Ubuntu-Hunhu in Hertfordshire

Black Africans in Herts:
Health & Social Care Issues

A report on the Action Research Interventions in the County

Authors:

Martha Chinouya: Ubuntu-Hunhu & London Metropolitan University

Livingstone Musoro: Ubuntu-Hunhu

Eileen O'Keefe: London Metropolitan University

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The Crescent Support Group

The Crescent

19 Russell Avenue

St Albans

Herts

AL3 5ES

T: 01727 842532

F: 07092 163874

E: info@thecrescent.org.uk

W: www.thecrescent.org.uk

A large-print version of this report is available on request from the publisher

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Foreword

by Ian Bowman,

CSG Project Director

The decision to deliver this piece of research was borne out of the dramatic change in client profile that was being seen by both The Crescent and Hertshapes. In the space of the last three years the numbers of people living with HIV from the African community has steadily increased. In the case of The Crescent they now account for over 60% of our membership. And gay men only 13% – a far cry from the early days.

Movement of people to the UK from the African continent is relatively unsurprising for various reasons, access to anti-HIV medication being but one of them. Many people have far more pressing issues than impaired health. They may be in economic difficulties, experiencing political discrimination or seeking refuge from civil or military conflict. The authors of this study have shown in their other research that many migrants are pulled to the UK by active recruitment drives. For the most part, Africans, like other migrants are making important contributions to the United Kingdom. Meanwhile, back home, a continent of nations that are haemorrhaging workforces to migration and, more significantly, premature death from HIV, is becoming economically unstable.

So, mindful of the communities and the problems that people have had to leave behind to make it to the UK, how does an organisation like The Crescent support these people? What can we usefully do to enable them to cope and come to terms with the fresh, new difficulties that they will experience here, in exchange for and, clearly on top of, the ones they have still to worry about at home? Whilst influencing a transfusion of international aid for the root cause might be a little beyond our power, what opportunities exist within our own community to empower these people and give them a voice that, maybe, one day, will be heard at a higher level?

The answers to these questions, came in commissioning this report in a manner that would ensure that it was a project conducted both by and for African people in Hertfordshire, involving their communities at every stage. And to do this would require the use of language and a set of values that these people would relate and respond to. A concept entrenched in the history of both that continent and its many different nations and their people. A notion if you will that each person's humanity is inextricably linked to their perception of humanity in others. And that, broadly speaking, is what encapsulates the uniquely African spirit of ubuntu.

The constitution of South Africa states:

> "There is a need for understanding but not for vengeance, a need for reparation but not for retaliation, a need for ubuntu, but not for victimisation."

And it is these concepts that we aim to embrace in developing the delivery of services in Hertfordshire, in partnership with the African communities here. To recognise and acknowledge the value of the contributions they are making to our community so they feel empowered to ask for what they need with impunity and, have a sense of ownership, pride and responsibility in what has been achieved.

And hopefully, one day, we will see the differences their actions have generated for the long-term picture back home, wherever that might be, on that vast, disparate and ultimately troubled continent that we often refer to, all too lightly, as just 'Africa!'

Acknowledgments

It is usually difficult to name all the people who contribute to the success of an Ubuntu-Hunhu Project, more so if the project is located in a mixture of urban and rural England. This project would not have been possible without the persistence of two workers then based at The Crescent and the Community Development Agency, Melusi Ndebele and Georgina Burt, who worked relentlessly to secure the funding for the project. We are grateful to the two agencies that funded this project, namely, The Crescent and the Community Development Agency for Hertfordshire. Many, many thanks to Ian Bowman and Jean Beswarick from the respective agencies for giving us the space to bring Ubuntu-Hunhu to Hertfordshire. A big 'Thank You' to the Trustees of The Crescent Support Group for all your help! We cannot omit all the workers at The Crescent who were there when we needed help, namely Michelle Little and Paul Elfick. We also wish to thank all staff at the Community Development Agency in particular Mary Cooke for her support.

Many thanks are also due to the various health service providers throughout Hertfordshire for agreeing to be interviewed and providing invaluable information and insights.

The moral framework of Ubuntu-Hunhu is grounded in communal responsibilities. Ubuntu-Hunhu key researchers who are driven by this framework are Keyi Banda, Ron Mlilo and Martin Charehwa. As a trio, they engaged various sections of the African community in Hertfordshire. We would also like to thank the Ubuntu-Hunhu health promoters namely: Aquisillia Chizhoweza, John Juuko, Monica Matunge, Peggy Chisome, Mary Mliswa, Sibongile Mliswa, Tichaona Sibanda, Fungai Banda, Grace Mugwagwa, Kuda Musoni, Fungisai Musoni, Shingirai Jose, Brodrick Mapimbiro and Nomsa Nkala. To Cathrene Nhemwa, Rose Kwanisai, Magi Manyika: we wish to say 'thank you' again for your efforts and support. We also wish to thank Norma Mliswa for ensuring that all the questionnaires were completed according to the Ubuntu-Hunhu protocols.

Last but not least we wish to thank all the Africans who took part in this intervention and were able to share their experiences during our conversations.

Thank you!

Executive Summary

HIV and AIDS are increasingly affecting black African communities in the UK living outside London. This is startlingly apparent in the county of Hertfordshire.

In Hertfordshire, the health promotion needs as well as models of good practice for working with this population are relatively unknown.

The research included two parts. **Part One** focussed on black Africans in the county who know that they are living with HIV and using local services. **Part Two** focussed on black Africans living in Hertfordshire to identify risks of acquiring or transmitting HIV infection

In this Project, Ubuntu-Hunhu action research methods were used to produce evidence of health promotion needs. An Ubuntu-Hunhu tool kit was used as well to deliver health promotion interventions amongst the survey population.

Using photography, story telling and narratives, the geographical distribution of this population in the county was explored.

Part One: Living With HIV in Hertfordshire

A sample of people living with HIV (n=15) was interviewed about their experiences of living with HIV and AIDS in Hertfordshire. Nearly all these respondents were recruited from The Crescent Support Group. Most reported that they found out that they were HIV positive after an illness that subsequently led to hospitalisation. HIV positive black African interviewees reported that they presented late with AIDS defining complications as they lacked awareness about local services and how to access them. Hence, they had not been able to benefit from earlier intervention. Few reported voluntary HIV testing. If they did voluntarily have an HIV test, this was following a suspected AIDS related illness or indeed death of a sexual partner. This raises questions about the level of awareness about local services of the population at large. This topic was addressed in Part Two.

Executive Summary continued

Part One continued

Major concerns for the HIV positive Ubuntu-Hunhu interviewee respondents in Part One were as follows:

Poverty: Few respondents were able to access benefits due to their unresolved immigration status. Financial problems often led to some people working long hours in environments that were described as 'unhealthy' in order to supplement their income. Working such long hours often resulted in their disengagement from local health promoting services.

Mental Health: Coping with HIV was highly problematic as some respondents reported that outside the clinic settings there were limited facilities available to them to help them cope with the stresses of living with the diagnosis. There were particular issues related to isolation. Some respondents reported that only their medical advisors and staff at The Crescent were aware of their HIV positive diagnosis. Inability to disclose to significant others and the community more widely, often led to isolation and, for some, depression.

Limited opportunities to become "expert patients": There were insufficient opportunities for meeting with other HIV positive people to share experiences, particularly related to medication, adherence and some of the complications related to their HIV positive status. This encourages inappropriate dependence on workers. It rules out the development of expertise, which could become a positive resource in the community.

Transport: This was particularly a problem for those accessing services of The Crescent Support Group. They reported that they had to travel significant distances to get to The Crescent.

Inadequate information about 'unfamiliar' therapies: Despite there being complementary therapies offered at The Crescent, black Africans living with HIV reported that they were not fully informed about the meanings and benefits of such services. It was reported that The Crescent might need to change the ways in which complementary therapies were marketed: more explanation about the benefits is needed.

Part Two: Living in Hertfordshire

This part of the research was crucial since most HIV epidemiology and consequent service commissioning in the UK is derived from information about those already in contact with service providers. Little is known about the health status and risk factors facing the black African communities resident in the UK who are not in such contact.

- Three hundred and twenty-two black African respondents were recruited in social venues around Hertfordshire and engaged in the Ubuntu-Hunhu health interventions. There were more females (53%) than males (47%), with a majority (80%) aged between 16–34 years. This age profile has implications for mother-to-child transmission, transmissions between sexual partners if no HIV prevention strategies are in place and the welfare of the household and the family. Most of them were newly arrived migrants from Sub-Saharan Africa, and were born in countries that include Zimbabwe, Uganda, Kenya and South Africa – countries in regional areas where the rates of HIV prevalence are some of the highest in the world.
- Slightly over a third (37%) had originally settled in Hertfordshire on arrival, whilst others had moved from neighbouring counties and towns including London, Luton and other parts of Bedfordshire. Black Africans in these surrounding counties and towns have since been found to be significantly affected by HIV and other health issues related to their marginalized social positions in England.
- The Ubuntu-Hunhu Hertfordshire respondents perceived their health favourably, with few self-reporting morbidity. Despite this, working long hours, poor housing, studying and missing their families were reported as factors threatening their health. There was a generally low level of awareness about local services with slight gender differences in level of awareness. Women were more likely to report knowledge of local HIV testing and treatment centres, sexual health services, family planning, childcare, housing and immigration services compared to their male counterparts. Although there was an expressed need, their lack of awareness about local services subsequently led them not to access relevant services.

