COMMUNITY AIDS EDUCATION FOR THE AFRICAN NOVA SCOTIAN COMMUNITY

NEEDS ASSESSMENT REPORT

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Nova Scotia Persons With AIDS Coalition
Black Outreach Project

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ADVISORY BOARD MEMBERS

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1.0 INTRODUCTION

This report presents the findings of a needs assessment study conducted by the Nova Scotia Persons With AIDS Coalition, Black Outreach Project. The study attempts to ascertain the views of African Nova Scotian individuals and specific communities with respect to HIV/AID. Six issues have been identified and posed as research questions:

1. What HIV/AIDS information is currently being made available to the African Nova Scotian community?

2. What HIV/AIDS information is currently not being made available to the African Nova Scotian community?

3. What are the current *sources* of HIV/AIDS information in the African Nova Scotian community?

4. Are there myths and/or misconceptions about HIV/AIDS in the African Nova Scotian community and if so, what are they?

5. What are the most appropriate information networks/mechanisms for the distribution of HIV/AIDS information in the African Nova Scotian community.

6. What are the most appropriate public education methods for delivering HIV/AIDS information in the African Nova Scotian community?

This community needs research, which began in May of 1992 and was completed in August of 1992, is both an *attitudinal and statistical snapshot* of the African Nova Scotian's community's views, knowledge-base, and awareness of HIV/AIDS. This report consolidates statistics and perceptions on a wide variety of HIV/AIDS issues, and identifies patterns and trends to create a profile of the HIV/AIDS education needs of the African Nova Scotian community.

For the Nova Scotia Persons With AIDS Coalition and the Black Outreach Project, this needs assessment is a data source for planning both a funding strategy and a HIV/AIDS program development approach. Since it's inception in 1988, the Nova Scotia Persons With AIDS Coalition (N.S.P.W.A.C.), which was established by a small group of HIV positive individuals to address " health, happiness, and well-being of persons living with HIV/AIDS " (N.S.P.W.A.C. pamphlet, 1992), has advocated the need to make HIV/AIDS information available to all Nova Scotians. The organization's principal aim is to provide personal support, information, education, advocacy, and referrals to appropriate support services.

The Black Outreach Project (B.O.P.) was established by the Nova Scotia Persons with AIDS Coalition in May 1991. The goals of the Black Outreach Project are to provide culturally specific information, education, and support services to the African Nova Scotian community through a process of networking, reviewing literature, studying media profiles and developing a network of resources. The objectives are to prevent the spread of HIV, to provide culturally sensitive support, to advocate with and for those who are affected and infected, and to raise the awareness of HIV as it affects the Black communities.

The N.S.P.W.A.C and the Black Outreach Project believe this report will undoubtedly be useful to both the African Nova Scotian community, and public health institutions. Therefore, this report is available to the broader public.

What follows is: a description of the historical and social context of this study; (i.e. an overview of the African Nova Scotian community, and an examination of how racism impacts HIV/AIDS education); a description of the study methodology, implementation process, and research findings.

Finally, this report presents a conclusion which documents: the service needs, resource needs, and educational needs of the African Nova Scotian community with regards to HIV/AIDS. Recommendations as to how these needs can be addressed are also specified.

2.0 CONTEXT FOR THE STUDY

This section examines the context for conducting this needs assessment study. It contains a brief historical overview of the social, political, and economic conditions of the community , vis-`a- vis accessing health care information. It also provides an examination of the impact of racism on HIV/AIDS education. By means of carefully examining the aforementioned, we are able to appreciate the scope and basis for conducting this needs assessment study.

2.1 Historical overview of the African Nova Scotian Community

Over the years, numerous studies have documented the history of African Nova Scotian settlements. The African Nova Scotian community was populated primarily by three waves of immigrants into Nova Scotia. In 1783, following the American War of Independence, some forty to fifty thousand immigrants arrived in Nova Scotia. Among them were 3,500 Black people (often referred to as the Black Loyalist). In 1796, 550 Black Maroons were brought to Nova Scotia from Jamaica, and between 1812 and 1815, over 1,200 Black Refugees came to Nova Scotia following the American War of 1812.

The historical account of the settlement of these early African Nova Scotians reveals a story of hardship, neglect, and deprivation, mitigated by systemic discrimination and racism. Since the arrival of the first African settlers, African Nova Scotians have struggled for social, political, and economic survival. Being forced to remain on the margins, African Nova Scotian settlers did not receive access to land, liberty, or government services; although they were promised such in exchange for military service in both the American Revolution and the War of 1812. Unlike their white counterparts who did receive land, liberty, and full access to government assistance, African Nova Scotians did not receive and still today have not received full citizenry. The discriminatory and racist institutions of the day sealed the social, political, and economic fate of current day African Nova Scotians.

Some two hundred years later, the legacy of institutional racism with respect to health services present a grim picture. Some of the current issues of racism in health education include: severe resource constraints, programming which is racially and culturally insensitive, little or no target funding or targeted programs, and the total exclusion of African Nova Scotians from dialogue on health care issues and policy development.

Recognizing the systemic barriers in the delivery of health care, and thus HIV/AIDS information , the N.S.P.W.A.C. Black Outreach Project saw the need to undertake a study of the African Nova Scotian community to ascertain its needs with respect to HIV/AIDS education and support services; noting that the cultural uniqueness and social, political and economic underdevelopment of the African Nova Scotian community might specify the need for special initiatives.

2.2 *AIDS and Racism: Impact on the African Nova Scotian Community*

Racism impacts HIV/AIDS education in two main ways: (i) epidemiological data which promotes racists myths and stereotypes as to the origins and spread of HIV/AIDS, thus causing people of African descent to indiscriminately reject all HIV/AIDS information as false (ii) racially and culturally insensitive information and service delivery regarding HIV/AIDS. The foregoing examines both situations.

Acquired Immunodeficiency Syndrome (AIDS) affects people of different races, cultures, and nationalities. This disease, which is caused by the Human Immunodeficiency Virus (HIV), destroys the immune system leaving an individual vulnerable to opportunistic infections. It is these opportunistic infections that take away members of families, friends, and loved ones of all races, colors, and creeds.

There are no statistics to indicate the number of Black people infected with HIV in Canada, but statistics in the United States describe the issue quite dramatically. The World Health Organization (W.H.O.) states that "fifty-two percent of all women with AIDS in the United States are Black women, and Black women are nine times more likely to die of AIDS than White women. One out of four persons living with AIDS is Black and sixty percent of all children with AIDS are Black.

While Blacks make up twelve percent of the population in the United States, they comprise more than thirty percent of the AIDS cases. It is estimated that by the twenty first century, well over 100 million Black men, women, children, and infants will have died of AIDS, and a million more will have been infected with HIV." (W.H.O. statistics, 1991)

The epidemics among non-Caucasian people is said to be more severe, in per capita terms, than epidemics among people of North European descent. Whether this is the case has not been clearly proven, as the interpretation of race-specific epidemiological data has been complicated by racial prejudice - real and perceived. According to the AIDS and Racism booklet produced by the Haringy Council in Britain, "most of the reporting has centered upon unfounded ideas about the origin of AIDS suggesting that it started in Africa and that the sexual promiscuity of Black people has been responsible for its spread." (AIDS and Racism booklet, Haringy Council, unknown year)

In general, the mass media has sensationalized the theory of AIDS originating in Africa causing a negative effect on the process of bringing AIDS education to Black communities. These unfounded reports have led to a widespread acceptance of these views in North America along with racist views about Black peoples' sexuality.

Reports of the rapid spread of AIDS in Africa rely heavily on racist assumptions about African culture. The massive publicity the media gives to the African connection with AIDS makes it evident that Black people will suffer emotionally from the speculative and racist comments made by the media, health services, and the scientific community.

The reality of systemic racism has created a barrier to the flow of accurate, prejudice-free information about HIV/AIDS into Black communities and when information about AIDS is tainted or couched in racial prejudice, that information is rejected as false. One can safely assume that, in some cases, racism has been present in epidemiological and educational efforts, and in other cases, there has been a suspicion or perception of racism when racism may not have been present. Actual racism, and cautious suspicion of racism, have contributed to resistance to HIV/AIDS education in Black communities.

A second important issue regarding racism in HIV/AIDS work relates to racially and culturally sensitive information, service and program delivery. As an illustration; the N.S.P.W.A.C. notes that several unsuccessful attempts were made to promote AIDS outreach to the Black community (through the church) prior to the establishment of the Black Outreach Project. In exploring this matter with the Black Outreach Project staff, the N.S.P.W.A.C. learned that its earlier outreach attempts failed because of inadequate information about protocol and avenues of communication in approaching the Black church.

Thirdly, like most other AIDS services across Canada, prior to the establishment of the Black Outreach Project, the entire N.S.P.W.A.C. staff was comprised of white individuals. Earlier Coalition outreach efforts failed because there is always suspicion and resistance from Black communities to the initiatives of white organizations. This resistance is both understandable and legitimate in the context of Nova Scotia's history of systemic racism. Thus the need to employ African Nova Scotians to conduct AIDS education in the Black community is clearly established.

3.0 RESEARCH METHODOLOGY

The methodology used for this needs assessment highlights both qualitative and quantitative research techniques. An important consideration is not so much the methodologies themselves, but how and when these are combined in a measurement strategy to ascertain information about HIV/ AIDS in the African Nova Scotian community. Methodologies that were used for conducting the Black Outreach Project needs assessment are : Focus groups, survey research and data analysis.

> **Focus Groups:** Focus groups made up of a demographically stratified sample of the African Nova Scotian community (i.e. age, sex, occupation, education, geographic) provides a qualitative dimension to empirical analysis (see focus group questions appendix A).

> **Surveys:** Survey questionnaires provide information for the analysis of important HIV/AIDS issues as they pertain to the African Nova Scotian community. As well, surveys provide the information base for the significant conclusions and recommendations of this study.

> **Data Analysis:** The data analysis presents a quantitative dimension to the needs assessment research, which for the most part is qualitative in nature. By means of careful extracting and compiling of survey data, we are able to numerically represent the study issues, and quantify the level of HIV/AIDS knowledge and awareness in the African Nova Scotian community.

Focus group sessions were designed to address qualitative dimensions of the 6 core research issues. The focus group questions appear in the appendix of this report. The communities which participated in focus group discussions were chosen based upon a combination of regional representation and random selection. A total of 12 focus groups took place. The number of youth respondents (12 - 18 years old) was 68 people or (52%), and the number of adult respondents was 63 people or (48%). The communities that participated in focus group discussions are:

Beechville	*New Glasgow*
Dartmouth - Nova and Scotia Court	*Truro*
East Preston	*Weymouth Falls*
Lake Loon/Cherrybrook	*Whitney Pier*
Lincolnville	*Windsor*
Lucasville	*Yarmouth*

Quantitative research data arise primarily from survey research. The survey research was carried-out during the African United Baptist Association (A.U.B.A.) Annual Provincial Conference in August 1992. Because the A.U.B.A. provincial conference is one of the largest events in the Black community which attracts the most diverse group of participants, it made perfect sense to select a random sample of the conference participants to participate in the quantitative research.

A sample of 141 participants were selected to participate in the survey research of which 44 were youth (under 25 years) and 81 were adults. A total of 16 survey participants did not indicate their age category to which they belong. The survey questionnaire posed 10 questions, all of which provided a list of "multiple choice" answers . Four other questions were used to solicit preferences and opinions on other AIDS related issues (see appendix B).

The results of the surveys were tabulated, analyzed, and compiled into quantitative graphs and charts. The results of the survey research is provided in detail in appendix C.

4.0 DETAILED FINDINGS

4.1 Community Focus Groups

In summarizing the results of the focus group discussions, all the significant responses obtained were recorded and the frequency of their occurrence tabulated. In the focus group discussions, a wide variety of responses were obtained on each question. The number of responses ranged from a low of 8 to a high of 40. The average number of responses per question was 20. On the average, 5 responses were provided by each group, the average number of groups identifying a given response was 3, and the average degree of universality was 25%. The universality measure gives an indication of the popularity of the responses, or how universal the responses were for the 12 groups.

The findings from the focus groups were similar to that of the A.U.B.A. survey questionnaire. The results of the A.U.B.A. questionnaire will be discussed later in this report. There seems to be a significant level of misinformation about the origin of AIDS, the ways in which AIDS can be transmitted, and what physically happens to someone diagnosed with HIV. Many of the groups identified a need for more information on AIDS and felt that the information would be best delivered by someone living with HIV/AIDS, a health educator, or through the use of videos. Further results from the focus groups are delineated in the report.

Appendix C table 8 shows a summary of all the responses submitted by all the groups for a particular question. It is important to note that each group would have submitted only a subset of the responses. The tables therefore indicate whether or not a particular response came from a particular group. From these results, one can establish: (1) the range of thoughts (2) the most popular responses (3) the knowledge deficit (4) the average number of responses per focus group (5) the average number of groups identifying a given response and a universal quotient. The universality quotient or measure, give an indication of the extent to which the responses were universal across the groups. The higher the quotient, the more universal the responses. A universality value of 50% or more could be considered significant.

