

Literature review

African diaspora communities and HIV

HIV is a health issue that concerns African-Australian communities. This review provides summaries of a range of Australian and international research and policy documents related to HIV and African diaspora communities. Its purpose is to help inform policy development, health promotion and social research in Australia.

July 2014



Index

Page 3	People with HIV
Page 17	Migrant/refugee health
Page 38	Sexual health
Page 44	HIV/BBV
Page 52	Sexual behaviour
Page 60	Gay men/MSM
Page 65	Attitudes toward treatments
Page 67	Children/adolescents
Page 69	Criminal prosecutions
Page 75	Role of faith and religious leaders
Page 77	Stigma and discrimination

People with HIV

AfricaNZ Count: an estimate of currently resident and HIV positive Africans in New Zealand

Dickson N, Henrickson M, Mhlanga F. Report completed for the Health Research Council of New Zealand and the Ministry of Health (Contract 11/965) 2012

Summary

The overall aim of the AfricaNZ project is to inform HIV infection prevention and health promotion programmes. This report provides information on the demography, geography and HIV epidemiology in the African communities in New Zealand.

The study has identified Black African communities as the focus of interest because of the increased risk of Black Africans for HIV infection. HIV risk in African communities in New Zealand will to some extent be driven by the prevalence of HIV in countries from which they came.

Based on migration data, the resident Black African population in New Zealand at the end of 2011 was 12,533. The total number of HIV-infected adult Africans in New Zealand at the end of March 2012 was 420.

The most common age group at diagnosis was 30-39, and most identified heterosexual transmission. HIV clinical specialists were providing care for 295 adult Black Africans. Data suggests an adult prevalence of HIV among all Black Africans of approximately 5% that is not evenly distributed throughout all the African communities.

These data provide context and direction for prevention education and service delivery efforts. A research plan and sampling frame for Phase II, using survey methods and focus groups is proposed.

Key words: HIV, New Zealand, Black African, diagnosis, migrant

Country: New Zealand

Document type: Report

Web link:

<http://www.massey.ac.nz/massey/fms/AfricaNZ%20HIV%20Research%20Project/AfricaNZ%20Count%20Full.pdf>

Access: Free

AfricaNZ Care: a report on knowledge, attitudes, behaviours and beliefs about HIV among Black Africans living in New Zealand

Henrickson M, Dickson N, Mhlanga F, Ludlam A. Report completed for the Health Research Council of New Zealand and the Ministry of Health (Contract 11/965). 2013 (June)

Summary

The African community in New Zealand has a higher prevalence of HIV than other ethnicities, and this means that there is increased risk of HIV within and beyond this community.

This is the final report for the project: HIV Risks and Concerns among African Communities in New Zealand (hereafter AfricaNZ). It presents findings and recommendations from a community survey and focus groups undertaken from October 2012 until January 2013.

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

A high level of knowledge was reported about how you can get infected, exceptions being only a mid-level of knowledge about the benefits of treatment and less knowledge that circumcision offers some protection against infection.

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

Key findings of the study include those surrounding settlement, education, sexual behaviour, condom use, HIV and testing, and research.

Key words: HIV, New Zealand, Black African, risk, knowledge, attitude, behaviour

Country: New Zealand

Document type: Report

Web link:

[https://www.massey.ac.nz/massey/fms/AfricaNZ%20HIV%20Research%20Project/AfricaNZ%20Care%20Full%20\(2\).pdf?9D01719F2781BA62DE88AB272DC1E2D1](https://www.massey.ac.nz/massey/fms/AfricaNZ%20HIV%20Research%20Project/AfricaNZ%20Care%20Full%20(2).pdf?9D01719F2781BA62DE88AB272DC1E2D1)

Access: Free

Delayed diagnosis of HIV infection in Victoria 1994 to 2006

Lemoh C, Guy R, Yohannes K, Lewis L, Street A, Biggs B, Hellard M. *Sexual Health*, 2009, 6 (117-122)

Summary

Delayed diagnosis of HIV is more likely to have a negative impact on the existing state health care system.

In this study, almost 23% of the cases of HIV diagnosed in Victoria between 1994 and 2006 were delayed diagnoses. The majority of those cases were Australian-born men.

Delayed diagnosis was independently associated with being older, with male heterosexual exposure or unknown/non-sexual routes (excluding IDU) and being born in Southern/Eastern Europe, South East Asia or the horn of Africa/North Africa.

84% of all delayed diagnoses in the study had clinical indications for HIV testing.

The study calls for a more vigilant approach by GPs and other health care providers in their daily clinical assessment of their clients. This will ultimately result in more timely diagnosis and overall improvement in the uptake of services by CALD communities.

Keywords: HIV, delayed diagnosis, clinical indications, CALD, healthcare, early diagnosis

Country: Australia

Document type: Research paper

Web link:

http://www.publish.csiro.au/view/journals/dsp_journal_fulltext.cfm?nid=164&f=SH08028

Access: Requires login OR purchase online for AU\$25

“I want to survive, I want to win, I want tomorrow”: an exploratory study of African men living with HIV in London

Doyal L et al. Homerton University Hospital NHS Foundation Trust/Terrence Higgins Trust, 2005
(September)

Summary

This report examines the lives of a group of African men living with HIV in London.

The men have responded to HIV infection in a variety of different ways and many still feel optimistic about the future. But the main theme in these accounts is one of loss.

Many do not have the jobs or the money they had planned to acquire. Others are not able to enjoy the sexual experiences which they see as a mark of manhood. Some do not have the relationships with wives or children that would give their lives meaning and connect them with past and future generations.

Serious anxieties are expressed by many about their future in the UK, and ongoing access to the anti-retroviral drugs vital for survival. Religion has proved to be a great solace for many while others have gained support from their involvement in voluntary organisations.

Most of the group face challenges as African men. Lack of employment, social barriers, and services that do not meet their needs combine with the challenges faced by immigration and asylum policies adding to the men's' feelings of insecurity.

Little attention has been paid to the mental health of African men with HIV in London. This paper ends with policy recommendations on how their needs may be met.

Key words: HIV, African, London, challenges, infection, men

Country: England

Document type: Social research paper

Web link: <http://www.homerton.nhs.uk/media/105818/iwanttosurvive.pdf>

Access: Free

Late HIV diagnosis of people from culturally and linguistically diverse backgrounds in Sydney: the role of culture and community

Körner H. *AIDS Care*, 2007 (February), 19:2 (168-178)

Summary

In Australia, people from culturally and linguistically diverse (CALD) backgrounds, have a much higher proportion of heterosexual exposure to HIV and many of the heterosexually acquired infections are diagnosed 'late'.

This paper reports on the meaning of a late HIV-positive diagnosis and perceptions of risk among HIV-positive people from a variety of cultural and ethnic backgrounds in Sydney.

Data were collected through semi-structured in-depth interviews with clients of the Multicultural HIV/AIDS and Hepatitis C Service and of a sexual health clinic.

Participants interpreted their diagnosis in the context of their knowledge and experiences with HIV and AIDS in their country of birth and the perceptions of HIV and AIDS in their ethnic communities in Australia. Many were not aware of the relationship between HIV and AIDS. Risk was perceived in terms of 'risk group' membership not in terms of practices and behaviours.

Programs which are based on knowledge and rational decision-making alone may not be effective for all people from CALD backgrounds. Prevention needs to address the social and cultural contexts of people's lives.

The profoundly stigmatising nature of HIV and its cultural significance need to be understood if people are to be encouraged to be tested.

Cross link: HIV/BBV, Migrant/refugee Health

Key words: CALD, HIV, diagnosis, late, AIDS, Australia, immigrant, refugees

Country: Australia

Document type: Journal article

Web link: <http://www.tandfonline.com/doi/pdf/10.1080/09540120600944692#.U5E1rvmk-ul>

Access: Via Taylor and Francis login OR purchase for US\$14

New HIV diagnoses and people living with HIV in Victoria: country/region of birth targeted report

Victorian HIV/AIDS passive surveillance

The Centre for Population Health (CPH) of the Macfarlane Burnet Institute for Medical Research and Public Health, 2008, Reporting period: January–December 2007

Summary

Excluding those born in Australia, the majority of new HIV diagnoses in Victoria In 2007 were among people born in Asia and sub-Saharan Africa. The number of new cases of HIV amongst people who were born in Asia almost doubled between 2005 and 2007.

This report gives information on the trends and patterns of HIV in Victoria. With a particular focus on the country/region of birth, its findings are intended to inform service provision and planning among organisations focused on people from culturally and linguistically diverse backgrounds and uses data from the passive surveillance registry from 1994 onwards.

Among males newly diagnosed with HIV in Victoria in 2007, the largest proportion of those born outside Australia were those born in Asia (41%). Among females, the largest proportion was amongst those born in Sub-Saharan Africa (42%).

Similar to new HIV diagnoses among Australian-born people, the main exposure group in 2007 among those born outside Australia was male-to-male sex. The exception to this was among those born in sub-Saharan Africa, where heterosexual contact was the most commonly reported exposure category. The total number of people that reported injecting drug use (IDU) exposure was low.

Cross link: Migrant/refugee health

Key words: Sub-Saharan Africa, HIV, Australia, African, Asia, country, Victoria, diagnosis

Country: Australia

Document type: Report

Web link: Unavailable via soft copy

Access: Request a copy via email: carol@burnet.edu.au

Plus One: HIV diagnosis and disclosure

Bourne A, Dodds C, Weatherburn P, Madyara A, Ntabyera E, Owour J, et al. Project report, Sigma Research, 2011 (November)

Summary

This research project aimed to better understand the experiences, HIV prevention needs, and health and social care needs of people in two priority groups: those with HIV and those in sexual relationships with people with HIV.

Interviews were conducted with 60 people who had experience of being in a relationship where one person had HIV and the other did not.

Some common themes emerged. A great many participants were uncertain about their ability to safely conceive children. Many were unsure about the levels of protection provided by condoms and other prevention methods.

Stigma contributed to a real sense of isolation for a significant number of participants.

The power to negotiate a safe and satisfying relationship was lacking for many of the participants with diagnosed HIV.

There were still those individuals and couples who had accepted and integrated HIV into their everyday lives and who seemed happy in their relationships.

The report ends with recommendations, spanning four project reports.

Data collected will be of use to any individual or organisation that works to improve the sexual health of black African people in England, and those working with individuals diagnosed with HIV.

Cross link: Sexual Behaviour

Key words: HIV, sero discordant, England, black African, needs

Country: United Kingdom

Document type: Project Report

Web link: <http://researchonline.lshtm.ac.uk/1380088/1/report2011f.pdf>

<http://www.sigmaresearch.org.uk/projects/african/project49>

Access: Free

Project Nasah: an investigation into the HIV treatment information and other needs of African people with HIV resident in England

Briefing sheet 2: The needs of African people with HIV

The National AIDS Trust, NAM, Sigma Research and the African HIV Policy Network, 2003

Summary

The National AIDS Trust, NAM, Sigma Research and the African HIV Policy Network have conducted research into the treatment information needs of African people with HIV living in England. This briefing sheet addresses the social and economic needs of African people with HIV. It is intended for people providing HIV services in the statutory and non-governmental sectors.

Poverty is the biggest problem with almost two in five Africans with HIV struggling to care for children (53% are living with children). Similar numbers have problems with mobility and with coping with household chores and self-care.

The research also reveals that many Africans living with HIV suffer from anxiety, depression and loss of self-confidence. Community organisations are encouraged to focus on building support networks for African people with HIV.

Although Africans living with HIV have far more needs than their white British compatriots, this research reveals that they get much less support to deal with those needs. Basic practical and economic support for African people living with HIV should be a commissioning priority.

The respondents who had recently arrived in the UK were found to be the neediest. Providers should aim to address the particular vulnerability of African people with HIV that have been resident in the UK for the shortest time.

Cross link: Migrant/refugee health

Key words: Needs, living with HIV, African, UK, poverty

Country: United Kingdom

Document type: Briefing paper

Web link: <http://www.sigmaresearch.org.uk/files/nasahbriefing.pdf>

Access: Free

The experiences and coping strategies of United Kingdom-based African women following an HIV diagnosis during pregnancy

Treisman K, Jones FW, Shaw E. *Journal of the Association of Nurses in AIDS Care*, 2014 (March), 25:2 (145-157)

Summary

Managing an HIV diagnosis during pregnancy, often as a refugee or asylum-seeking woman, is a complex process influenced by numerous cultural, religious, psychological, economic, political, and social factors.