Executive Summary continued

Part Two continued

- There was also a specific lack of awareness regarding local sexual health services with 75% not able to mention a place where they could access free condoms and 65% did not know where to go for a sexual health check-up including an HIV test.

- Most of the respondents (81%) had not heard of The Crescent Support Group. Those who were aware of The Crescent (19%) reported that they had heard of The Crescent through someone in the community, in most cases, their Ubuntu-Hunhu peer educators.

- More than half of the respondents (57%) reported that they consumed alcohol, with men more likely than women to report that they did. Of those who consumed alcohol, slightly over a third (36%) reported that their consumption of alcohol affected their ability to practice safer sex, with a third (33%) reporting that alcohol affected their decision regarding who they have sex with.

When asked:

> "Do you think your alcohol consumption is a cover for real issues you do not intend to face (e.g. HIV diagnosis, family problems etc)?"

– almost a third (31%) reported alcohol as a cover up for real issues that they could not face.

- There were gender differences in sexual partnership patterns with women more likely to report having no sexual partner than their male counterparts. Almost half (51%) of the respondents reported non-condom use in the last month. The most common reasons they did not use condoms were that: they trusted their partners, or it just happened or they were planning to have a baby.

About This Report

This report aims to bridge the gap in our ways of knowing about black African communities in the county of Hertfordshire. Since 1998, new cases of HIV infection have more than doubled in the UK (Singh 2003). Heterosexually transmitted HIV has increased significantly, especially affecting black Africans. This worsening trend is not confined to the UK. It is apparent throughout Western Europe (Nicoll, Hamers 2002). In 2002, the African HIV Prevention Framework (National AIDS Trust 2002) noted that HIV was increasingly affecting African communities outside London. This presented a challenge to commissioners and providers who at times lacked cultural competence to plan for, or work with, this population. The African HIV Prevention Framework also expressed concern that some HIV prevention interventions were directly transplanted from the gay to the African communities with limited evidence of what the needs of African communities were. The All-Party Parliamentary Group on AIDS (2003) has presented evidence about the need to take action to improve the lives of Africans resident in the UK living with HIV and to prevent further transmission.

Against the background of the transfer of responsibility for provision of HIV service commissioning to Primary Care Trusts, a solid evidence base at local level is imperative (Mezzone 2003).

The Ubuntu-Hunhu interventions are based on a moral framework that underpins African communal lives. It emphasises respect, dignity and treating other people humanely set in a context of mutual aid and interdependence. It has been established in a number of studies that action research grounded in African cultural resources can effectively engage community participation (Chinouya 2003b; Chinouya & O'Keefe, in press). The project harnessed Ubuntu-Hunhu values in everyday life to fight HIV stigma, assess health needs as well as to deliver health promoting interventions. This report describes the Ubuntu-Hunhu methodologies as well as the interventions delivered to a sample of black Africans in the County. This report will be particularly useful for commissioning bodies, service providers and black Africans living in the UK.

Background

The county of Hertfordshire is located in South Eastern England and is in close proximity to the capital, London, Buckinghamshire, Essex and Bedfordshire. The county has easy access to London and international airports with railways penetrating to all parts of the county. Hertfordshire is located not far from three main airports (Luton, Heathrow and Gatwick). It is easily accessible from Gatwick as the Thameslink trains run every 15 minutes from Gatwick to Bedford with several stops within the county. The county has a mixture of suburban towns such as Watford, St Albans, Stevenage and Welwyn Garden City, abutting on the Hertfordshire countryside. The county is home to a number of higher education institutions (e.g. the University of Hertfordshire), manufacturing industries and care industries including residential nursing homes.

Neighbouring counties have institutions of higher learning (e.g. several universities in London, Luton University) that are also easily accessible. The location of the county is particularly important, as increases in HIV cases have been reported in the surrounding counties as well as in Hertfordshire. Research has been undertaken with the local black African populations who are resident or have connections with some of the near-by urban areas such as London (Chinouya, Davidson and Fenton, 2000) and Luton (Chinouya, 2002a). This is the first needs assessment exercise that has targeted black Africans in Hertfordshire. Before this, the health needs of black Africans in the county were relatively unknown.

The Department of Health states as two objectives of the National Sexual Health Strategy, the reduction of HIV transmission and improving the lives of those living with HIV. A mapping exercise, that informed the development of the African HIV Prevention Framework showed that there were a range of HIV health promotion interventions in England targeting black Africans, with a majority of these

Background continued

interventions concentrated in London, reflecting the demographic profile of this population as at the 1991 UK census (Chinouya, 2002b). Since then, there has been an increase in the numbers of black Africans settling outside London. Like the rest of England, Hertfordshire is witnessing an increase in the numbers of Africans settling in the county. This increase in African populations outside London is creating challenges to healthcare commissioning bodies and providers who have to meet the needs of this population with limited evidence of what their needs are.

The increase in the numbers of black Africans settling in the county has not been matched by local investment in Hertfordshire. Many agencies in Hertfordshire offer a wide range of services that include HIV specific services, GUM services, drug and alcohol services, youth information, women's health, gay, bisexual and lesbian support.

There are two agencies listed in the Hertfordshire 'Little Blue Book' (2001) as offering HIV specific support to Hertfordshire residents: The Crescent and HertsAID. The Hertshapes project that worked with ethnic minority populations, has since been rehoused from the Community Development Agency for Herts to The Crescent Support Group. The two main agencies listed, namely, The Crescent and HertsAID, were originally and traditionally developed to cater for gay men. One of these agencies, The Crescent Support Group provided funds and resources for this needs assessment exercise, in a bid to make their services more responsive to the emerging African population that is increasingly becoming part of its clientele. In 2003, 59% of people receiving services at The Crescent Support Group were black Africans. No agency in Hertfordshire was identified during the needs assessment exercise, as specifically targeting black African communities in primary prevention initiatives. This group has however, been identified as most at risk of HIV transmission in the UK.

Why this Research was Commissioned

There has been growing observation that as the numbers of African communities have been increasing in Hertfordshire, the number of reported HIV cases amongst this population has been increasing as well. However, it had remained very difficult for healthcare service providers to reach these communities due to lack of evidence-based knowledge on the healthcare needs and behaviour of these communities. Therefore, a strong need to study and assess this population's healthcare needs in the county was becoming overdue.

In regard to this, the present needs-assessment exercise was commissioned in view of the following:

- An increase in reported HIV cases amongst African communities in the county of Hertfordshire

- Healthcare providers were facing challenges regarding their models of practice as well as how to reach this population for healthcare interventions

- To collect evidence of the health promotion needs of black Africans in Hertfordshire so as to develop practice that is based on evidence of need

- To map the geographical distribution of African communities in Hertfordshire so as to deliver health promotion interventions in these localities

- To create HIV awareness and awareness of local services amongst this population in Hertfordshire

- To find information that would help to create strategies of healthcare promotion that can reach African communities better in order to widen HIV prevention in the county.

Aims & Objectives

The Ubuntu-Hunhu Hertfordshire project aimed to explore the health promotion needs of black Africans in Hertfordshire and to deliver health promotion interventions to this population. The specific objectives included the following:

- To map the geographical distribution of black African communities in Hertfordshire who may be in need of health interventions

- To map the health promotion needs of black Africans in Hertfordshire

- To build the capacity of black Africans in Hertfordshire

- To map the availability of local healthcare services and create awareness about these services to black African communities in the county

- To investigate and provide evidence-based knowledge about the targeted population that is necessary for service providers to use in their attempt to provide responsive services to this population

- To explore the challenges faced by local providers or partners working with this population

- To make evidence-based recommendations on how to work with this population.

The Ubuntu-Hunhu Methods

Ubuntu-Hunhu are words drawn from Southern African languages. These words point to moral philosophical values related to respect, humanity, dignity and communal responsibilities toward one another. Drawing upon the moral values of Ubuntu-Hunhu is a way of allowing 'cultural resources' to take centre stage in mobilising the community to address key health issues. These moral values inform the ethos of the Ubuntu-Hunhu researchers, in providing solutions related to health care using an action research approach. The strength of the Ubuntu-Hunhu methods lies in two elements in its approach to research. First, the researcher(s) do not stand above or outside the issues being investigated. They actively participate in the issues being investigated. Second, researchers do not confine their activities to producing information about the community's health. They offer interventions as well, which benefit research subjects.

