

Issues affecting African Communities in New Zealand

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Presentation outline

1. Africana Research project background
2. Key Findings (Surveys and Focus Groups)
3. Issues affecting Africans living in NZ
4. Recommendations.

AFRICANZ HEALTH RESEARCH PROJECT

- This research project estimated how many Black Africans there are in NZ, and how many are affected by HIV.
- Includes a survey of 703 Black Africans and 131 focus group participants about their knowledge, attitude, behaviours and beliefs about HIV.
- October, 2012 – January, 2013

Key findings – Survey

The survey asked questions about: Knowledge, attitudes, behaviours and beliefs about HIV.

- High level of knowledge reported about the means of infection
- Moderate level of knowledge about the benefits of treatment, and less knowledge that circumcision offers some protection against acquisition.

Findings cont.....

- An estimated 12,500 Black Africans are living in NZ
- 79 % of young men (ages 16-24) report having more than one sexual partner in the last 12 months
- Only 39% of young women (16-24) use condoms with their sexual partners

Findings cont...

- Adult Black Africans make up 17% of all people diagnosed with HIV between January 2006 and March 2012.
- Only 45% of Black Africans are aware of the 'Love Cover Protect' HIV prevention campaign for Black Africans
- 57% of Black Africans living in NZ have never been tested for HIV

Findings cont.....

- Young men (ages 16-24) had less knowledge than other groups.
- Young men demonstrated more negative attitudes about people living with HIV and condom use than other groups.

Issues affecting Black Africans living in NZ

Settlement challenges

Most participants maintained their cultural identities, and close cultural ties with 'home' and family in Africa;

- Participants experienced difficult challenges with the host culture, noting that they felt singled out and stigmatised because of their nationality or colour.

Participant quote

"Even though you want to make your life to be easy but you can't, even to find a job is difficult and racism is too much in New Zealand because even you apply somewhere and they say oh, oh, even though you know the English, if they see just your face, oh, oh, it's black, oh sorry". (Hamilton female)

Findings-Focus Groups

- 131 people (41 percent male, 58 percent female) participated in 23 Focus groups

themes:

- settlement in New Zealand
- age for sexual activity
- interracial sexual activity
- same sex activity and relationships
- multiple sexual partners
- condom use
- HIV testing
- disclosure of HIV
- HIV education and awareness
- African cultural understandings of HIV.

- Many participants felt that they were stigmatised as being HIV positive just because they are Black Africans.

Participant quote

"Africans have always been perceived as people that bring AIDS to countries ... so people would say, have you got AIDS? Have you ever suffered from AIDS? To them it's a normal question but they don't see how serious it is. And that's when people, even if they are diagnosed with it, they won't say it because they scared that, oh my gosh, if I mention it they're gonna see me as some dirty little thing, you know. And that's where the education needs to come in and they need to talk about it". (HIV+ female)

Participant quote

- Difficulties with immigration law is the source of distress for many participants.
- This distress and separation from home and family were particularly acute among participants living with HIV.

“I can give an example of women who have come here and their husbands are back home, or of young women who have come here and they have their fiancé or steady boyfriends back home. They have papers, they have permanent residence or they may have citizenship but to get that person to join them here, it’s like really hard, very, very hard and I think the immigration laws are very strict, especially for African people. I don’t know; but I know that they are very strict”. (Auckland female)

Culture shock

“The New Zealand culture is more open about everything. And then the African culture is more, is quite restricted with what you’re allowed to say, and its usually kept inside the house and not really talked about outside”. (HIV+ female)

“Previously back home there was a lot of emphasis on chastity, there was a lot of emphasis on people conforming to their faith and there was not a lot of mixing between male and female, young kids you know, when children—male and female— are ready, they go through that process, they get married like no sexual issues. In New Zealand [it is] very, very different to those in Somalia, so he said [it is] very unique in New Zealand, how things are”. (Wellington male, translated)

Influence of Culture and religion & Condom use

- Religion condemns condom use unless used as contraceptive or as prescribed by doctors.
- Fear condom promotion encourages sexual activity.
- Married women said they find it hard to refuse unprotected sex even where partner may be infected.
- Ironically, NZ’s relatively low prevalence of HIV (compared to many African nations), new migrants feel that condoms are not necessary in New Zealand, although they might have used condoms for multiple sexual partners ‘in the jungle’ (as one participant put it).

Participant quote

“if someone is in a jungle, they are very aware of danger so they are on their guard. When you take them out of that jungle, you’re very cautious because they drum it in our ears on radio on TV, in everything. So when people leave the environment they think they are safe because they are looking at the percentage. They play with the numbers; they think ‘what are the chances?’ I mean [in] some countries in Africa [it] is like possibly two out of five, three out of five. But here they look at New Zealand and say, ‘well, I’m out of that environment, now it’s a bit safe’. Coupled with the culture here which encourages this [sexual activity with many people], when you add these two, the person is out there more and they are less cautious. And then it’s unfortunate for Africans. Possibly someone was more careful back home”. (Auckland male)

Education

- Not only are people with HIV highly stigmatised among African communities, but people who think they might be at risk for HIV avoid testing because the very act of testing risks that same stigma;
- There was widespread agreement that African communities need more education about HIV, not only to prevent infection, but also to address the stigma about people living with HIV.
- Participants also felt that this education should not be restricted to African communities:
- education about HIV stigma should be provided to all New Zealanders

STIGMA

- STIGMA plays a big role in talking about HIV in all communities.
- Many people still associate HIV with bad behaviour, but this is not correct.
- Some African community and religious leaders have a difficult time talking about HIV.
- Some parents are not used to talking about sex with their children.