Question # 0 "Who feels that they know something about HIV/AIDS?"

Table 2 in appendix C shows the responses for this question. 53% of the 131 respondents felt they knew something about HIV/AIDS and 47% felt they knew nothing.

Question # 1 "What is HIV/AIDS?"

Most of the respondents were aware that HIV/AIDS is a disease related to the immune system. However, only 35% of the respondents understand exactly what HIV is, while AIDS was a more familiar term. More than half of the respondents (65%) did not know what HIV/AIDS is and did not seem to identify with the actual words represented by the acronyms 'HIV' and 'AIDS', even though these words are stated in the media and other sources.

Question # 2 "Who can get HIV/AIDS?"

All of the respondents felt that anyone could get HIV/AIDS. There was an obvious consensus of awareness that people from all walks of life can test positive for HIV if they put themselves at risk.

" .....celebrities go around and sleep with everyone....."

" I know someone who has AIDS, Magic Johnson."

Although it was often acknowledged that AIDS affects everyone, there were comments made that linked HIV/AIDS with homosexuality, inter-venous drug use, and sexual promiscuity.

Question # 3 "How is HIV/AIDS transmitted?"

According to table 7 appendix C, the four most popular answers given with respect to transmission were needles (100%), sexual contact (100%), mother to baby (67%) and blood transfusions (100%). 42% of the respondents also felt that open wounds can result in transmission. There were a total of 19 response categories. Respondents were generally knowledgeable about the transmission of the virus. Kissing was a confusing issue for some of the respondents who participated in focus groups; they were unsure of its consequences (e.g. - risks re: transmission through saliva).

" You can get HIV if you were kissing for a very long time."

Though 33% of the respondents knew that they could not contract HIV from a mosquito bite, they did not understand why not and this concerned them. The Kimberley Bergalis case (see appendix D) was often mentioned and sparked a great deal of discussion. There was a genuine fear of testing positive through receiving treatment from one's dentist or doctor, or by getting a blood transfusion. For example, one person said:

" .....contaminated instruments or an extraction is also risky..... "

Question # 4 "How can HIV be prevented?"

Respondents were familiar with methods of preventing the transmission of HIV. All participants identified condoms and safer sex practices as the predominant methods of prevention, but there was a lack of knowledge about the right kind of condom to use (i.e. latex condoms with a waterbased lubricant). 83% of the respondents felt that having no sex is the best method of prevention and 92% of the respondents felt that abstaining from sharing needles is an effective way of preventing HIV. Again 25% of the respondents feared blood transfusions and it was evident that there was a misunderstanding about the extent to which donated blood is tested.

'" .....it could happen to you through dental work or transfusions..... "

Question # 5 " Do you think HIV affects you?"

The response to this question shown in table 8 appendix C indicates that 75% of the groups felt that AIDS affected everyone. A significant number (25%) felt that AIDS affected them more when it affects a close friend or family member. 17% felt that HIV has a strong affect on them when children are infected. The lack of racially representative images in the media, in popular culture, and in AIDS education aimed at the general public was also mentioned by some respondents.

" .....they don't show Black people with AIDS on television..... "

Most often respondents would think about the transmission and their own safety when answering this question.

" When I go in large crowds I'm scared about HIV and AIDS; I'm scared about what I don't know about it. "

Question # 6 **" What physically happens to a person when they test positive with HIV?"**

Table 9a in appendix C indicates a wide variety of responses obtained when asked this question. The most popular responses included: 50% of the respondents felt that there is a breakdown of the immune system, 83% said that most people lose weight and 42% felt that HIV positive people experience emotional problems. 25% of the respondents felt that stress, high incidents of colds, and fear are problems experienced by a person testing positive for HIV. Another 25% felt that nothing happens to a persons' body when they test positive. Most respondents were confused about the difference between HIV and AIDS. Respondents were not familiar with the symptoms of HIV.

" .....usually their skin turns yellow..... "

" .....they also get bumps on their skin....."

Some respondents understanding of the physical aspects of HIV were based on what they have heard or read about Magic Johnson. The Magic Johnson story played a large part in the discussion of this question in the focus groups (see Appendix E).

" .....Magic Johnson looks the same..... "

Question # 7 **"Where did HIV/AIDS come from originally? "**

All respondents cited Africa as the origin of AIDS and 58% felt that AIDS came from apes/monkeys. In one third of the groups (33%) of the respondents said they did not know where AIDS originated. In 25% of the groups, Blacks, gays and Haiti was identified as possible origins. Very few respondents realized that researchers and professionals are unaware of the origin of AIDS. The misinformation that has resulted from racist myths about the origin was very evident.

" A doctor told me that it came from monkeys in Africa. "

Some respondents felt offended and blamed for the origin of the disease.

" If AIDS originated in Africa, we should take this into consideration because we will be blamed for it ....."

Question # 8 "Where do you get your information about HIV/AIDS? "

The sources of information about AIDS were quite varied. Table 8 appendix C shows a total of 31 different responses. The highest response was from school/teachers. 75% of the respondents indicated that they receive their information from school/teachers. The amount and quality of information youth received varied from school to school. Even with these variances, youth were more knowledgeable about the facts of HIV/AIDS than adults, seemingly because of access to information through the education system

" I get some information from school kids, and my grandchildren also tell me about AIDS ."

Some respondents (67%) got their information from books/magazines and 58% of the respondents receive information from the media, pamphlets, and friends.

" .....[you can get it] from gays.....that 's what the television said....."

Question # 9 "Which AIDS related topics would you like to receive more information about?"

Respondents indicated a desire for a variety of information. 67% of the respondents said they wanted information on transmission. 42% of the respondents want information on the effects of HIV/AIDS and its symptoms and 58% felt that information on treatment would be useful. It was also clear that 25% of the respondents want basic information on what HIV/AIDS is so that they can teach their children. An important religious view was put forth on this topic.

" God taught us and we have to teach them (the youth) .....We need to tell them about sex and their chances of becoming infected."

Question # 10 "Which topics on AIDS and AIDS prevention do you consider important for the Black community?"

Once it was understood that this question referred to the specific needs of the African Nova Scotian community, the responses were very straightforward: 17% of the respondents identified the origin of AIDS, youth and AIDS, safer sex practices, Blacks and AIDS, AIDS prevention and AIDS and the Black church as important topics . Some 33% felt the same topics addressed in the white community should be discussed in the Black community. It was suggested by one focus group participant that:

".....workshops would be more effective through church seminars ....."
" We have to look at raising the awareness among Black people, the old is just as busy as the youth ."

Question # 11 "How do you want to learn about HIV/AIDS?"

There were a total of 22 responses to this question. Most of the respondents (75%) felt that a person living with HIV/AIDS would be the most effective way of learning about HIV/AIDS. 67% felt that an AIDS educator would be very knowledgeable and 42% said that videos would be an effective vehicle for transferring information.

Question # 12 "How would you react to a person close to you, e.g. a best friend family member, partner, if they tested positive for HIV?"

When asked how respondents would react to a person with HIV, the answers varied. 58% of the respondents identified being scared/nervous as a major response. 33% would be comforting and 33% said they would be shocked. Another 33% would be empathetic and 33% would be avoiding. 42% of the groups said that the person should be quarantined. However, when referring to children, the adults said they would do anything to make a child's life easier. They felt casual contact would not be an issue.

" .....if it was a child it would be different ....."

Question # 13 **"How would your community react if you were diagnosed with HIV?"**

Initial responses were, "the *community would kill you before you died"*, and, *"they would beat me if I went outside"*. 50% of the groups said the community would talk about the person infected, 67% felt that community members would disassociate themselves from them and 25% said they would be forced to leave town. Only 8% said the community would be shocked and 17% felt that the community would be sympathetic and supportive.

Question # 14 **"Is there anything else about HIV/AIDS that anyone would like to discuss?"**

Only two focus groups responded to this question. Some of their answers were as follows: (1) more education to adults (2) more education in the schools (3) education needs to come from someone very knowledgeable about HIV/AIDS (4) popular theater methods such as plays and musical groups are effective tools for education (5) parents can be best educated by the youth.

4.2 African United Baptist Association Survey Questionnaire

The results of the A.U.B.A. are tabulated to show the percentages of correct, wrong, and non-answers given by the three categories of respondents (see appendix C for full results of the A.U.B.A. survey questionnaire). In some cases, a pictorial presentation of the distribution of the answers is shown. Such is the case for questions 3, 6, and 8. For questions 11-14, there are no right and wrong answers, but rather preferences. The distribution of the preferences for each of these questions is tabulated. In discussing the responses, only the popular responses will be highlighted. From these results, one can establish (1) the most popular responses, and (2) the knowledge deficit.

As mentioned earlier, 141 individuals participated in A.U.B.A survey. Of these, 44 were youth, 81 adults, and 16 were unidentified. Tables 1 - 3 show the number of responses that were correct and wrong for each class of respondent. The percentages are based on the total of 141. From table 1, we observe that 54 % of the respondents knew what the 'H' in HIV meant. A significant portion 48% did not know. We also observe that 91% of the respondents did not know what placed an individual at the highest risk. We note that 82% thought that blood transfusions placed an individual at the greatest risk.

Table 1. Summary of the Results for AUBA Questions 2 - 4

QUESTIONS					
2: What Does The 'H' In HIV Mean?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	9	31	5	45	32%
Right	34	33	9	76	54%
N/A	1	17	2	20	14%
3: What Puts A Person At Highest Risk...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	40	77	5	122	87%
Right	3	0	9	12	9%
N/A	1	4	2	7	4%
Response Categories					
A. Kissing	2	2	0	4	3%
B. Tattoos	3	4	0	7	5%
C. Breast milk	6	0	2	8	6%
D. Blood Transfusion	32	70	14	116	82%
E. No Answer	1	5	0	6	4%
4: What Is The Best Type Of Condom And...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	11	26	6	43	30%
Right	30	19	4	53	38%
N/A	3	36	6	45	32%

The awareness of the respondents answers to the appropriate condom to use was quite low. Only 38% were aware of the correct condom and lubricant to use, 32% had no answer. Specific comments solicited from Question #4 were significantly different between youth and adults. 36 out of 81 adults did not answer this question, but wrote comments on the questionnaire that they felt were important. Some of these comments were as follows: "No Sex", "at my age, I have no idea", "none", "should not have sex outside of marriage", "re-framing from sex is the best way", "unknown", "none of the above", "abstinence", "should not have sex. God condems. Its abstinence". According to table 1, 30 out of 44 youth got this question right. It appears that condom use is not an issue for the adults that completed the A.U.B.A. survey questionnaire.

Table 2. Summary of the Results for AUBA Questions 5 - 7

Questions					
5: What Is The Average Life Expectancy...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	9	27	9	45	32%
Right	31	49	6	86	61%
N/A	1	5	1	7	5%
6: Which Of The Following Has Been...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	17	59	12	88	62%
Right	24	21	3	48	34%
N/A	3	1	1	5	4%
Response Categories					
A. IV Drug Users	11	25	4	40	28%
B. Heterosexuals	28	25	4	57	40%
C. Gays And Lesbians	2	26	6	34	24%
D. Blood Transfusions	0	4	1	5	4%
E. No Answer	0	1	1	2	1%
7: What Physically Happens To a Person...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	25	72	11	108	77%
Right	18	6	1	25	18%
N/A	1	3	4	8	6%

From Table 2, 61% of the respondents knew the life expectancy of someone infected with the HIV virus. 66% were unable to correctly identify who has been most affected by the HIV virus. 55% of the youth had the correct answer, but only 30% of adults knew the answer to that question. Overall, 24% felt is was gays and lesbians, 40% heterosexuals, and 28% felt it was drug users. It is noted that a greater percentage of adults felt it was gays and lesbians.

Very few of the respondents, 18% overall, were aware of the physical changes in someone infected by HIV. 61% of the youth and 92% of the adults did not know.