Ubuntu-Hunhu researchers are mindful of these moral philosophies and as such subscribe to action research methods which involve conducting needs assessments whilst at the same time, doing health promotion interventions, creating awareness on issues raised in the needs assessments exercise. Using such an approach is cost effective as this allows interventions to be delivered whilst conducting research. Morally, it is ethically unsound not to deliver interventions whilst doing research with a population that is deemed 'hard to reach' once access to this community has been gained.

The starting point of Ubuntu-Hunhu methodology is the focus on everyday life, which is characterised by mundane activities. The focus on everyday life is critical as it is in this context that people make sense of the health interventions aimed at them, living with stigmatised conditions and being members of the African community. Importantly, how do given interventions 'fit in' with people's ways of life? The key point to the Ubuntu-Hunhu methods is that interventions should be imbedded into the real lives of the targeted population.

The Ubuntu-Hunhu Methods continued

To achieve the set aims and objectives, qualitative and quantitative methods hinged on the everyday lives of our target population were used. Quantitative methods relied heavily on the use of the Ubuntu-Hunhu survey questionnaire. Qualitative methods relied on the use of audio-taped interviews, focus group discussions, photography, story-telling and writing, narratives, observations and conversations. In addition, this exercise also allowed interventions to be delivered to black Africans in Hertfordshire. These interventions included creating awareness about HIV and other sexually transmitted infections and how to access local services.

Who Delivered These Interventions?

A team of trained health promoters/researchers delivered the Ubuntu-Hunhu healthcare interventions in Hertfordshire. There were sixteen migrant health promoters/researchers who identified themselves as British-born Africans, Kenyans, South Africans, Ugandans, Zambians and Zimbabweans.

These are the communities identified as accounting for the largest numbers of new cases of HIV amongst Africans in the UK in 2002.

All health promoters/researchers were affected by HIV. The word 'affected' means that they had a significant other (i.e. a relative or social kin) living with the virus or they themselves were living with HIV.

All the health promoters/researchers reported that their everyday lives were connected or embedded with that of other members of the African communities in Hertfordshire. They socialised, worked, shopped, worshipped as well as went to college with members of the target population. They viewed themselves as part of the target population as well as the 'solution'. All the health promoters received training in health promotion, research, Ubuntu-Hunhu ethos, working in the community as well as issues related to HIV and AIDS and other sexually transmitted infections.

The Interviews

In Part One, a sample of Africans (n=15) living with HIV was engaged by their affected peers in audiotaped interviews. Each interview lasted approximately 45 minutes. The interviews explored the respondents' understanding of Ubuntu-Hunhu, how that understanding had changed since migrating to the United Kingdom and having a positive diagnosis. In addition the interview explored matters related to their migratory history, marital status, household composition, experience of telling others about their diagnosis, childcare and children as well as living with HIV. Of importance in relation to living with HIV is how they got to know that they are HIV positive, and the length of time they had known as well as the circumstances leading to the diagnosis.

Respondents were also asked about the support they were getting following their positive diagnosis including health and social care. By the word 'support', they discussed the help they were getting regarding medication, housing, finance, childcare and other matters that were important for their everyday lives.

Their 'relationship' with The Crescent Support Group was explored as well as their experiences of using services offered by The Crescent, their views about services and how these services could be further developed.

Previous research with HIV positive black Africans has shown that medical professionals often use medical terms, assuming them unproblematic to their patients, yet at times their patients may not understand or share the meanings of such terms (Chinouya and Davidson, 2003). Ubuntu-Hunhu respondents were asked their understanding of medical terms that are often used by medical professionals in their everyday practices. Further, questions were posed related to disclosure, in particular who had been told of their positive HIV status, the reasons for telling others as well as the ways in which they managed sexual health.

The Interviews continued

More importantly, respondents were asked to reflect on their experiences and their understanding of Ubuntu-Hunhu in service development. Important here was how their experiences could be used as a resource for service development and practice, ensuring that their negative experiences of living with HIV were minimised and the positive experiences maximised. The interviews were also part and parcel of an intervention, allowing participants to share experiences and tell each other how HIV affected their lives. This usually happened at the end of an interview.

Recruiting Participants for the Ubuntu-Hunhu Interviews

It is not easy to recruit HIV positive black Africans to take part in a study, particularly so when recruiting them in counties where there are limited services targeting this population. To help facilitate the recruitment of black Africans living with HIV, a list of agencies offering services to this population was compiled. Then representatives of these agencies contacted their clients, informing them about the project and how they could participate in the project. Information about the project was also left in HIV centres, with details about the project and how potential respondents could contact the Ubuntu-Hunhu researchers and arrange dates for possible interviews. Interviews were usually held in the respondents' homes or community-based agencies working with this population.

The Survey Questionnaire

In Part Two a self-completion survey questionnaire was developed in consultation with black Africans in Hertfordshire, healthcare providers working with this population as well as Ubuntu-Hunhu researchers who used some of their experiences of working, socialising as well as living with this population across Hertfordshire. Service providers were consulted about the questionnaire, in particular the questions and their wording. It was important to engage these stakeholders in the development of the survey questionnaire as this allowed some of their experiences, challenges and triumphs to be captured by the questionnaire.

The questionnaire covered a range of issues including:

- Recruitment site
- Demographics
- Migration
- Self-perceived health
- Religion
- Local services
- Service utilisation
- Alcohol consumption
- Sexual practices
- Suggestions for future work.

All respondents who took part in the Ubuntu-Hunhu interventions received an Ubuntu-Hunhu resource pack. The contents included the following:

- Information about The Crescent Support Group
- The Crescent Newsletter
- Information on how and where to access social care
- How to use condoms/femidoms
- Information from the GUM clinic
- Condoms
- Booklets on HIV prevention
- A pair of socks.

Recruiting Ubuntu-Hunhu Respondents for the Survey Questionnaire

Various methods were used in recruiting black African respondents to take part in the survey and these methods included:

- Identifying and visiting social spaces frequented by black Africans in Hertfordshire and recruiting participants in these spaces

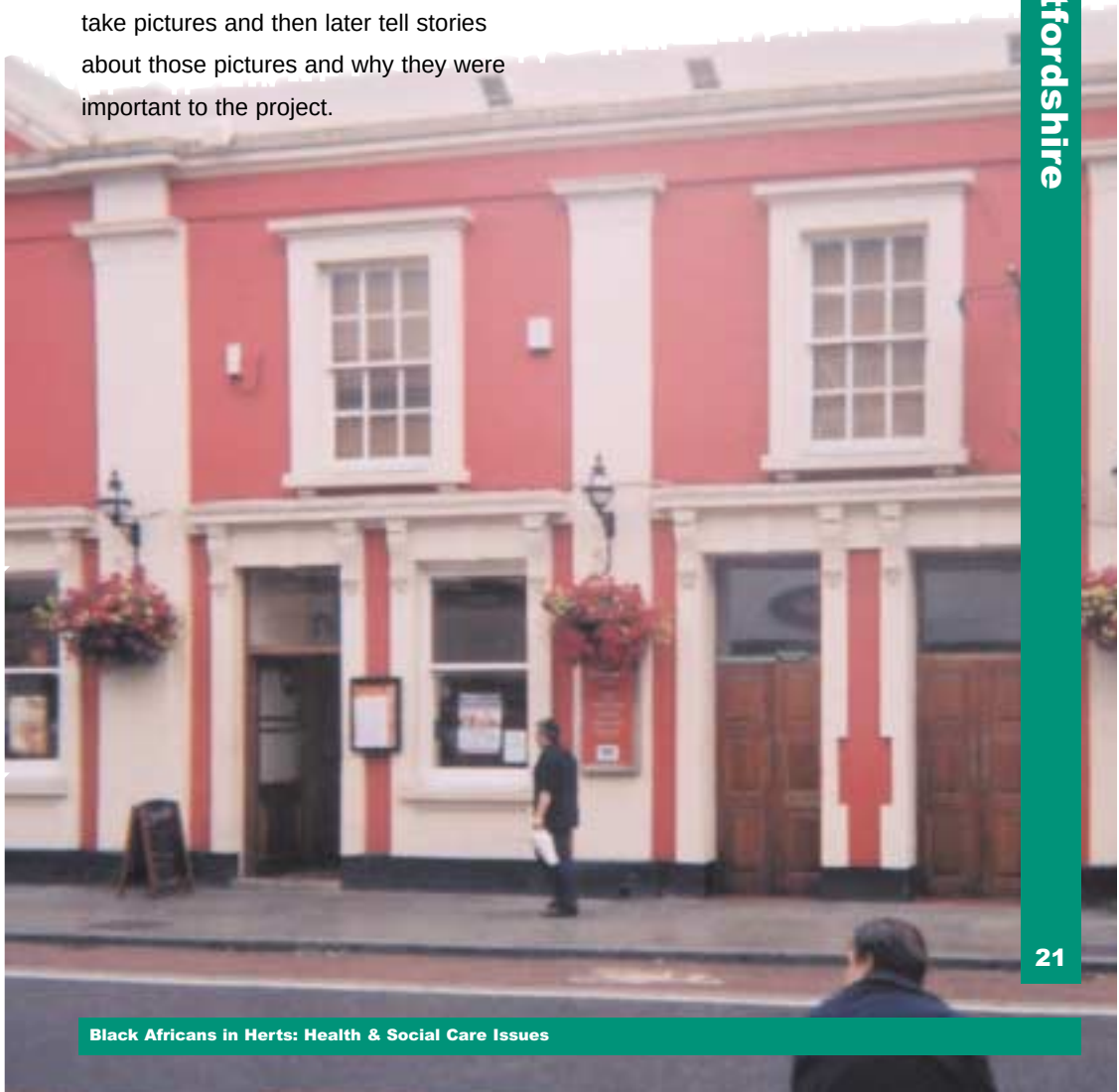
- Snowballing and networking to identify others to take part in the interventions.

