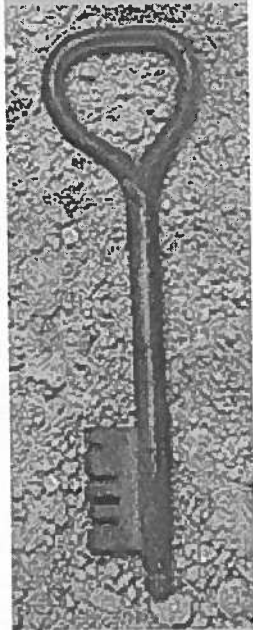




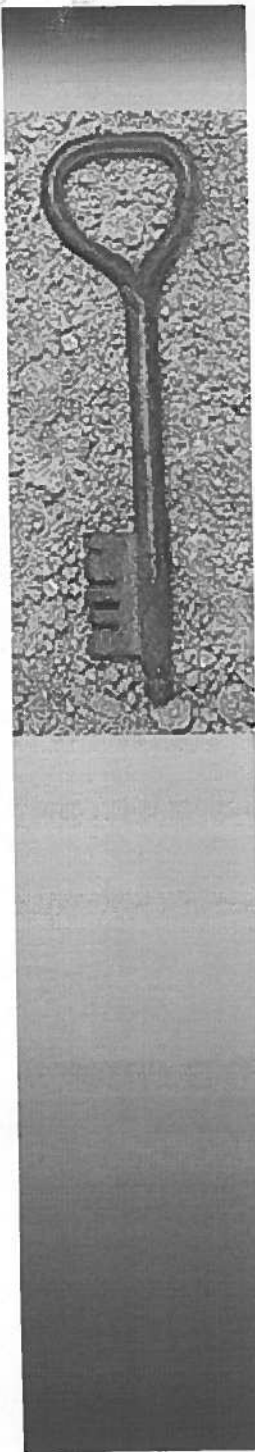
# **Assessing the HIV Prevention Needs of African Nova Scotian Women**

**Presenter: Kimberley Bernard**



## **Rationale for Project**

- ◆ Very few women from the African Nova Scotian/Black community getting tested for HIV
- ◆ Health Canada reports HIV rates on the rise for women who have sex with men
- ◆ Nova Scotia Framework for Action on HIV/AIDS recommends more initiatives in the African Nova Scotian community



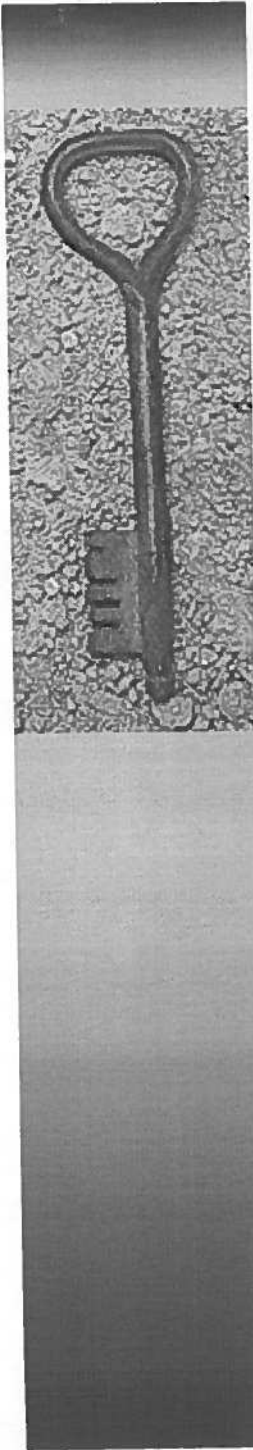
## Objectives of the Project

- ◆ To identify the priority HIV prevention education needs of African Nova Scotian women in Halifax
- ◆ To identify the HIV prevention services needed for African Nova Scotian women in Halifax
- ◆ To examine the impact of social determinants of health on these women's experience of HIV and HIV prevention
- ◆ To communicate the results of the research with key stakeholders
- ◆ To share the results of the research with the African Nova Scotian Community



