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Assessing human immunodeficiency virus testing attitudes among African immigrants

Hazel Namona NaChembe

ASSESSING HUMAN IMMUNODEFICIENCY VIRUS TESTING ATTITUDES AMONG AFRICAN IMMIGRANTS

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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ABSTRACT

This study explored and assessed attitudes towards Human Immunodeficiency Virus (HIV) testing among African immigrants based on cultural values and knowledge of HIV. Data was collected from 63 respondents living in San Bernardino, Riverside, Los Angeles, and Orange counties in California. The participants were recruited from small African associations and churches. The study was quantitative, utilizing a self-administered questionnaire. Participants responded to questions regarding their attitude about HIV testing, culture values and their knowledge on HIV. This study attempted to explore barriers to prevention and treatment of HIV within the African immigrant population with the ultimate goal of combating HIV/AIDS.

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I am thankful to have an opportunity to do this research with the guidance and expertise of Dr Laurie Smith.

Thank you also to my husband for your unending loving support and availability throughout this program and project. You are a blessing to me. I thank my family in Zambia and here in the U.S for all the encouraging words and well wishing prayers. My dear friends, thank you for the encouraging words. To all my participants, thank you for making this research possible.

DEDICATION

This I dedicate to my little sister Clara Maria Fernando who is living with HIV. You bring so much joy and hope to the family. You choose to live your life just like any other child. You are an inspiration to many young children living with HIV. Your never-ending dreams should be the dreams of all persons living with HIV today. You have inspired our family to live every moment joyfully and learn from you. You have amazing strength within you that I have never seen in any child. You are my sunshine. To all my family and friends who died or are affected by HIV/AIDS, I dedicate this to you too.

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CHAPTER ONE

INTRODUCTION

Chapter one assesses trends in the Human Immunodeficiency Virus and or Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic and the extent to which Africans and African Americans are the ethnic groups that are most affected. Furthermore, the chapter elaborates the importance of early Human Immunodeficiency Virus (HIV) testing as essential to treatment and prevention of the disease. The study includes information regarding the influence of culture on HIV testing among African immigrants and addresses how the field of social work can generate culturally competent education and awareness of HIV testing with this population.

Problem Statement

The Centers for Disease and Control Prevention (CDC, 2009) estimates that over one million Americans are living with Human Immunodeficiency Virus (HIV). On a global level, 33.4 million people are living with HIV, with the majority of the cases being on the African continent. In addition, about one quarter of the people

infected globally do not know that they are infected with HIV (WHO, 2008).

In terms of cumulative cases, California ranks second in the country with 139,449 cases reported in the year 2005 by the California Department of Public Health (CDPH, 2009). In the state of California, Los Angeles, San Francisco and San Diego are the three counties with the highest numbers of AIDS cases with San Bernardino County ranking as number eight (CDPH, 2009). The Inland Empire HIV Planning Council (IEHPC) estimates that 4,921 people are living with AIDS in San Bernardino and Riverside County. In addition, 3,949 people have been diagnosed with HIV within the same counties (IEHPC, 2008).

HIV/AIDS is an enormous social problem that is usually linked to other issues faced by individuals infected and those at risk of being infected (Satyanarayan, Chandra, Vaddiparti, Benegal & Cottler, 2009). According to Mitha, Yirsalign, Cherner, McCutchan & Langford, (2009) in a study of Ethiopian immigrants living in San Diego, socioeconomic status (SES) contributed to the high number of individuals getting infected with HIV. The study also found that lack of

education and limited access to preventative care placed individuals in this black ethnic group at a much higher risk than other ethnic groups. Furthermore, alcohol and drug use were found to be other social problems associated with HIV risk and infections (Mitha, et al., 2009).

According to Hernandez, et al., (2009), individuals using drugs and/or alcohol and having sex with multiple partners were more at risk of contracting HIV. Additionally, an increase in immigrant groups moving to the United States has reduced employment opportunities for this group of people. More unemployed immigrant women have become vulnerable, earning a living through selling sex. This has led to increases in sex workers selling or exchanging unprotected sex for alcohol and other drugs among unemployed immigrants (Hernandez et al., 2009). These issues faced by Hispanic immigrants might also be happening amongst other immigrant groups in the U.S. therefore, HIV testing must be promoted to reach out to immigrants such as African Immigrants.