Photography

Ubuntu-Hunhu researcher/health promoters were given disposable cameras to take pictures of places and people who they thought were interesting and relevant to the aims and objectives of this project. The researchers were not given a list of special places to go, but rather were encouraged to use their imagination to take pictures and then later tell stories about those pictures and why they were important to the project.

Allowing researchers to use their initiative in photography was important as this allowed them to tell stories about Hertfordshire.

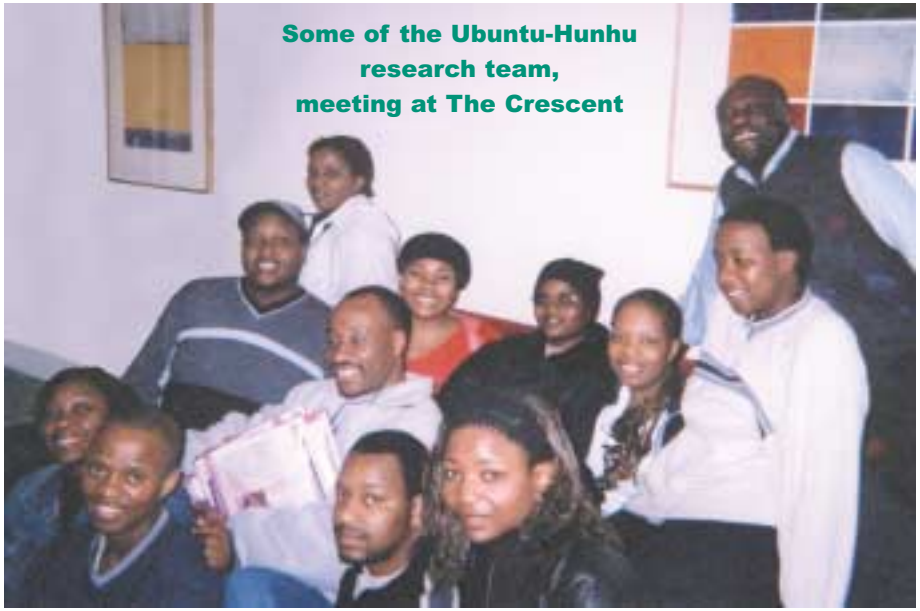
Photography added a lot of value to this Project in that photos allowed the pictorial vision and analysis of the social venues frequented by this population.



Hertfordshire Community Development Agency

A partner agency that funded this needs-assessment exercise is the Hertfordshire Community Development Agency (CDA for Herts), located in Hatfield.

The CDA for Herts once housed the Hertshapes Project. Hertshapes provided sexual health awareness to ethnic minority groups across the county. This included training workshops for young people and community groups, colleges, healthcare professionals and individuals who were interested in receiving sexual and reproductive health guidance to improve their personal understanding. Hertshapes has since been relocated to The Crescent.



Some of the Ubuntu-Hunhu research team, meeting at The Crescent

The Crescent

The Crescent Support Group, located in St Albans, is a registered charity that provides support and care both by and for people living with HIV, their partners, families and friends (Annual Report, 2001/2). The Crescent is one of the leading HIV-specific community based agencies in the county. The Crescent also fights stigma related to HIV and AIDS as well as creating an awareness related to the condition. The Crescent offers a range of complementary therapies that include shiatsu, reflexology, drama and aromatherapy. The Crescent also offers help with accessing hardship grants (namely Crusaid and Children With AIDS Charity (CWAC) grants and The Crescent hardship fund), volunteer activities as well as HIV testing and prevention to the general public and to people living with HIV and AIDS.

Since prior to the Ubuntu-Hunhu interventions in Hertfordshire, referrals to The Crescent Support Group have predominantly been through the GUM and other sexual health agencies in the county, most members of The Crescent have a known HIV positive diagnosis. Until the late nineties, most of The Crescent clientele were likely to be white gay men. This has since changed as, by the end of 2001, more than half of the members of The Crescent Support Group were from black and ethnic minority groups (Annual Report, 2001/2). According to the Report, there has been an increase in the numbers of people from the African community, most of them with immigration issues to settle and living in poverty and therefore in great need of support. Most black Africans accessing services at The Crescent described their nationality as Zimbabweans, Ugandans, Kenyans and other Sub-Saharan countries. The increase in reported HIV cases amongst black Africans within The Crescent is a pattern that is reflected across Hertfordshire as well as England.

The Crescent continued

The increase in reported HIV cases amongst the African population has been a challenge to providers including The Crescent. Models of intervention have become outdated and are to some extent inappropriate to black African members. For instance, gay men, who are most likely to be British white males, access complementary therapies more than members of the African communities. One of the reasons for this difference is that most members from the African community work long hours, and hence, do not get enough time to access complementary therapies. In response, The Crescent has been developing its services to cater for the needs of this emerging client group. This included:

Commissioning a needs assessment exercise: This needs assessment exercise is one of the attempts by The Crescent to collect evidence of need and models of intervention for this population.

Employing a black African worker: The job description of this worker was to offer support to black African clients affected by HIV.

Removing sexually explicit messages: Apart from condoms and other sexual health promoting resources in the hall-way, there are no sexually explicit messages and photographs at The Crescent. This is a recognition that sex is a private matter for most people including this black African community.

Creating a child-friendly environment: Children have access to toys in an environment that is not 'crowded with HIV and sex messages'.

Welcoming attitude to this new group: The increase in the numbers of black Africans has been noted as a positive development and non-black African service users have been reported as friendly and welcoming.

Staff development: Staff at The Crescent have been keen to learn new models of working as well as familiarising themselves with policy and practice documents that address issues faced by this population.

The Crescent continued

According to personal communications with service providers at The Crescent, black African clients were most likely to present with social issues other than living with HIV. These factors are listed below:

- Lack of access to financial resources
- Emotional strains due to unresolved immigration status
- Movement to other regions of country due to the asylum-seekers dispersal program
- The stigma of living with HIV
- Isolation compounded by fear of having their diagnosis known by other people within their social networks.

Part One: Black Africans Living with HIV in Hertfordshire

There have been few studies that have looked at the health needs of black Africans living with HIV (Chinouya and Davidson 2003; Chinouya et.al. 2000). Most of these studies have concentrated on the lives of black Africans living with HIV in London. Studies that focus on the lives of black Africans living with HIV outside of London areas have been very few. (Weatherburn et. al. 2003).

To help fill this gap, 15 people living with HIV in Hertfordshire were interviewed by their Ubuntu-Hunhu peers: 8 females and 7 males. All respondents were recruited at The Crescent Support Group: an agency that funded this intervention and a key provider of HIV related support in Hertfordshire. They were asked a range of questions related to their understanding of Ubuntu-Hunhu and how that had changed since migration, how they managed living with the virus including medication, their views about local services including The Crescent as well as the challenges they faced in their everyday lives and within the context of HIV.

The respondents were born in Zimbabwe (n=12), Uganda (n=1) and Kenya (n=1), Zambia (n=1). Nearly all the respondents (N=13) had children. The children were likely to be living either with the respondents, or abroad with their grandparents or with their other parent. This living arrangement places a strain on UK-based parents who are living with HIV as they have to make financial contributions towards their children's care (Chinouya, 2002c).

Internal Migration

Respondents were asked how long they had stayed in Hertfordshire and what emerged from their responses is that nearly all the respondents had not settled in Hertfordshire when they originally arrived in the UK. Respondents report moving from the suburbs surrounding outer London, counties bordering Hertfordshire as well as the Midlands. The respondents were drawn from a mobile population of black Africans in Hertfordshire. This means that interventions targeting this population need to be dynamic.