**Phase One**

**The Research Process**



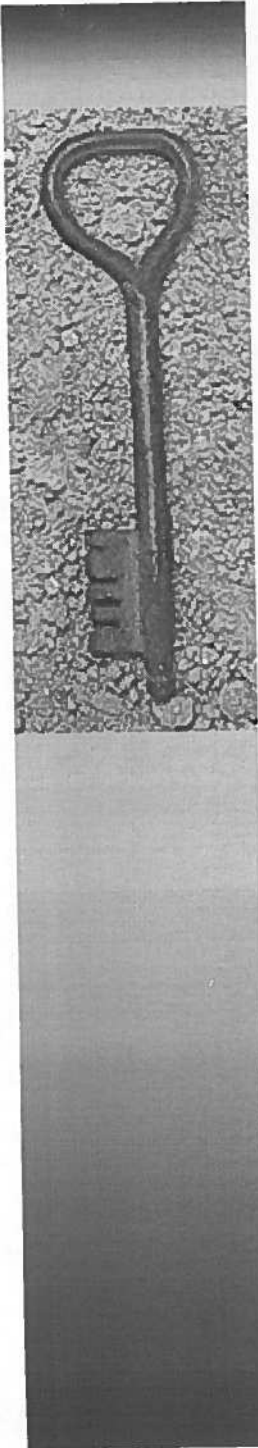
# Focus Groups

## Advantages

- ◆ High response rate
- ◆ Efficient
- ◆ Economical
- ◆ Can stimulate productivity of others

## Disadvantages

- ◆ May intimidate and suppress individual differences
- ◆ Fosters conformity
- ◆ Group pressure may influence responses



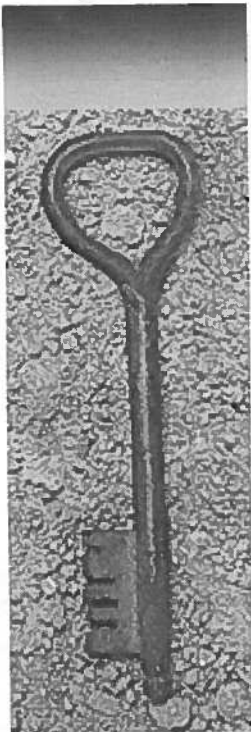
## **Focus Groups Demographics**

- ◆ **Halifax** – North End/Hammonds Plains/Lucasville/Beechville/Timberlea
- ◆ **Dartmouth** – North Preston/East Preston/Cherrybrook/Lake Loon



## Results

- ◆ Church involvement
- ◆ Issues with men
- ◆ Condom use
- ◆ Stigma
- ◆ Gossip
- ◆ Need for relevant information
- ◆ Issues with race

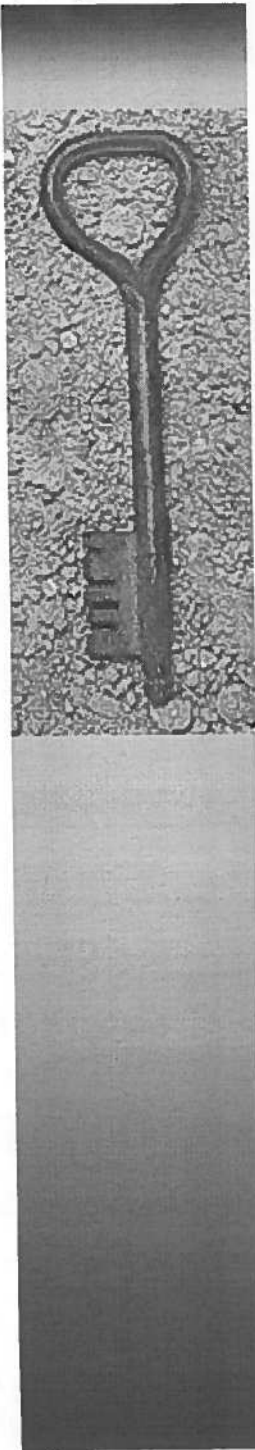


# Church Involvement

P: Well the first thing...they see it as sin and you to...you know, you have to go into the theological theories and tell them...I mean you would have to get into a whole biblical thing to say listen..

