex workers were three times more likely to be diagnosed with HIV or chlamydia and twice as likely to contract gonorrhoea as compared to other men. The evidence from the study suggested that migrant male sex workers reported 50 countries of origin, with 39% coming from South America from which 97% were from Brazil [4].

Similarly, the NHS East London case management and outreach service for sex workers, *Open Doors*, has identified a large influx of Latin American female sex workers. In response to this, an ongoing clinic was established, which operates weekly at Homerton University Hospital. Translation in Portuguese is available at the clinic, as Brazilians represent one third of the project's off street client base. General advice in Portuguese is also provided at the clinic by the Latin American Women's Rights Service, a specialist service provider based in Islington. On average, 30 Brazilian sex workers benefit from advice services at the clinic every month.

There are also cultural factors that may contribute to high risk sexual activity in a number of ways, including:

- Traditional Latin American culture: the common idea that sexuality is embarrassing and not to be discussed either with one's children or with one's partner. Different studies [5,6] have noted that in the traditional Latino culture, the "good" woman is not supposed to know about sex, so it is inappropriate for her to bring up subjects like HIV/AIDS and condoms.
- Homophobia: Latin American culture includes a fairly powerful homophobic component. Internalized and community homophobia may contribute to a negative self-concept and rejection of their sexual behaviour in Latino gay men, which can lead to anonymous sexual encounters and sex under the influence of drugs and alcohol.
- Self-identification as Gay: Latin American men who are living heterosexual lifestyles while engaging in bisexual behaviour may not see themselves as homosexual, meaning that messages directed specifically at "homosexuals" or "gays" may be ignored by a large proportion of those at risk.

HIV in the Latin American community

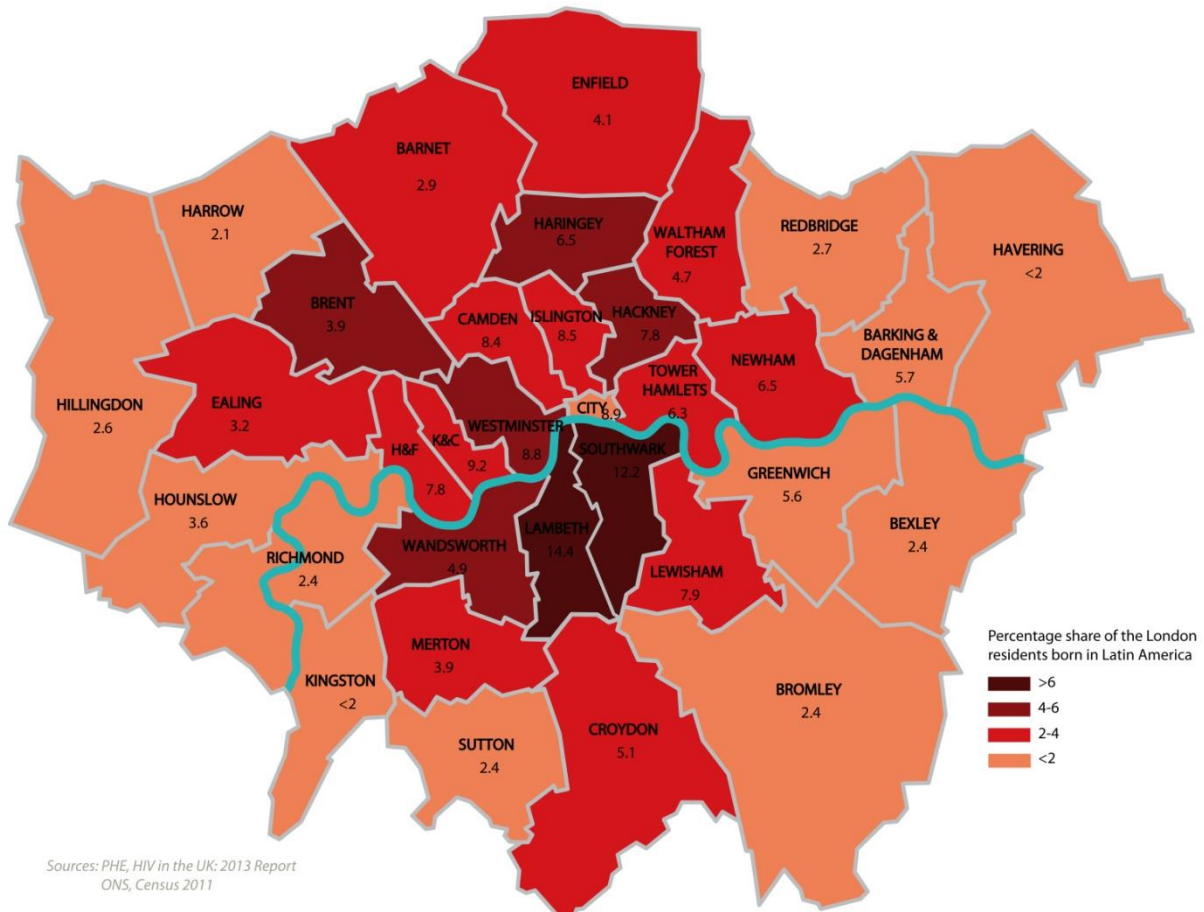
HIV continues to be a major public health issue in the UK. Public Health England estimated that approximately 100,000 people were living with HIV in 2012 of whom 1 in 5 were unaware of their status. London has the biggest burden of HIV infection with eighteen out of the 20 local authorities having the highest prevalence of HIV located within London [7]. The Latin American community is not immune to the HIV epidemic either. Since 2005 there has been a notable increase in the number of South Americans diagnosed with HIV in the UK, from 59 in 2005 to 136 in 2009 (230% increase), nearly 90% of whom were MSM¹. The latest Public Health England epidemiology report for London suggests that 1 in 8 MSM newly diagnosed with HIV in 2011 were born in Latin America. In addition, Brazilian born MSM have the second high proportion of new HIV diagnoses (7%) in London and 56% of them were infected in the UK. The map below overlays HIV diagnosed prevalence on the spatial distribution of the Latin American population in London.