Getting to Know of a Positive Diagnosis

Studies have shown that most black Africans present late with AIDS related complications and are diagnosed within the hospital setting (Weatherburn et. al. 2003)

There were various pathways that led to Ubuntu-Hunhu respondents finding out about their HIV positive diagnosis. Their experiences included finding out:

- after an illness
- during routine antenatal testing
- after a child has tested HIV positive
- after a partner had been in hospital with AIDS-related complications
- after a partner had died from AIDS:

> "I found out after my husband had died."

Although a partner had died from what the respondents perceived as an AIDS-related condition, there were cases where at times the medical team were thought to have missed a positive diagnosis of a loved one, resulting in death and missing out on HIV related interventions.

A female whose husband had died of AIDS observed:

> "When my husband was ill, the doctors put the illness down to diabetes. . . My husband might have died without being aware that he was HIV positive."

Such a statement might also reflect lack of disclosure of HIV amongst those affected by the illness. It could well be that the partner did not tell the respondent that HIV affected them.

Poverty

Poverty is associated with weak endowments of personal financial resources and the ability to market one's skills in the labour market due to restrictive immigration controls and poor health. Weatherburn et al (2003) report that finding enough money to live on has been a major concern for most of their respondents in inner and outer London areas.

Poverty continued

As noted earlier in this report, one of the major services offered by The Crescent Support Group is helping clients access 'hardship funds' offered by Crusaid (maximum £150 every six months), The Crescent hardship fund (maximum £100 every six months) and the children's grant offered by Children with AIDS Charity. Nearly all the respondents had accessed help regarding applications for hardship grants at The Crescent. This is not surprising as some of the respondents were not in paid employment and had limited access to public funds and housing. The implication therefore was that they had to pay, using their own resources for the following:

- Rent
- Council tax
- Utility bills
- Telephone bills
- Transport
- Food.

Due to their limited financial resources, only three were in accommodation they did not share with other households. Shared accommodation was reported as lowering the household bills but it limited the respondents' ability to adhere to their strict medical regimes. As one male respondent commented about his situation:

> "People may wonder why you are taking tablets all the time."

This had subsequently affected his health as the medication was now said to be 'not working well'.

One respondent commented that 'hardship grants' were more helpful for people who were on other income support benefits as they could be an 'add on' to these benefits. For people who were not on income support benefits, hardship grants were described as 'really hardship grants'. They were, for some, a major source of support since they had no other source of income.

Despite the assistance they received regarding hardship grants, there were concerns raised regarding the sustainability of the grant as people had to find ways of meeting their costs of living whilst waiting for the next opportunity to access such grants. This is how one man described his circumstances:

> "It's very tough within the six months.
> I have to look for money somehow. . .
> especially for food.
> Maybe in between the six months,
> The Crescent can also help
> us with food."

For others being without money meant:

> "I have to go without food if I don't
> have money.
> I have to go without as I
> cannot afford."

The issue of food was important as it affected health, in particular the HIV medication that required particular food intake and the quality of food purchased, as they had to purchase the cheapest that they could afford.

Mental Health Issues

In 1999, the World Health Organisation (WHO) identified mental health problems as presenting a major challenge for the twenty-first century, with depression becoming the most prominent factor in disability. WHO pointed to poverty and inequality as implicated in risks to mental health (O'Keefe and Hogg 2000). This has been borne out in the present study. A contributory factor to depression or stress has been the lack of money to live on. Some respondents expressed concern regarding the lack of money and subsequent means of getting money in poorly paid jobs marked by working environments that increase the chances of triggering opportunistic conditions such as pneumonia. One male respondent explained:

> "I have to work and work in cold
> places doing really hard work. . .
> the jobs are not worth doing. . .
> too tiring. . .
> hard and very little money."

Mental Health Issues continued

For others staying at home resulted in a sense of isolation and 'thinking too much about HIV'. As one female put it:

> "If I want to go anywhere I have to think of bus fare and if it's more than £4, I would rather stay at home and use the money to buy food."

Even when going out, the issue of not being able to pay for what they want is cause for concern as they always have to go for what is the cheapest and not the best for them:

> "If you want to get food you go for the cheapest but not what you really want."

In addition, being separated from other family members, especially, children living abroad, exacerbated these concerns. Respondents whose children were living abroad were particularly concerned about their welfare. This was pronounced given that they are living with a chronic condition whose prognosis is uncertain.

This is how one parent described the situation of being separated from the child:

> "Life appears really short and I need to spend more time with my children. I really don't know what the future holds and I need to be with my child. . . but I can't."

Other studies have found that one of the parental duties for some black African parents living with HIV in England was sending financial assistance to children in Africa (Chinouya, 2002c). Not being able to carry out this duty was reported as stressful by some of the respondents whose children were living with the children's grandparents in Africa. This was a particular concern as some children were living in Zimbabwe, a country whose economy according to Musoro (2002) has been affected by severe drought, hyper inflation and reluctance of the international donor community to help invest in the economy.

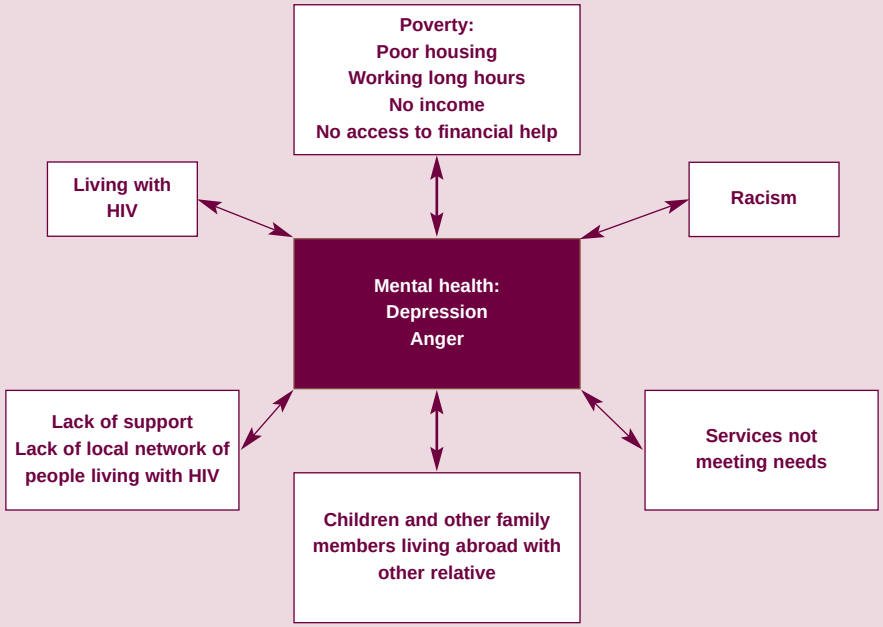
Given these circumstances, some respondents were particularly concerned about the welfare of their children and their inability to help ease their children's circumstances:

> "I need to help my child with school fees and I don't have the money and that is so hard. I don't have that money and it's stressing me."

There were other issues that affected their mental health, in particular living with a stigmatised condition. Some respondents also reported that they were not able to share their diagnosis with their friends and family for fear of being rejected.

Figure 1 below sums up the range of factors impacting on mental health faced by the Ubuntu-Hunhu respondents in Hertfordshire.

Figure 1: Mental Health – Causal Links



Local Support Services

Respondents were asked to elaborate on the services they were receiving in Hertfordshire, following their positive diagnosis. A number of agencies were identified and these included:

- The Crescent
- Hospital HIV Consultants
- The GUM clinics
- The GP services.

Views About The Crescent

All the interview respondents were accessing a range of services at The Crescent. Nearly all reported getting assistance from The Crescent with access to 'hardship grants'. Their views about all the other services are summed up in Table1 below.

Table 1: Views About The Crescent

Service offered by The Crescent	Views/Comments	Possible Consideration
Counselling	"Counselling should link in with real problems. . ." "Good but not readily available. No black African counsellors."	Black African counsellors/advisers
Peer support	"I don't have anyone to talk to about my problems. . . it would be nice to have a network of people who are in the same situation to meet and talk." "It's difficult to talk to people in my community about HIV."	Support group to offer peer support
Opening times	"No time to access them as I work round the clock. . . maybe they should open one weekend once a month!"	Open one weekend once a month
Location	"Too far. . . I want to come more often but it's too expensive."	Satellite Crescent Projects in other areas of Hertfordshire
Revamp of The Crescent to cater for black ethnic minority populations	"When we started there were no black people but it's good and the centre is now user-friendly."	Involve black African users in continuing quality improvements
Not sure of the procedures of how to get a social worker	"I am not sure how to get a social worker."	A social worker to be based at The Crescent
Marketing services	"The flyer is good but it's good to talk to other people in the same situation who have used the services. . . more circulars about therapies."	Incorporate user involvement into marketing materials
Information about medical terms	"My doctor said my viral load has gone up and that is really good. . . I am doing very well."	Need to be more rigorous in ensuring that service users understand the meanings of medical terms

Request for More Information

This section of the report details topics identified by the respondents about which they would like more information provided. Some respondents reported that there was limited information on HIV and living with the virus. Most women respondents requested more information on HIV and pregnancy. One woman wanted to know:

> "Is it possible for me to have a baby when I am positive? I have asked some people (at The Crescent) but I am not sure I understand."