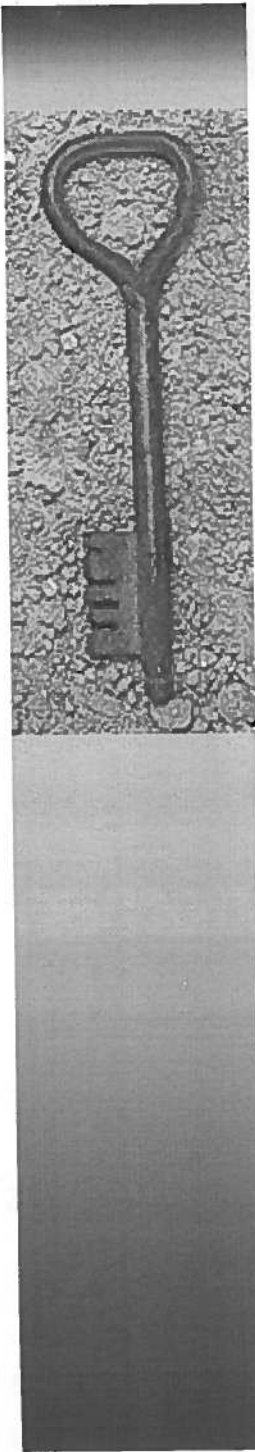
P: How would Jesus deal with this? Jesus is not going to block it off, you know, he's going to find a way to reach people, so you just have to open them up because our churches are very closed....





## Issues with Men

“And interjected into that relationship is almost an issue of mistrust you know, because we can’t deny the fact that our men have many interests too, you know, and if you, you know, give them any kind of little inkling that you...suspect that they’re cheating or whatever, that raises a whole bunch of issues. And for many women, they’d rather not go there. Even if they want to be tested to even know, you know, those are issues that are no joke.”

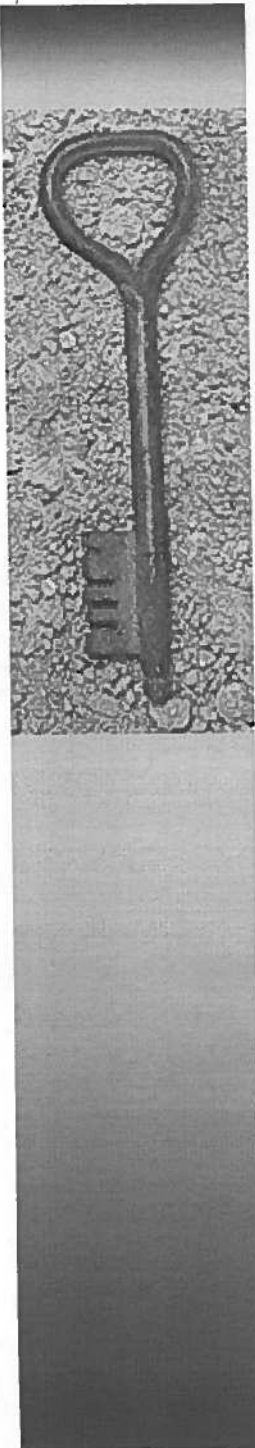


# Condom Use

I: Why is it? How come we don't talk to our partners about condom use?