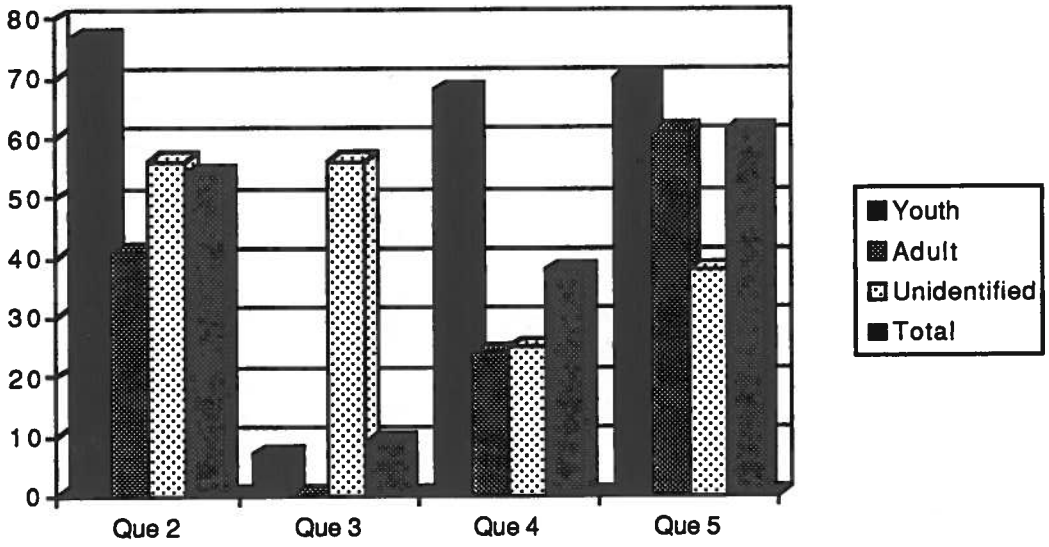

Figure 1 The Percentage of Responses that were Correct for Questions 2 - 5

Figure 1 highlights the percentage of correct answers for the three categories of respondents on questions 2 - 5. In all of the cases, the youth provided a higher percentage of correct answers with the exception of question 3 where the unidentified group provided the highest number of correct responses. The highest percentage of correct responses was 77%, and the lowest 18%. This range is a major indicator of a gap in the knowledge of the respondents.

Figure 2 shows a distribution of the total responses (in %) for each of the response categories for questions 3, 6 and 8. It provides a pictorial view of the most popular responses. Note that the response categories are identified by a letter code which can be cross-referenced in the tables. For example, the response A for question 3 is kissing, B is tattoos, C is breast milk, D is blood transfusion, and E is no answer. In this case, blood transfusions had the highest response rate and kissing the lowest.

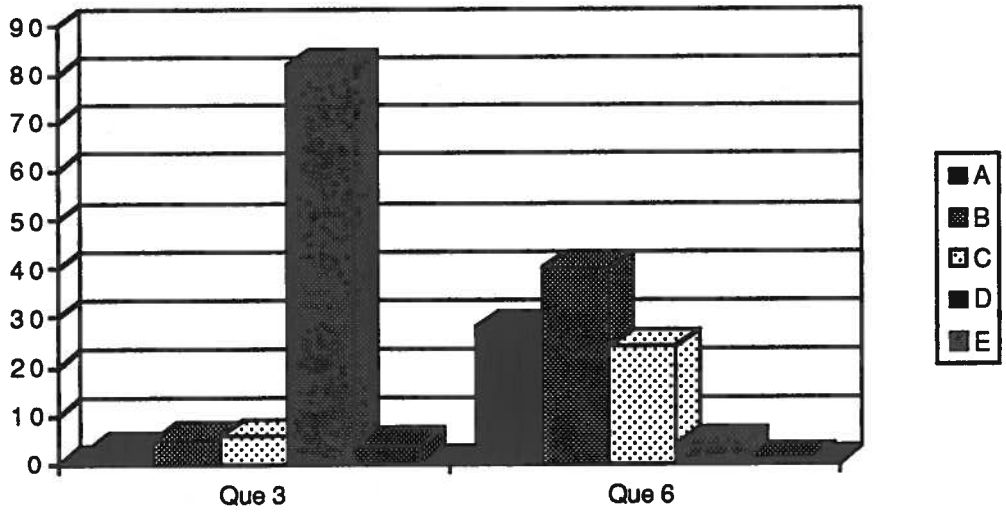

Figure 2. The Distribution of the Responses for Question 3 & 6

Table 3. Summary of the Results for AUBA Questions 8 - 10

QUESTIONS					
8: Where Did AIDS Originate?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	6	32	6	44	31%
Right	37	44	9	90	64%
N/A	1	5	1	7	5%
Response Categories					
A. Monkeys	1	8	0	9	6%
B. Unknown	37	43	9	89	63%
C. Africa	1	21	3	25	18%
D. Haiti	2	3	2	7	5%
E. No Answer	0	6	0	6	4%
F. Other	1	0	1	2	1%
9: What Does 'A' In AIDS Mean?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	8	21	5	34	24%
Right	35	56	9	100	71%
N/A	1	1	2	4	3%
10: What Is The Chance Of A Baby Testing..?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	27	65	10	102	72%
Right	16	12	2	30	21%
N/A	1	4	4	9	6%

On the question of the origin of AIDS, 64% of the total responses were correct. 83% of the youth and 52 % of adults had the correct response. While many claim the source was unknown, 18% of the respondents identified Africa as the origin of AIDS. Almost all of those who identified Africa were adults. It is also worth noting that primarily adults identified the monkey as a source of AIDS. It must be noted that this is the group which has displayed the lower level of awareness. It would have been interesting to cross-reference these statistics with a statistic related to sources of information.

Many of the respondents knew what the A in AIDS meant. Some 71% knew. On question 10, on the other hand, only 21% knew the chance of a baby testing positive for AIDS when coming from an infected mother. 35% of the youth and 15% of the adults identified the correct answer.

Figure 3, like figure 1, highlights the percentage of correct answers for the three categories of respondents on questions 6 - 10. In all of the cases, the youth provided a higher percentage of correct answers.

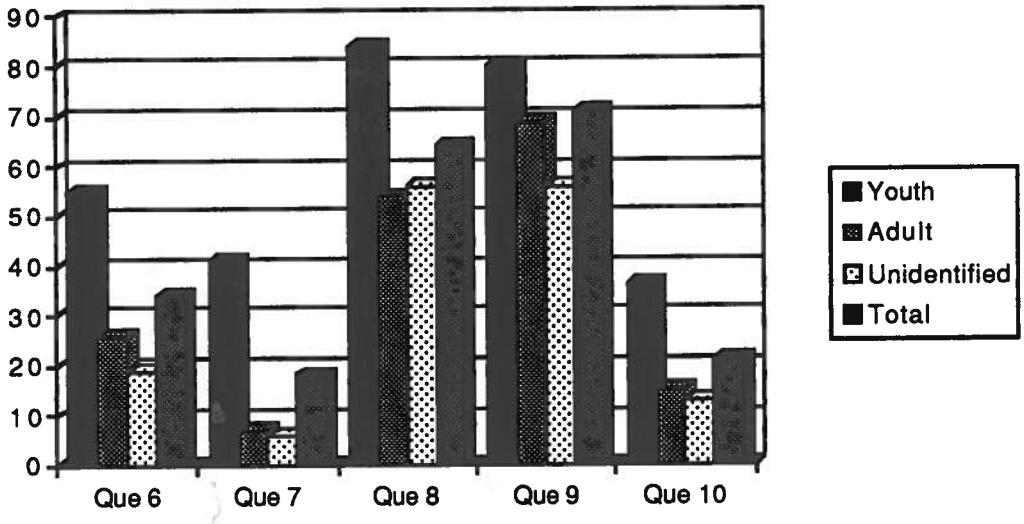

Figure 3 The Percentage of Responses that were Correct for Questions 6 - 10

Table 4. Summary of the Results for AUBA Questions 11 - 12

QUESTIONS					
11: Do You Know Anyone That Has Been...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
A. Yes	24	36	5	65	46%
B. No	17	36	9	62	44%
C. N/A	3	9	2	14	10%
12: Who Do You Think Is Most Effective...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
A. Black Male Or Female	0	3	0	3	2%
B. Youth	1	2	1	4	3%
C. Person Diagnosed With HIV/AIDS	24	33	5	62	44%
D. Health Educator	23	37	8	68	48%
E. Parent/Guardian	0	3	0	3	2%
F. No Answer	1	3	0	4	3%

Questions 11-14 does not reflect right or wrong answers. Instead, it reflects the preferences of the respondents for the choices posed with each question. It is also important to note that the values were not normalized (i.e., they do not add to 100%). They indicate the percentage of the respondents who selected a given response. Since the respondents can select more than one response on these questions, then the numbers will not necessarily add up to 100%.

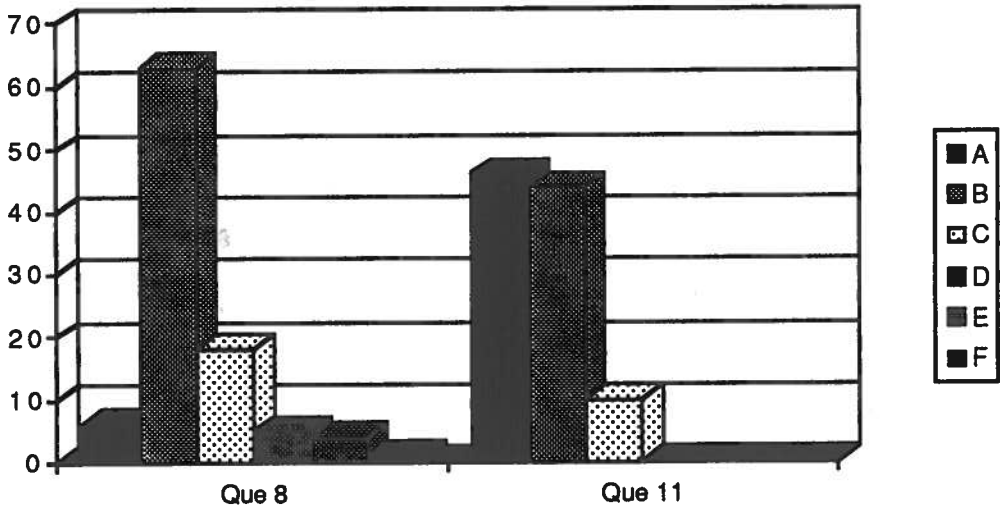

Figure 4. The Distribution of the Responses for Question 8 & 11

Table 5. Summary of the Results for AUBA Questions 13 - 14

QUESTIONS					
13: Which Topics Concerning HIV Would...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
A. Transmission	14	23	3	40	28%
B. Prevention	17	45	6	68	48%
C. Testing	12	16	4	32	23%
D. Treatment	16	30	2	48	34%
E. No Answer	1	11	3	15	11%
14: Which Of The Following Would Be...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
A. Person Living With AIDS	27	53	4	84	60%
B. Play	8	10	3	21	15%
C. Video	5	20	7	32	23%
D. Other	2	5	1	8	6%
E. No Answer	5	11	3	19	13%

Figures 4 and 5 provide a visual representation of the distribution for the set of response choices. 46% of the respondents said they knew someone who has been diagnosed with HIV/AIDS. On the question of information delivery, 44% felt someone infect with HIV would be most effective in dissemination of information, and 48% identified a health educator. Both youth and adults selected the same mediums.

On the question of information need, 48% or the respondents would like more information on prevention, 34% on treatment, 28% on transmission, and 23% on testing. To learn about AIDS, 63% identified someone living with AIDS, and 23% selected the use of videos. The distributions were similar for youth and adults.

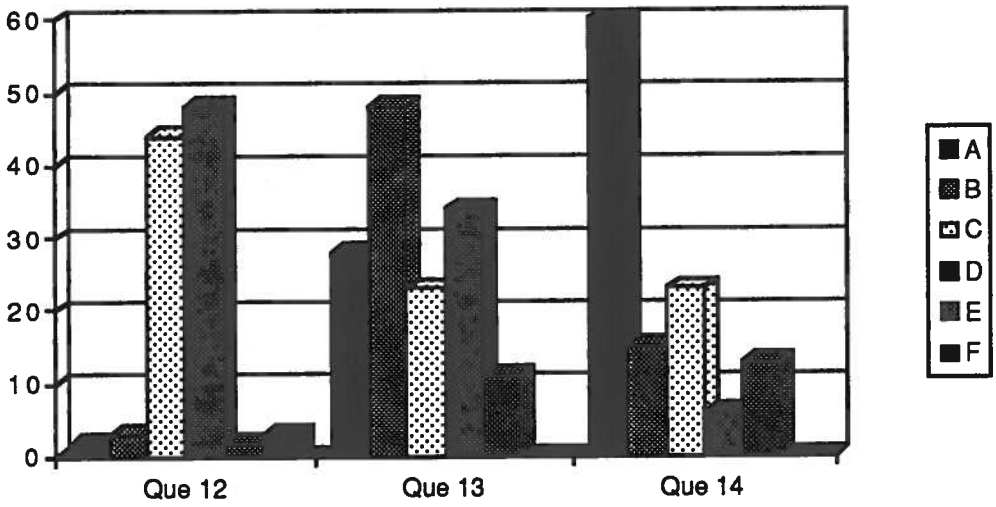

Figure 5. The Distribution of the Responses for Questions 12-14

Some Generalizations

1: The youth respondents consistently provided a higher percentage of correct answers compared to adults.

2: In 5 of the 9 multiple choice questions (questions 2-10), the total percentage of correct answers fell below 50%. In particular, lowest values were observed on questions 3, 7, and 10. These appear to be questions which require familiarity with medical facts.

3: There is a need for a major focus on adults. Recognizing that the adults category includes individuals as young as 25, one wonders about the awareness of the younger end of the spectrum (25-40).