Other respondents noted that they were interested in getting more information on the ways HIV is transmitted. This is how one put it:

> "Is it safe to have a partner and use condoms and not tell the partner that I am HIV positive. . . also I live with my cousin and she wears my clothes – is this safe?"

For others their future sexual lives was of concern:

> "Can I marry and what is my sex life going to be like?"

In addition, for parents there was a request for information on how to tell children living with HIV about their own diagnosis. One father noted:

> "My son told me he is not taking any medication because he is not sick. Only sick people take medication. Only sick children go to hospital."

The above quote shows the difficulty that the parent had in ensuring the child's adherence and attending hospital appointments if the child was not informed about the diagnosis.

To complement their support regarding living with HIV, some respondents were accessing services outside of Hertfordshire and these services included:

- Antenatal testing
- Immigration legal services
- Support groups.

Part Two: Black Africans Living in Hertfordshire

In order to reduce further spread of HIV it is not enough to work with those already infected, whose concerns have been the subject of Part One of this report. It is essential to understand the ordinary lives of the much larger general black African population in Hertfordshire to set into context the problems that they face and the resources they can mobilise in partnership with commissioners and providers to address threats to their health. This is the subject of Part Two.

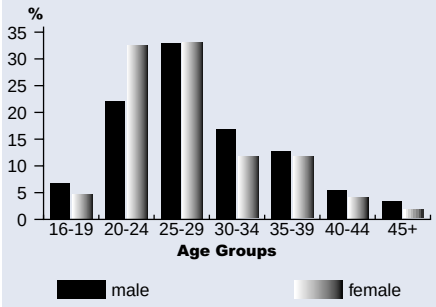
Demographic Characteristics

Three hundred and twenty-two black Africans received Ubuntu-Hunhu interventions (i.e. completed the survey questionnaire as well as received health promoting interventions) in Hertfordshire. There were more females (53%) than males (47%). The Pachedu-Zenzele initiative in Luton recruited slightly more males than females whilst the Southend-on-Sea Ubuntu-Hunhu initiative recruited more female respondents than males (Chinouya, 2002a; Chinouya, 2002d).

The Ubuntu-Hunhu Hertfordshire respondents were recruited in a wide range of community-based settings across the county, including Hatfield, Watford, Welham Green, Welwyn Garden City, St Albans, Hemel Hempstead, Stevenage, Ware, Hertford, Borehamwood, Cheshunt and Harpenden. Within these geographical areas, respondents were recruited in settings that included homes, university, off-licences, supermarkets, work places, job centres, town centres, leisure centres, internet shops, African product shops, hair dressing shops, markets, pubs, clubs and business centres.

This shows that it is possible to recruit participants for research and to deliver health promotion interventions in public and private spaces in Hertfordshire in respect of underserved groups who are found by public health workers to be hard to reach.

Figure 2: Age Distribution



Age

Respondents were asked which age group they belonged to. The respondents' age groups are shown in Figure 2.

As noted above, the majority (81%) of the Ubuntu-Hunhu respondents were aged between 16–34 years of age. There were slight gender differences, with more men reporting being age 30 and above. This age distribution has important implications for HIV transmission. This is the age group most affected by HIV and this is the group most concerned about relationship formation and family building.

As HIV amongst Africans in sub-Saharan Africa and the Diaspora is mostly contracted through heterosexual practices (that is, between men and women), this mode of transmission has implications for mother to child-transmission. A similar age distribution has also been found in work with this population in Luton and Southend (Chinouya, 2002a; Chinouya, 2002d).

Marital Status

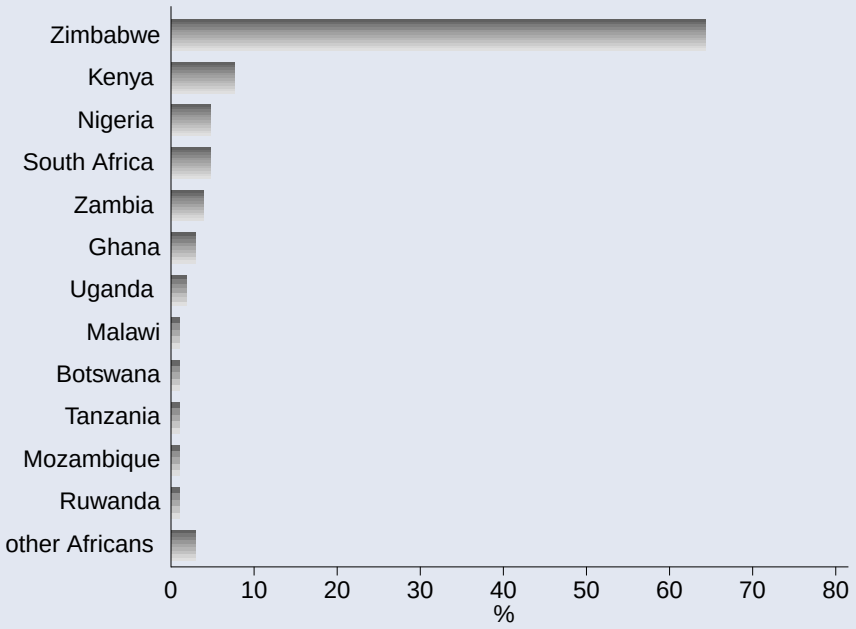
Respondents were asked about their marital status and the results show that most (77%) of the respondents did not have a co-resident partner. Less than a quarter (23%) had a co-resident partner who they were married to (18%) or were in a cohabiting relationship (5%). The majority (77%) did not have a co-resident partner, either because they were single (40%), married and not living together (17%), in a non-cohabiting relationship (10%), separated/divorced/widowed (4%), actively seeking a partner (3%) or did not have a partner (3%). There was a close association between gender and having a co-resident partner, with men more likely to report having a co-resident partner than women. Similar findings were reported in Southend with Ubuntu-Hunhu respondents less likely to be in a cohabiting relationship (Chinouya, 2002d). Chinouya (2002d) comments that this relationship patterning could suggest that for some, seeking partners and forging relationships was an important aspect of their lives. As such, these respondents, given that they had migrated from high prevalence countries were in need of very intensive HIV prevention interventions.

Part Two: Black Africans Living in Hertfordshire

Nationality & Migration

Ubuntu-Hunhu respondents were asked their country of birth and their nationality. We found a close association between place of birth and nationality. The nationality of the respondents is shown in Figure 3.

Figure 3: Nationality



Ubuntu-Hunhu respondents belonged to 14 African nationalities that included Zimbabwe, Nigeria, Kenya, Zambia, Uganda, South Africa, Botswana, Malawi, Tanzania, Rwanda, Ghana, Mozambique, Namibia and Zaire.

The large numbers of people who report their nationality as Zimbabwean is not surprising as earlier work in other outer London areas has demonstrated a high number of Zimbabwean nationals in Luton and Southend who are very much affected by HIV and AIDS (Chinouya, 2002a; Chinouya, 2002d). This is not sampling bias: figures from the Health Protection Agency's Communicable Disease Surveillance Centre show that Zimbabweans accounted for more than five times more new cases of HIV in the UK than any of the other major African source countries in 2002. This amounted to 1474 new infections (Singh 2003). Hence, the Hertfordshire research is capturing an important trend of national significance.

Ubuntu-Hunhu respondents were further asked the length of time they had lived in the United Kingdom. The results indicate that most of them (86%) had migrated to the United Kingdom in the last five years and 14% had been in the UK for more than five years. Of those who had lived in the UK for less then five years, slightly over a quarter (26%) had migrated within the last year, 28% in the last two years, and 32% in the last 3–5 years. These results show that Ubuntu-Hunhu respondents were drawn from the migrant black African population in Hertfordshire. Migrant communities have been identified as a group that experiences poorer sexual health outcomes and are at a greater risk of HIV transmission (UNAIDS, 2000). This work also shows that migrant communities in global rural/urban areas such as Hertfordshire are at a great risk of HIV transmission and other issues pertaining to their health.

Self-Reported Health

Questions on self-perceived health were asked. Most of the respondents perceived their health favourably with half (51%) reporting that their health was excellent, whilst 40% reported that their health was good. Few (8%) reported that their health was not so good or was poor (1%). When asked if they had been unwell in the last month, 21% reported that they had been unwell in the last month whilst 79% reported that they had not. As most respondents perceived their health favourably, it could be difficult to engage them in health promoting interventions, as they may not fully understand how such interventions might benefit their heath.

More questions on health were asked, in particular to explore other factors that were affecting their health and the results show the following factors as affecting their health. These results are contrasted with the experiences of Zimbabwean nationals in Luton (Chinouya, 2002a).