Generally, timely testing for HIV is important because an infected individual can receive early treatment and support as well as avoid knowingly

infecting others with HIV. Moreover, timely testing is also important because the uninfected individual becomes more aware of risky behaviors and therefore, takes measures to protect him/herself (WHO, 2009).

This research explored the different attitudes and beliefs about HIV testing held by African immigrants in the United States. In particular, the study assessed the knowledge, behaviors and any concerns regarding the accessibility of health care resources pertaining to HIV testing. Constrained access to health care is reported to result in pitiable numbers of HIV/AIDS related treatment (Levine, 2010).

Purpose of the Study

This study attempted to assess and explore the attitudes of African immigrants towards HIV testing and seeking HIV services in the U.S. The pool of HIV/AIDS cases among blacks at risk in the United States does not clearly distinguish between African Americans and Black African immigrants in regard to attitudes on HIV testing. A closer exploration of African immigrants as a specific black sub-groups within the larger group of blacks or African Americans infected with HIV may help distinguish

and explain the increase in incidents and high risk behaviors among blacks.

This study concentrated on African immigrants and not Black Americans as a whole because African immigrants bring with them cultural values, beliefs and customs that need to be considered when attempting to provide HIV testing services to this groups. The purpose of the research was to unveil the issues that hinder HIV testing and find ways of preventing further HIV infections among Africans living in the United States. Overall, this study sought ways of improving HIV treatment through early HIV testing in order to enhance the quality of life for African immigrants infected with HIV. Moreover, this study explored any existing barriers that prevent HIV testing among African immigrants.

African immigrants bring with them their accustomed set of values and beliefs in various aspects of life including health care. This quantitative study attempted to go in-depth into what role culture, acculturation and knowledge of HIV play in the attitudes of African immigrants in relation to seeking HIV testing services. The knowledge obtained from this study of African

immigrants' attitudes would help tailor HIV/AIDS health care services for individuals in this group.

Information was gathered through a self-administered questionnaire from participants. All responses were assessed and analyzed to understand the attitudes of African immigrants towards HIV testing. Information and knowledge of this specific group's attitudes on HIV testing could be used to promote and address healthy behavior practices as well as enhancing preventive measures towards eliminating the HIV/AIDS pandemic in the U.S. and in their countries of origin.

Significance of the Project for Social Work

Through this study, new knowledge is added to social work practice on how to identify the special needs of African immigrants. The study highlighted various cultural values essential to develop effective HIV/AIDS programs and awareness in the African immigrant communities. According to the National Association for Social Workers' (NASW, 2011) ethical standards, the body of social workers has an ethical responsibility to offer services to clients in a culturally competent manner. With the U.S. being a diverse society, social workers

must strive to deliver culturally sensitive services to individuals from different cultural groups (NASW, 2011).

In a different light, immigrants from various ethnic groups globally have over the past several years migrated to developed countries because of their countries' political and economic unsteadiness (Kosic, 2004). Many immigrants migrate due to political unrest or poverty from sub-Saharan Africa, a region known globally to be the most affected by the HIV/AIDS pandemic. Preparing social workers on how to work with individuals locally, nationally, and internationally with diverse groups in the area of HIV/AIDS services is important. Social workers would then be educated in the kinds of cultural issues that affect HIV testing service among African immigrants and other diverse groups. This project adds knowledge on how to intervene in the fight against the HIV pandemic in a respectful and dignified manner.

This study assessed various social factors and concerns in relation to friends, family, confidentiality, and public opinion on HIV testing among participants. The study also assessed the willingness of participants to test for HIV. Furthermore, this study points out issues that affect African immigrants in testing for HIV and how

these issues can be addressed in the mainstream culture, For instance, how to approach clients and the sensitive issues of HIV/AIDS services in the African immigrant community. Knowing their HIV testing attitudes will help guide the best screening approach that social workers can take when implementing programs (Barnett, 2004).

Additionally, this study assessed the different ways of empowering African immigrants to participate in being actively involved in sensitizing other African immigrants about the importance of early HIV testing. This study attempted to address what role culture, knowledge of HIV and attitudes of HIV testing play regarding African immigrants' willingness to HIV testing.

CHAPTER TWO

LITERATURE REVIEW

Introduction

A synthesis of the literature related to HIV testing among different ethnic groups, culture and acculturation help guide and understand the issue of HIV testing among African immigrants and the extent to which the role of culture and HIV knowledge plays in individual attitudes. Theories on Empowerment and Behavior are introduced to help understand the study of African immigrants.