4: There is a major need for information around the issue of the origin of AIDS. It appears that television and other media may be heavily influencing the perceptions of the adults in the survey. Given their lack of awareness of several vital AIDS issues, this suggests that their information base is very limited. Hence, there may be a significant reliance on television media - which has played a key role in advancing Africa as the origin of AIDS.

5.0 CONCLUSIONS

This research study reveals that the majority of African Nova Scotians are distressingly uninformed about the : origins, characteristics, and serious consequences of AIDS. Moreover, this research suggests that African Nova Scotians hold unrealistic beliefs about their chances of becoming infected with HIV.

Many respondents believed that the probability of them becoming infected by HIV is low regardless of their personal behavior. This belief is reinforced by the monocultural portrayal of AIDS in mainstream media, in popular culture, and the lack of documented AIDS cases in their cultural group. Therefore, Black Canadians, in particular Nova Scotians have not internalized the risk that AIDS poses to their future well-being - a risk that is marked by the undetermined extent of HIV among Canadians. Most Blacks are distressingly uninformed about the serious consequences of AIDS, and have unrealistic beliefs about their chances of becoming infected. This has resulted in a lack of motivation to change attitudes and behaviors that could result in infection.

This study finds that African Nova Scotians are not only uninformed about HIV/AIDS, but are also distressingly misinformed about the origins and characteristics of HIV/AIDS. Many respondents receive HIV/AIDS information from unreliable sources such as: sensationalized television shows and news tabloids. As a result, a significant proportion of the African Nova Scotian population hold views and beliefs that have been couched in racism and homophobia. An example of this is the high number of respondents who hold the unfounded belief that AIDS started in Africa. As well, the high number of respondents who adhere to the myth that gays and lesbians are largely responsible for the spread of HIV/AIDS, illustrates the degree of misinformation. Further, because respondents tend to rely on over-sensationalized media as its source of HIV/AIDS information, such as the "Magic Johnson" story, a significant proportion of the African Nova Scotian community believes that HIV/AIDS is something that happens to people who are "sexually promiscuous".

The data collected from the Needs Assessment shows that certain aspects of HIV/AIDS need to be covered in more detail. Information about blood transfusions and safer condom use are just a couple of the areas of concern. The difference between HIV and AIDS, information related to mother-to-infant infection, the origin of AIDS, and treatment options are other topics that must be addressed.

This study finds that racism has created significant barriers to the development and delivery of programs and services related to HIV/AIDS awareness in the African Nova Scotian community. The historical conditions of social, cultural, economic, and political marginalization is evident by the near total exclusion of African Nova Scotians from all HIV/AIDS awareness campaigns and initiatives. The geographical isolation of many African Nova Scotian communities coupled with the covert social segregation of the African Nova Scotian community has manifested itself in the form of : exclusion, mistrust, a lack of access to information and services, and racially insensitive services.

At the present time, HIV/AIDS education programs in the wider community have not made a major effort to include the African Nova Scotian community (with the exception of the recent efforts of the Black Outreach Project). Therefore, it is accurate to conclude that no culturally appropriate AIDS education is taking place in the province of Nova Scotia. Usually the inclusion of African Nova Scotians is dependent upon the interest of a particular individual rather than institutional policies. In this respect, the province of Nova Scotia is approximately three years behind other areas of the country where large numbers of Black people reside (i.e. Toronto, Montreal).

In conclusion, this research finds that given the lack of awareness of HIV/AIDS in the African Nova Scotian community, it is accurate to conclude that public health institutions at all levels (Federal, Provincial and Municipal) are not adequately addressing the needs of the African Nova Scotian community. Moreover, this research finds that AIDS education needs are at a "crisis" level in the African Nova Scotian community which places the entire community at severe risk. Further, this research suggests that strategic interventions must be implemented immediately to reduce the risk of an HIV/AIDS epidemic in the African Nova Scotian community.

It is evident that racism has played a significant role in the lack of HIV/AIDS awareness in the African Nova Scotian community, and while most public health institiutions admit to a range of limitations and resource constraints, they cannot justify ignoring their responsibilities to racially and culturally diverse populations.

Finally, this research concludes that to ignore the need for anti-racists public health education initiatives, is to commit health care genocide against the African Nova Scotian community. Often mainstream public health institutions and organizations have difficulty with the notion of "special initiative" within the dominant public health framework. However, if access to health care information is to be equally enjoyed by all Canadians, then immediate affirmative action is necessary.

6.0 RECOMMENDATIONS

In order to continue the HIV/AIDS education efforts of the N.S.P.W.A.C. Black Outreach Project, it is critical that all levels of government and local health authorities make a commitment to the implementation of the foregoing recommendations in this report.

1. It is recommended that the N.S.P.W.A.C Black Outreach Project be provided with adequate government funding to continue the work it has begun, as well as , address the recommendations of the needs assessment report.

2. It is recommended that government funding be made available to further develop and support the work of the popular theater group: "Black Teens against AIDS" so that their popular education methods can be utilized as an effective means of HIV/AIDS awareness and education.

3. It is recommended that government funding be made available so that a province-wide consultation can be held to discuss the findings of the N.S.P.W.A.C. Black Outreach Project needs assessment, in an effort to develop a province-wide strategy on HIV/AIDS in the African Nova Scotian community.

4. It is recommended that government funding be made available to the Black Outreach Project to develop a series of comprehensive culture and race specific HIV/AIDS education modules aimed at a variety of sectors of the African Nova Scotian community (e.g): youth, church, women's groups, Black males, etc.

5. It is recommended that a "train-the-trainer" program be implemented for community leaders to learn the facts about HIV/AIDS, along with adult education techniques, so that they can become educators within their communities. This will require the allocation of more resources to the Black community for the implementation of a comprehensive education strategy. This will also address the need for more information, enhance the communities' receptiveness to information when a "familiar face" is delivering a program.

6. It is recommended that further study and exploration be undertaken to determine the support needs of African Nova Scotian persons who have contracted HIV/AIDS.

7. It is recommended that a program be established to further develop the public speaking skills of persons living with HIV/AIDS so that they can act more effectively as educators and resource people in HIV/AIDS work in the Black communities.

8. It is recommended that funding be made available to African Nova Scotian anti-racism groups to develop a comprehensive anti-racism awareness campaign targeted at all public health and AIDS service organizations and that racism in general, and the specific ways that racism affects HIV/AIDS work, be on the agenda of all local, provincial, and national AIDS service organizations, (e.g.) Atlantic AIDS Network, the Canadian AIDS Society, etc.

9. It is recommended that anti-racism education be included as a basic component of staff development in all AIDS service organizations. Challenging institutional racism as it affects HIV/AIDS work must be incorporated into the job descriptions and actual work of administrators, educators, volunteers, and boards of AIDS service organizations, and not be made the sole responsibility of the Black Outreach Project. The work of the Black Outreach Project is to provide HIV/AIDS prevention, education and services to African Nova Scotians. Challenging racism in the context of HIV/AIDS is the work of all boards, staff, volunteers and everyone involved in AIDS service organizations.

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APPENDICES

APPENDIX A

FOCUS GROUP QUESTIONS

0. Who feels that they know something about HIV/AIDS?
1. What is HIV/AIDS?
2. Who can get HIV/AIDS?
3. How is HIV transmitted?
4. How can HIV be prevented?
5. Do you think that HIV/AIDS affects you?
6. What physically happens to a person when they contract HIV ?
7. Where did the HIV/AIDS virus come from originally?
8. Where do you get your information about HIV/AIDS?
9. Which AIDS related topics would you like to receive more information about?
10. Which topics on HIV/AIDS and HIV prevention do you consider important for the Black community?
11. How do you want to learn more about HIV/AIDS?
12. How would you react to a person close to you (i.e. best friend, family, partner), if they tested positive with HIV?
13. How would your community react if you were diagnosed with HIV?
14. Is there anything else about HIV/AIDS that you would like to discuss?

APPENDIX B

☐ Youth

☐ Adult (25&up)

AUBA Conference Questionaire

1. Please specify what community you're from.

2. What does the "H" in HIV mean?
   a) Herpes b)Human c)Hormone d)Hepatitis

3. What puts a person at the highest risk of testing positive with HIV?
   a) Kissing b) Tattoos c)Breast Milk d) Blood Transfusions

4. While practising Safe Sex, What is the best type of condom and lubricant to use?
   a) Latex waterbased b) Latex oilbase c) Lambskin waterbase
   d) Lambskin oilbase

5. What is the average life expectancy of a person living with HIV?
   a) 1-3 years b) 3-5 years c) 5-8 years d) undetermined time

6. Throughout the world, which of the following has been infected most by HIV?
   a) IV drug users b) Heterosexuals (i.e. male and female relationships)
   c) Gay and Lesbian people d) People who have received blood transfusions

7. What physically happens to a person when they test positive for HIV?
   a) Nothing b) Obtain major infections c) Lose weight
   d) Both b and c e) Either a or c

8. Where did AIDS originate?
   a) Monkeys b) Unknown c) Africa d) Haiti

9. What does the "A" in AIDS mean?
   a) Alarming b) Active c) Acquired d) Affection

10. What is the chance of a baby testing positive with HIV when coming from an infected mother?
    a) There is a 0% chance b) There is a 15-30% chance
    c) There is a 73-85% chance d) There is a 100% chance

11. Do you know anyone that has been diagnosed with HIV/AIDS?
a) yes b) no

12. Who do you think would be the most effective person to provide information about HIV/AIDS?
a) Black male or female b) youth c) Person diagnosed with HIV/AIDS d) Health Educator e) Parent/Guardian

13. Which topics concerning HIV/AIDS would you like to receive more information about?
a) transmission b) prevention c) testing d) treatment

14. Which of the following do you think would be an effective method of learning about HIV/AIDS?
a) A person living with HIV/AIDS sharing their experience
b) A play c) video d) other_____

APPENDIX C

A STATISTICAL ANALYSIS OF THE SURVEY DATA COLLECTED BY THE NOVA SCOTIA PERSONS WITH AIDS COALITION'S BLACK OUTREACH PROJECT

August 1993

Submitted by:
Logix Consultants Limited

Summary

This report presents the findings of two surveys conducted by the Black Outreach Project at the Nova Scotia Persons With AIDS Coalition.The studies were conducted in the African Canadian Community of Nova Scotia. One survey was conducted at the annual A.U.B.A conference in August of 1992. There were 141 respondents broken down into 44 youth (under 25 years), 81 adults (25 years and over), and 16 individuals who did not identify themselves. The other study was conducted through 12 focus group discussions. The focus groups were geographically based (e.g. Weymouth Falls, Whitney Pier, Truro, and so on). The complete list is given in the report. A total of 131 individuals participated in the focus group discussions.

In the AUBA survey, some 10 multiple choice questions were posed. Four other questions were used to solicit preferences and opinions on other AIDS related issues. The focus group discussions provided a more informal format which facilitated a range of responses. The questions were essentially similar to that posed to the AUBA participants. In summarizing the results of the focus group discussions, all the significant responses obtained were recorded and the frequency of their occurence tabulated.

In both studies, there appear to be an acute lack of information as well as a gross level misinformation about critical AIDS related issues. In the AUBA survey, adults displayed a greater level of ignorance compared to youth. The percentage of correct answers for adults ranged from a low of 0% to a high of 70%. The range for youth was 8% to 85%. The average correct response rate was 59% for youth and 33% for adults. Both youth and adult respondents show their greatest level ignorance with respect to medically-related facts. Hence there is a dire need for medical information around AIDS.

In the focus group discussions, a wide variety of responses was obtained on each question. The number of responses ranged from a low of 8 to a high of 40. The average number of responses per question was 20. On the average, 5 responses were provided by each per group, the average number of groups identifying a given response was 3, and the average degree of universality was 25%. The universality measure gives an indication of the popularity of the responses, or how universal the responses were for the 12 groups.

The findings from the focus group discussions were similar to that of the AUBA survey. There seem to be a significant level misinformation about the origin of AIDS, the ways in which AIDS can be transmitted, and what physically happens to someone diagnosed with HIV. Many of the groups identified a need for more information on AIDS, and felt that the information would be best delivered by someone living with HIV, a health educator, or through the use of videos. Further results from the two surveys are delineated in the report.

Introduction

This report presents the findings of two surveys conducted by the Black Outreach Project at the Nova Scotia Persons With AIDS Coalition. The first survey, conducted at the annual AUBA conference, is based on a questionnaire with fixed categories (see the appendices). For questions 1 - 10, the respondents selected one answer from the set of possible responses. Questions 11-14 allowed the respondents to select more than one response from the set of possible responses. The respondents are categorized as youth (under 25 years), adults (over 25 years), and unidentified.

In the case of questions 2 - 10, there were right and wrong answers. Hence the results are tabulated so as to show the percentage of correct, wrong, and non-answers given by the three categories of respondents. In some cases, a pictorial presentation of the distribution of the answers is shown. Such is the case for questions 3, 6, and 8. For questions 11-14, there are no right and wrong answers, but rather preferences. The distribution of the preferences is for each of these questions is tabulated. In discussing the responses, only the popular responses will be highlighted. From these results, one can establish 1) the most popular responses, and 2) the knowledge deficit.