After being diagnosed with HIV during pregnancy, the experience of 12 African women living in the United Kingdom was explored via qualitative investigation. Participants completed demographic questionnaires and one-on-one semi-structured interviews.

Most strikingly, the women report that the most distressing aspect was their inability to breastfeed, and reinforced it as being central to their cultural identity as mothers.

It is important for clinicians, particularly, to recognise that HIV may not always be the primary difficulty facing a client but may be one of numerous multi-faceted problems.

Findings from the investigation urge service providers to consider factors such as cultural influences and past relational, developmental, and cumulative trauma.

We are encouraged to focus on clients' strengths and their capacity for resilience; to attend to issues related to confidentiality, disclosure, and breastfeeding; and to realise the potentially helpful effect of witnessing different narratives about HIV by supporting clients to access local resources, including support groups and, where appropriate, religious facilities.

Cross link: Migrant/refugee Health

Key words: African, asylum-seeking, maternal HIV, pregnancy, refugee

Country: United Kingdom

Document type: Journal article

Web link: [http://nursesinaidscaresjournal.org/article/S1055-3290\(13\)00037-X/abstract](http://nursesinaidscaresjournal.org/article/S1055-3290(13)00037-X/abstract)

Access: Membership login OR register to purchase for US\$14.00

Understanding late HIV diagnosis among people from culturally and linguistically diverse backgrounds

Asante A, Körner H, Kippax S. National Centre in HIV Social Research, the University of New South Wales, 2009, Monograph 7/2009

Summary

Late presentation for an HIV test is common (59%) among people from culturally and linguistically diverse (CALD) communities, with many having a low perception of the risk of HIV infection.

This study shows that a majority of those who presented late were not expecting a positive HIV test result, and only 28% of participants had ever previously tested for HIV.

The majority of participants were tested because they were either sick in hospital, for immigration purpose or through contact tracing.

Many participants worried that a positive HIV test would bring shame to them and their families. Fear of losing a job, family rejection, confidentiality and the impact of HIV on their sex life were among the main worries before an HIV diagnosis.

The decision to disclose was influenced by a sense of obligation towards a partner, fear of rejection, stress on family, ignorance about HIV, fear of stigma, and needing time to come to terms with the diagnosis.

The study recommends education targeting heterosexual couples from high prevalence countries and promotion interventions tailored to the dominant modes of HIV transmission evident in these communities.

Cross link: Migrant/refugee health

Key words: CALD, HIV, stigma, HIV test, disclosure

Country: Australia

Document type: Social research paper

Web link:

https://csr.h.arts.unsw.edu.au/media/CSRHFile/5_CALD__Understanding_late_HIV_diagnosiss_report.pdf

Access: Free

Undiagnosed HIV infection

Briefing Paper

Pebody R. NAM for HIV Prevention England, 2013 (November)

Summary

One in five people living with HIV in the UK are unaware of their infection. Half of all diagnoses occur when HIV treatment should already have been started. While all people with HIV go undiagnosed for a period of time, some individuals remain undetected for so long that they are termed to be diagnosed 'late'.

This briefing paper covers undiagnosed HIV infection and late diagnosis of HIV in the UK. The briefing focuses on the two populations most affected by HIV in England, men who have sex with men (MSM) and black African communities. The briefing describes the scale, characteristics and consequences of the problem.

Undiagnosed HIV infection has two major consequences. Individuals are at greater risk of transmitting HIV to others and cannot make informed decisions about their sexual behaviour. Secondly, individuals who are diagnosed late are at risk of serious clinical illness.

In order to reduce undiagnosed infection and late diagnosis, the paper recommends that improvements in HIV testing practices are required.

Public Health England recommends that MSM should have an HIV test at least once a year, and every three months if having unprotected sex with a new or casual partner.

Cross link: HIV/BBV, Gay Men/MSM

Key words: HIV, England, African, black, MSM, undiagnosed, late, infection

Country: United Kingdom

Document type: Briefing Paper

Web link:

http://www.aidsmap.com/v635223692779700000/file/1186880/HPE_briefing_undiagnosed_hiv_infection.pdf

Access: Free

Visiting one's native country: the risks of non-adherence in HIV-infected sub-Saharan migrants

ANRS VIHVO study

Abgrall S, Fugon L, Lélé N, Carde E, Bentata M, Patey O, et al. *Journal of the International Association of Providers of AIDS Care (JIAPAC)*. 2013 (November-December), 12:2 (407-413)

Summary

In France, migrants from sub-Saharan Africa represent the second-largest HIV risk group (29%), next to men who have sex with men (37%).

The aim of this study was to evaluate to what extent travel-related factors may cause adherence failure to antiretroviral therapy (ART) in otherwise adherent migrants when traveling back to Africa.

HIV-positive sub-Saharan migrants living in France with a plasma HIV viral load < 200 copies/mL and with no change in ART for more or equivalent to 3 months and who were about to visit their native country for between 2 weeks and 6 months were enrolled for the study.

Among migrant patients originating from sub-Saharan Africa, 11.5% reported adherence failure while abroad. Structural factors, such as unexpected traumatic events during their stay or extending the stay, were significantly associated with adherence failure.

Owning or renting a home in France, being single, and HIV status disclosure were factors that helped with sustained adherence during traveling.

To avoid adherence failure and HIV resistance mutations, patients' journeys should be carefully planned with health care providers managing their HIV care, ensuring that they travel with enough medication, such that any extension of their stay can be adequately managed.

Cross link: Attitudes to treatment, Migrant/refugee health

Key words: HIV/AIDS, ART adherence, migrants, travel, sub-Saharan Africa

Country: France

Document type: Journal article

Web link: <http://jia.sagepub.com/content/12/6/407>

Access: Requires a subscription to JIAPAC

We have taken care of our children according to an African-Swedish method: HIV-infected Ugandan parents in Sweden

Åsander AS, Rubensson G, Munobwa J, Faxelid E. *Journal of Ethnic and Migration Studies*, 2013

Summary

Restrictive Swedish immigration policies make it difficult for HIV-positive Ugandan parents to stay in contact with portions of their social network in Uganda, leaving many with a sense of powerlessness and frustration.

This study highlights some of the challenges faced by these Ugandans living in Sweden, and how they view and experience their parental roles within a new culture.

Moving from Uganda to Sweden was described by participants as a real challenge to the parental role of both men and women. Men seemed to undergo the largest transformation with the Swedish Children and Parents Code seeming to favour women and children.

Several single mothers revealed that they experienced a lack of assistance with childcare in Sweden and missed the support of family and relatives from their home country.

People also feared transmitting HIV to their children, or dying before them. However finding out their HIV status also had some positive effects, bringing them closer to their children and encouraging them to spend more time with them.

The study also identified that, after arriving in Sweden, many changed their parenting methods in response to the changing environment and often switch between Ugandan and Swedish styles depending on the context.

However, they tended to maintain the Ugandan practice of not discussing their HIV condition with their children.

The study calls for healthcare personnel to appreciate the cultural dilemmas expressed and to adapt medical information accordingly.

Cross link: Migrant/refugee health

Keywords: Immigration, Sweden, Uganda, culture, children

Country: Sweden

Document type: Research paper

Web link: <http://dx.doi.org/10.1080/1369183X.2013.756682>

Access: Log in or purchase for US\$39

Migrant / refugee health

Access to HIV community services by vulnerable populations: evidence from an enhanced HIV/AIDS surveillance system

Madden H, Phillips-Howard P, Hargreaves S, Downing J, Bellis M, Vivancos R, et al. *AIDS Care*, 2011, 23:5 (542-549)

Summary

In many countries including the UK, HIV disproportionately affects vulnerable populations such as black and minority ethnic groups, men who have sex with men (MSM) and migrants.

This study aimed to determine the characteristics of individuals who choose to access community services in addition to clinical services.

Attendance at community services was highest amongst those living in the most deprived areas. Compared to white UK nationals, attendance was significantly higher among foreign nationals of uncertain residency status. Community services, initially established predominantly to support MSM, have responded to the changing demography of HIV and reach the most vulnerable members of society.

Because of the support provided to migrant populations, these community services are vital for the management of HIV in black and minority groups.

Cross link: Gay Men, People with HIV

Key words: MSM, migrants, PLWHA, heterosexual, community services, African, Caribbean

Country: United Kingdom

Document type: Social research article

Web link: <http://www.tandfonline.com/doi/full/10.1080/09540121.2010.525609>

Access: Login or purchase online for US\$39.00

Access to HIV prevention information among selected culturally and linguistically diverse (CALD) communities in Victoria

McNally S, Dutertre S. Australian Research Centre for Sex, Health and Society, La Trobe University, Melbourne, 2006, Monograph Series Number 58, 3

Summary

Since the 1990s, Victoria has seen significant increases in migration from the Horn of Africa (Sudan, Somalia, Ethiopia and Eritrea). In 2004, people from Africa and the Middle-East accounted for eight per cent of new HIV diagnoses in Australia.

This 12-month Victorian-based study reports on the availability of HIV prevention information for these communities, and specifically on the appropriateness of this information.

Newly-formed communities often rely on informal channels of communication. Furthermore, their ability to absorb information is often confounded by a range of refugee and resettlement issues.

Over 25 key informant interviews were held with representatives and service providers, in addition to 10 focus groups from a wide range of people within the selected communities.

The study questions what level of language is most suitable for young people and discusses the challenges communities face when dealing with explicit material.

The study recommends the most appropriate forms of HIV prevention information for each community, including those with low literacy levels.

Key words: Prevention, migration, HIV, Australia, CALD, Victoria

Country: Australia

Document type: Monograph

Web link:

<http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:21758;jsessionid=72754A7F116B201A0B26AAFE98C65DDB>

Access: Free

African migrants and HIV in the United Kingdom

Health Protection Agency Report, 2011

Summary

At the end of 2010, an estimated 91,500 people were living with HIV in the UK. Of this number, 24% were undiagnosed and therefore unaware of their infection. The estimated population prevalence was 1.5 per 1,000 (all ages).

Black African men and women living in the UK have a high HIV prevalence, at 47 per 1,000 (England and Wales).

Nearly 22,000 Black African heterosexuals were living with HIV in 2010.

The report recommends people most at risk of HIV infection (e.g. men who have sex with men, Black Africans and people who inject drugs) should have an annual HIV test.

Cross link: HIV/BBV

Keywords: HIV, prevalence, African, heterosexual, MSM

Country: UK

Document type: Surveillance report

Web link: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317131685847

Access: Free

A global review of policy and programmatic responses to HIV/AIDS in the African and Caribbean Black diaspora

African and Black Diaspora Global Network on HIV and AIDS (AB-DGN): Literature Review and Global Consultation; March 2010- Summary Report

Summary

This review scanned all available academic resources and grey literature to identify evidence-based interventions, and other publications with policy and programmatic responses to the needs of HIV-positive or at-risk African and Caribbean Black Diaspora (ACBD) communities living with or affected by HIV.

Through the completion of this literature review and global resource scan, this project seeks to identify current gaps in the global response and to identify opportunities to address the specific needs of this population.

When conducting the literature review, the following questions were asked: What are the current policy and programmatic responses addressing the needs of ACBD populations? What resources are available to the priority group? What challenges or gaps exist?

13 recommendations have been proffered within the review for practitioners and aid workers.

A global consultation will be conducted following the completion of the literature review. A survey has been created for this purpose based on literature review findings and governing council member recommendations. The goal of this survey is to identify best practices, and gaps within current health promotion, programming and policy responses to HIV within ACBD communities.

Cross link: People with HIV

Key words: African, Caribbean, black, HIV, AIDS, Diaspora, migrant, interventions, services, ACBD

Country: Global – UK, US, Canada

Document type: Literature review

Web link: <http://idoitright.co.uk/wp-content/uploads/2011/09/A-Global-Review-of-Policy-and-Programmatic.pdf>

Access: Free

Health and health care of African refugees: an under recognised minority

Hauck F, Corr K, Lewis S, Oliver M. Journal of the National Medical Association, 2012, 104 (61-71)

Summary

The United States is home to 300,000 refugees. 69,000 of these are from 51 African countries.