Table 2: Factors affecting self-reported health in Hertfordshire and Luton

Factor	Herts (%)	Luton (%)
Missing the family	37	56
Working long hours	36	35
Housing	12	28
Studying	20	2

The results show that respondents reported being less likely to be affected by missing their families and poor housing compared to their Luton counterparts. Working long hours was an issue that affected Zimbabweans in Luton and Ubuntu-Hunhu respondents in Hertfordshire. However, compared to their Luton counterparts, Hertfordshire respondents were more likely to report that studying was affecting their health. Respondents were asked to write on the questionnaire other issues that were affecting their health. Of those who wrote, most reported that stress, lack of social life, discrimination, illnesses, food problems and the weather were affecting their health. These factors show that black Africans in Hertfordshire had other health issues that affected their health in addition to HIV and AIDS.

Religion

Respondents were asked about their religious beliefs. Most (83%) reported that they were Christians, with a few (8%) reporting no religion, some (6%) Muslims, or Buddhist (1%), Shona religions (1%), or Rastafarian (1%). They were further asked about the intensity of their faith. Thirty-five percent reported that they had very strong faith, 27% had strong faith, and 26% had moderate faith whilst 12% had no faith. Asked how often they attended a place of worship, almost a third (32%) reported weekly worship, a quarter (25%) did not attend any place of worship, whilst 24% attended monthly, some (5%) daily and a few (1%) prayed at home.

Gender differences were noted, as male respondents were more likely to report daily worship, and women more likely to attend a place of worship weekly or fortnightly. As the gap in attendance increased, men were more likely to report attending a place of worship once a month or never. These results could suggest scope for partnership working between the local faith groups, health promoters and the local African population in Hertfordshire.

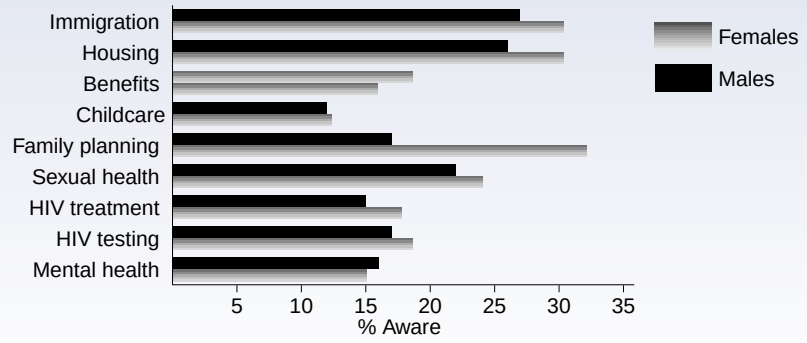
Local Services & Utilisation

Knowledge about local services was explored. Respondents were presented with a list of services and asked if they knew where to access those services locally. Results of their awareness of local services are presented in Figure 4.

There were slight gender differences with women more likely than men to report knowledge of local HIV testing and treatment centres, sexual health services, family planning, childcare, housing and immigration services compared to their male counterparts. Respondents were also asked to name two places in Hertfordshire where they could access any of the above services and 44% could not name a place where they would go if they needed any of those services locally.

Respondents were further asked "Do you know where to go in Hertfordshire if you wanted to have a sexual health check up including an HIV test". In response, most (65%) answered 'no', whilst 35% answered 'yes'. Of those who answered 'yes' their answers included Queen Elizabeth Hospital, the GUM, their general practitioner, Lister Hospital, the University, Luton and Dunstable Hospital, Waverley Clinic and The Crescent. In addition, respondents were asked if they knew where they could access free condoms in Hertfordshire. Most (75%) reported that they did not know where to access free condoms whilst 25% did. The Ubuntu-Hunhu interventions ensured that respondents were made aware after completing the questionnaire, where they could access free condoms in the county. They were also given a free supply of condoms.

Figure 4: Awareness of Local Services



Services Offered by The Crescent

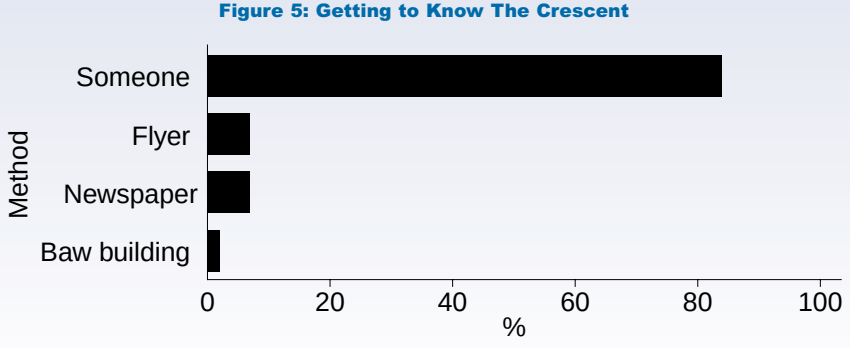
The Crescent, a local agency that offers support to people who are living with HIV and AIDS, and also one of the organisations that funded the Ubuntu-Hunhu interventions in Hertfordshire, was particularly keen to evaluate the services offered to the local African population in Hertfordshire.

For people to access a service, they have to be aware of that particular service. Respondents were asked if they had heard of The Crescent Support Group. A majority (81%) had not heard of it whilst 19% had. Of those who had heard of The Crescent Support Group (19%) information about how they had heard of The Crescent was explored and the results are shown in Figure 5 below.

Results show that those who had heard about The Crescent (19%) were more likely to have known about it through the Ubuntu-Hunhu peer educators. Some reported that they had heard of it through a newspaper or a flyer and a few reported that they had seen the building as they walked past. This shows that it is important to engage local peers to create awareness of locally available services.

The respondents' knowledge regarding The Crescent was further explored. They were asked which services they thought were offered by The Crescent. Almost half (51%) thought The Crescent offered HIV awareness services, volunteering services (18%), church services (9%), pubs and clubs (6%). Others (16%) could not guess and reported that they did not know.

Figure 5: Getting to Know The Crescent



Services Offered by The Crescent continued

Further questions on accessing services at The Crescent were asked. Respondents were also asked:

"If you think you should have visited The Crescent but did not do so; why?"

There were various responses and these are shown in Table 3 below:

Table 3

Reason for not accessing services offered at The Crescent	%
Don't know what The Crescent does	44
Don't know where The Crescent is	28
Did not need to go	21
Too busy	11
Scared	5
Opening hours not appropriate	2

These results indicate that The Crescent needs to invest in vigorous marketing to create awareness of its local services to this population and the general public in Hertfordshire. The marketing should also be sustained. The respondents also commented on this when asked:

"What more services would you like The Crescent Support Group to provide in Hertfordshire?"

Almost half (46%) reported that more HIV awareness campaigns need to be in place in Hertfordshire with the remaining 54% mentioning a range of ideas including information on drugs and alcohol, more advertising of The Crescent, improving race relations, food programmes, networking opportunities, help with immigration advice and religious studies. It could well be that The Crescent may well need to integrate its health promotion services with other activities.

Accessing Services in the County

The Ubuntu-Hunhu respondents were also asked:

"If you were in need of the services did you visit them in the last month?"

A majority (83%) reported that they had not visited them whilst 17% reported that they had. For those who answered the question, there were various reasons why they had not done so; almost a third (30%) reported that they did not know where the services were, 20% reported that they were too busy to access services and 12% were scared. Some people also had their own views which were expressed on the questionnaire and their comments ranged from "Waiting for papers", others noted "not emotionally ready for an HIV test" whilst others observed that they had tried to access services but were denied by some providers who were acting as 'proxy immigration officials'.

Alcohol Consumption

Alcohol has been implicated in high risk sexual behaviours amongst Africans in Southend on Sea (Chinouya, 2002c). Ubuntu-Hunhu respondents in Hertfordshire were asked about their alcohol consumption habits. A majority (57%) reported that they did consume alcohol, whilst 43% did not. There were gender differences in reporting, with men more likely than women to report that they did.

Respondents were given a set of statements to respond to in relation to their alcohol consumption behaviours. The results are contrasted with those from Southend-on-Sea so as to illuminate differences and similarities between them (see Table 4).

Table 4: Comments About Alcohol

Statement	% yes Hertfordshire	% yes Southend -on-Sea
Do you think your alcohol drinking affects your ability to practice safer sex?	36	39
Do you think your alcohol drinking affects your decisions on who you have sex with?	33	36
Do you think your alcohol drinking is a cover for real issues you do not intend to face (e.g. HIV diagnosis, family problems)	31	31

Part Two: Black Africans Living in Hertfordshire

Alcohol Consumption continued

The results indicate that like their counterparts in Southend-on-Sea, some black Africans in Hertfordshire believed that alcohol use was placing them at a greater risk of contracting HIV. The Crescent Support Group may need to have collaborative partnerships with service providers that offer counselling and support related to alcohol use and sexual health specially designed for members of this population.