Perception of being blamed

- Black African communities would be perceived as blameworthy, or somehow responsible for HIV in New Zealand,
- People with HIV felt highly stigmatised among African communities

Why do people avoid testing?

- Some people avoid testing because of the stigma of being associated with some sexual behaviours.
- Some people avoid testing because they still believe HIV is a 'death sentence'. With today's treatments this is no longer true.

Stigma within African community

*"The big issue to the African community if you are a positive person, man [it] is a really big thing. Because the stigma is very high here, and, like, people will just push you away or disassociate with you. [If] they know you are a positive, they can treat you badly because to them [it] is like you're bad person. *It is+ is like you're a sinful person, someone who has sinned a lot, and so nobody wants to associate with someone who is sinful and is been punished. Who will want to associate with someone who [is] being punished here? And if he dies he will go to hell, you know. So [it] is [a] really big thing and people doesn't have a lot of knowledge about HIV, the community doesn't know how HIV is, and other ways that someone can get HIV; so they only know one part and is only the sex part". (HIV+ female)*

Stigma and HIV testing

69%

Not every Black African arrives through the immigration or refugee system. We estimate about 69% of Black Africans have been tested for HIV—just a little over two - thirds.

Fears of perceived possible breach of Confidentiality at Clinics

- One participant living with HIV felt very strongly that information about his HIV status had not been well managed during his clinic visits and he is reluctant to disclose this information to non-medical staff.

"There is no confidentiality in hospitals. [The participant related a personal story about how an orderly got hold of medical notes and his HIV status while he was in hospital for surgery.] Information needs to be managed better.... Hospitals are terrible. Sometimes people leave a file open on their desk, and anyone can read it. Because it is obvious from the way people are treated [in clinic waiting areas] who is HIV positive. Hospitals and clinics must change procedures, and manage privacy better. They are trying to save time, but at the cost of patient confidentiality". (HIV+ male)

Delayed access to treatment – inadequate access to information

Inadequate access to information

- One refugee who was routinely tested for HIV on arrival in New Zealand complained that she was given no education or support following her positive test, and consequently did not follow up for two years.

Religion , Culture and condom use

Sexual behavior

- While the survey suggests that women have the right to refuse unprotected sex, women in focus groups feel at risk and also feel that they have no right to refuse unprotected sex from a husband

Condom use

- Reported condom use in the survey shows some awareness of the risk of unprotected sexual intercourse. Condom use reported by focus group participants is at variance from the findings in the survey.

Low HIV Risk Perception

- Some people believe that since HIV is not in the news all the time in NZ (like it is in some African countries) that HIV is not a problem in NZ.

Participant quote

“When I was at the Refugee Centre (in NZ) they test you, but it is up to you to talk with your partner. They tell you that you are positive, but there is no education. They can’t tell your community sponsor. It took me two years after testing positive to get a medical appointment. I got a letter, but as a new refugee I barely knew the language, I didn’t even know how to catch the bus. I didn’t know what to do with this letter. What if I’d been here with my husband?” (HIV+ female)

HIV and testing

Stigma about HIV is a primary reason that participants do not test for HIV or disclose their HIV status

One person said...

“IF SOMEONE IS IN A JUNGLE, THEY ARE VERY AWARE OF DANGER SO THEY ARE ON THEIR GUARD... But when people leave the environment they think they are safe... [In NZ] the person is out there more, and they are less cautious. And then it’s unfortunate for Africans. Possibly someone was more careful back home.”

Recommendations

- **MOH -develop an advisory group-strategies on HIV in African communities.**
- **Dedicated Ministry staff to work with the HIV community around planning and funding.**
- **Increase national HIV education messages in New Zealand(African & general population)**

Recommendations cont.....

Health providers (community, clinic and hospital), dental providers and their support staffs - further educated on HIV :

- **Transmission**
- **stigma,**
- **human rights**
- **Laws on stigma and discrimination against people and employees with HIV,**
- **management of confidential patient and employee information.**

(Suggested by a group of advisors living with HIV.)

Recommendations cont.....

- **African communities need to continue to talk with each other to develop an environment where people living with HIV can feel safe to disclose their status- community, religious and educational leaders.**

Recommendations cont.....

- **Many Black Africans living with HIV do not feel empowered to access necessary services, such as medical care and transportation. The Ministry should consider putting case managers in place to work with African persons living with HIV who voluntarily refer to such a service in order to assist with access to services, overcoming barriers, and ensuring an African voice at all stages of service management and delivery. (Suggested by a group of advisors living with HIV.)**
- **The Ministry should advice employers, insurers, and the Department of Labour (including Immigration New Zealand) that with appropriate care HIV has become a chronic manageable condition, not transmissible through ordinary workplace contact. (Suggested by a group of advisors living with HIV.)**