The second survey was conducted through focus group discussions. There were a total of 12 focus groups representing various geographical regions within the African Nova Scotion community. A total of 14 questions was posed to each group Being free format in terms of responses, a wide variety of responses was obtained for each question. The tables in Section II show a summary of the all of the responses submitted by all the groups for a particular question. It is important to note that each group would have submitted only a subset of the responses. The tables therefore indicate the whether or not a particular response came from a particular group. From these results, one can establish 1) the range of thoughts, 2) the most popular responses, 3) the knowledge deficit, 4) the average number of responses per focus group, and 5) the average number of groups identifying a given response, and a universality quotient. The universality quotient or measure, gives an indication of the extent to which the responses were universal across the groups. The higher the quotient, the more universal the responses. A universality value of 50% or more could be considered significant.

SECTION I

AUBA Conference Results

As mentioned earlier, 141 individuals participated in AUBA survey. Of these, 44 were youth, 81 adults, and 16 were unidentified. Tables 1 - 3 show the number of responses that were correct and wrong for each class of respondent. The percentages are based on the total of 141. From table 1, we observe that 54 % of the respondents knew what the 'H' in HIV meant. A significant portion 48% did not know. We also observe that 91% of the respondents did not know what placed an individual at the highest risk. We note that 82% thought that blood transfusions placed an individual at the greatest risk.

Table 1. Summary of the Results for AUBA Questions 2 - 4

QUESTIONS					
2: What Does The 'H' In HIV Mean?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	9	31	5	45	32%
Right	34	33	9	76	54%
N/A	1	17	2	20	14%
3: What Puts A Person At Highest Risk...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	40	77	5	122	87%
Right	3	0	9	12	9%
N/A	1	4	2	7	4%
Response Categories					
A. Kissing	2	2	0	4	3%
B. Tattoos	3	4	0	7	5%
C. Breast milk	6	0	2	8	6%
D. Blood Transfusion	32	70	14	116	82%
E. No Answer	1	5	0	6	4%
4: What Is The Best Type Of Condom And...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	11	26	6	43	30%
Right	30	19	4	53	38%
N/A	3	36	6	45	32%

The awareness of the respondents of the appropriate condom to use was quite low. Only 38% were aware of the correct condom and lubricant to use, 32% had no answer.

Table 2. Summary of the Results for AUBA Questions 5 - 7

Questions					
5: What Is The Average Life Expectancy...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	9	27	9	45	32%
Right	31	49	6	86	61%
N/A	1	5	1	7	5%
6: Which Of The Following Has Been...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	17	59	12	88	62%
Right	24	21	3	48	34%
N/A	3	1	1	5	4%
Response Categories					
A. IV Drug Users	11	25	4	40	28%
B. Heterosexuals	28	25	4	57	40%
C. Gays And Lesbians	2	26	6	34	24%
D. Blood Transfusions	0	4	1	5	4%
E. No Answer	0	1	1	2	1%
7: What Physically Happens To a Person...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	25	72	11	108	77%
Right	18	6	1	25	18%
N/A	1	3	4	8	6%

From Table 2, 61% of the respondents knew the life expectancy of someone infected with the HIV virus. 66% were unable to correctly identify who has been most affected by the HIV virus. 55% of the youth had the correct answer, but only 30% of adults knew the answer to that question. Overall, 24% felt is was gays and lesbians, 40% heterosexuals, and 28% felt it was drug users. It is noted that a greater percentage of adults felt it was gays and lesbians.

Very few of the respondents, 18% overall, were aware of the physical changes in someone infected by HIV. 61% of the youth and 92% of the adults did not know.

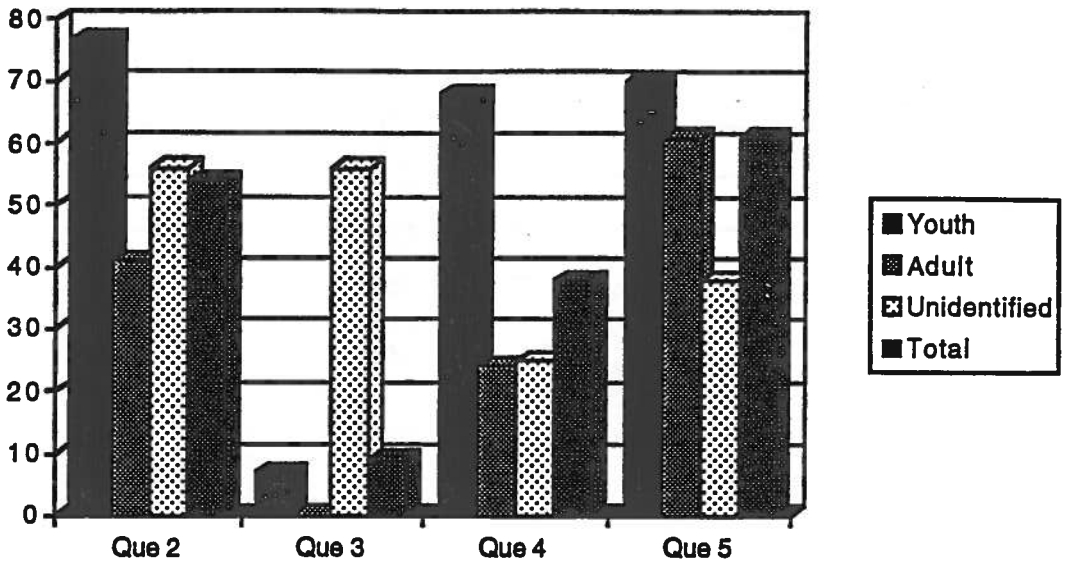

Figure 1 The Percentage of Responses that were Correct for Questions 2 - 5

Figure 1 highlights the percentage of correct answers for the three categories of respondents on questions 2 - 5. In all of the cases, the youth provided a higher percentage of correct answers with the exception of question 3 where the unidentified group provided the highest number of correct responses. The highest percentage of correct responses was 77%, and the lowest 18%. This range is a major indicator of a gap in the knowledge of the respondents.

Figure 2 shows a distribution of the total responses (in %) for each of the response categories for questions 3, 6 and 8. It provides a pictorial view of the most popular responses. Note that the response categories are identified by a letter code which can be cross-referenced in the tables. For example, the response A for question 3 is kissing, B is tattoos, C is breast milk, D is blood transfusion, and E is no answer. In this case, blood transfusions had the highest response rate and kissing the lowest.

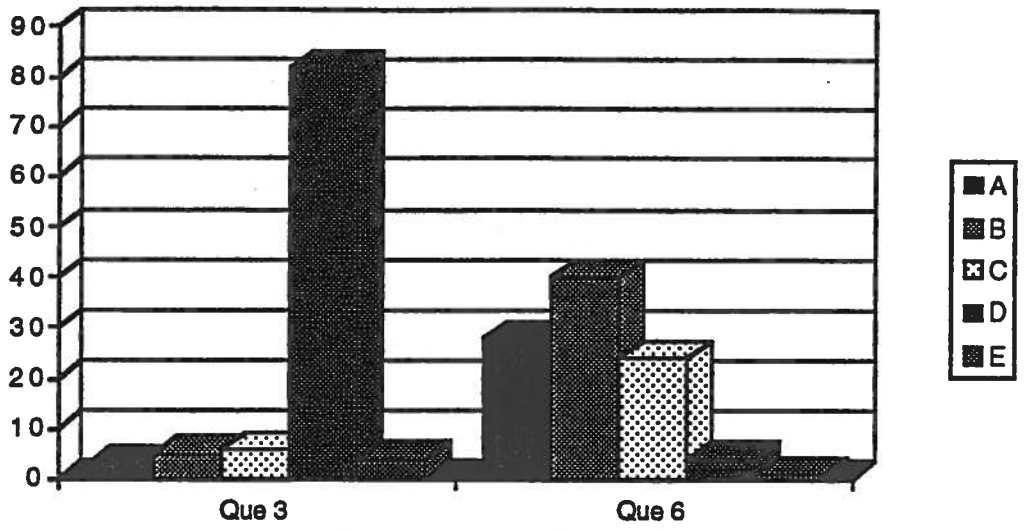

Figure 2. The Distribution of the Responses for Question 3 & 6

Table 3. Summary of the Results for AUBA Questions 8 - 10

QUESTIONS					
8: Where Did AIDS Originate?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	6	32	6	44	31%
Right	37	44	9	90	64%
N/A	1	5	1	7	5%
Response Categories					
A. Monkeys	1	8	0	9	6%
B. Unknown	37	43	9	89	63%
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D. Haiti	2	3	2	7	5%
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F. Other	1	0	1	2	1%
9: What Does 'A' In AIDS Mean?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	8	21	5	34	24%
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N/A	1	1	2	4	3%
10: What Is The Chance Of A Baby Testing..?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
Wrong	27	65	10	102	72%
Right	16	12	2	30	21%
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On the question of the origin of AIDS, 64% of the total responses were correct. 83% of the youth and 52 % of adults had the correct response. While many claim the source was

unknown, 18% of the respondents identified Africa as the origin of AIDS. Almost all of those who identified Africa were adults. It is also worth noting that primarily adults identified the monkey as a source of AIDS. It must be noted that this is the group which has displayed the lower level of awareness. It would have been interesting to cross-reference these statistics with a statistic related to sources of information.

Many of the respondents knew what the A in AIDS meant. Some 71% knew. On question 10, onthe other hand, only 21% knew the chance of a baby testing positive for AIDS when coming from an infected mother. 35% of the youth and 15% of the adults identified the correct answer.

Figure 3, like figure 1, highlights the percentage of correct answers for the three categories of respondents on questions 6 - 10. In all of the cases, the youth provided a higher percentage of correct answers.

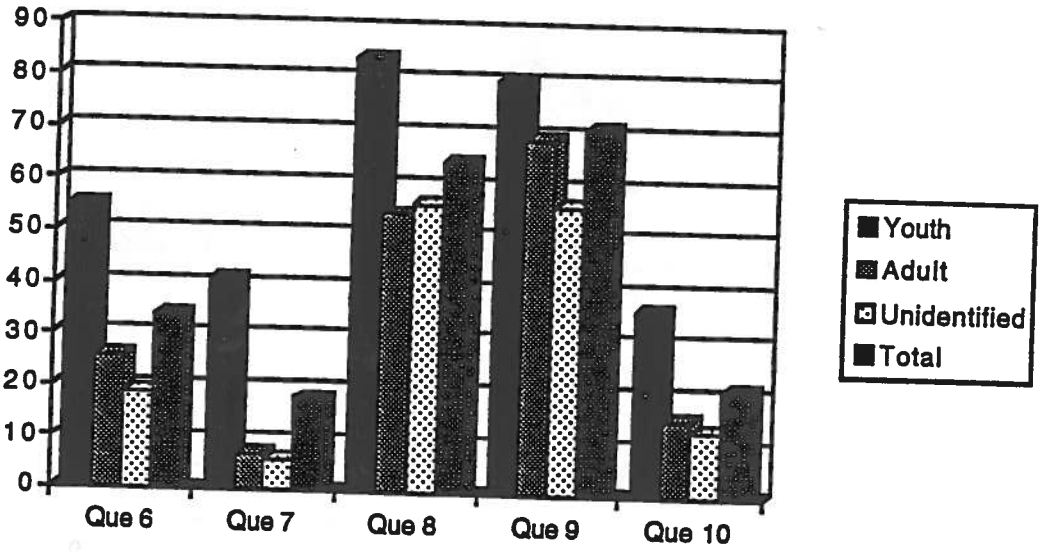


Figure 3 The Percentage of Responses that were Correct for Questions 6 - 10

Table 4. Summary of the Results for AUBA Questions 11 - 12

QUESTIONS					
11: Do You Know Anyone That Has Been...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
A. Yes	24	36	5	65	46%
B. No	17	36	9	62	44%
C. N/A	3	9	2	14	10%
12: Who Do You Think Is Most Effective...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
A. Black Male Or Female	0	3	0	3	2%
B. Youth	1	2	1	4	3%
C. Person Diagnosed With HIV/AIDS	24	33	5	62	44%
D. Health Educator	23	37	8	68	48%
E. Parent/Guardian	0	3	0	3	2%
F. No Answer	1	3	0	4	3%

Questions 11-14 does not reflect right or wrong answers. Instead, it reflects the preferences of the respondents for the choices posed with each question. It is also important to note that the values were not normalized (i.e., they do not add to 100%). They indicate the percentage of the respondents who selected a given response. Since the respondents can select more than one response on these questions, then the numbers will not necessarily add up to 100%.

