Qualitative Assessment of HIV Prevention Needs among Recent African Immigrants in Maryland

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Maryland Department of Health & Mental Hygiene
Infectious Disease and Environmental Health Administration
Center for HIV Prevention Staff Meeting
May 10, 2010
To improve the health of Marylanders by reducing the transmission of infectious diseases, helping impacted persons live longer, healthier lives, and protecting individuals and communities from environmental health hazards.

We work in partnership with local health departments, providers, community based organizations, and public and private sector agencies to provide public health leadership in the prevention, control, monitoring, and treatment of infectious diseases and environmental health hazards.
AFRICA

- World's second-largest and second most-populous continent
- In 2009 had 1 billion people making up 14.7% of the world population
- 54 countries
- There are an estimated 881,300 African Immigrants in the U.S.
African Immigrants are disproportionately affected by HIV/AIDS compared to the United States population.

The exact numbers of those immigrating already infected and their country of origin is not available.

African born individuals residing in the United States accounted for 3.8% of HIV diagnoses between 2003 and 2004 yet were approximately 0.6% of the population.
The disproportionate impact of HIV among African immigrants is not unique to the U.S. In Belgium, between 2004 and 2006, 45.7% of 2,245 new HIV cases were diagnosed among people of sub-Saharan African migrants yet they account for only (0.65%) of the general Belgian population.

Prevention of transmission is the cornerstone in ensuring a reversal of the rising number of infections and late presentation.

Need to better understand the special needs of recent African Immigrants in Maryland so as to generate suitable, sustainable and targeted prevention programs.
OBJECTIVE

- The purpose of this project was to better understand the special needs of the African Immigrants to help design and provide effective prevention programs that are culturally relevant and appealing.
METHODS

- Literature review
- Key informant interviews with various stakeholders involved in the care of African Immigrants, focusing on the description of their experience caring for this population.
Locations of Interviewees
Interview Topics

- 9 individuals interviewed
- Distribution of the number of people with HIV
- Proportion who are African Immigrants
- Place where HIV infection occurred
- Availability of culturally sensitive prevention information
- Involvement of immigrants in the planning of interventions
- Challenges faced
- Suggestions on way forward
The discussions held with the stakeholders were very enlightening.
Attitudes and labels attached to HIV positive individuals in their home country

Fear of social rejection

Rumors and speculations on how the person contracted the disease
Cultural Considerations

- Language barriers
- Traditional beliefs and practices are very important to them
- Customs unique to them which are very valuable and may determine their health practices and health seeking behavior
Strong support for the use of church gatherings as a leverage point to disseminate prevention information.

Major point of contact for most immigrants, viewed as a place of solitude, have many questions answered as they adjust to their new environment.
Lack of Targeted Programs

- Major challenging in addressing the prevention needs.
- For the large part there are no specific efforts targeted towards prevention of HIV in the African Immigrant population.
MISCONCEPTIONS

- Some of the migrants are not aware of the availability of free counseling and testing services.
- Some believe that they need to pay to get tested.
- Some illegal immigrants will not get tested for fear of being tracked down and deported.
- All these factors come to play in preventing widespread use of testing services.
Refugees and Asylees

- Refugee situation is unique in the sense that most of the time they arrive with an HIV test result through the United Nations or other oversees screening requirement.

- During the resettlement process if HIV positive, they are referred to further care.

- Challenge comes in dealing with the asylees where the HIV status is not well known.
In 2009, country of origin data were collected for 45,364 HIV testing encounters, 1,626 (3.6%) of these reported their country of origin as an African country.

The African born immigrants reported 45 different countries of origin. The top 5 countries from which the people utilizing these services are from include: Cameroon, Nigeria, Ethiopia, Ghana and Sierra Leone.

Of the HIV testing encounters amongst the African Immigrants there were 38 (2.3%) confirmed positive and 34 of these were newly identified.
WAY FORWARD……

- Remains a lot to be done in planning and executing prevention activities that meet the unique needs.
- This population has been shown to be at a greater risk for HIV acquisition which warrants a targeted approach.
- Planning should incorporate various components and include the multiple stakeholders involved.
- Need to know the source countries
Addressing the barriers

- Working with representatives from these groups, preferably those living with HIV/AIDS will give additional insight.
- Faith based organizations are an integral component that should be involved in the planning process.
Recommendations

- Focus group discussions with representatives from this population need to be conducted to gain a better understanding.
- All these factors are critical in planning a targeted campaign, with culturally sensitive material.
- The importance of partnering with faith based organizations cannot be overstated; they are key in this process.
ACKNOWLEDGMENT

- Jose Arbelaez
- David Bulindah
- Barbara Davis
- Carol Carp
- Kip Castner
- Josie Francisco
- Vanda Lerdboon
- Christiana Metzger
- Jane Pan
- Hope Cassidy-Stewart
Questions??

THANK YOU
Maryland Infectious Disease and Environmental Health Administration

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