Sexual Health

As in the rest of Western Europe, HIV infection amongst black Africans in the UK is predominantly contracted through heterosexual encounters (Nicholl & Hamers 2002). Respondents were asked about their own self-perceived risk. They were asked:

> "Reflecting on your health in the last year, have you ever suspected that you could be infected with HIV?"

Fourteen percent reported that they did suspect that they were infected with HIV, almost a third (31%) were not sure and 54% reported that they did not suspect an HIV infection.

Suspected HIV infection was somewhat higher in Hertfordshire compared to counterparts in neighbouring Luton. In Luton, reflecting on their health in the last 6 months, 6% of the respondents suspected that they were infected with HIV whilst 14% were not sure and 80% reported that they did not suspect an HIV infection (Chinouya, 2002b).

Respondents were also asked if they suspected that they might have a sexually transmitted infection. Close to a quarter (23%) reported that they did suspect they had an infection whist 2% were not sure and 75% did not suspect such an infection. Respondents were asked:

> "Do you think your friends in Hertfordshire were at risk of catching a sexually transmitted infection?"

This question was also posed in Luton and the results are compared in Table 5 below:

Table 5: Friends & Risk

Believe that friends are at risk of 'catching' an STI	% Herts	% Luton
Yes	59	52
No	17	23
Not sure	24	25

These results indicate that respondents in Luton and Hertfordshire did suspect that their friends were placing themselves at risk of sexually transmitted infections.

Ubuntu-Hunhu respondents were asked about their sexual partnership and sexual health matters. They were asked how many sexual partners they had at present. The results are shown in Figure 6.

Figure 6: Reported Numbers of Partners

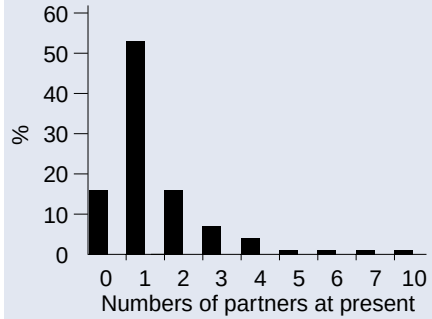
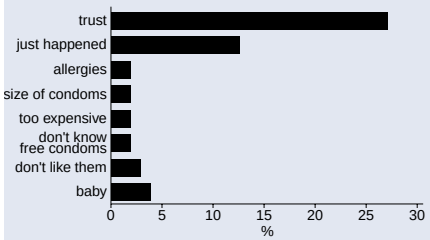


Figure 7: Reason for Non-Condom Use



When compared with their Ubuntu-Hunhu counterparts in Southend-on-Sea, the Hertfordshire sample reported slightly more numbers of partners above one. In Hertfordshire, results indicate that female respondents were more likely to report having no sexual partner than their male counterparts. However, as the numbers of partners increased, more men were reporting than females.

When asked if they had had sex without using a condom in the last month, 51% reported that they had had sex without a condom. There were various reasons why they had not used a condom in the last month and the reasons are shown in Figure 7.

Most of the respondents reported that they did not use condoms because they trusted their partners, or it just happened. There were some who were planning on conception whilst others just did not like condoms. There were other reasons at play as some commented on the questionnaire:

> "The condom slipped off."
>
> "Taking depo and on pills."
>
> "Just hate condoms."
>
> "Too drunk to use one."

Ubuntu-Hunhu in Hertfordshire

Discussion

The National Sexual Health Strategy calls for a reduction in the incidence of HIV and other sexually transmitted infections and action to improve the lives of people living with HIV (Department of Health, 2001). The Department of Health also calls for clear information so that people can make informed decisions about preventing sexually transmitted infections including HIV. Black African communities are increasingly recognised as a group that is affected by HIV and AIDS. In the UK, there is a noticeable increase in the number of infections reported from people who identified themselves as Africans. This Hertfordshire needs assessment exercise has gone a long way in collecting evidence of health promotion need as well as delivering interventions to a group of migrants who were resident in an outer London area. The report provides an evidence base for future work with this population. The implications of this evidence need to be reflected in future commissioning work.

This report has shown that conventional methods of reaching out to the African community using currently available strategies that target the whole population with the hope of reaching this higher risk population do not work well in Hertfordshire. This work has shown that black Africans in Hertfordshire are missing out on vital information regarding access to health care and prevention of sexually transmitted infections. They are presenting late with AIDS related complications, finding out about their HIV status after a partner has died and often opportunities for interventions or preventing re-infections or onward transmissions are missed. For those living with HIV, mental health issues are of significance. The mental health issues are a result of their economic and social conditions that make it problematic to manage everyday life. Difficult economic conditions have led to HIV being of secondary importance to their everyday life. More pressing issues related to everyday 'survival' are paramount.

Discussion continued

For the general African population whose HIV diagnosis was unknown, there are issues of concern. Mostly, the respondents were drawn from a population whose age group indicates that reproduction, relationship formation, movement and economic sustenance were paramount. The profile of the general population from whom people living with HIV were drawn, also shows lack of awareness regarding locally available services. They did not know where to access health promotion interventions, including HIV tests as well as free condoms. They also reported high-risk behaviours, placing them and their partners at risk of passing on or contracting HIV through multiple partnerships and non-condom use for some.

Services offered in Hertfordshire were highly problematical as regards primary and secondary prevention. There were limited community-based initiatives that specifically targeted this population for HIV prevention initiatives. The Crescent, one of the leading agencies in the county, was relatively unknown by the general African population. Despite this lack of knowledge about The Crescent there was a general interest in services offered by the agency. Therefore this work has shown that it is possible to engage this population in health promotion intervention and research once the structures are in place to give confidence that:

- the interventions are not stigmatising the community
- the community owns the project
- the project is in their interest
- 'insiders' are also part of the solution.

Recommendations

1. The Strategic Approach

Hertfordshire is experiencing an increase in the number of black Africans living with HIV. Black Africans affected by HIV experience living with this chronic illness in an everyday life that is marked by social exclusion.

It is recommended that:

- local strategic partnerships and local regeneration partnership initiatives should take into account the situation of black African people living with HIV, and those at risk of HIV and ensure this is integrated into their work. There is a need for a more holistic approach to restructure health promotion and provision of services in respect of health of African communities at Primary Care Trust and Strategic Health Authority levels. This can be done by engaging in a wider study related to the respective competences of these bodies. This should not focus narrowly on sexual health but include the range of problems facing African communities which have been identified in this study including: financial difficulties, mental health, alcohol use

- a sustained mapping exercise should be commissioned to capture the dynamic movements and emerging themes of this population as they settle in the county

- the role of community based agencies that work with or have the capacity to work with this population should be re-visited

- networking and development of capacity amongst service providers in Hertfordshire should be strengthened.

2. Health Promotion

This report has shown that black Africans are placing themselves and their partners at great risk of contracting (or passing on) the virus. It has also been shown that a large majority of black Africans in the county are not in contact with service providers, despite an expressed need.

It is recommended that:

- intensive HIV prevention interventions should specifically target this population using community based models designed by black African researchers

- information about local services should be made available

- community based interventions that are sustainable should be in place and these interventions should engage black Africans in planning, delivery and evaluation

- sexual health promotion should take a more holistic approach and should include partnership working with agencies that provide support on mental health, housing and alcohol use.

3. Build the Capacity of The Crescent

The Crescent Support Group has begun the process of engaging black Africans who are living with and at risk of HIV using the Ubuntu-Hunhu interventions.

It is recommended that The Crescent:

- employs a health promotion worker who will continue to build on the capacity unleashed by the Ubuntu-Hunhu interventions and to deliver more community-based interventions. It is also recommended that an outreach approach that incorporates peer education be adopted

- establishes an enabling environment that improves access: setting up satellite clinics in the county, opening hours to be reviewed to capture the diversity within this population, include other activities that are of interest to the target population in health promotion work

- conducts staff development to familiarise workers with new policy and practice development

- improves the marketing strategy of its services including complementary therapies so as to make them more accessible for this population

- develops support and peer support interventions and creates an 'expert patient' environment.

4. Develop the Capacity of the CDA

The CDA is in the business of developing the capacity of local agencies in urban and rural Hertfordshire.

It is recommended that:

- The CDA establish an action programme that addresses social exclusion amongst this population

- The CDA include capacity building of workers in public and voluntary sectors through training to enable them to engage and work effectively with this population.

More Research

Action research should be commissioned which would encompass all other ethnic minorities, and not only black Africans. Similar issues impact on other community groups. This would enable commissioning bodies to deal with HIV-related issues better and to limit the spread of the virus more effectively. More research is needed to address the following:

- Social exclusion
- The commissioning process
- Mental health
- Alcohol use
- Religion
- Children affected by HIV in the county.

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Ubuntu-Hunhu in Hertfordshire

Black Africans in Herts: Health & Social Care Issues

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