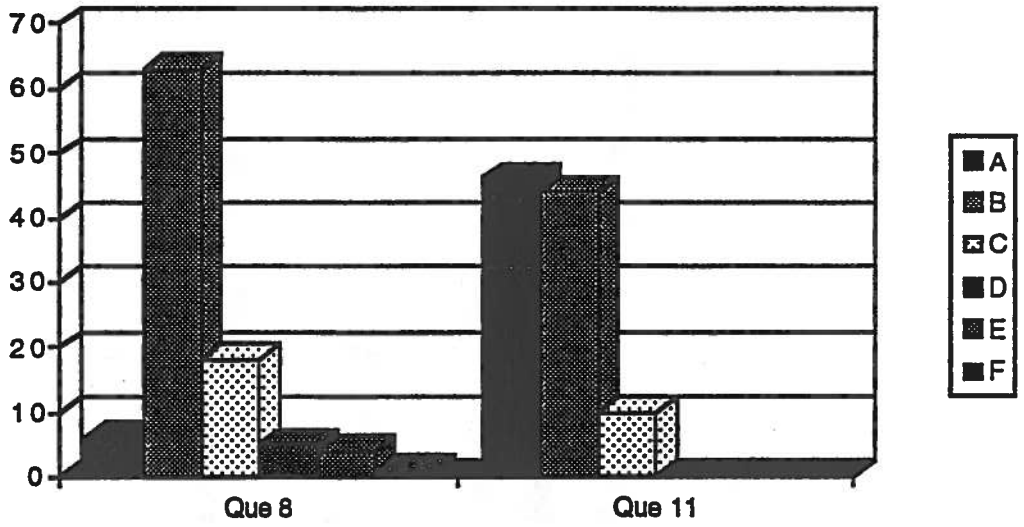


Figure 4. The Distribution of the Responses for Question 8 & 11

Table 5. Summary of the Results for AUBA Questions 13 - 14

QUESTIONS					
13: Which Topics Concerning HIV Would...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
A. Transmission	14	23	3	40	28%
B. Prevention	17	45	6	68	48%
C. Testing	12	16	4	32	23%
D. Treatment	16	30	2	48	34%
E. No Answer	1	11	3	15	11%
14: Which Of The Following Would Be...?	*YOUTH*	*ADULT*	*UN*	*TOT*	*PER*
A. Person Living With AIDS	27	53	4	84	60%
B. Play	8	10	3	21	15%
C. Video	5	20	7	32	23%
D. Other	2	5	1	8	6%
E. No Answer	5	11	3	19	13%

Figures 4 and 5 provide a visual representation of the distribution for the set of response choices.

46% of the respondents said they knew someone who has been diagnosed with HIV/AIDS.

On the question of information delivery, 44% felt someone infect with HIV would be most effective in dissemination of information, and 48% identified a health educator. Both youth and adults selected the same mediums.

On the question of information need, 48% or the respondents would like more information on prevention, 34% on treatment, 28% on transmission, and 23% on testing. To learn about AIDS, 63% identified someone living with AIDS, and 23% selected the use of videos. The distributions were similar for youth and adults.

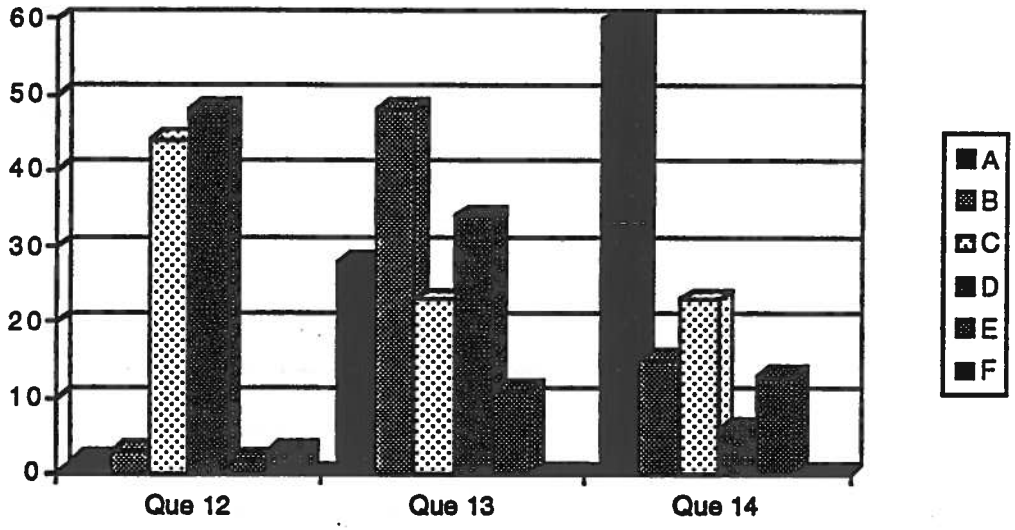


Figure 5. The Distribution of the Responses for Questions 12-14

Some Generalizations

1: The youth respondents consistently provided a higher percentage of correct answers compared to adults.

2: In 5 of the 9 multiple choice questions (questions 2-10), the total percentage of correct answers fell below 50%. In particular, lowest values were observed on questions 3, 7, and 10. These appear to be questions which require familiarity with medical facts.

3: There is a need for a major focus on adults. Recognizing that the adults category includes individuals as young as 25, one wonders about the awareness of the younger end of the spectrum (25-40).

4: There is a major need for information around the issue of the origin of AIDS. It appears that television and other media may be heavily influencing the perceptions of the adults in the survey. Given their lack of awareness of several vital AIDS issues, this suggests that their information base is very limited. Hence, there may be a significant reliance on television media - which has played a key role in advancing Africa as the origin of AIDS.

SECTION II

Focus Groups Results

A total of 131 individuals participated in the focus groups. Focus group discussions took place in various African Canadian communities throughout Nova Scotia. The list of communities/groups is as follows:

Group	*Code*	*Group*	*Code*	*Group*	*Code*
Whitney Pier -	NP	Truro	- T	Lucasville	- L
New Glasgow	- NG	East Preston	- EP	Yarmouth	- Y
Nova Scotia Court	- NSC	Windsor	- W	Cherry Brook	- C
Weymouth Falls	- WF	Lincolnville	- LV	Beechville	- B

Table 6. Summary of the Results for Focus Group Questions 0 - 2

Questions														
0: Who feels they know something about HIV/AIDS?	*Y*	*A*	*Y*	*A*	*A*	*Y*	*Y*	*B*	*Y*	*A*	*A*	*Y*	*Tot*	*PER*
• Yes	0	1	5	2	6	6	10	15	7	4	1	12	69	53%
• No	18	8	0	7	6	6	0	0	0	6	11	0	62	47%
1: What is HIV/AIDS?	*Y*	*A*	*Y*	*A*	*A*	*Y*	*Y*	*B*	*Y*	*A*	*A*	*Y*	*Tot*	*PER*
• Know	0	0	0	9	0	0	0	15	0	10	0	12	46	35%
• Don't Know	18	9	5	0	12	12	10	0	7	0	12	0	85	65%
2: Who Can get HIV/AIDS?	*Y*	*A*	*Y*	*A*	*A*	*Y*	*Y*	*B*	*Y*	*A*	*A*	*Y*	*Tot*	
• Anyone	18	9	5	9	12	12	10	15	7	10	12	12	131	100%

Table 2 shows the responses for questions 0 - 2. 53% of the respondents felt they knew something about HIV/AIDS. However, only 35% knew what is HIV/AIDS? All of the respondents felt that anyone could get HIV/AIDS.

In questions 3-13, several response categories were identified in the discussions. All these categories are listed with an indication of sources of the responses. If a response came out of focus group discussions in Truro and East Preston, then a '1' is used to indicate that. The '0' values mean that the response was not identified in the corresponding focus group.

The totals and subsequently the percentages, give an indication of the frequency with which a response was identified (the percentage of the focus groups identifying a given response). A total of twelve indicates that the response came out of every focus group. Further information include: the average number of responses per community (to give an indication of the awareness of a group) and the average number of groups identifying a response (giving an indication of the popularity of the response). The universality quotient, as

already mentioned, gives an indication of the extent to which the responses are shared by all the groups. The smaller the value, the less universal the responses. Conversely, the larger the values, the more universal the responses.

Table 7. Summary of the Results for Focus Group Question 3

QUESTIONS														
3: How is HIV Transmitted?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NSC*	*L*	*W*	*C*	*LV*	*B*	*Tot*	*PER*
• Needles	1	1	1	1	1	1	1	1	1	1	1	1	12	100%
• Sexual Contact	1	1	1	1	1	1	1	1	1	1	1	1	12	100%
• Mother to Baby	1	0	0	1	1	1	0	0	1	1	1	1	8	67%
• Blood Transfusion	1	1	1	1	1	1	1	1	1	1	1	1	12	100%
• Tattoos	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Saliva	1	1	0	0	0	0	0	0	0	1	0	1	4	33%
• Drug Use	1	0	0	0	0	0	0	0	1	0	1	1	4	33%
• Mosquitoes	1	0	0	0	0	1	0	0	0	0	1	0	3	25%
• Kissing	0	1	0	0	0	0	0	0	0	0	1	1	3	25%
• Oral Sex	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Open Wounds	0	1	0	1	0	0	0	1	0	0	1	1	5	42%
• Kissing With An Open Cut	0	0	0	1	0	1	0	0	0	0	0	0	2	17%
• Contaminated Instruments	0	0	1	1	0	0	0	0	0	0	1	0	3	25%
• Breast Milk	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Toilet Bowl	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
• Sweating	0	0	0	0	0	1	0	0	0	0	0	0	1	8%
• Dental Tools	0	0	0	0	0	0	0	1	0	0	0	0	1	8%
• Blood Products	0	0	0	0	0	0	0	0	0	1	0	0	1	8%
• Semen	0	0	0	0	0	0	0	0	0	1	0	0	1	8%
Total Number of Responses	8	7	4	7	5	7	3	5	5	7	9	8	75	6.25
Average Response Coverage	42	37	21	37	26	37	16	26	26	37	47	42	4	33%

The four most popular answers given with respect to transmission were needles, sexual contact, mothers to baby, and blood transfusion. 42% of the groups also felt that open wounds can result in transmission. There were a total of 19 response categories, with a mean of 6.25 responses per group, an average of 4 groups per response, and a universality value of 33%.

Table 8. Summary of the Results for Focus Group Questions 4 - 5

QUESTIONS														
4: How Can HIV Be Prevented?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NS C*	*L*	*W*	*C*	*LV*	*B*	*Tot*	*PER*
• Condoms/Safe Sex	1	1	1	1	1	1	1	1	1	1	1	1	12	100%
• No Sex	1	1	1	1	1	1	0	1	1	1	0	1	10	83%
• Needles/Drugs	1	1	1	1	1	1	1	1	1	1	0	1	11	92%
• Test Blood	1	1	0	0	0	0	0	0	0	0	1	0	3	25%
• Monogamy	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Education	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Get Blood Tested	1	0	0	0	0	0	0	0	0	0	0	1	2	17%
• Cuts	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
Total number of Responses	5	5	3	3	4	3	2	3	3	3	2	5	41	3.42
Average Response Coverage	63	63	38	38	50	38	25	38	38	38	25	63	5.1	43%
5: Do You Think HIV Affects You?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NS C*	*L*	*W*	*C*	*LV*	*B*	*Tot*	*PER*
• Affects Everyone	1	1	1	1	1	0	0	1	1	1	0	1	9	75%
• Only If You Have It	0	0	0	0	0	1	0	0	0	0	0	0	1	8%
• Close Friend Or Family Member	0	0	1	0	0	0	0	0	0	1	1	0	3	25%
• Single	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Children	0	0	0	1	0	0	0	0	1	0	0	0	2	17%
• Community	0	0	0	0	0	0	0	0	0	1	0	0	1	8%
• Spouse	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• Partner	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• Only If You Are Not Playing Safe	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Non Risky Behavior	0	0	0	0	0	0	0	1	0	0	0	0	1	8%
Total Number of Responses	1	2	2	4	1	1	1	2	2	3	1	1	21	1.75
Average Response Coverage	10	20	20	40	10	10	10	20	20	30	10	10	2.1	18%

To prevent HIV, most of the groups felt that the use of condoms, no sex, and abstinence from needles and drugs were the effective ways to prevent AIDS. The response to question 5 show that most groups felt that AIDS affected everyone. A significant number identified children and a close member of the family. The universality quotient was 43%, which, comparatively speaking, was high for the survey. In fact, it turns out to be the largest quotient observed.