P: Because first of all..they wouldn't even be thinking about the "Downlow Brother" being in my house

P: That's true



# Stigma

“...it’s not a discussion that people talk about around their kitchen table or talk to the children about because the majority (of people with HIV) are homosexuals. And that is like a forbidden word in the Black community, not every family, but I’m just saying those who are really connected to the church...I’m not saying anything negative about the church, but those who are connected with the church still go back to Adam and Eve, not Adam and Steve. So...that’s why they don’t discuss these kind of things or be open about HIV because there’s no need to be.”

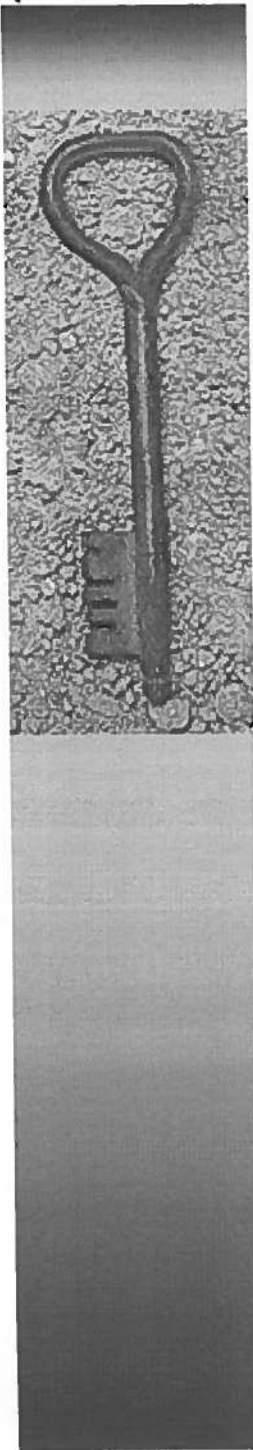


## Gossip

P: But you know very well word flies....word flies fast in this community. Oh there's a mobile unit coming in here and testing people for AIDS.

P: ....and then they'd be sitting there, oh, did you know we saw so and so, and so and so in there.

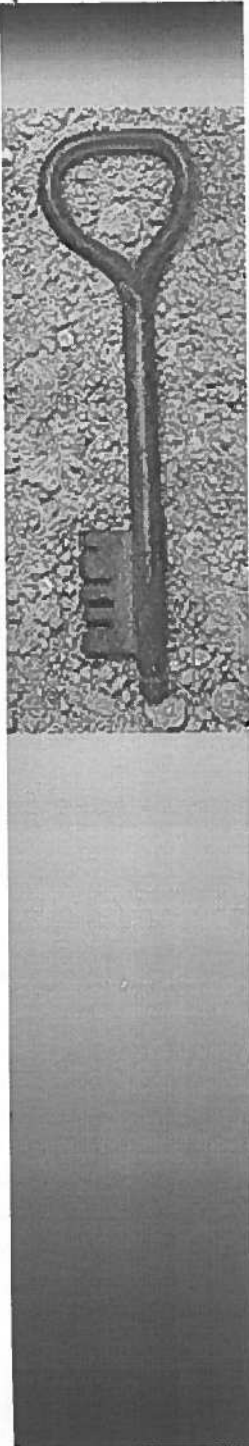
P: And watching people who's going there.



## Need for Relevant Information

P: As a matter of fact, now to this...as I speak we have nothing in Canada except for I think one organization in Toronto that's doing HIV/AIDS education with Black people in Canada...all of Canada.

P: And we have nothing in the Atlantic provinces except for the time when we had the Black Outreach Project and that was covering all the Atlantic provinces, you know what I mean. So...we have nothing, we really don't.



## Issues with Race

P: Well, they have stats though, you know what I mean. I just think it's a lack of concern. And I hate to say it, I don't want to call it the race card, but it is.