Of note is that the boroughs with the highest concentration of Latin Americans are also those with the highest number of new HIV diagnoses. For example, the boroughs with the highest number of HIV diagnosed prevalence per 1000 (Southwark and Lambeth) are the boroughs with the highest number of Latin American population.

In the policy document *Establishment of Public Health Leadership and Commissioning in Southwark Council* (2013), Councillor Catherine McDonald, Cabinet Member for Health and Adult Social Care, highlights that: "improving sexual health is important in Southwark, where for example HIV prevalence rates are amongst the highest in the UK and over twice the London average" [8].

¹ Please note, prior to 1995, data on ethnicity was not collected for laboratory reports. Ethnicity was not reported in 2% of those people newly diagnosed with HIV between 1995 and 2009. The figures used in this section have been adjusted to take into account missing ethnicity information for those diagnosed.

LONDON RESIDENTS BORN IN LATIN AMERICA AND HIV DIAGNOSED HIV PREVALENCE PER 1,000 IN 2012



Let's stop HIV

In order to address the sexual health needs of the Latin American Community NAz Project London and CLAUK - a Coalition of another 10 Latin American organisations which provide social support services to Latin Americans in London: ESFORAL, IRMO, Latin American Disabled People's Project, Latin American House, Latin **American Women's** Aid, Latin American Women's Rights Service, Movimiento Ecuador en el Reino Unido, Teléfono de la Esperanza – designed the "Let's Stop HIV" campaign with the following aims:

1. Raise awareness about HIV prevention and available services among the Latin American community;
2. Promote HIV testing and encourage Latin Americans to get tested for HIV and other STDs;
3. Inform decision makers about the incidence of HIV among Latin Americans and the particular linguistic and cultural factors influencing this process in order to work towards the development of effective channels of communication.