Human Immunodeficiency Virus Testing

The Centers for Disease Control and Prevention (CDC) reported an estimated 31% of people who tested for HIV at public sites and found positive did not return for results (CDC, 2006). In another report, 40% to 50% of the individuals who tested HIV positive were diagnosed with AIDS within the first year. Furthermore, the percentage of adults going in to test for HIV started to drop from 38%-44% in 2002 to an estimate of 23% in 2006 (CDC, 2009). These statistics seem to imply there are problems with having individuals voluntarily test early for HIV and return for results.

Newly developed testing devices such as OraQuick advanced rapid HIV-antibody test that uses oral sample fluids to test for HIV. The HIV test only takes about 20 minutes to generate the results. This process is possible in both clinical and non-clinical settings to enhance efforts to reach as many voluntary testers as possible (CDC, 2006).

The United Nation AIDS and World Health Organization's (UNAIDS & WHO, 2004) policy on HIV testing recommends voluntary verses mandatory counseling and testing for individuals. The voluntary counseling approach results in positive changes in risky behavior aimed at preventing and reducing new HIV infections. Like the United State's policy on HIV, WHO also suggests health care settings offer routine HIV testing to high-risk individuals (WHO, 2004; CDC, 2009).

In closer view of an ethnic group in regard to HIV testing, research by Wohl, Tejero, & Frye, (2009) examined some of the reasons why most Latinos in Los Angeles tested late for HIV. Results revealed that participants were compelled by an illness to test for HIV while seeking inpatient medical interventions. Another issue that related to late HIV testing among Mexican-born

Latinos was the language barrier. Individuals experienced difficulties communicating with service providers from another ethnic group (Wohl et al, 2009; Waites, Macgowan, Pennell, Carlton, & Weil, 2004). This barrier reduced the interaction between Latinos and health care providers. Hence, language was a hindrance to early HIV testing (Wohl et al., 2009).

Furthermore, in a focus group study on cultural responsiveness, Waites et al., (2004) found that most of the African American, Native Indian, and Hispanic participants preferred having a service provider from within their ethnic group. While this may seem too far fetched, the development of culturally sensitive training programs for social services personnel would in the meantime address the cultural issues when delivering services in these identified communities (Waites et al., 2004). In terms of small communities and public clinic programs, HIV testing awareness and education can be well attained through strategic ways to immigrant communities. An approach recommended by Wohl et al., (2009) is a package of various tests to allow for more men and women of different sexual orientations to seek HIV testing services.

HIV testing helps one to know and act on the result of the test. Individuals unaware of their HIV status continue to put the community and society at risk by spreading the HIV virus (CDC, 2009). There are medical treatment services provided for infected individuals in reducing the impact of HIV that also slow down the process of the virus increasing uncontrollably in an infected person (CDC, 2009).

In a 12-month study of women at a local clinic in Kwa-zulu Natal, South Africa, Kharsany, and Karim & Abdool Karim (2010) found that women infected with Sexual Transmitted Diseases (STD) were more prone to contracting new infections. The study also found 32.5% of the women refused to test for HIV due to fear and were unprepared to test even after receiving information and education on HIV. Kharsany, Karim & Abdool Karim (2010) asserted that social stigma of HIV and limited accesses to treatment were some of the reasons for refusing to get an HIV test. There is a continuing need for education regarding HIV stigma, counseling and support programs to help address fears and doubts of HIV testing to high-risk services and non service seeking individuals.

Culture and Acculturation

In the U.S., African Americans are proportionally the group most affected and infected by HIV/AIDS (CDC, 2009). In addition, research with this group on HIV testing reveals high rates of testing (Rountree, Chen, Brown, & Pomwroy, 2009). Similarly, Africans on the continent of Africa are reported to be the most infected with HIV on a global level (WHO, 2008). For some high HIV prevalent countries in south sub-Saharan Africa such as Zimbabwe, South Africa and Botswana, routine HIV testing has a high percentage of acceptance (Kharsany, et al., 2010).

In recent years, more Africans have immigrated to the U.S. in search of better education and jobs. This has resulted in immigrants forming small communities that serve as networks for support for the individuals within this group. Most of the communities are so geographically close together and work together that confidentiality is difficult to maintain (Barnett, 2004).