Refugees face many challenges when accessing quality health care and in turn they present challenges to the clinicians and medical institutions that provide that care.

The University of Virginia International Family Medicine Clinic (IFMC) was started in 2002 to serve the growing local refugee population. The IFMC serves 300 African patients with an average age of 26 years. Countries of origin include Burundi, the Democratic Republic of the Congo, Kenya, Liberia, Somalia, Sudan, and Togo.

Patients present with communicable diseases, nutrition-related conditions, and problems linked to physical and emotional trauma.

This paper describes the health screenings that African refugees receive overseas and upon entry to the United States. It describes the medical and psychological conditions faced by many African refugees, the challenges both they and their clinicians face and the health gaps that exist.

Additional research is needed to further understand the unique cultural, medical, and psychological needs of the diverse African refugee community.

Key words: Africans, immigrants, health disparities, cultural competence, refugee

Country: USA

Document type: Social research paper

Web link: <http://www.ncbi.nlm.nih.gov/pubmed/22708249>

Access: Login via PROQUEST

HIV/AIDS and reaching migrant communities

Barrett HR, Mulegueta B. Practice Nurse, 2010, volume 39:11 (34-36).

Summary

In the UK, African migrant communities continue to be disproportionately affected by HIV.

However, Ethiopian and Eritrean communities in West Midlands, which has the second highest number of black Africans living with HIV, have been particularly affected.

This study looks at knowledge, attitude and practices regarding HIV among these Ethiopian and Eritrean migrant communities.

Many migrants claimed to have rarely or never heard of HIV as being a public health issue and hence believe that they are in a safe zone with respect to HIV infection.

Many had very limited knowledge of HIV-related services and a low awareness of the UK HIV epidemic. This is attributed to a lack of easily accessible information.

Stigma and discrimination is rife, with some believing that HIV is God's punishment for ongoing promiscuity. This attitude results in rejection and blame, and the withdrawal of HIV positive people from their communities for fear of becoming the focus of gossip.

Gender power imbalances, as evidenced by fear and distrust towards males, makes it difficult for women to negotiate safe sex. Since many migrants had undergone HIV testing for their visas, they believed that their visa grant meant they are HIV negative, and thus they did not need to worry about using condoms.

The study calls for the British government to address the steep rise in HIV within this community.

Cross link: HIV/BBV

Keywords: migrants, HIV/AIDS, heterosexuals, UK, awareness

Country: United Kingdom

Document type: Research paper

Web link:

<http://web.ebscohost.com/ehost/detail?sid=0e670f3d-bc6a-45e2-8f0d0c4fcfb8b2e%40sessionmgr14&vid=1&hid=8&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=afh&AN=51884773>

Access: Via Academic Search Elite, EBSCOhost

HIV and migration: two major uncertainties for people from culturally and linguistically diverse backgrounds

Körner, H. National Centre in HIV Social Research, 2005

Summary

This issue paper describes the interconnectedness between living with HIV, migrating to and resettling in a new country, and the Australian migration system.

Findings came from semi-structured, in-depth interviews with clients of the Multicultural HIV/AIDS and Hepatitis C Service, and a sexual health clinic, both in Sydney.

Three major themes were identified in connection with migration: HIV diagnosis, access to care and support, and forming social relations.

Most participants were diagnosed when applying for permanent residency in Australia. The result jeopardised their prospect of staying in Australia while at the same time provided barriers to returning to their country of birth and accessing health care services.

Many participants had little contact with their ethnic communities due to stigma and they found it difficult to form new social relations in an English-speaking culture.

The paper concludes that new migrants with HIV need to negotiate two major life disruptions and two major uncertainties at the same time: migration and HIV infection. Language, cultural and financial barriers to health and support services need to be removed or minimised. In ethnic communities, HIV-related stigma needs to be addressed.

Cross link: People with HIV

Key words: Australia, CALD, HIV, migration, health care, permanent residency, social relations, ethnic communities

Country: Australia

Document type: Issue Paper

Web link:

http://www.researchgate.net/publication/228681269_HIV_and_migration_two_major_uncertainties_for_people_from_culturally_and_linguistically_diverse_backgrounds

Access: Free

HIV testing in primary care: feasibility and acceptability of provider initiated HIV testing and counselling for sub-Saharan African migrants

Loos J, Manirankunda L, Hendrickx K, Remmen R, Nöstlinger C. *AIDS Education and Prevention*, 2014, 26:1 (81-93)

Summary

The sub-Saharan African migrant (SAM) communities in Belgium accounted for almost 35% of new HIV diagnosis in 2011. Half of this group were diagnosed late with CD4 counts below 350 or with an AIDS-defining illness. Late diagnoses require specialised care resulting in higher health costs.

In order to reduce late HIV diagnoses among SAM residing in Europe, provider-initiated HIV testing and counselling (PITC) has been recommended.

Over a 12-week period, this study requested 65 GPs to implement PITC to assess acceptability and feasibility of the initiative. The qualitative evaluation showed high acceptability among physicians.

It also identified some key difficulties with the PITC scheme, including doctor's personal discomfort, assumptions of patients' sexual risk, lack of clarity with reasons for the consultation, and time pressure.

The best opportunity for PITC was found to be when blood analysis was indicated for other medical reasons.

Counselling skills improved throughout the study; however participants wanted reduced counselling requirements.

The study concludes that PITC is possible in primary care settings, but the up-scaling requires an investment in training, counselling guidelines and policy clarifying the role of the GP in the prevention-care scale.

Key words: HIV, testing, primary health care, provider initiated, African, migrants

Country: Belgium

Document type: Journal Article

Web link: <http://guilfordjournals.com/doi/abs/10.1521/aeap.2014.26.1.81>

Access: Via login or purchase online for US\$19.50

“I’d rather be in prison”: experiences of Africans in Immigration Removal Centres in the UK

Inegbenebor D, Kumba Sagba F, Stevenson J, Sinyemu E, Kamara M. African Health Policy Network 2012

Summary

This report provides insight into the complexities faced by Africans who are currently or have previously been detained in the UK for immigration purposes,

Mental health problems emerge as an overriding health issue in this report with 41% of interviewees experiencing one or more mental illness. Five out of seven interviewees with diagnosed mental health conditions stated that they had not been seen by a mental health professional or received counselling during detention.

Of those who disclosed being HIV-positive, three of the five interviewees experienced interruptions and disruptions to their HIV treatment.

Three HIV-positive interviewees were subjected to deportation attempts, with one man enduring four attempts.

Indefinite detention creates an atmosphere of uncertainty, anxiety and fear. Violence, particularly excessive force and verbal abuse from escorts, was of major concern.

The report recommends an independent review, an end to the practice of indefinite immigration detention, and in order to ensure parity across the system, some standard procedures regarding detention, support services, visitors, and health treatment and care.

Keywords: UK, HIV, mental health, detention, immigration

Country: United Kingdom

Document type: Research paper

Web link: http://www.ahpn.org/Upload/page/96_AHPN_IRC_Research_Report_139.pdf

Access: Free

“If I had my residency I wouldn’t worry”: negotiating migration and HIV in Sydney, Australia

Körner H. *Ethnicity and Health*, 2007 (June) 12:3 (205-225)

Summary

This paper describes the connection between migration and resettlement, the Australian immigration system and living with HIV. Data were collected through in-depth interviews with clients of the Multicultural HIV/AIDS and Hepatitis C Service and a sexual health clinic in Sydney.

Interwoven with migration, the results indicate three major themes: HIV diagnosis, access to care and support, and forming social relations.

Most participants were diagnosed when applying for permanent residency in Australia. The result jeopardised their prospect of staying in Australia while at the same time provided barriers to returning to their country of birth and accessing health care services.

Because of the stigma associated with HIV, many had little contact with their ethnic communities in Australia. They expressed feeling torn between the promise of a better future in Australia and the close emotional relationships with family and friends in their country of birth.

New migrants with HIV need to negotiate two major life disruptions and two major uncertainties simultaneously: migration and HIV infection. In the Anglo-Celtic mainstream, language, cultural and financial barriers to health and support services should be removed. In ethnic communities, HIV-related stigma needs to be addressed.

Cross link: People with HIV

Key words: HIV diagnosis; health care and support; social relationships; stigma; uncertainty; life disruption

Country: Australia

Document type: Journal article

Web link: <http://www.tandfonline.com/doi/full/10.1080/13557850701235093>

Access: Via Login or purchase online for US\$39

Immigrants are more risk of HIV in their host country than back at home

Cairns G. Epidemiology and Behaviour, AIDSmap, 2010

Summary

Mathematical modelling based on the Dutch HIV epidemic suggests that heterosexual immigrants from Africa and the Caribbean stand more risk of acquiring HIV in the Netherlands than they do in their home country.

When migrants enter host countries, their sexual networks tend to be concentrated amongst people of their own background and there is very little mixing with the host country population.

The Netherlands National Institute of Public Health and the Environment calculated the proportion of immigrants who arrived already HIV-positive, the proportion that became infected on trips back home, and the proportion who acquired it in the Netherlands.

The researchers found that 29.7% of HIV infections recorded in the Netherlands among African, Caribbean and native Dutch were due to infections acquired abroad, the vast majority acquired before entering the country, with 78% of these being amongst Africans. The remaining 70.3% of infections were acquired in the Netherlands.

The model reinforces anecdotal evidence that the proportion of HIV infections acquired in a migrant's host country was increasing, and emphasised that any HIV 'threat' from immigration was confined within migrant communities.

Cross link: People with HIV

Key words: migrant, Dutch, Caribbean, African, HIV infection, immigrants, host country, Netherlands

Country: Netherlands

Document type: Conference report article

Web link: <http://www.aidsmap.com/Immigrants-are-more-risk-of-HIV-in-their-host-country-than-back-at-home/page/1494998/>

Access: Free

Immigrant women living with HIV/AIDS: their barriers as experienced by service providers

Karago-Odongo JW. Research Paper presented to Ryerson University in partial fulfilment of the requirements for the degree of Master of Arts in Immigration and Settlement Studies, 2008

Summary

Stigma, religion, culture, gender, sexuality, immigration status and language all pose significant barriers to women accessing services, according to the service providers in this study.

Respondents also noted that men were not engaging in programs and raised the concern that their female partners may see this as a barrier to their own participation.

The impact of criminalisation, particularly as it impacts on breastfeeding, was another concern. Women with HIV from cultures where breastfeeding is the cultural norm may feel compelled to breastfeed their newborns in order to avoid stigma and discrimination.

The study also highlighted the limited resources and underfunding with which HIV services are forced to function. Similarities between the barriers experienced by service providers and those experienced by the women they serve suggest that much work needs to be done.

The study calls for empowering immigrant women to deal with the issues of prevention, infection and treatment, as well as incorporating them into the administration and policy processes of the agencies that serve them.

Cross link: People with HIV

Keywords: Immigrant women, barriers, persons living with HIV/AIDS (PHAs), stigma

Document type: Research paper

Country: Canada

Web link: <http://digitalcommons.ryerson.ca/dissertations/91>

Access: Free

“(In Australia) what comes first are the women, then children, cats, dogs, followed by men” : exploring accounts of gender relations by men from the Horn of Africa

Muchoki SM. *The Australasian Review of African Studies*, 2013 (December), 34:2 (78-98)

Summary

This article reports on the experiences in connection to a shift in gender relations for men with refugee backgrounds from Sudan, Somalia, Ethiopia and Eritrea in Melbourne, Australia.

All participants were drawn from the Melbourne metropolitan area and three data collection methods were used: key informant interviews; focus group discussions (FGDs); and in-depth individual interviews.

Upon settlement, participants reported experiencing new ways of organising gender relations that was very different from where they came from. A change of economic arrangement created new power relations between men and women and, as a result, affected how unemployed men interpreted their wives perceptions.

Some of these men found it challenging to adjust to life in Australia; a society that they thought gave women greater freedom as compared to their former, more constrictive societies. These views became sources of tension for those men who continued to hold onto traditional perspectives of gender relations.

While some participants spoke of the need, and had made attempts, to adjust to the way gender relations in Australia are organised, a number of them struggled to re-organise their lives to fit into the new society.