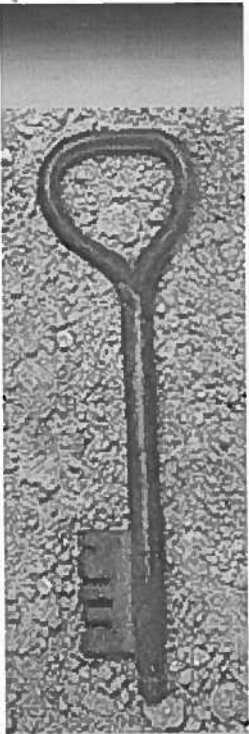
P: It's a form of genocide

P: It's a lack of concern. I mean...a form of genocide, right, if this is happening over here with those Negroes over there, why are we putting our tax Canadian dollars in it, you know. It sounds sad, but that's what is usually is.



## **Phase Two**

# **Presentation of the Findings**



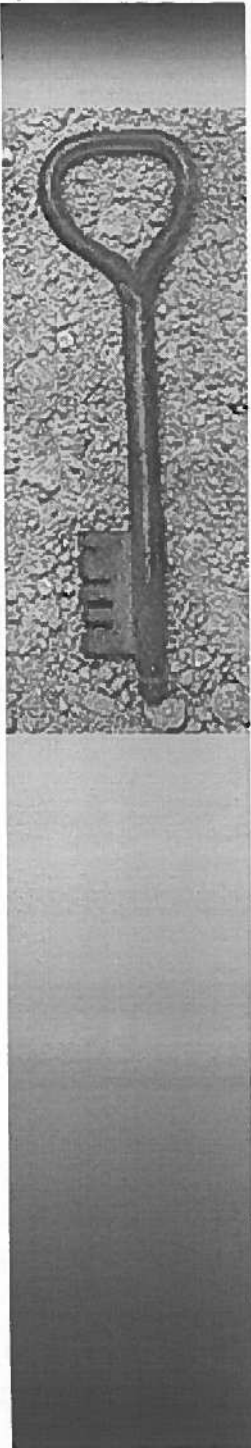
# Goals and Objectives

**Goal:** The goal of this phase was to raise awareness within African Nova Scotian communities around HIV prevention and issues.

## **Objectives:**

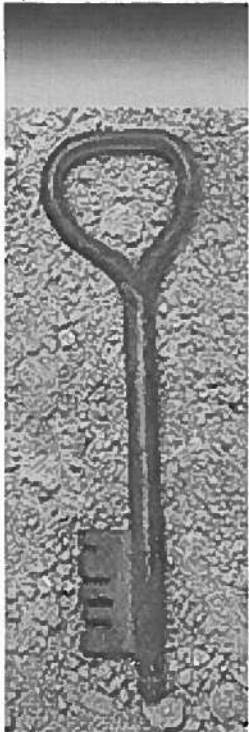
- To increase the knowledge of residents of African Nova Scotian communities about the prevention of HIV
- To increase the understanding of residents of African Nova Scotian communities about the issues surrounding HIV.





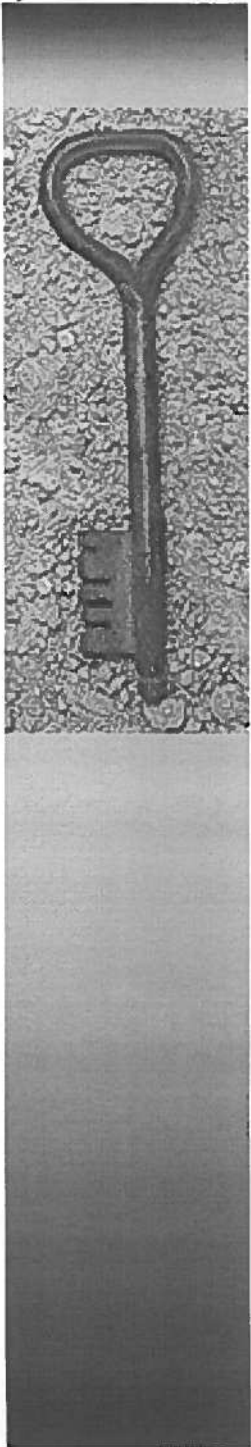
## **Communities Selected to Present Findings**