Sample of the participants

- Over the 6 month, nine workshops and testing events were held at each of the CLAUK member organisation.
- There were 226 Latin Americans reached through a various workshops and outreach activities.
- In total, 137 HIV tests were conducted among Latin Americans, of which 57% were females and 43% males.
- 92% identified themselves as heterosexuals, 6% as MSM/gay and 2% identified themselves as bisexuals.

Campaign results

- From the total 137 rapid HIV tests conducted in the community, 2 people tested reactive (prevalence rate of 1.5%);
- All people who tested reactive were confirmed with HIV Ag/Ab lab testing and linked to care;
- More than two thirds (68%) of the total sample had never accessed health services in the UK before;
- Tests were conducted across London, with most tests having taken place in Southwark (23%), Lambeth (22%) and Haringey (10%) – places with high numbers of Latin Americans and high HIV diagnosed prevalence;
- There was one reactive test in London borough of Southwark (1 out of 30, or 3.3% prevalence rate), and 1 reactive test in Haringey (1 out of 13, or prevalence rate of 7.6%).

Access to health services is especially problematic in Southwark and Lambeth where 77% of the Latin Americans tested had never accessed health services before. 69% Latin Americans living in Haringey never accessed health care service before.

- 52% of the people reached through “Let’s Stop HIV” informative workshops, expressed having poor knowledge about sexual health prior to attending the workshop.
- 89% of those who assisted our workshops found that the information received was useful for their daily lives and to inform friends and family.

In line with these results, respondents also identified the following needs:

- Develop a more continuous campaign to inform the Latin American community.
- Increase the promotion of available services and sources of information.
- Reach out to more Latin Americans who are unable to speak English.

It is worth noting that the first period of the ‘Let’s stop HIV’ campaign was only targeted to the Spanish speaking community, excluding Brazilians, one of the biggest Latin American communities. Hence the HIV prevalence rate could have been even more significant.

Conclusion

The evidence from this brief clearly suggests that the Latin American population is facing various barriers in accessing health care services, and as a result experiences poor health outcomes. This community faces a number of challenges, including low socio-economic status, limited access to health information and health care, involvement in risk-behaviour, and language or cultural barriers to accessing health care. Of special concern are the sexual health outcomes among Latin American communities, especially the fact that they live in areas with high HIV prevalence. The evidence from the 'Let's Stop HIV' campaign highlights that a significant number of Latin Americans have poor sexual health knowledge and have not accessed health services in the UK. The high rate of reactive tests in Southwark and Haringey are alarming. The fact that they are not yet officially recognised in most London boroughs, (and consequently in the Joint Strategic Need Assessments – JSNA and Public Health England) hinder the possibility of adequately addressing their health needs, including sexual health needs. Efforts should be made to address the health needs of Latin Americans, a large and fast growing community, and to address the specific needs of an entire continent. Moreover, the high positivity rate (1.5%) and number of people reported to have never been seen in the sexual health services is of concern and sobering reminder of the unmet need for HIV testing in community settings.

Recommendations

1. Deliver peer led HIV point of care testing and targeted sexual health promotion outreach sessions across community groups that offer social support;

The approach identified and built on our community outreach strategy of well-targeted, and peer-led HIV testing and sexual health promotion is an appropriate way of providing sexual health promotion and services to this community to encourage access to early diagnosis and support in mainstream services.

2. Increase their knowledge in the area of sexual health and HIV

The results of the Stop HIV campaign suggested that Latin American have a poor knowledge of Sexual Health. In this respect, they noted that they would like to see more consistent campaigns on HIV and sexual health. Developing informative campaigns in Spanish and Portuguese targeted at Latin Americans is thus crucial in rising awareness of HIV and tackling the epidemic among this community.