Even though close communities are supportive, they also could be harmful to individuals seeking confidential health services. An example is a study done in India's slum community. Married women with high risk spouses were

fearful of seeking HIV testing due to family consent issues among other concerns (Satyanarayan et al., 2009). Women in this study were found to be terrified of reasoning with their spouses or families in order to seek HIV testing. About 29% of participants feared negotiating with spousal while 28% feared negotiating with family to test for HIV. A solution to this issue is to come up with programs that involve spouses and families of individuals wanting an HIV test so as to educate and create awareness of HIV in a culturally sensitive manner (Satyanarayan et al., 2009). Cultural myths such as beliefs that people of old age are not at risk of HIV need to be debunked in education programs to small communities in order to break down the barriers to access HIV testing and health services (Satyanarayan et al., 2009; Ramos-Sanchez & Atkinson, 2009).

A study conducted by Wohl et al., (2009) found that the length of time spent in the United States had an influence on how knowledgeable Mexican American immigrants were about HIV/AIDS. Another study found that there was a relationship between acculturation and utilization of health services among immigrant groups. This was partly due to social interactions in the

dominant culture's language found more common among women than men. A study with Mexican immigrant group reported that participants that kept their culture of origin had a better help seeking habits than acculturated Mexicans (Fassaert, Hesselink, & Verhoeff, 2009; Ramos-Sanchez & Atkinson, 2009). Bhattacharya (2004) asserts that individuals adjust differently to new culture in terms of socialization and openness to accepting a dominant cultural perspective.

In terms of gender, studies have shown women to be more health cautious than men. In a Netherlands study, more women than men were found to actively test for HIV than men. Routine check ups mostly contributed to women being alert about infectious diseases unlike their counterparts. The study also found that male participants lacked health insurance and therefore, had lesser rates of HIV testing (Stolte, Gras, Van Bentham, Coutinho & Van Den Hoek, 2003).

Furthermore, in a study of African American men on HIV testing and its relation to masculinity, a number of men in the study were well informed about risky behaviors and their consequences but chose to indulge in risky behavior. Some men chose to avoid dealing with screenings

that were related to long-term medical diagnosis in order to have a lifestyle of free sexual activity (Duck, 2009). This goes to show that some men are hesitant when choosing between healthy sexual behaviors and proving or showing their masculinity through risky sexual behaviors. Unfortunately, for some men in disenfranchised populations, sex becomes a gender role feature that defines their masculinity (Duck, 2009).

A closer look at different attitude and perception held by some African groups on HIV, myths and misconceptions are present in spite of knowledge of HIV transmission. According to Irwin et al., (1991), participants in the country formerly known as Zaire (now the Democratic Republic of Congo), believed that continuous use of condoms could not prevent HIV infections. What's more, participants also believed that being HIV positive would create disharmony between couples, family, neighbors, and co-workers.

Another research study conducted by (Nyanzi-Wakholi et al., 2009) in Uganda found that there was a difference between men and women in terms of making a conscious decision to test for HIV. The male participants preferred not to know rather than knowing their HIV status or

waiting for severe symptoms while the female participants decided to test after learning of a partners' HIV status.

Generally, women in marginalized settings are less abreast of information related to health issues due to low education however, upon receipt of health related awareness, women are more receptive to interventions (Satyanarayan et al., 2009).

Theories Guiding Conceptualization

Systems Theory

According to Turner (1996), individuals coexist within different environments that become part of how an individual presents themselves to others. Individuals make choices based on how their lives have been influenced and also according to the available opportunities or lack of resources. Systems theory helps understand what influences African immigrants in their environment such as family and cultural systems and how these factors shape their reality of understanding HIV and the importance of testing for HIV. Taking into consideration strong cultural beliefs and values, family systems may have an impact on how participants respond to HIV testing. In addition, public institutions such as

schools, health care or the government may endorse messages such as condom use that may conflict with family values and customs of African immigrants. In order to early treat and prevent HIV spread, this study attempted to explore the attitudes of African immigrants towards HIV testing, having in mind the existence of other systems within the African immigrants' environments.