Key words: Gender, refugee, power, Australia, Horn of Africa, relations, society, men

Country: Australia

Document type: Journal article

Web link: <http://afsaap.org.au/assets/MUCHOKI.pdf>

Access: Free

Living with HIV and cultural diversity in Sydney: migration, gender and sexuality

Körner H, Katsaros E, Luisi B. National Centre in HIV Social Research, the University of New South Wales. Monograph 1/2013

Summary

Before health needs can be taken care of, survival needs take priority.

This paper examines to what extent and how settled people living with HIV are in their new environment. It also highlights how migration and residency status determine not only whether a person can receive care and treatment in Australia but also to what level.

Participants were recruited from Sydney through the Multicultural HIV and Hepatitis Service, the Western Suburbs Haven, and by word of mouth. In semi-structured interviews, participants reveal their reasons for coming to Australia, how they use health and social services, their social networks and relationships with family and ethnic communities, how they dealt with diagnosis and decisions around treatment, plus share their hopes and expectations for the future.

The study was unable to recruit the target number of heterosexual men and women suggesting that there are considerable barriers for heterosexual people from CALD backgrounds to speak openly about their HIV status. The vast majority of participants were already connected with HIV-specific health and social services.

Cross link: Attitudes toward treatments

Key words: Gender, migration, HIV, Australia, CALD, people living with, health care, treatment

Country: Australia

Document type: Monograph

Web link:

https://csrh.arts.unsw.edu.au/media/CSRHFile/2_Living_with_HIV_and_cultural_diversity_in_Sydney__migration_gender_and_sexuality.pdf

Access: Free

“My fear is to fall in love again ...” How HIV-positive African women survive in London

Doyal L, Anderson J. Social Science & Medicine, 2005, 60:8 (1729-1738)

Summary

This analysis of a qualitative study of 62 HIV-positive women from sub-Saharan Africa living in the UK explores the complex ways in which their lives are shaped by sex and gender, their status as migrants and by having HIV.

Cross link: People with HIV

Keywords: women, people with HIV, migrants, lived experience, service provision, faith, stigma, resilience

Country: United Kingdom

Document type: Social research article

Web link:

http://www.academia.edu/3270422/My_fear_is_to_fall_in_love_again_How_HIVpositive_African_women_survive_in_London

Access: Free

Reducing the risk of transmission of HIV in African Arabic speaking Communities in Victoria

Victorian Department of Human Services, Final Report, 2006

Summary

The findings reported here show that the image of HIV currently held among the African communities in Victoria is similar to that in Africa.

Many believe there is little or no HIV in Australia, especially in their own communities. The risk that is thought to exist is associated with homosexuality, drug use, loss of tradition, and particularly threatens younger members of the community.

The changing pattern of the HIV epidemic in Australia and the experience of health care professionals indicate the need for new research focussing on culturally and linguistically diverse (CALD) communities. This research should aim to develop effective means for preventing new HIV infections and improve the care and support available for those already affected.

If awareness of HIV can be raised without arousing undue anxiety, if communities can be made aware that effective treatment is available, if it becomes known that people with HIV do not pose a threat to their family and friends, that a diagnosis of HIV does not indicate immoral behaviour, and if high-quality interpreter services are developed, then there is scope for major improvements in the health care of refugees, both HIV-related and in other areas.

Cross link: People with HIV

Key words: Australia, CALD, HIV, AIDS, infections,

Country: Australia

Document type: Report

Web link:

[http://docs.health.vic.gov.au/docs/doc/73400FD093424E95CA257C4600168CAE/\\$FILE/DHS%20Final%20report%20June%202006_amended_short_app_2014-01-29.pdf](http://docs.health.vic.gov.au/docs/doc/73400FD093424E95CA257C4600168CAE/$FILE/DHS%20Final%20report%20June%202006_amended_short_app_2014-01-29.pdf)

Access: Free

The five-year impact of an evolving global epidemic, changing migration patterns, and policy changes in a regional Canadian HIV population

Krentz H, Gill MJ. Health Policy, 2009 (May), 90:2-3 (296-302)

Summary

Like many developed countries, Canada has experienced an increase in migrant and refugee numbers.

Medical screening has identified increasing numbers of migrants diagnosed with HIV, the majority of who present with low CD4 counts, different HIV subtypes and previously rare comorbidities.

Migrants and refugees require greater social support to engage with and continue to access healthcare services. Developed countries with increasing migrant populations should be aware of how policy changes affect HIV prevalence rates, modes of diagnosis and presentation, future clinical demands and health care utilisation.

Cross link: People with HIV

Key words: migrants, HIV, Canada, CD4, policy, health care, delayed diagnosis

Country: Canada

Document: Policy research paper

Web link: www.ncbi.nlm.nih.gov/pubmed?term=19022519

Access: Login via PubMed

The impact of immigration on the burden of HIV infection in Victoria, Australia

Horyniak D, Stoove M, Yohannes K, Breschkin A, Carter T, Hatch B, et al. *Sexual Health* 2009, 6 (123–128)

Summary

Of the 3,111 HIV notifications in Victoria between 1994 and 2007, 7% were previously diagnosed interstate and 4% overseas.

Among the interstate diagnoses a large proportion reported HIV exposure via homosexual sexual contact, were Australian born and diagnosed at a general practice specialising in gay men's health.

Conversely, the majority of those diagnosed overseas were female, reported heterosexual contact as their form of HIV exposure and were diagnosed at a sexual health clinic.

Of those reporting an overseas diagnoses via heterosexual contact, 57% were people from a high HIV prevalence country.

This study showed an increasing number of people previously diagnosed elsewhere, although overall population data shows a decrease in immigration to Victoria between 2001 and 2007.

A rise in the overseas-born populations of PLHIV is likely to put pressure on multicultural health services, especially if these populations are concentrated in specific areas.

Cross link: People with HIV

Keywords: Migration, HIV, diagnoses, MSM, heterosexual, stigma, PLHIV, multicultural health

Country: Australia

Document type: Research paper

Web link: <http://www.publish.csiro.au/index.cfm?paper=SH08088>

Access: Login or purchase online for \$25.00

Women from Africa living with HIV in London: a descriptive study

Anderson J, Doyal L. *AIDS Care*, 2004, 16:1 (104)

Summary

This qualitative study explores the experiences of 62 women living in London from 11 different African countries. The study notes differences based on nationality, income, education and legal status, but also identifies significant similarities in experience.

Stigma has had a profound impact on the women's lives, particularly in their efforts to access services. Fortunately, strengthened by religious belief, the women show great resilience.

The researchers argue that in order to provide appropriate care, African women's similarities and differences need to be properly understood by health and social care professionals.

Cross link: Stigma/Discrimination, Faith/Religious Leaders

Keywords: women, people with HIV, migrants, lived experience, service provision, faith, stigma, resilience

Country: United Kingdom

Document type: Social research article

Web link: <http://dx.doi.org/10.1080/09540120310001634001>

Access: Via login or purchase online for US\$39

Working with West African migrant communities on HIV prevention in Australia

Lemoh C, Biggs B, Hellard M. *Sexual Health*, 2008, 5 (313-314)

Summary

Public discussions about migration and HIV often focus on the 'threat' posed by HIV-infected immigrants to the host population, yet only ~2% of HIV diagnoses in Australia are due to transmission from a person born in a high prevalence country.

People from sub-Saharan Africa comprise an important subgroup of HIV cases diagnosed in Australia. Most African-born people diagnosed with HIV acquired the infection through heterosexual contact.

Attitudes towards the use of condoms are quite negative within these communities, with responses indicating an association between condoms, shame and sexual promiscuity.

West African women are more likely to hold incorrect beliefs about HIV and these more likely to occur among those with less than eight years of formal education.

In Israel, Soskolne and Shtarkshall created a conceptual framework for the development of HIV prevention strategies for migrant populations. A key principle of the framework is the active participation of migrant communities in HIV research and HIV prevention programs.

The editorial concludes that such partnerships are essential to the understanding of the specific factors affecting risk of exposure to HIV for particular migrant communities.

Key words: Australia, West African, HIV, migration, migrant

Country: Australia

Document type: Editorial

Web link: http://www.publish.csiro.au/?act=view_file&file_id=SH08060.pdf

Access: Free

Sexual health

HIV, diversity and cultural competence

Eisenberg M, Moreton R, McMahon T, Ray N. Multicultural HIV/AIDS and Hepatitis C Service; Social Research Briefs, Number 12, 2009

Summary

Cross-cultural issues are a reality and a challenge for public sector agencies seeking to meet their responsibilities in an increasingly diverse Australia.

This brief reports on the more comprehensive framework of 'cultural competence'. Cultural competence within the health system is more than awareness of cultural differences; rather, it is the capacity to improve health and well-being by integrating culture into service delivery.

The National Health and Medical Research Council and the US National Centre for Cultural Competence describe the following as five progressive steps towards cultural competence: valuing cultural diversity; building capacity for cultural assessment; managing the dynamics of difference; institutionalising cultural knowledge and adapting to diversity and cultural contexts.

Early in 2007, the Multicultural HIV/AIDS and Hepatitis C Service (MHAHS) undertook a national assessment of learning needs among HIV agencies to determine gaps in awareness, attitudes and skills when working with people from CALD backgrounds. The assessment confirmed the need for cultural competence training in the HIV sector and contributed to the development of a cultural competence program.

The MHAHS developed a set of three cultural competence modules to be delivered as a program to HIV agencies. The research brief concludes with five summaries of similar literature and appropriate citation for download.

Cross link: HIV/BBV, Sexual behaviour

Key words: Australia, cultural competence, HIV, diversity, CALD

Country: Australia

Document type: Social research brief

Web link: <https://csr.h.arts.unsw.edu.au/media/CSRHFile/SRB12.pdf>

Access: Free

Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among black African communities living in England

Public Health Guidance, PH33 - Issued: March 2011 - NHS

Summary

In this document, produced by the National Institute for Health and Clinical Excellence (NICE), recommendations are made on: community engagement and involvement; planning services, developing a strategy and commissioning services in areas of identified need; promoting HIV testing and reducing barriers to testing among black African communities; offering and recommending an HIV test; and HIV referral pathways. There is also a section on Public Health need and practice.

The Public Health Interventions Advisory Committee recommends that the following research questions should be addressed:

- What HIV testing services (both health and non-healthcare based) are effective and cost effective in increasing the uptake of HIV testing in these communities?
- What factors aid or hinder the provision or uptake of HIV testing services in health and non-healthcare settings from the perspective of black African communities and different service providers?
- How does HIV testing affect the subsequent sexual behaviour of black Africans living in England?
- What interventions provide an effective and cost effective way of changing risky sexual behaviour after an HIV test?
- Are antenatal settings an effective and cost- effective location for increasing the uptake of HIV testing for black African male partners of women attending appointments?

Cross link: HIV/BBV

Key words: HIV, Testing, Black African, England, undiagnosed, uptake, infection, sexual, behaviour

Country: United Kingdom

Document type: Guidance note

Web link: <http://publications.nice.org.uk/increasing-the-uptake-of-hiv-testing-among-black-africans-in-england-ph33>

Access: Free

“It is good to know now ... before it’s too late”: promoting sexual health literacy amongst resettled young people with refugee backgrounds

McMichael C, Gifford S. *Sexuality & Culture*, 2009, 13:4 (218–236)

Summary

This study reveals how certain factors have a significant negative impact on many young people with refugee backgrounds. These are limited knowledge about sexual and reproductive health, limited access to primary health care, experiences or threat of sexual violence and fragmented family life.

Prohibitive messages by parents and their inability to respond to questions and concerns without being judgmental are compounded by feelings of shame associated with non-marital sex, pregnancy and STIs. All are powerful barriers to communication and learning within family and communities at large.

Uncertainty regarding resettlement is another structural barrier to accessing health care services because the demands of settlement often take precedence over healthcare.

Many refugees were not aware of specialist sexual health services, including free services for youth, or lack the transport to attend health services. The language barrier is a major concern as many young people will not use interpreter and advocacy services due to concerns about confidentiality.

Mothers and friends were frequently cited as sources of some information, although school proved to be the most strategic place for improving sexual and reproductive health literacy as a part overall learning environment.

The study also highlighted the importance of gender specific groups with gender matched educators. This technique allows the open discussion of sexual health and facilitates education in an ethno-sensitive manner.