Table 9a. Summary of the Results for Focus Group Question 6

QUESTIONS														
6: What Physically Happens...?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NSC*	*L*	*W*	*C*	*LV*	*B*	*Tot*	*PER*
• Difficulty in Breathing	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Breakdown of the Immune System	1	0	0	1	1	0	0	1	1	0	1	0	6	50%
• Stress	1	0	0	1	0	0	0	1	0	0	0	0	3	25%
• Suicidal Tendencies	1	0	0	0	0	0	0	0	0	0	1	0	2	17%
• Schenz?	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Lost of Weight	1	1	1	1	1	1	1	0	0	1	1	1	10	83%
• Higher Incidence of Colds	1	1	0	0	0	0	0	1	0	0	0	0	3	25%
• Emotional Problems	1	1	1	0	1	0	0	1	0	0	0	0	5	42%
• Decrease in Energy/Fatigue	0	1	0	1	0	0	0	1	0	0	0	1	4	33%
• Always Sick	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Depressed	0	1	1	0	0	0	0	0	0	0	0	0	2	17%
• Want To Give It To Others	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Scabs	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Vomit	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Fear	0	0	1	0	1	1	0	0	0	0	0	0	3	25%
• Lost of hair	0	0	1	0	0	0	0	1	0	0	0	0	2	17%
• Shortens Life Span	0	0	1	1	0	0	0	0	0	0	0	0	2	17%
• Embarrassment	0	1	0	0	0	0	0	0	0	0	0	0	1	8%

Table 9b. Summary of the Results for Focus Group Question 6

• Disclosure to Others	0	0	1	0	0	0	0	0	0	0	0	0	1	8%
• Denial	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• Death	0	0	0	1	0	0	1	0	0	0	0	1	3	17%
• Nothing Happens	0	0	0	1	0	1	0	0	1	0	0	0	3	25%
• Mental Changes	0	0	0	1	0	0	0	0	0	0	1	0	2	8%
• Appearance	0	0	0	1	0	0	0	0	0	1	0	1	3	8%
• AZT	0	0	0	1	0	0	0	0	0	0	0	0	1	17%
• Eyes Dilated	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Cancer	0	0	0	0	1	0	0	1	0	0	0	0	2	8%
• Swelling	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Swollen Lymph Nodes	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• 5-10 Years To Turn Full Blown	0	0	0	0	0	1	0	0	0	0	0	0	1	8%
• Sickening/Gross	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Restrict Activities	0	0	0	0	0	0	1	0	0	0	0	0	1	17%
• Act Differently	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Lose Looks/Ugly	0	0	0	0	0	0	1	0	0	0	1	0	2	8%
• Life Style Changes	0	0	0	0	0	0	0	0	0	1	0	0	1	8%
• Decrease in Physical Strength	0	0	0	0	0	0	0	0	0	0	1	0	1	8%
• Decrease in Eyesight	0	0	0	0	0	0	0	0	0	0	1	0	1	8%
• Decrease in Mobility	0	0	0	0	0	0	0	0	0	0	1	0	1	8%
• 5 Yrs. or Less ...To Full Blown	0	0	0	0	0	0	0	0	0	0	1	0	1	0%
• Changes in Skin Color	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
Total Number of Responses	8	10	7	11	8	4	6	7	2	3	9	5	80	6.67
Average Response Coverage	20	25	18	28	20	10	15	18	5	7.5	23	13	2	16%

A wide variety of responses were obtained when asked what physically happens to someone infect with the AIDS virus. The most popular responses included a) a breakdown of the body's immune system, b) loss of weight, c) decrease in energy/increase fatigue, d) high incidence of colds, and e) emotional problems. The universality value of the responses was 16%, implying significant variation in the responses from the various groups.

Table 10. Summary of the Results for Focus Group Question 7

QUESTIONS														
7: Where Did The HIV Virus Come From ...?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NS C*	*L*	*W*	*C*	*LV*	*B*	*Tot*	*PER*
• Africa	1	1	1	1	1	1	1	1	1	1	1	1	12	100%
• Apes/Monkeys	1	1	0	0	1	1	0	0	1	1	1	0	7	58%
• Black People	1	0	0	1	0	1	0	0	0	0	0	0	3	25%
• Gays	1	1	0	0	0	0	0	0	0	1	0	0	3	25%
• Animal Disease	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• England	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Mosquitoes	0	1	0	0	0	0	0	0	0	0	0	1	2	17%
• Haiti	0	0	1	1	0	0	0	1	0	0	0	0	3	25%
• White Men	1	0	0	1	0	0	0	0	0	0	0	0	2	17%
• Drug Injection	0	0	0	1	0	0	1	0	0	0	0	0	2	17%
• Don't Know	0	0	0	1	1	0	0	0	0	1	0	1	4	33%
• Sex With Monkeys	0	0	0	0	1	0	0	0	0	0	0	1	2	17%
• Outer Space	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Drugs(e.g., Crack)	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Sex	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Russia	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Third World Countries	0	0	0	0	0	0	0	1	0	0	0	0	1	8%
• Whites Raping Blacks	0	0	0	0	0	0	0	0	0	1	0	0	1	8%
• Polio Vaccines Tested	0	0	0	0	0	0	0	0	0	0	1	0	1	8%
• Re: Monkey/Africa	0	0	0	0	0	0	0	0	0	0	1	0	1	8%
Total Number of Responses	6	5	2	6	5	3	5	3	2	5	4	4	50	4.17
Average Response Coverage	30	25	10	30	25	15	25	15	10	25	20	20	2.5	21%

When asked where did the HIV virus come from, some 20 responses were given. Africa was cited the most as the origin of HIV, followed by apes and monkeys. In one-third of the groups, respondents said they didn't know where AIDS originated. In 25% of the groups, Blacks and gays were identified as the possible origins. The universality value was 21%

Table 11. Summary of the Results for Focus Group Question 8

QUESTIONS														
8: Where Do You Get Your Info. about AIDS?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NSC*	*L*	*W*	*C*	*LV*	*B*	*Tot*	*PER*
• School/Teachers	1	0	1	0	0	1	1	1	1	1	1	1	9	75%
• Television	1	1	0	0	1	0	1	1	0	1	1	0	7	58%
• Books/Magazines	1	0	1	1	0	1	1	0	0	1	1	1	8	67%
• Pamphlets	1	0	1	0	0	1	0	1	1	1	1	0	7	58%
• Public Forums	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Guest Speakers	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Street	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Parents	1	1	0	0	0	0	1	1	0	0	1	1	6	50%
• Radio	0	1	0	0	1	0	0	1	0	1	1	0	5	42%
• Library	0	1	0	0	0	0	0	0	0	0	0	1	2	17%
• Doctor's Office	0	1	0	1	0	0	1	1	1	0	0	1	6	50%
• Newspapers	0	1	0	0	1	0	0	0	0	1	1	0	4	33%
• Friends	0	1	0	1	1	1	0	1	1	0	0	1	7	58%
• School children	0	1	0	1	0	0	1	1	0	0	1	0	5	42%
• Media	0	0	1	1	0	1	0	0	1	0	1	0	5	42%
• Older Idol/Adults	0	0	1	0	0	0	0	0	0	0	0	0	1	8%
• Social Gathering	0	0	0	1	0	0	0	0	0	1	0	0	2	17%
• Jokes	0	1	0	1	1	1	0	0	0	0	0	1	5	42%
• Informally At Church	0	0	0	1	0	0	0	0	0	0	1	0	2	17%
• Nowhere	0	0	0	1	0	1	0	0	1	1	0	1	5	42%
• Workshops	0	0	0	0	1	0	0	0	0	0	1	1	3	25%
• Workplace	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Formally At Church	0	0	0	0	1	0	0	1	0	1	0	0	3	25%
• Movies	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Tapes/Music	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Conversation	0	0	0	0	0	0	1	0	0	1	0	0	2	17%
• Play	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Church Literature (e.g., Plain Truth)	0	0	0	0	0	0	0	0	0	1	0	0	1	8%
• Celebrities (e.g.. Magic Johnson)	0	0	0	0	0	0	0	0	0	0	1	1	2	17%
• Family	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
• Organizations (e.g.. PNAC)	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
Total Number of Responses	8	9	5	9	8	7	10	9	6	11	12	12	106	8.83
Average Response Coverage	26	29	16	29	26	23	32	29	19	35	39	39	3.4	28%

The sources of information about AIDS were quite varied. A total of 31 different responses were given The most popular responses include: a) school/teachers, b) books and magazines, c) television, d) pamphlets, e) parents, f) radio, and g) workshops.

Table 12. Summary of the Results for Focus Group Question 9

QUESTIONS														
9: Which AIDS Related Topics... ?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NSC*	*L*	*W*	*C*	*LV*	*B*	*Tot*	*PER*
• Living With HIV/AIDS	1	0	0	0	0	0	0	0	0	1	0	1	3	25%
• Effects/Symptoms	1	1	0	1	0	0	0	0	0	0	1	1	5	42%
• Transmission	1	1	1	1	1	1	0	0	1	0	1	0	8	67%
• Origins	1	0	0	0	0	1	0	0	0	0	0	1	3	25%
• Everything	0	1	0	1	0	0	0	1	0	0	0	0	3	25%
• Accurate Information	1	0	1	0	1	0	0	0	0	0	0	0	3	25%
• Rights of People With Aids	1	0	0	1	0	0	0	0	0	0	0	0	2	17%
• Dealing With Rejection	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Helping People With Aids	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Research	0	0	1	0	0	0	0	1	0	0	1	1	4	33%
• Life Expectancy	0	0	1	0	1	1	0	0	0	0	0	0	3	25%
• What is HIV/AIDS	0	0	0	1	0	0	0	0	1	0	1	1	4	33%
• Social Aspect	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• AIDS In The Workplace	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• AIDS In The Educational System	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• Universal Precautions	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• Prevention	0	0	0	0	0	0	0	0	0	1	1	0	2	17%
• Statistics	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Treatment	0	0	0	1	1	1	0	1	0	1	1	1	7	58%
• Dealing With AIDS Patient In Family	1	0	0	0	1	0	0	0	0	0	0	0	2	17%
• Support Systems/Services	0	0	0	0	0	0	0	0	0	0	1	1	2	17%
Total Number of Responses	9	3	4	10	6	4	0	3	2	3	7	7	58	4.83
Average Response Coverage	43	14	19	48	29	19	0	14	9.5	14	33	33	2.8	23%

Participants indicated a desire for a variety of information. Information about transmission, effect/symptoms, research, treatment, and what is HIV, were among the most frequent responses.

Table 13. Summary of the Results for Focus Group Question 10

Questions														
10: What are the AIDS topics...?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NSC*	*L*	*W*	*C*	*LV*	*B*	*Tot*	*PER*
• Origin	1	0	0	0	0	0	0	0	0	1	0	0	2	17%
• Black Community Not Immune	0	0	1	0	0	0	0	0	0	0	0	1	2	17%
• Information In The Home	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• Drugs And Aids	0	0	0	0	0	1	0	0	0	0	0	0	1	8%
• Prevention	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Information To Black Youth	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Raising Awareness	0	0	0	0	1	0	0	0	0	0	0	0	1	8%
• Youth And AIDS	0	0	0	0	0	0	0	1	0	0	1	0	2	17%
• Safe Sex Practices	0	0	0	0	0	0	0	1	0	0	1	0	2	17%
• AIDS And The Church	0	0	0	0	0	0	0	1	0	0	1	0	2	17%
• Blacks And AIDS	0	0	0	0	0	0	0	0	0	1	1	0	2	17%
• Black Statistics	0	0	0	0	0	0	0	0	0	1	0	0	1	8%
• Same Topics As Whites	0	0	0	1	1	1	0	0	1	0	0	0	4	33%
• Symptoms	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
• Dormant Stage	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
• Treatment	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
• Cure	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
• Reactions To Living With AIDS	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
• Blacks And AIDS	0	0	0	0	0	0	0	0	0	0	0	1	1	8%
• Blacks And Sexuality	0	0	0	0	0	0	0	0	0	0	1	0	1	8%
Total Number of Responses	1	0	1	2	4	2	0	3	1	3	5	7	29	2.42
Average Response Coverage	5	0	5	10	20	10	0	15	5	15	25	35	1.5	12%

When asked which HIV topics were important to the Black community, the groups identified the origin of AIDS, youth and AIDS, safe sex practices, AIDS and the church, Blacks and AIDS as necessary themes. Some 33% felt the same topics discussed in the White community should be discussed in the Black community.

Table 14. Summary of the Results for Focus Group Question 11

11: How Do You Want To Learn About AIDS?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NSC*	*L*	*W*	*C*	*LV*	*B*	*Tot*	*PER*
• School	1	0	0	0	0	0	1	1	1	0	0	0	4	33%
• Parents	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Ministers	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• People Living With HIV/AIDS	1	0	1	0	1	1	0	1	1	1	1	1	9	75%
• AIDS Educators	1	0	0	1	1	1	0	0	1	1	1	1	8	67%
• Videos	1	0	0	0	1	1	1	0	0	1	0	0	5	42%
• Posters	1	1	0	0	0	1	0	0	0	0	0	0	3	25%
• Seminars	0	1	0	0	1	0	0	0	0	0	1	0	3	25%
• Community Meetings	0	1	0	1	1	0	0	0	0	0	0	0	3	25%
• Media	0	1	0	0	0	0	0	0	0	1	0	0	2	17%
• Doctor's Office	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Play	0	1	1	1	1	1	1	1	1	0	0	0	8	67%
• Flyers	0	0	1	0	0	0	0	0	0	0	0	0	1	8%
• Films/Documentaries	0	0	0	1	0	0	0	0	0	0	0	1	2	17%
• Black AIDS Educator	0	0	0	1	0	0	0	0	0	0	1	0	2	17%
• Newsletters	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• Workshops	0	0	0	0	1	0	1	0	0	1	1	0	4	33%
• Community Members	0	0	0	0	1	0	0	0	0	1	0	0	2	17%
• Church	0	0	0	0	1	0	0	0	0	0	1	0	2	17%
• Reading Materials	0	0	0	0	0	1	0	0	0	0	0	0	1	8%
• Music/Songs	0	0	0	0	0	0	1	0	0	0	0	0	1	8%
• Peers	0	0	0	0	0	0	0	0	1	0	0	0	1	8%
Total Number of Responses	7	6	3	6	9	6	5	3	5	6	6	3	65	5.42
Average Response Coverage	32	27	14	27	41	27	23	14	23	27	27	14	3	25%

To learn about AIDS, most of the groups felt that people living with AIDS, AIDS educators, plays, and videos would be effective vehicles for transfering information. There were 22 responses. The universality measure was 25%.