Empowerment Theory

This study utilized empowerment theory as one of the theoretical approach. According to Parsons (2002), Empowerment allows individuals to take part, share in control and influence events and systems that affect lives. The empowerment theory in this study looks at a holistic approach of meeting the needs of African immigrants socially and culturally and addresses how individuals in African immigrant communities, when given power through information and education can make positive decisions to seeking preventative health care in HIV/AIDS. When individuals are skillful and knowledgeable in addition to being empowered, they are able to be change agents for themselves as well as others within their circles (Parsons, 2002). Individuals in the group are empowered to gain control over their physical health

care through having personal meaning to keep themselves in good health and finding purpose in life. Empowerment would enable African immigrants to take on an active role to individually and collectively halt the HIV pandemic by becoming social leaders and educators to members of their family, group and others within their reach. Empowerment theory requires linking a sense of self worth with critical consciousness and effective action (Parsons, 2002). This study attempted to find ways in areas that need more attention in reaching and empowering African immigrants to take personal control of their health in a culturally effective manner.

Summary

This chapter gave an overview of the research related to HIV testing among African immigrants as well as some of the issues that immigrants face while living in a dominant culture. Barriers particularly to accessing health services must be reduced in order to reach the diverse communities within a dominant culture. Theories used to understand behavior, culture in relation to HIV prevention were discussed as well as how the theories can

be applied to develop more culturally competent outreach services for African immigrants.

CHAPTER THREE

METHODS

Introduction

This chapter highlighted a description of the study design employed. The method of sampling is elaborated as well as a description of how data was collected and the instrument utilized to collect data. A section on the procedure of the study explains how human subjects were protected during the study. At the end, the procedures of data analysis are elaborated.

Study Design

This study assessed attitudes towards HIV testing among African immigrants living in Southern California. To be specific, the targeted populations of African immigrants were those living in San Bernardino, Riverside, Los Angeles, and Orange counties. The study employed a quantitative data collection method. The quantitative survey was distributed to African immigrant participants to assess their attitudes in regards to HIV testing as well as other issues that may influence willingness or unwillingness to test such as culture and HIV knowledge. The survey also included information on

demographics such as gender, age, marital status, religious affiliation and education and participants' native country. Data was collected from the participants through self-administered questionnaires. The School of Social Work Sub-Committee of the California State University San Bernardino Institutional Review Board approved the study.

In this study, one of the special considerations was on confidentiality and how it is perceived among different African ethnicities in the study population. From the researchers experience and observation of being an African immigrant, the group being studied has a tendency of being extremely private. There is also a possibility that participants withheld information due to cultural ways of communicating between the youth and the elderly in most African immigrant communities. Generally, there are specific ways of communicating especially with elders or individuals older than oneself among different African ethnic groups. An example, for Zambian tradition, in order to speak with an elder, one has to go through another person to relay the interaction between two persons or in a house hold and children are expected to

communicate through the woman of the house to the male head of the household.

Sampling

Purposive, non-probability sampling was used to sample the participants because they were the appropriate group to address this research (Morris, 2006). In this study, the sample was African native men and women who relocated to the United States. From this sample, quantitative data was collected on the ways of thinking about the issues of HIV testing and what issues in culture or in the process of acculturation influence attitudes on HIV testing among African immigrants.

Participants were recruited from African immigrant churches and association groups living in San Bernardino, Riverside, Los Angeles, and Orange Counties. The purpose of recruiting from other counties allowed for a larger sample to participate in this study. The targeted sample size was 80 participants. Participants were informed about the study and its anonymity. Furthermore, informed consent was given to all willing participants (Appendix B). The surveys were given to volunteering participants within the researcher's contacts as well as mailed to

willing participants the researcher was unable to reach. Completed questionnaires were mailed back to the researcher.

Data Collection and Instruments

Data was collected through self-administered questionnaires. The participants were screened to ensure they met the criteria of being born and experienced living in an African country before relocating to the U.S. Following this, willing participants were asked to complete a questionnaire with questions on demographics, culture, knowledge of HIV and attitude on HIV testing (Appendix A). Demographic questions included gender, age, religion, marital status education level, and native country. Anonymity was a priority therefore, no personal identifying information was included to ensure confidentiality.

Culture and HIV knowledge questions were derived from an existing instrument (as cited in Mitha et al., 2009). Culture questions were adjusted to address the questions not only to one specific ethnic group, but also to various African immigrant groups in the sample population. Culture questions were gathered using

nominal, ordinal, and interval levels of measurement. Questions on knowledge were measured on a nominal level. In addition, the instrument was found to be reliable in the study of Ethiopian immigrants in San Diego.