Web link: Migrant/refuge health

Key words: HIV, sexual and reproductive health, African refugees.

Document type: Research paper

Country: Australia

Web link: <http://link.springer.com/article/10.1007%2Fs12119-009-9055-0>

Access: Purchase online for 24,50 € or rent via a 14 day free trial:

<http://www.deepdyve.com/lp/springer-journal/it-is-good-to-know-now-before-it-s-too-late-promoting-sexual-health-5h3HlpUlhx?key=springer>

Narratives of sexual health risk and protection amongst young people from refugee backgrounds in Melbourne, Australia

McMichael C, Gifford S. *Culture, Health & Sexuality*, 2010, 12:3 (263-277)

Summary

This paper reports on the sexual health knowledge of recently-arrived young refugees in Melbourne.

Qualitative methods were used to explore how resettled youth (aged 16 - 25 years) access, interpret and implement sexual health information, with a particular focus on how social contexts shape attitudes and understandings.

The findings reveal that while most young people had some knowledge of HIV, their knowledge of other STIs was limited.

Their accounts illustrate the importance placed on prevention of pregnancy rather than STIs, on issues of shame and on assumptions that risky sexual partners can be identified, and the difficulties faced negotiating safe sex within relationships.

The paper suggests that the approaches most likely to have successful outcomes are sexual health promotions catered toward social contexts and everyday experience.

Improving the sexual and reproductive health knowledge of resettled youth with refugee backgrounds requires an approach that reflects the interactions between individual power and social contexts.

Techniques need to take into account the realities of their past, the challenges of resettlement and the hopes they have for their own and their families' futures.

Cross link: Migrant/refugee health

Key words: Young people; sexual health; refugee; settlement; Australia

Country: Australia

Document type: Journal article

Web link:

<http://www.tandfonline.com/doi/abs/10.1080/13691050903359265#.U5FUjfmk-ul>

Access: Requires login via Taylor & Francis, or purchase online for US\$39

Sexuality and sexual health of African-Australian men with refugee backgrounds from the horn of Africa: the need for a new research agenda

Muchoki S. *The Australasian Review of African Studies*, 2012 (June), 33:1 (132-150)

Summary

The population of people with refugee backgrounds from the Horn of Africa has increased significantly over the last ten years making this the largest group of migrants from Africa in Australia today.

Upon resettlement, many migrants find themselves in new sexual cultures that they then must negotiate with little or no assistance. In the process, some find they modify their sexual practices in ways that impact their sexual health.

This article reviews past studies and argues that until now, the way that this migrant group engages with the sexual cultures in their host society has remained largely unexplored. The article focuses on men because little studies have been done to explore their sexual experiences within the migration course.

The article calls for more research into how forced migration and resettlement affects the sexual lives of the men and, subsequently, the women in this community. Findings could then be used to direct well-informed services promoting migrant sexual health

Cross link: Migrant/refugee health

Key words: HIV, refugees, African, Australians, sexual Health

Country: Australia

Document type: Journal article

Web link:

<http://search.informit.com.au/documentSummary;dn=273931552671808;res=IELIND>

Access: Purchase online for AU\$1.98

HIV / BBV

African Australians living with HIV: a case series from Victoria

Lemoh CN, Baho S, Grierson J, Hellard M, Street A, Biggs BA. Sexual Health 2010 (June) 7:2 (142-148)

Summary

This research describes the characteristics of African-born Victorians living with HIV, identifies any associations with delayed HIV diagnosis and describes their response to antiretroviral therapy (ART).

A case series of African-born adults living with HIV in Victoria was conducted. Data was collected in interviews and from reviews of case notes. Fourteen males and six females were included. Ten were born in the Horn of Africa (nine in Ethiopia). Sixteen had sexual exposure (12 heterosexual; four male-to-male sex). Seven reported acquiring HIV in Australia. Ten had delayed HIV diagnosis, of whom eight were born in the Horn of Africa.

The study concluded that HIV prevention strategies for Victoria's African communities should address HIV exposure in Australia. Ethiopian-born Victorians with HIV appear to be at particular risk of delayed diagnosis. Response to ART in this series was comparable to that observed in other industrialised countries.

Cross link: People with HIV

Keywords: Victoria, delayed diagnosis, combination antiretroviral therapy

Country: Australia

Document: Research paper

Web link: <http://www.ncbi.nlm.nih.gov/pubmed/20465977>

Access: Via PubMed - indexed for MEDLINE

Chronic illness and co-morbidities for African Australians living with HIV

Lemoh, C. HIV Australia, 2013, 11:2

Summary

African community awareness of HIV is growing in Australia. However, African Australians with HIV need more information on the significance of co-morbidities and other health issues that influence long-term prognosis and quality of life.

One recommendation from this article is that all people with HIV from regions of high TB prevalence should be tested for TB. Those with suppressed TB may need treatment with anti-TB drugs to prevent future activity.

Exposure to viral hepatitis (specifically HCV) after migration most commonly occurs amongst people who inject drugs. While the number of African Australian people who inject drugs is small, those that do are often extremely marginalised.

Vitamin D deficiency is very common among African Australians due to dark skins and/or little exposure to the sun. Supplements should be taken in consultation with a doctor to ensure they are having the desired effect.

The article suggests that both African Australians living with HIV and their health and social support providers should actively discuss these issues. Co-morbidities and other health issues are best addressed in the wider context of living with HIV in Australia after moving from Africa.

Cross link: Migration

Key words: HIV, vitamin D, viral hepatitis, tuberculosis, African Australian, co-morbidities, migration

Country: Australia

Document type: Journal article

Web link:

<http://www.afao.org.au/library/hiv-australia/volume-11/vol.11-number-2/chronic-illness-and-comorbidities-for-african-australians-living-with-hiv>

Access: Free

Improving health and wellbeing

Policy Position 2013

Stevenson J. African Health Policy Network (AHPN)

Summary

While constituting just 1.8% of the UK population, Black Africans account for a disproportionate number of the new HIV diagnoses each year. During 2011, Black Africans represented 28% of newly diagnosed cases of HIV.

This paper highlights the fact that people from African communities are more likely to test and be diagnosed late than those from other groups. A number of factors slow down early testing and contribute to late diagnosis in the community, including: lack of access to health services; negative experiences of HIV in countries of origin; lack of knowledge of HIV and treatment; immigration; poverty; and discrimination.

Around twice as many African women as men are diagnosed with HIV every year in the UK. African women are more likely than men to access services and support, while African men living with HIV report feelings of isolation. HIV also has a disproportionate impact on African men who have sex with men.

The paper concludes with the recommendation that a national HIV strategy is urgently needed in the UK; one that recognises the needs of African communities. Further action is needed now to address the differences in outcomes for Africans compared to other groups, especially the disproportionate impact of late diagnosis.

Cross link: People with HIV

Key words: HIV, African, community, testing, diagnosis, UK

Country: United Kingdom

Document type: Policy position paper

Web link:

http://www.ahpn.org/Upload/page/134_AHPN_Policy_Position_2013_Final__28.pdf

Access: Free

Living with HIV and cultural diversity in Sydney

Körner H, Petrohilos M., Madeddu, D. National Centre in HIV Social Research, the University of New South Wales. Monograph 4/2005.

Summary

The study investigated the interrelationship between living with HIV and belonging to culturally diverse groups outside the Anglo-Celtic mainstream.

Findings show that for most CALD PLHIV diagnosis was made as part of the health check required for permanent residency or as a result of seeking treatment for symptomatic infection. For those who arrived in Australia on a temporary visa and subsequently applied for permanent residency, no pre- or post-test counselling was provided.

Withdrawal from their social networks, feeling isolated and lonely, social and emotional shutdown, and losing hope were some reactions to HIV diagnosis.

Discriminatory treatment from health care professionals and husbands controlling access to health care services were among the issues uniquely affecting women in this study.

Access to health care services was affected by participants' immigration status, causing delay in testing and seeking medical help for symptomatic infection.

Failure to fulfil their family obligations and the need to unburden were main reason for disclosure to siblings, while fear of gossip and forced disclosure, which would eventually reach their families in their country of birth, social labels, and ostracism were reasons given for not disclosing. Decisions not to disclose were also affected by knowledge about and attitudes towards HIV in ethnic communities.

The study recommends improved cultural competence for HIV services so that they can respond more appropriately to the cultural needs of people from CALD backgrounds.

Cross link: People with HIV

Key words: CALD, HIV/AIDS, stigma, HIV test

Country: Australia

Document type: Social research paper

Web link: <http://www.hivpolicy.org/Library/HPP000775.pdf>

Access: Free

Spectrum of AIDS-defining illnesses in Australia, 1992 to 1998: influence of country/region of birth

Dore G, Li Y, McDonald A, Kaldor J. *Journal of Acquired Immune Deficiency Syndromes (JAIDS)*, 2001 (March) 26:3

Summary

There is limited knowledge as to whether the risk of developing an AIDS-defining illness is associated with a person's country/region of birth or whether this risk becomes associated with their country/region of residence.

This study evaluated the national surveillance data for 4,629 adolescents and adults diagnosed with AIDS from 1992 through 1998. Country of birth was recorded in 97% of all AIDS cases, and of these, one quarter were born outside Australia.

Those from sub-Saharan Africa had an increased risk of tuberculosis and *Cryptococcus*, but a decreased risk of oesophageal candidiasis and pneumonia compared with those born in Australia. Tuberculosis risk was also high among those born in the Asia-Pacific and other developing country regions.

Risk of AIDS-defining illnesses was similar for AIDS patients born in Australia and other industrialised country regions. Country of birth had no influence on risk of cytomegalovirus-related disease and *Mycobacterium avium* complex infection.

The association was strongest for those born overseas with shorter durations in Australia, while longer-duration residents took on the AIDS-illness risk profile of people born in Australia. This suggests a strong environmental influence on frequency of several AIDS-related opportunistic infections.

Cross link: People with HIV

Key words: Country of birth, HIV, AIDS, illness, Australian, developing countries

Country: Australia

Document type: Journal article

Web link:

http://journals.lww.com/jaids/Abstract/2001/03010/Spectrum_of_AIDS_Defining_Illnesses_in_Australia,.11.aspx

Access: Free

The epidemiology of HIV and AIDS reports in migrants in the 27 European Union countries, Norway and Iceland: 1999 – 2006

Del Amo J, Likatavicius G, Perez-Cachafeiro S, Hernando V, Gonzalez C, Jarrin I, et al. *European Journal of Public Health*, 2010, 21:5 (620–626)

Summary

The aim of this study was to describe the epidemiology of HIV and AIDS by examining absolute numbers and proportions of migrants according to geographical origin among AIDS and HIV reports from 1999 to 2006, stratified by sex and transmission category.

Results show that of the 75,021 AIDS cases reported from 1999 to 2006, 35% were migrants. In 2006 alone, 6746 cases of AIDS were reported, 37% of whom were migrants.

There has been a significant 89% increase in number of AIDS cases in the European region. This has been observed in migrants from sub-Saharan Africa (SSA) with heterosexuality being the main mode of transmission.

Of the 57 AIDS cases reported in 2006 due to mother to child transmission (MTCT) with known geographical origin, 23% were from SSA. Prevalence of TB as the initial AIDS-defining condition was 40% among sub-Saharan Africans.

In 2006, of 26,712 HIV infections reported, 58% were migrants. People from SSA were the second largest group among HIV reports in the European Union. After SSA women, the most common origins of female migrants were Southeast Asia and the Caribbean. Of the 169 MTCT HIV reports with known geographical origin, 41% were from SSA. The most common region of origin of the AIDS and HIV reports was SSA.

The authors call for a breaking down of barriers to HIV prevention and treatment. The rights of PLHIV are paramount, they argue, particularly within the framework of prosecution of migrants. This and fear of deportation is counter indicative to many of the public-health initiatives aimed to prevent HIV within the population.

Cross link: Migrant / refugee health

Keywords: HIV, AIDS, Europe, SSA, MTCT, heterosexuality

Country: Europe union countries, Norway and Iceland

Document type: Research paper

Web link: <http://eurpub.oxfordjournals.org/content/21/5/620.full.pdf>

Access: Free

Using HIV notification data to identify priority migrant groups for HIV prevention, New South Wales, 2000-2008

McPherson M, McMahon T, Moreton RJ, Ward KA. Communicable Diseases Intelligence, 2011, 35:2 (185–191)

Summary

With increasing numbers of immigrants in Australia, public health and health promotion programs will need to adapt to the emerging epidemic of HIV among people from culturally and linguistically diverse (CALD) backgrounds.