- ◆ **CherryBrook/Lake Loon**
- ◆ **East Preston**
- ◆ **North Preston**
- ◆ **Hammonds Plains/Lucasville**



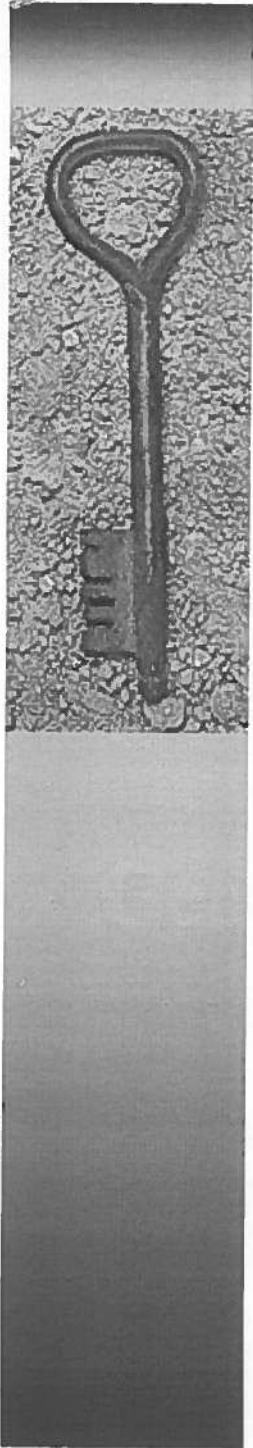
## Overview

- ◆ Women discussed many issues such as: the role that the church plays in their ability to discuss and practice safer sex, the fear of negotiating condom use with their partners, the lack of relevant HIV related data, information and resources for the African Nova Scotian community
- ◆ Women felt the information gathered from the focus groups must be shared within each communities; not just with women, but also with men, youth, and leaders of the community
- ◆ Women discussed the importance of making an effort to include each individual Metro African Nova Scotian community separately in the dissemination of the information, as each community has its unique needs and concerns.



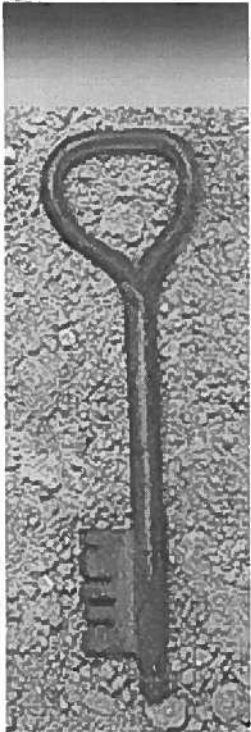
## Outcomes

- ◆ Knowledge about HIV infection among participants increased
- ◆ The understanding of the issues surrounding HIV increased
- ◆ Participants shared the knowledge gained at the workshop with clients, family, friends, and peers.



# Determinants of Health

- ◆ Culture
- ◆ Social Support Networks
- ◆ Gender



## Partnership and Community Involvement

- ◆ Community involvement extremely important for the success of the project
- ◆ Consultant hired from African Nova Scotian community essential in promoting, planning and conducting the presentations
- ◆ Individuals that participated in the presentations verbalized great interest in sharing the content of the presentation with their family, friends, and people with whom they dealt with in the community



## Emerging issues and recommendations

- ◆ Participants would like to see the provincial Dept of Health and Health Canada collect data that would highlight the issue of HIV in their communities.
- ◆ Items of interest were: cases of HIV in the African Nova Scotian community and the African Canadian Population
- ◆ Participants reiterated the feeling that the lack of culturally specific data indicated a lack of interest on the part of gov't and Health Canada regarding HIV infection in their communities
- ◆ The need for Gov't Health agencies to discuss with the African Nova Scotian communities what data collection would be necessary to help influence their HIV infection programming.