This study also used another existing HIV-antibody Testing Scale (HTAS) (Appendix A) authored by Boshamer and Bruce (1999). The scale is a 32-item instrument that measure attitude towards HIV testing. The participants were asked to rate their attitudes on a 5-point scale with (5 = strongly agree to 1 = strongly disagree) on the survey statements such as "I am afraid someone would find out I was tested for HIV." Eighteen barrier questions were reverse coded before data was analyzed. Data was analyzed using four subscales factors generated from the 32-items, friends (e.g." My friend would support my decision to get an HIV test"), family (e.g. "I could easily discuss HIV antibody testing with my family"), public opinion (e.g." Anyone who is tested for HIV is disgusting") and confidentiality (e.g." HIV antibody testing is not really confidential"). Attitudes on HIV testing were measured at an interval level. According to Boshamer and Bruce (1999), the HTAS, when used on diverse participants but with a majority of Caucasians, found

that the scale was both reliable and valid. The survey instrument also included two additional questions on participants' willingness to test for HIV as well as whether they have had tested for HIV in the past.

Procedures

To begin with, the researcher reached out to familiar possible participants from associations and churches such as the ' African Network (AFRINET)' or 'Zambians in California' and individuals from African churches who were asked to recruit other possible candidates as participants for this study. The researcher presented an overview of the study project to volunteers. Willing participants were informed about the study being anonymous and confidential.

Participants were given a copy of an informed consent form (Appendix B) regarding the study in which they are willing to participate. The participants were asked to complete the questionnaires individually in a private area to ensure confidentiality. Known participants by the researcher were initially physically approached or contacted by telephone. Participants distant from the researcher were contacted by telephone.

The researcher then presented an overview of the study. Participants willing to take the survey were mailed the questionnaire and asked to read the informed consent prior to answering the survey. After completing the survey, participants received debriefing statements (Appendix C).

Protection of Human Subjects

African immigrants highly value confidentiality. Keeping their identity anonymous protected the participants. Data collection excluded personal particulars that might jeopardize participants' anonymity.

The participants sending back the survey were cautioned not to display their return addresses on the envelopes in order to keep all filled out questionnaires confidential upon receipt. All questionnaires filled out were locked in a secure place allowing only the researcher access. All participants were informed of their right to skip questions they felt uncomfortable with, refuse, or withdraw from the study without any penalty at any time they felt the need to do so.

Data Analysis

Data in this study was analyzed using quantitative methods. It employed descriptive statistics describing variables such as age, religion, gender and marital status. Inferential statistics such as t-tests and correlation were used to explain variables related to culture, knowledge of HIV and the four subscales on attitudes of HIV. Analysis of both the independent and dependent variables utilized descriptive and inferential statistics. The results analyzed were reported using a mean score of one (Strongly disagree) through five (strongly disagree) with the score three being neutral. Descriptive statistics and bivariate analysis were generated using SPSS version 17.0.

Summary

The chapter gave an overview of the design of the study. The method of sampling was explained including the instrument used in the study. The chapter also explained the procedures used to collect data. This section also identified how the dependent variable HIV testing attitudes relates to the independent variables of knowledge of HIV and culture. The sections also clarified

that all human subjects were protected throughout the study. In closing, the chapter gave a brief summary on how the data was analyzed.

CHAPTER FOUR

RESULTS

Introduction

This chapter provides descriptive and inferential data on the sample of African immigrant participants in the Inland Empire, Los Angeles and Orange counties. Descriptive statistics were generated on gender, age, native country, number of years lived in the United States, willingness to HIV testing and participants who have tested for HIV. Furthermore, this chapter provides descriptive statistics and bivariate analyzed data such as T-tests and correlations. Four subscale factors of Friends, Family, Public Opinion and Confidentiality on the HTAS were analyzed and are explained further in the study. The chapter also provides results on how culture and knowledge of HIV may relate to HIV testing attitudes among African immigrants.

Presentation of the Findings

The final sample consisted of 63 participants with 52.2% female and 47.6% male, and ages ranging from 18 to 59 years (M = 34.60, SD = 9.98). A high number of participants, 96%, had a college and beyond education

with only 3.2% having only a high school education. Of the participants, 39.7% were married, 38.1% were single, while 10% responded as divorced or separated. All the participants had some religious affiliation with the majority 49.2% being Protestant, 17% Catholic and 4.8% Muslim. Other religion most included the Seventh Day Adventist who may also have been included in the large group of Protestants. There were a total of seventeen African countries that were represented in this study. The majority of participants came from four countries: Kenya, Zambia, Zimbabwe and Nigeria. The participants' demographics can be seen in Table 1.