This study used notified cases of newly diagnosed HIV between 2000 and 2008 in New South Wales. They divided the cases into Australian-born, persons born in high-income countries and persons born in middle and low-income countries based on World Bank classifications. These three groups were then compared to determine their risk factors for HIV infection.

Cases born in high-income countries were similar to Australian-born cases: mainly men who have sex with men. Cases from middle and low-income countries were younger, more commonly female and reported acquiring HIV heterosexually

This study suggests that a public health response in New South Wales should focus on the communities drawn from low- and middle-income countries in South East Asia and sub-Saharan Africa.

The study also shows that the income of the country of birth is an indicator of the main pattern of HIV transmission among these communities, as it largely mirrors the HIV patterns in their home country.

Income of country of birth also can be used to predict stage of HIV infection.

Cross link: Migrant/refugee health

Key words: HIV, immigrants, income, epidemiology, CALD, New South Wales

Country: Australia

Document type: Journal Article

Web link:

[http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi3502-pdf-cnt.htm/\\$FILE/cdi3502.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi3502-pdf-cnt.htm/$FILE/cdi3502.pdf)

Access: Free

Sexual behaviour

Good sex, bad sex, the African way

A report developed as part of the Pan London HIV prevention program

Inegbenebor D. African HIV Policy Network, 2010 (August)

Summary

This qualitative research provides insight into the views Africans hold on sex and safer sex.

According to the study, Africans in the UK have a basic understanding of HIV transmission and prevention and are well equipped to negotiate sex and safer sex across all age groups. There are gaps, however, and young Africans in particular requested safer sex education in year 11 of secondary school and first year of college.

There is also a need to provide facts and statistics to African communities in order to stimulate interest and to raise awareness.

Faith leaders need to be equipped with the skill, knowledge and understanding needed to promote prevention and eventually reduce stigma and discrimination among their religious groups.

The topic of safer sex needs to be elaborated and clarified.

African females need to be informed of the importance of communicating with their partners the importance of safer sex practices

African males should be educated on proper condom usage and removal; this should be elaborated and explained in future HIV prevention resources

Cross link: HIV / BBV

Keyword: HIV, African, UK, sex education

Country: UK

Document type: Research paper

Web link:

www.idoitright.co.uk/wp-content/uploads/2011/09/GOOD-SEX-BAD-SEX-THE-AFRICAN-WAY.pdf

Access: Free

HIV-related risk factors among black African migrants and refugees in Christchurch, New Zealand: results from the Mayisha-NZ survey

Birukila G, Brunton C, Dickson N. New Zealand Medical Journal, 2013 (June), 126:1376 (19-27)

Summary

This study discusses the HIV-related risk behaviours and demographic characteristics of black African migrants and refugees in Christchurch.

A cross-sectional survey of this community was carried out with data collected on demographic characteristics, previous HIV testing, HIV risk perception, previous STI diagnosis, utilisation of health services and sexual behaviours.

Participants came from 13 different African countries. Risk factors for HIV identified in this study included low condom use, low HIV risk perception, having more than one sexual partner, previous STI diagnosis and lack of voluntary testing for HIV.

Most survey participants were under thirty years of age. 83.1% of the men in this category were not married or did not live with a sexual partner. Participants were also highly educated and likely to be in work or studying.

The paper highlights the need for developing an HIV prevention strategy for black Africans in New Zealand that is informed by local evidence. This strategy should address sexual health needs, barriers to condom use, the availability of HIV/STI screening services and targeting sexual behaviours that increase vulnerability to HIV infection.

Cross link: Migrant/refugee health

Key words: Sexual behaviour, New Zealand, Black African, HIV, risk, refugee, Christchurch

Country: New Zealand

Document type: Journal article

Web link: <http://journal.nzma.org.nz/journal/126-1376/5684/content.pdf>

Access: Free

Intergenerational differences in sexual health knowledge among the Queensland Sudanese and South Sudanese communities

Dean J, Mitchell M, Stewart D, Wollin J, Debattista J. Informational Poster, 2013, Griffith University and Queensland Government

Summary

Forced migration is associated with sexual vulnerability. However, little is known about the sexual health of refugee background youth or how they engage with their parents regarding this sensitive topic.

The aim of this research was to explore the sexual health knowledge, attitudes and behaviour of the 16 to 24 year old Queensland Sudanese and South Sudanese community members along with the attitude and beliefs of their broader community.

The method used was a mixed method study of a convenience sample.

The study shows that attention should be given to commonalities and differences grounded within the person's perspective. Consistency of themes demonstrated an intergenerational awareness. Young people are accessing information, however, traditional beliefs and 'taboos' around talking about sex create generational barriers and conflict. These are often only bridged when youth experience negative sexual health outcomes.

Parents and young people need to be involved and given access to similar information early post arrival in order to reduce inner family confusion and conflict.

Interventions need to be tailored towards the communities' personal lived experience and incorporate traditional cultural beliefs along with information about Australian norms and social systems.

Cross link: Migrant / refugee health

Key words: Sexual, health, behaviour, Queensland, Sudanese, migration, refugee

Country: Australia

Document type: Information poster

Web link: Not available

Access: Request a copy via email: Judith.Dean@griffith.edu.au

Male condom use among African people in England

KWP Briefing Sheet 1

Dodds C. Sigma Research, 2010

Summary

One aim of the Knowledge, the Will and the Power (KWP) strategic plan of the National African HIV Prevention Programme is that Africans learn to use condoms correctly. Another is that there is a description of the needs associated with their use.

This briefing provides evidence and detail relating to those needs, in light of the finding that 30% of condom users experienced a slip or a break in the past year (2009-2010).

Those planning HIV prevention interventions for African people must recognise that in order to increase condom use, simply distributing condoms is not enough.

Where condoms are costly, or uncomfortable, or where friends, family or potential partners regard them as a sign of sexual freedom they are more likely to be used inconsistently, or not at all.

For condom use to be successfully adopted, people need to develop a positive attitude towards them, to understand the benefits of using condoms and to value those benefits above any perceived drawbacks.

Intervention strategies need to increase the skills that people need to use condoms correctly.

This requires information about techniques, the opportunity to practice, and the capacity to negotiate protected intercourse.

Key words: Condom, HIV, African, men, England

Country: England

Document type: Briefing paper

Web link: <http://kwp.org.uk/files/kwp-briefing1.pdf>

Access: Free

Negotiating migration, gender and sexuality: health and social services for HIV-positive people from ethnic minority backgrounds in Sydney

Körner H. *Mobility, Sexuality and AIDS*, 2010, First edition, Routledge, London, United Kingdom (67 – 79)

Summary

Sexual Orientation and language affect access to health and social services in complex ways.

This paper uses data from in depth interviews with 28 HIV positive men and women living in Australia, but born in Asia, South America and Southern Europe, to explore how they negotiate migration status, language, gender and sexual orientations while accessing health and social services.

The paper suggests that measures for health promotions, as well as for providing care and support, must include communities and their cultural values. This would include migrants in general, but also the social and cultural norms of different subgroups such as gay men, heterosexual men and women.

The response of the minority ethnic communities to HIV is very different from the response of the gay community.

Some solutions suggested by the author include: the use of bilingual health workers; understanding of the self in relation to the other of clients from societies with predominantly collectivist orientation; and empowering migrants to use the services offered to them in the best way possible.

Cross link: Migrant / refugee health, People with HIV

Key words: migration, HIV, Infection, transmission, sexual behaviour, ethnic, community, gay

Country: Australia

Document type: Book chapter

Web link: <http://sphcm.med.unsw.edu.au/publication/negotiating-migration-gender-and-sexuality-health-and-social-services-hiv-positive-0>

Access: Unavailable online. Request from library

Periodic survey of HIV knowledge and use of health services among people from culturally and linguistically diverse backgrounds, 2006–2008

Asante A, Körner H, McMahon T, Sabri W, Kippax S. National Centre in HIV Social Research, the University of New South Wales. Monograph 2/2009

Summary

This study provides benchmark data on the HIV knowledge and perceptions, use of health services and sexual behaviour of immigrants from selected communities during return visits to their countries of birth or a neighbouring country.

Sexual risk behaviours among participants during travel to their country of birth was minimal with only 7% of participants indicating that they had taken part in any form of sexual activity during their home visits.

Awareness of HIV was very high, with media being their main source of HIV information. While 86.4% of participants believed that it was important to be tested for HIV, only 50.3% of all participants reported ever having been tested themselves, the majority being women.

Condom use was very low with only 17.1% reporting that they always used condoms.

The study calls for policy makers, health promotion practitioners and other HIV education agencies to develop culturally appropriate resources to assist in the prevention of HIV transmission in these communities. As well, they call for periodical surveys about HIV and CALD that monitor changing trends in attitudes and behaviours in order to establish appropriate policy responses.

Cross link: Sexual Health, HIV/BBV

Key words: CALD, HIV/AIDS, stigma, HIV test

Country: Australia

Document type: Social research paper

Web link: http://nchsr.arts.unsw.edu.au/media/File/1_CALDperiodicsurvey.pdf

Access: Free

Social, behavioural, and intervention research among people of sub-Saharan African origin living with HIV in the UK and Europe: literature review and recommendations for intervention

Prost A, Elford J, Imrie J, Petticrew M, Hart GJ. *AIDS and Behavior*, 2008, 12:2 (170–194)

Summary

This review describes and summarises the literature available on social, behavioural, and intervention research among African communities affected by HIV in the UK and other European countries.

Significantly, there is a steady increase in heterosexually acquired HIV amongst this group, and a low uptake of HIV testing leading to late presentation.

Many Africans did not feel at risk for HIV and lack information about sexual health services.

Low condom use is related to expectations of fidelity, despite, at times, lack of trust between partners.

MSM constitute a small but significant portion of the African community in the UK, with twenty per cent of men interviewed in a North London survey of HIV-positive Africans saying they had sex with another man in the year prior to interview.

Stigma, linguistic and immigration problems, poverty, and unemployment were reported to create barriers in accessing services.

The study recommends the implementation of innovative and culturally acceptable approaches to promote testing, safe sex, and information about sexual health services specifically aimed at young people, heterosexual men and MSM.

Cross link: Sexual health

Keywords: HIV/AIDS, ethnicity, interventions, review, Europe, MSM, heterosexual, African men, youth

Country: UK

Document type: Literature review

Web link: <http://www.ncbi.nlm.nih.gov/pubmed/17497218>

Access: Login via PubMed or purchase online for £20.95

Gay men / MSM

Common roots: a contextual review of HIV epidemics in black men who have sex with men across the African diaspora

Millett GA, Jeffries WL, Peterson JL, Malebranche DJ, Lane T, Flores SA, et al. The Lancet, 2012, Early Online Publication

Summary

This study uses meta-analytic methods to assess differences in the prevalence of HIV infection between black MSM and other populations, and provides a comprehensive overview of HIV epidemics among Black MSM worldwide.

According to this study, prevalence of HIV infection is 8.5 times higher among Black MSM than among heterosexual Black populations across the diaspora.

Black MSM are less likely than white MSM to access ART in the USA and the UK. Stigma and conspiracy beliefs regarding HIV are key barriers to them accessing HIV prevention services.

Lack of cultural competency among health care providers is one of the systemic barriers facing African MSM in UK and Canada. In the US and the UK, MSM who also have sex with women keep their homosexual behaviour private. Black MSM were much less likely than other MSM to identify as gay, and many Black MSM associate the term 'gay' with emasculation or being the receptive partner during anal sex.

Verbal and physical abuse, homophobic violence and murder are some of the threats faced by Black MSM in Canada and UK as outlined in the study. Institutionalised racism and curtailed employment, housing, education, and health opportunities have been reported by Black MSM in the US, Canada, and the UK. Racism increases the risk of HIV transmission for Black MSM through partner selection, poverty, and access to health care and imprisonment rates in the US and Canada. Black MSM report experiencing racial discrimination from white lesbian, gay, bisexual, and transgender (LGBT) communities.