3. Official recognition of the “Latin American” category in the surveillance system.

The inclusion of the 'Latin American' community in the surveillance system is crucial if we want to tackle the poor health outcomes among this community. Local Authorities need to collect and report data on the special health needs of the Latin Americans. Furthermore, including a Latin American category in the Joint Strategic Needs Assessment (JSNA) is crucial to allow for recognition of the needs of this community in relation to the commissioning and the provision of health and well-being services, including sexual health and HIV. Public Health England also needs to create an ethnic category of 'Latin Americans'

in their HARS and SOPHID reporting systems. This is especially important in London where the majority of Latin Americans live.

4. Meaningful involvement of Latin Americans in local health and sexual health prevention strategies

The inclusion of organisations that work with Latin Americans and service users in the strategic planning, policies, designing programmes and initiatives is crucial. Working together ensures that any actions are grounded in reality, and improve their relevance, acceptability and effectiveness. Meaningful involvement can help address the specific needs of the Latin American community and benefit their overall health and well-being.

5. Develop an integrated strategy and programmes addressing the social determinants of health

Evidence clearly suggests that the health of the population is greatly determined by the social and economic circumstances of the population. Programmes that offer career advice, English courses, and assistance with housing and immigration issues for Latin Americans need to be an integral part of tackling their poor health outcomes.

6. Providing culturally and linguistically competent health services

The lack of healthcare professionals who speak Spanish and Portuguese who and understand the Latin American culture acts as a major barrier to the access to health care services, especially for the new immigrants. This could negatively impact on the health and well-being of this community. Initiatives and programmes that promote employment opportunities for Latin Americans within the NHS need to be considered as well as the inclusion of translation services. This is important as cultural and linguistic competence reflects the ability of healthcare systems to respond effectively to the needs of their population.

7. Inclusion of Latin Americans in local communication strategy

Working collaboratively with Latin American organisations to reach out to the community and co-produce informative material in community languages: Spanish and Portuguese.

8. More research into health needs of Latin Americans, especially around sexual health and HIV

Finally, very little is known about the specific health needs of Latin Americans. In order to better understand and address the health challenges this community faces it is essential to research and design effective policies which would achieve better health and well-being outcomes. Research on Latin Americans' behaviours, attitudes and practices around sexual health and HIV has to be a priority.

References

- [1] 2011 Census data throws different results. However, the Latin American community is highly underrepresented in the Census due to a number of factors (e.g. the language barrier, lack of knowledge about the Census, and precarious living conditions including overcrowdedness, temporary accommodation, etc.).
- [2] Source: McIlwane, C.; Cock, J.C.; and Linneker, B. (2011). *No Longer Invisible: The Latin American Community in London*, commissioned by Trust for London and LAWRS.
- [3] Sources: focus group responses to South London Health Care Trust, Healthwatch Haringey, and Healthwatch Southwark consultations (42 Latin American participants). Available online at <http://www.clauk.org.uk/health/>
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The **Coalition of Latin Americans in the UK (CLAUK)** is a coalition of Latin American organisations from the voluntary sector that have come together to raise awareness and understanding of the issues facing the Latin American community in the UK and to provide a collective voice for, and represent the collective interests of the Latin American community in the UK.

CLAUK advocates for the improvement of Latin Americans' access to health services through campaigning and policy work. Our member organisations are:

ESFORAL

Indoamerican Refugee Migrant Organisation (IRMO)

Latin American Disabled People's Project (LADPP)

Latin American House

Latin American Women's Aid (LAWA)

Latin American Women's Rights Service (LAWRS)

Latin American Support Network (LASNET)

Movimiento Ecuador en el Reino Unido (MERU)

Naz Latina

Teléfono de la Esperanza UK

Human Mobility from the Ecuadorian Government (observer member)

Website: www.clauk.org.uk

Naz Project London (NPL) is the longest established and largest BME charity in London addressing the sexual health and HIV/AIDS needs of its communities in a linguistically and culturally appropriate way.

The NPL project Naz Latina works since 1997 to meet the sexual health needs of the Spanish speaking Latin American communities in London, including those who are HIV positive and those who live with people with HIV/AIDS.

Website: www.naz.org.uk

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