Table 15. Summary of the Results for Focus Group Question 12

12: How Would You React To A Person...?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NS C*	*L*	*W*	*C*	*LV*	*B*	*Tot*	PER
• Scared/Nervous	1	1	1	1	1	0	0	0	1	0	0	1	7	58%
• Comforting	0	1	1	1	0	0	0	0	0	1	0	0	4	33%
• Shocked	1	1	0	1	0	0	0	0	1	0	0	0	4	33%
• Empathetic	0	0	0	0	1	1	0	0	1	1	0	0	4	33%
• Quarantined	1	1	0	0	0	0	1	0	0	0	0	0	3	25%
• Avoiding	1	0	0	0	0	1	0	1	0	0	1	0	4	33%
• Ignorant	1	0	0	0	0	0	0	0	0	0	1	0	2	17%
• Pray For Them	0	1	0	0	0	0	0	0	0	0	0	0	1	8%
• Supportive	0	1	0	0	1	0	0	0	0	0	0	1	3	25%
• Educate Oneself	0	0	1	1	1	0	1	0	0	1	0	0	5	42%
• Acceptance	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• Unsure	0	0	0	0	0	1	0	0	0	0	1	0	2	17%
• Cautions	0	0	0	0	0	0	0	1	0	0	1	1	3	25%
• Sad	0	0	0	0	0	0	0	1	0	1	0	0	2	17%
• Worried	0	0	0	0	0	0	0	0	1	0	0	0	1	8%
• Painful	0	0	0	0	0	0	0	0	0	1	0	0	1	8%
• Compassionate	0	0	0	0	0	0	0	0	0	1	0	1	2	17%
Total Number of Responses	5	6	3	5	4	3	2	3	4	6	4	4	49	**4.08**
Average Response Coverage	29	35	18	29	24	18	12	18	24	35	24	24	**2.9**	**24%**

When asked how they would react to a person with HIV, 58% of the groups identified being scared/nervous as a major response. 33% would try to be comforting, 33% said they would be shocked, 33% would be empathetic, 33% would be avoiding, and 42% of the groups said they would attempt to educate themselves. It is worth noting hat 25% of the groups said the person should be quarantined.

Table 16. Summary of the Results for Focus Group Question 13

13: How Would Your Community React...?	*WP*	*T*	*WF*	*NG*	*EP*	*Y*	*NS C*	*L*	*W*	*C*	*LV*	*B*	*Tot*	PER
• Gossip	1	0	1	1	0	1	0	0	1	0	0	1	6	50%
• Women Would Feel Degraded	1	0	0	0	0	0	0	0	0	0	0	0	1	8%
• Disassociation/Ignored	1	1	1	1	0	1	1	1	0	0	0	1	8	67%
• Forced To Leave Town	1	1	0	0	1	0	0	0	0	0	0	0	3	25%
• Ignorance/Lack Of Education	1	0	0	0	1	1	0	0	0	0	1	1	5	42%
• Destroy You/Kill You	0	1	0	0	1	0	1	0	0	0	0	0	3	25%
• Quarantine	0	0	0	1	0	0	0	0	0	0	0	0	1	8%
• Acceptance	0	0	0	0	1	0	0	1	0	0	0	0	2	17%
• Shocked	0	0	0	0	0	0	0	0	0	0	1	0	1	8%
• Sympathetic/Supportive	0	0	0	0	0	0	0	0	0	0	1	1	2	17%
Total Number of Responses	5	3	2	3	4	3	2	2	1	0	3	4	32	**2.67**
Average Response Coverage	50	30	20	30	40	30	20	20	10	0	30	40	**3.2**	**27%**

When asked how their community would react if they were diagnosed with AIDS, 50% said there would be gossip, 67% felt that community members would disassociate themselves from them, and 25% said they would be forced to leave town. Only 8% said the community would be shocked, and 17% felt there would be sympathy and support from the community. There were 10 responses. The universality measure was 27%.

Some Generalizations

Table 17 shows a summary of the number of responses of for each question, the mean number of responses per group, the mean number of groups identifying a given response, and the universality quotient. Question 4 had the highest degree of universality, while question 10 had the lowest. The fact that all of the universality values are less than 50% indicate significant variation in the responses across the various groups. This variability seems to suggest a need to sharpen the information base of the participants of the study and of the African Canadian community as a whole.

Table 17 A Summary of the Focus Groups Statistics

QUESTIONS	*# of Groups*	*# of Response categories*	*Mean # of Responses per Group*	*Mean # of Groups per Response*	*Universality Quotient (%)*
3. How is HIV transmitted?	12	19	6.25	4.25	33
4. How can HIV be prevented?	12	8	3.42	5.1	43
5. Do you think HIV affects you?	12	11	1.75	2.1	18
6. What physically happens to ..?	12	40	6.67	2.0	16
7. Where did HIV come from?	12	20	4.17	2.5	21
8. Where do you get your info..?	12	31	8.83	3.4	28
9. Which AIDS related topics..?	12	21	4.83	2.8	23
10. What are the AIDS topics..?	12	20	2.42	1.5	12
11. How do you want to learn ..?	12	22	5.42	3.0	25
12. How would you react to..?	12	17	4.08	2.9	24
13. How would your comm. react?	12	10	2.67	3.2	27
Average	12	20	4.59	2.97	24.5

APPENDIX D

STEVE WOIT

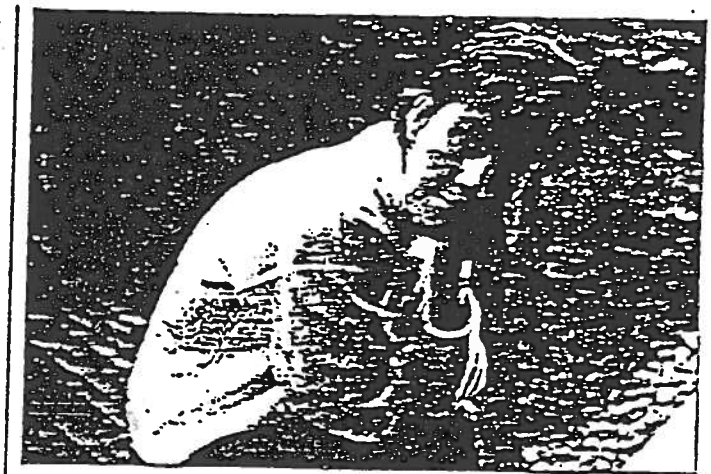
No more secrets: *Duff at home, after publicly disclosing his illness to his patients*

'I Blame Every One of You Bastards'

Kimberly Bergalis, the first patient to contract AIDS from her dentist, wrote this letter to Florida health officials April 6. Last week, as she neared death, her family released it for publication.

"When I was diagnosed with AIDS in December of '89, I was only 21 years old. It was the shock of my life and my family's as well. I have lived to see my hair fall out, my body lose over 40 pounds, blisters on my sides. I've lived to go through nausea and vomiting, continual night sweats, chronic fevers of 103-104 that don't go away anymore. I have cramping and diarrhea. I now have confusion and forgetfulness. I have lived through the torturous acne that infested my face and neck—brought on by AZT. I have endured trips twice a week to Miami for 3 months only to receive painful IV injections. I've had blood transfusions. I've had a bone marrow biopsy. I cried my heart out from the pain of the biopsy.

"I lived through the fear of whether or not my liver has been completely destroyed by



SUSAN GREENWOOD—GAMMA-LIAISON

'My life has been sheer hell': *Bergalis in Miami last February*

DDI and other drugs. It may very well be. I lived to see white fungus grow all over the inside of my mouth, the back of my throat, my gums, and now my lips. It looks like white fur and it gives you atrocious breath. Isn't that nice? I have tiny blisters on my lips. It may be the first stages of herpes.

"I was infected by Dr. Acer in 1987. My life has been sheer hell except for the good times and closeness with my family and my enjoyment for life and nature. AIDS has slowly destroyed me. Unless a cure is found, I will be another one of your statistics soon.

"Who do I blame? Do I blame myself? I sure don't. I never used IV drugs, never slept with anyone and never had a blood transfusion. I blame Dr. Acer and every single one of you bastards. Anyone that *knew* Dr. Acer was infected and had full-blown AIDS and stood by not doing a damn thing about it. You are all just as guilty as he was. You've ruined my life and my family's. I forgive Dr. Acer because I believe the disease affected his mind. He wasn't able to think properly and he continued to practice.

"Do you know my family will be emotionally scarred by this forever? Do you know my mother lost her mother, father, grandfather and dog in a car accident when she was a teenager—and now she's going to lose her first born child?

"Have you ever awakened in the middle of the night soaking wet from a night sweat—only to have it happen again an hour later. Can you imagine what it's like to realize you're losing weight in your *fingers* and that your body may be using its muscles to try to survive. Or do you know what it's like to look at yourself in a full-length mirror before you shower—and you only see a skeleton? Do you know what I did? I slid to the floor and I cried. Now I shower with a blanket over the mirror.

"Well—I think I've said enough. Like I said—all is forgiven by me—there's no hard feelings anymore. But I will never forget.

"P.S. If laws are not formed to provide protection, then my suffering and death was in vain.

"I'm dying guys. Goodbye."

APPENDIX E

Magic's Message

A beloved superstar's HIV infection stuns the world—and energizes the battle against AIDS

It was an event that evoked the old Kennedy assassination question: where were you when you heard the news? Word that Magic Johnson had tested positive for HIV, the virus that causes AIDS, whipped around the country last Thursday like a palm-stinging Magic Johnson pass. The stages of grief in America now move quickly, it seems, from denial to CNN. A few hours after the first news leak, the 32-year-old superstar appeared at a televised press conference, saying, "Because of the HIV virus I have obtained, I will have to announce my retirement from the Lakers today." He admitted having been "naive" about AIDS and added, "Here I am saying it can happen to anybody, even me, Magic Johnson." He also assured the world that his wife, Cookie Kelly, two months pregnant, had tested negative for the virus. As he spoke, Johnson—handsome, charming and easily one of the best basketball players of all time—smiled and promised to battle the disease and "become a spokesman" for it. That direct approach has so far worked beautifully for Earvin Johnson, whose endorsement deals bring him an estimated $3 million annually. But HIV is not a sneaker or a soft drink, and it has already stripped him of the ball. In schools, playgrounds and NBA arenas people seemed to realize that, and they hung

days," says Irma Reed, 67, a retired registered nurse, as she shopped at Johnson's Magic 32 store in Los Angeles. "Everyone is devastated for him and his whole family," says Marilan Gordon, who grew up with Johnson and still lives in Lansing, Mich.

Perfect person: But if the nation was saddened, it was galvanized, too. "If you tried to come up with the perfect person to carry the message of AIDS awareness to the people it ought to reach," said New York AIDS activist Rodger McFarlane, "you couldn't do better than Magic Johnson." The National AIDS Hotline lit up with 40,000 phone calls on the day of Johnson's announcement, instead of the usual 3,800. At the Centers for Disease Control in Atlanta, AIDS-related calls, which usually average 200 per hour, jumped to 10,000 in a single hour on Thursday night. Certainly the macho world of sports will never be the same. When the Phoenix Suns played host to the Lakers on Friday night, the home team invited an AIDS support and information group to set up a display and hand out information at the Veterans Memorial Coliseum. People in the stands held signs that said, CONGRESS ACT! And shares of Carter-Wallace, Inc., the maker of Trojan condoms, were up $3 on Johnson's announcement that he would become a spokesperson for safe sex.

Magic starts foundation

Basketball player Magic Johnson said yesterday that he is forming a non-profit foundation to support AIDS education, fund research into the disease and assist in caring for AIDS patients. Activities of the Magic Johnson Foundation will be announced shortly, according to a statement issued by First Team Marketing Inc., Johnson's business and marketing agency. The Los Angeles Laker star announced Nov. 7 that he has the AIDS virus.

Life is going to go on for me, Johnson said at his press conference. *But the news of this illness and retirement put a sudden stop to basketball practice at Fairfax High School in Los Angeles.*