Cross link: HIV/BBV

Keywords: HIV, MSM, gay, LGBT, racism, homosexuality, African Diaspora, ART, discrimination,

Stigma

Country: Global

Document type: Research paper

Web link: [http://dx.doi.org/10.1016/S0140-6736\(12\)60722-3](http://dx.doi.org/10.1016/S0140-6736(12)60722-3)

Access: Free

Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK, and USA: a meta-analysis

Millett GA, Peterson JL, Flores SA, Hart TA, Jeffries WL, Wilson PA, et al. The Lancet, 2012, Early Online Publication

Summary

This meta-analysis assessed factors associated with disparities in HIV infection among Black men who have sex with men (MSM) in Canada, the UK, and the USA. The study shows that Black MSM in all three countries were less likely to report gay identity or disclose their sexuality. With the exception of sex workers, Black MSM were less likely to engage in any HIV risk behaviours than other MSM.

Despite reporting more preventive behaviours, Black MSM, were more likely to test positive for HIV, to have undiagnosed HIV infection, high STI diagnoses, and were more likely to have Black sex partners.

Black MSM were more likely to seroconvert than other MSM, and encounter structural barriers when accessing health care services. Young Black MSM were more likely than other young MSM to debut sexually at a younger age, report a history of childhood sexual abuse, have older sex partners, and have a low income.

The study recommends addressing the social and economic environments that impact Black MSM in particular in order to encourage regular HIV testing, early initiation of ART, and improved access to treatment and care.

Cross link: Sexual behaviour

Keywords: MSM, STI, ART, HIV, serosorting, transmission risk, risk behaviours, youth

Country: Canada, US, UK

Document type: Research report

Web link: [http://dx.doi.org/10.1016/S0140-6736\(12\)60899-X](http://dx.doi.org/10.1016/S0140-6736(12)60899-X)

Access: Free

Epidemiology of HIV among black and minority ethnic men who have sex with men in England and Wales

Dougan S, Elford J, Rice B, Brown A E, Sinka K, Evans B G, et al. Sexually Transmitted Infections, 2005, 81 (345–350)

Summary

This paper examines the patterns of HIV among black and minority ethnic (BME) men who have sex with men (MSM) in England and Wales (E&W) to provide evidence and facts for those involved in health promotion.

Data for 1997–2002 from three national HIV surveillance systems held at the Communicable Disease Surveillance Centre (CDSC) showed that BME MSM accounted for just over one in 10 MSM diagnosed with HIV in E&W. Where probable country of infection was known, more than half had probably acquired their infection within the UK.

In 2002, there were many more BME MSM living with diagnosed HIV infection than white MSM. Frequency of undiagnosed HIV was particularly high among Caribbean born MSM.

Surveillance of HIV among BME MSM could be improved if data on ethnicity, country of birth and infection for new HIV diagnoses were complete.

There is a need for black Caribbean MSM to be prioritised when planning health promotion initiatives.

The high rates of bacterial STIs and sexual risk behaviours among black minority ethnic groups in E&W, made worse by racism and cultural taboos surrounding sexual orientation, demand that this community's needs are prioritised.

Cross link: Sexual health

Key words: MSM, HIV, MBE, diagnosis, E&W, Caribbean born MSM, epidemiology, sexual health needs

Country: United Kingdom

Document type: Journal article

Web link

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1745025/pdf/v081p00345.pdf>

Access: Free

Men who have sex with men who are born abroad and diagnosed with HIV in England and Wales: an epidemiological perspective

Dougan S, Elford J, Sinka K, Fenton KA, Evans BG. International journal of STD and AIDS 2005 (September 1), 16:9 (618-621)

Summary

The epidemiology of HIV among MSM born outside the UK and diagnosed with HIV in England and Wales is described in the study.

Between 2000 and 2003, 6386 MSM were diagnosed with HIV in England and Wales. 52% were infected in the UK, 43% in their region of birth and 5% in another region.

This strengthens the call for targeted HIV prevention and sexual health promotion among MSM who are not born in England and Wales.

MSM born abroad represent a significant proportion of new HIV diagnoses. They are a heterogeneous group, which may increase in number with continuing in-migration.

Over half the MSM born abroad probably acquired their HIV infection in the UK lending support to the need for targeted HIV prevention and sexual health promotion. Findings highlight a weakness in current HIV surveillance and its ability to clearly describe 'at-risk' groups.

Measures to improve the completeness of country-of-birth data for MSM will enable better monitoring of epidemiological trends, and inform prevention interventions for MSM.

Cross link: HIV/BBV

Key words: MSM, HIV, infection, England, Wales, surveillance, epidemiology

Country: United Kingdom

Document type: Journal article

Web link: <http://www.ncbi.nlm.nih.gov/pubmed/16176629>

Access: Login via <http://std.sagepub.com/content/16/9/618.full.pdf>

Attitudes toward treatments

Project Nasah: an investigation into the HIV treatment information and other needs of African people with HIV resident in England

Briefing Sheet 1 Anti-HIV treatments information

The National AIDS Trust, NAM, Sigma Research and the African HIV Policy Network, 2003

Summary

The National AIDS Trust, NAM, Sigma Research and the African HIV Policy Network have conducted research into the treatment information needs of African people with HIV living in England. This briefing is a summary about the treatments education needs of African people with HIV. It is intended for people providing HIV treatment information in the corporate, statutory or non-governmental sectors.

Access to HIV treatments information is significantly poorer for African people than for the rest of the population of people with HIV. All agencies providing any type of information need to focus on reaching Africans resident in England as a priority.

African people have an immediate need for information at point of diagnosis. Those diagnosed for less time have lower levels of formal education and are least likely to have a job. There should be a range of information resources that address different levels of education and literacy.

The range of interventions through which anti-HIV treatments information is currently delivered were broadly acceptable to African people with HIV.

The role of the HIV doctor and other HIV clinic staff as fundamental sources of treatment information was a crucial finding.

It is difficult to reach people who are not part of established communities. There is a need for targeted and tailored interventions.

Key words: Treatment, HIV, education, African, UK, anti HIV, therapy

Country: England

Document type: Briefing paper

Web link: <http://www.sigmaresearch.org.uk/files/nasahbriefing.pdf>

Access: Free

Children / adolescents

Becoming an African mum

Ayugi De Masi J. AIDSmap, 2012 (September) Blog Article

Summary

Thanks to routine antenatal HIV testing and effective drug regimens and care, the rates of mother to child transmission of HIV in the UK sit below 1%.

The British HIV Association (BHIVA) / Children's HIV Association (CHIVA) guidelines advise all mothers with HIV to refrain from breastfeeding regardless of their maternal viral load and treatment. Breastfeeding symbolises motherhood in Africa and these women living with HIV in London find it extremely difficult to justify this advice to their husbands/partners and the wider African community.

The writer brings up issues of the cost of prevention. They ask questions such as: Are all women offered the required support? Does it also include those with uncertain immigration status? Where is the assistance for middle-class working African women struggling to buy formula milk?

Faced with language difficulties, domestic violence and restricted movement, poverty, uncertain immigration status and fear of stigma, for African women with HIV living in London HIV education is not a priority.

Stigma and discrimination are still rife within African communities. The writer links this to late HIV diagnosis and poorer health and reinforces the importance of early HIV testing and viral load suppression.

Cross link: HIV/BBV

Key words: African, child, mother, viral load, HIV, UK, breastfeeding, treatment, testing

Country: England

Document type: Blog article

Web link: <http://www.aidsmap.com/Becoming-an-African-mum/page/2512977/>

Access: Free

Criminal prosecutions

Criminals and victims? The impact of the criminalisation of HIV non-disclosure on African, Caribbean and Black communities in Ontario

Larcher AA, Symington A. African and Caribbean Council on HIV/AIDS in Ontario (ACCHO) 2010 (November)

Summary

In Canada, members of African, Caribbean and Black (ACB) communities make up about 2.5% of the population. The majority are located in Quebec, Ontario. Although a small population, they are vastly overrepresented by numbers of HIV cases and prosecutions for HIV non-disclosure. From 1998 to 2004 about 48% of people charged under HIV criminalisation laws were Black.

This paper describes how immigration shapes these communities, their unique vulnerabilities to HIV, and the influence they hold over an individual's decision whether to disclose.

It examines the criminalisation of HIV non-disclosure in Ontario in the context of race and the Canadian criminal justice system. Next, it explores how the criminalisation of HIV non-disclosure affects people with HIV in the ACB communities and ACB communities more broadly.

The report then discusses media coverage of HIV non-disclosure cases and the messages about ACB people they convey.

Finally, the report presents specific recommended actions for stakeholders to address the racialisation of the criminalisation of HIV non-disclosure, with the hope to improve the overall health and quality of life of ACB communities in Ontario.

Key words: criminalization, African, Caribbean, black, HIV, non disclosure, laws, race, racialization

Country: Canada

Document type: Discussion paper

Web link:

http://www.accho.ca/Portals/3/documents/ACCHO_Criminals_and_Victims_Nov2010_LoRes.pdf

Access: Free

“I don't blame that guy that gave it to me”: contested discourses of victimisation and culpability in the narratives of heterosexual women infected with HIV

Persson A. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*, 2013, (233-239)

Summary

In Australia, most women with HIV are infected through heterosexual sex with a spouse or casual partner. In media coverage, these women are usually portrayed as having been deceived by men they trusted or as victims in criminal cases against HIV-positive men from high-prevalence countries.

Less attention has been paid to the ways the women themselves make sense of heterosexual transmission of HIV. The victim discussion leaves out stories about women's sexual pleasure and risk-taking; and the vulnerabilities of both women and men that underlie the epidemic in any country.

Drawing on qualitative interviews from two larger studies, this article shows how the victim—culprit duality is challenged by women's accounts of acquiring HIV. None presented themselves as victims or placed the blame squarely on the men. They revealed themes of mutual vulnerability and far more undecided claims of responsibility.

The paper summarises that even though heterosexuals are overrepresented in HIV-related criminal cases, it does not necessarily mean that they agree to the argument of blame that is the focus of criminal cases and media stories. Among these women, responsibility for infection was complicated, contested or absent altogether.

Key words: Women, heterosexual transmission of HIV, criminalization, victim discourses, responsibility, blame

Country: Australia

Document type: Journal Article

Web link:

<http://www.tandfonline.com/doi/abs/10.1080/09540121.2013.811207#.U8Wv4tR53UZ>

Access: Login via Taylor Francis online OR purchase online for US\$39

“Living with HIV I feel like I am in prison, criminalisation makes me feel like I have been locked up twice.”

African woman living with HIV

African HIV Policy Network (APHN), Position Paper on the Criminalisation of HIV Transmission, 2005 (November)

Summary

Criminalisation raises a range of issues for African people living with HIV in the UK. This paper begins to explore the impact of criminalisation by pooling existing evidence of the needs and concerns of African communities living with and affected by the disease.

APHN states its position by claiming that the criminalisation of HIV transmission centres exclusively on the failings of HIV positive people, making them part of the problem rather than a part of the solution. These convictions hamper the efforts of all organisations working to meet the needs of African communities.

Criminalisation of HIV transmission is especially disastrous for African communities due to the lack of infrastructure and resources, and is made worse by negative public policies and media profiles.

Risky behaviour by positive people is not the norm. Most take extraordinary steps to ensure they don't infect their partners.

The risk to the public's health outweighs the benefits of revenge in individual cases. This is especially true within this context, where African communities are being forced underground by the media, policy makers and communities themselves.

Recommendations to policy makers are provided at the end of the paper.

Cross link: Stigma and discrimination

Key words: Criminalisation, African, UK , HIV, AIDS, community, stigma, prosecution

Country: England

Document type: Position Paper

Web link: Unavailable

Access: Request from African HIV Policy Network (APHN)

Making monsters: heterosexuality, crime and race in recent Western media coverage of HIV

Persson A, Newman C. *Sociology of Health & Illness*, 2008, 30 (632–646)

Summary

Given that HIV is recognised as a global heterosexual epidemic, this paper examines how Australian media stories portray heterosexuality in relation to HIV. There appears to be a white Australian heterosexuality largely protected from HIV and free from critical sexual inspection.

Several news stories play out heterosexual women as typical victims and deceitful heterosexual men as perpetrators. The paper highlights two local stories focusing on HIV-related offences where criminality comes together with a sense of predatory black sexuality and the infectiousness of African bodies to suggest a monstrous masculinity.

