What do African new settlers in New Zealand 'know' about HIV?

The aim of this paper is to demonstrate the differences between objective and operational knowledges of HIV transmission, that is, between what people say they know, and what they put into practice in their lives. We are also interested in how these different knowledges can be managed in a clinical interview. Our population of interest was Black Africans living in the Diaspora, and specifically in New Zealand. Community advisory groups comprising community leaders and people living with HIV were consulted throughout the study, from initial planning through the recommendations stage. The project was a two-phase national study. The first phase estimated the resident Black African migrant population (which we estimated to be about 12,500 or 0.3% of the total national population) and HIV seroprevalence in this group (which we estimated to be around 5%). This first phase created a sampling frame for the second phase, which included surveys (n=703), and focus groups (n=131 people in 23 different focus groups) which amplified the survey data. Survey respondents were 48.8% men and 49.9% women (0.1% were other or did not respond). Focus groups were 58% male and 41% female (one did not state gender); 66% were Christian, 24% were Muslim, and the rest reported other, no religion or did not respond. Three focus group participants (2%) identified as living with HIV, although 12% said they did not know their HIV status, which suggests that they were unwilling to disclose. The mean time living in country was 7.5 years (SD=5.09).

What we found is that Black African new settlers reported good levels of basic knowledge of HIV and people living with HIV on the survey. Participants knew, for instance, that HIV is not transmitted by touch or insects, and most knew that condoms were effective prevention of transmission. Older respondents (? 25 years) had better knowledge than did younger ?24), and this may be because of pre-emigration exposure to transmission information. However, in the focus groups, which allowed for greater elaboration of knowledge and beliefs, participants demonstrated a range of culturally constructed beliefs and operational knowledge. Some of this operational knowledge included, for instance, the belief that religion and marriage provided a kind of prophylaxis against HIV, that men and women are held to different standards in respect of sexual behaviour, a reluctance to use condoms within committed relationships, and a fatalistic attitude towards HIV. Focus group participants also expressed high levels of stigma against persons living with HIV. Participants resisted HIV testing, and even providers offering HIV testing, as highly stigmatising.

Study findings suggest that objective knowledge and face value knowledge assessment is not sufficient, and that a contextual approach to understanding what people ‘know’ is essential, not only for HIV, but for the delivery of all health care education and interventions to Black African new settlers. What Black Africans disclose, particularly to non-Africans, may not reveal all of what they think, understand, or believe, because much of that knowledge and belief is implicit. Routine HIV education and testing, together with staff education, may increase acceptance of these interventions.

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