This type of media sensationalism worsens the stigma already associated with HIV and creates an arena of fear and paranoia. The threat of criminal prosecution prevents people from being honest with their partners and from testing, and negatively affects trust between patients and service providers.

Criminalisation goes against the public health message that both partners need to take a shared responsibility for their sexual health. Prosecutions create a false sense of security that the law, rather than safe sex, will protect people from HIV.

Cross link: Sexual behaviour

Key words: HIV, heterosexuality, media, criminal prosecutions, race

Country: Australia

Document type: Journal article

Web link: <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2008.01082.x/pdf>

Access: Free

Violence as a cause or consequence of HIV for women in England

A feasibility study regarding a potential national investigation

Sophia Forum, Report, 2013

Summary

International research has identified strong relationships between being a woman living with HIV and experiencing gender-based violence (GBV). But in the UK the link between HIV and GBV remains under-researched and unacknowledged.

This study has explored the potential for a national investigation into violence as a cause or a consequence of HIV for women in England.

There is a range of GBV experiences amongst women living with HIV, including threats of prosecution for reckless transmission, physical violence and institutional abuse.

There are questions around who is best placed to identify women experiencing GBV and what effective care pathways can be established.

There needs to be a more thorough mapping of HIV support services and active development of partnerships with sectors that are already involved in this work. A good practice guidance toolkit should be developed in order to recognise the variety of challenges faced by women living with HIV. Training packages should be developed that challenge cultural norms of the acceptability of GBV against women living with HIV

In the longer term, mixed-method research is needed to define the true extent of the HIV/GBV intersection and to understand the impact of GBV at both the individual and societal level.

Cross link: Migrant/refugee health, People with HIV

Key words: Women, GBV, violence, HIV, migrant, England, stigma, prosecution, abuse

Country: England

Document type: Report

Web link:

http://www.sophiaforum.net/resources/Finalweb_SophiaForum_HIV_GBVreport2013.pdf

Access: Free

Role of faith and religious leaders

Religion and HIV diagnosis among Africans living in London

Fakoya I, Johnson AM, Fenton KA, Anderson J, Nwokolo N, Sullivan AK, et al. British Association of HIV Medicine, 2012 (November), 13:10 (617–622)

Summary

This paper examines the role of religion in the lives of newly-diagnosed Africans living in London.

5.2% of study participants believed that taking antiretroviral therapy implied a lack of faith in God, and 6.6% reported that they had been deterred from testing for HIV because they believed in a spiritual cure for HIV. Muslims were less likely to believe in the power of faith to cure HIV infection.

Less than one in ten participants had received HIV information from faith leaders or faith-based organisations prior to testing.

Analysis from this study showed no relationship between religiousness and late diagnosis. Belief in healing or the importance of religion was not associated with starting antiretroviral therapy or viral load.

The study calls for harnessing the solidarity of faith communities to increase uptake of HIV testing as well as encouraging faith communities in the UK to raise awareness of HIV testing.

Keyword: UK, HIV, faith, religion, African, AIDS

Document type: Research paper

Country: United Kingdom

Web link: <http://www.ncbi.nlm.nih.gov/pubmed/22726318>

Access: Login via PubMed or purchase online

Stigma and discrimination

Associations between HIV-related stigma, racial discrimination, gender discrimination, and depression among HIV-positive African, Caribbean, and Black women in Ontario, Canada

Logie C, James L, Tharao W, Loutfy M. *AIDS Patient Care and STDs*, 2013 (February), 27:2 (114-122)

Summary

HIV-related stigma plus gender and racial discrimination come together reducing access to HIV prevention services and increasing the risk of exposure to HIV infection among African, Caribbean, and Black (ACB) women. Consequently, ACB women are greatly overrepresented in new HIV infections.

Stigma and discrimination also present barriers to treatment, care, and support and mental health problems.

This study consisted of a survey of HIV positive ACB women (173) across Ontario to look at the relationships between HIV-related stigma, gender discrimination, racial discrimination, and depression.

Findings included the fact that HIV-related stigma, gender discrimination, and racial discrimination were highly connected with one another and with depression, highlighting the importance of examining multiple interconnecting forms of stigma.

Findings highlight the importance of multi-component interventions including building tough coping skills, mental health promotion and assessment, and stigma reduction programs.

Key words: Discrimination, HIV, stigma, African, black, women, Ontario, gender, race, depression

Country: Canada

Document type: Journal article

Web link: http://online.liebertpub.com/doi/abs/10.1089/apc.2012.0296?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed&

Access: Via login or purchase online for US\$51.00

Experiences of African immigrant women living with HIV in UK: implications for health professionals

Ndirangu EW, Evans C. *Journal of Immigrant and Minority Health*, 2009 (April) 11:2 (108-114)

Summary

In the UK, immigrant women from Africa constitute an increasingly large proportion of newly-diagnosed cases of HIV. This qualitative, exploratory study examines African women's experiences coping with HIV and their views on the city of Nottingham's HIV services.

Stigma was revealed to be a consistent and significant barrier to status disclosure, social integration and to accessing psychosocial support. A majority of women had disclosed their diagnosis to a church pastor. However, for these migrant women, love and responsibility towards children were the most comforting and motivating factors in dealing with HIV.

The study calls for strong links between health care providers, faith-based organisations and local religious leaders in African migrant communities to accelerate and improve health care delivery and psychosocial support outside the realm of formal services.

Encouraging appropriate attitudes and non-discriminatory behaviour among health workers, as well as promoting their understanding of the broader context of migrant health, would help make health services a safe social space for these women.

Cross link: Role of faith and religious Leaders, Migration/refugee health

Keywords: HIV/AIDS, migrant, faith-based organizations, African women, migration

Country: UK

Document: Research paper

Web link: <http://www.springerlink.com/content/n23460w660761445/?MUD=MP>

Access: Purchase online for £20.95

Migration and HIV: improving lives

An inquiry into the impact of the UK Nationality and Immigration System on people living with HIV

All-Party Parliamentary Group on AIDS, 2003

Summary

According to this report, two of the most stigmatised groups in the UK today are migrants and people living with HIV.

The debate over asylum and immigration has become characterised by the discussion of perceived problems and pressure for increasingly tough solutions. This can be seen in the way that asylum and immigration issues have been presented in the tabloid press over recent years.

Prejudice and discrimination against migrants has been perpetuated by associating them with an increasing range of problems. Immigration has been blamed for a wide range of issues, from declining standards in education, fears of terrorist attacks in the UK, and lack of capacity within the NHS.

Provocative articles reinforce the perception that responsibility for the spread of HIV lies with particular social groups rather than with every individual. Negative descriptions of people with HIV reinforce fear and further marginalise PLHIV or those suspected of having HIV. Media coverage of migration and HIV issues perpetuates stigma and discrimination, and encourages ineffective and inappropriate policies.

Cross link: Migration

Keywords: HIV/AIDS, migrants, stigma, PHIV, discrimination

Country: UK

Document type: Parliamentary report

Web link: <http://www.appg-aids.org.uk/publications.htm>

Access: Request copies via email: oakeshottv@parliament.uk

Negotiating cultures: Disclosure of HIV-positive status among people from minority ethnic communities in Sydney

Körner H. Culture, Health & Sexuality: An International Journal for Research, Intervention and Care, 2007, 9:2 (137-152)

Summary

Because of the multiple stigmas attached to HIV, disclosure is of considerable social risk for PLHIV. While stigma affects all HIV positive people, for people from minority cultures additional factors may play a significant role in self-disclosure.

This paper draws on data from semi-structured, in-depth interviews with HIV positive people from minority cultures in Sydney.

Disclosure decisions were influenced by gender, sexual orientation, as well as cultural background.

For all participants, voluntary and involuntary disclosure had caused potential and actual disruption of relationships with their families and ethnic communities.

The paper concludes by arguing for an ecological perspective of health in which decisions are not located in rational decision-making alone, but in the broader context of family and community.

What is needed in communities is accurate knowledge about transmission and quality of life after infection, and also acceptance of people living with HIV so that HIV-positive people can live in harmony with their communities and use health and social services without fear of discrimination.

Key words: Gay men, heterosexual men and women, interdependence, self-reliance, cultural diversity, HIV

Country: Australia

Document type: Journal article

Web link: <http://www.tandfonline.com/loi/tchs20>

Access: Through a pay wall at <http://www.tandfonline.com/loi/tchs20>

Project Nasah: an investigation into the HIV treatment information and other needs of African people with HIV resident in England

Briefing Sheet 3: Policy and research implications

The National AIDS Trust, NAM, Sigma Research and the African HIV Policy Network, 2003

Summary

The National AIDS Trust, NAM, Sigma Research and the African HIV Policy Network conducted research into the treatment information needs of African people with HIV living in England.

Project Nasah tells us that in 2002, 38% of African people with HIV in England had experienced problems in relation to discrimination.

Problems of isolation and lack of links to good-quality services deprive African people of the services they deserve, but it also means that they are hard to involve in needs assessments and other research.

Many African people with HIV had problems with relationships (51%) and sex (40%). There is a need to understand these problems a lot better in order to ease the pressures and problems that HIV brings.

Three quarters (71%) had problems with anxiety and depression. There is a need to know much more about what these problems are and how services can become more competent in meeting people's needs.

Key words: Discrimination, HIV, stigma, African, UK, policy

Country: England

Document type: Briefing paper

Web link: <http://www.sigmaresearch.org.uk/files/nasahbriefing.pdf>

Access: Free

The challenges of health promotion within African communities in New Zealand

Tuwe, K. A thesis submitted to Auckland University of Technology in fulfilment for the requirement for completion of degree of Masters of philosophy, 2012

Summary

According to this thesis, poor health-seeking behaviour and life styles which are ingrained within the culture—fuelled by misconceptions, stigma, cultural ambiguity, taboos and lack of family support—are the main structural barriers to health promotion within African communities in New Zealand.

For many Africans, prohibitive immigration policies restrict access to health services.

Health care practitioners were accused of institutionalised racism and discrimination, a lack of exposure to and respect of other cultures and stereotyping by those surveyed.

Within African communities, division and internal conflicts and factions, HIV-associated stigma and discrimination, fearing a breach of privacy and confidentiality when using family members or available interpreters all affect uptake of health promotion services.

The study calls for health practitioners to embrace cultural awareness and acknowledge diversity. It recommends employing qualified Africans within health programs to promote bridging and increase the cultural appropriateness of the services delivered. It also challenges the African communities to adopt healthy lifestyles, learn about different services available and engage with service providers.

Cross link: Sexual health

Keywords: HIV, African, health promotion, NZ, health services

Document type: Thesis

Country: New Zealand

Web link:

<http://www.arphs.govt.nz/Portals/1/Documents/Publications/TuweK%202012%20Health%20Promotion%20within%20NZ%20African%20communities%20PhD%20thesis.pdf>

Access: Free

The intersectionality of experience in the narratives of Africans living with HIV in England

MacAllister J. London School of Economics and Political Science, African Health Policy Network, 2011 (September)

Summary

This research explores the experiences of Africans living with HIV in England in order to gain insight into the nature of how factors often seemingly unrelated to health or HIV may influence how individuals experience their illness and their ability to pursue a healthy existence.

15 African-born HIV-positive men and women living in London and Bristol participated in individual narrative interviews in which they shared their stories of living in the UK. A thematic content analysis was performed with the following four dominant themes across the narratives: the perception of HIV as a 'unique illness'; structural barriers to participating in society; structural barriers to self-efficacy; and support groups as 'empowered spaces.'

The complexities and inconsistencies of the UK immigration system and the inability to pursue paid employment were overwhelmingly the most commonly mentioned structural barriers to developing self-efficacy and establishing a health-enabling community context.

While the HIV-affected African community has done much to further the development of a health-enabling community context within empowered spaces such as support groups, the ability of many to transfer that empowerment to their participation in larger society was limited by the structural barriers presented by UK public policy.

Cross link: People with HIV, Migrants/refugee health

Key words: Structural barriers, HIV, stigma, African, England, Immigration, public policy

Country: England

Document type: Research Paper

Web link:

http://www.ahpn.org/Upload/page/109_AHPN_Jack_McCallister_ExecutiveSummaryIntersectionality_11_7.pdf

Access: Free