Table 1. Demographics of African Immigrants Sample

(N = 63)

Variables	Frequency (n)	Percent (%)
Gender		
Male	30	47.6
Female	33	52.4
Age groups		
18-25 Years	12	19.0
26-33 Years	20	31.7
34-41 Years	15	23.8
42-59 Years	16	25.4
Marital Status		
Single	24	38.1
Married	25	39.7
Divorced/Separated	10	15.9
Other	4	6.3
Native Country		
Kenya	11	17.5
Zambia	11	17.5
Nigeria	10	15.9
Zimbabwe	9	14.3
Malawi	4	6.3
D R Congo	3	4.8
Mozambique	2	3.2
Angola	2	3.2
Rwanda	2	3.2
Tanzania	2	3.2
Botswana	1	1.6
Cameroon	1	1.6
Ghana	1	1.6
Mali	1	1.6
South Africa	1	1.6
Sudan	1	1.6
Ivory cost	1	1.6
Religion		
Protestant	31	49.2
Catholic	11	17.5
Muslim	3	4.8
Other	18	28.6

Table 2 shows how participants responded to questions on culture. The majority of participants, (68.3%) spoke English and another language, 17.5% English only and 9% other language which were not specified on the survey. Almost all the participants were born in their native countries. A large percentage of the participants (65.1%) responded that African customs were very important while 21% responded African customs as somewhat important. Only one participant did not view African customs as important. In terms of daily interaction, over half of the participants (68.3%) interacted about or equally the same with fellow Africans and Americans, 20.6% responded interacting mostly or equally with Americans and 11.1% interacted with mostly or all Africans.

Table 2. Participants' Responses to Questions on Culture

(N = 63)

Variables	Frequency (n)	Percent (%)
African Customs		
Very important	41	65.5
Somewhat important	21	33.3
Not important	1	1.6
Daily Interaction		
Mostly or all Americans	13	20.6
Mostly or all African	7	11.1
About/Equally Americans & Africans	43	68.3
Language		
English and other	43	68.3
English	11	17.5
Other	9	14.3

Over 90% of the participants responded as having heard about HIV and AIDS. There were various sources of information about HIV/AIDS. Most of the participants reported having more than one source of information, which included media, family, friends, doctors or nurses and school. About (98.4%) responded that HIV transmission was preventable. In addition, they also responded high (95.2%) on HIV being fatal. All of the participants responded they would teach their children about HIV. There was an overwhelming knowledgeable response on

whether HIV is curable or not with about 96.8% responding that HIV was not curable.

A large majority of participants were aware of HIV and AIDS through media, school friends and family but a small number, 7.9%, responded hearing about HIV from a health professional.

Table 3 shows responses on the dependent variable HTAS subscale of Friends, Family, Public Opinion and Confidentiality on a mean score ranging from "1" = Strongly Agree to "5" = Strongly Disagree. Respondents appeared to have more concerns regarding the confidentiality of HIV testing (M = 3.29) compared to concerns in the areas of Family, Friends and Public Opinion. These results seem to suggest a possibility of lack of information on confidentiality of HIV testing.

Table 4 describes two additional questions on HIV testing. The results show that 59% of participants have tested for HIV and 75% are willing to test for HIV leaving a 25% of respondents that either "Don't' know" or are "Unwilling to test for HIV".

Table 3. Subscales on Human Immunodeficiency Virus Testing Attitudes

Concerns	Mean	SD
Friends	3.59	0.76
Family	3.81	0.94
Public Opinion	3.55	0.80
Confidentiality	3.29	0.87

Note: 5 = strongly agree, 4 = Agree, 3 = Neutral, 2 = Disagree and 1 = Strongly Disagree. SD = Standard deviation.

Table 4. Participants Attitudes about Human Immunodeficiency Virus Testing (N = 63)

Variables	Percent (%)
Tested for HIV	
Yes	58.7
No	41.3
Willing to test for HIV	
Willing	74.6
Don't Know	22.2
Unwilling	3.2

The study sought to find out if acculturation and HIV knowledge were related to HIV testing attitudes among African immigrants. The variables on culture and

knowledge were tested with a T-test. Only the significant findings were reported.

Table 5. Significant T-Test Results on Culture and Knowledge on the Human Immunodeficiency Virus - Antibody Testing Scale Subscales

Group	Mean (*M*)	df	t	$p < 0.05$
African customs				
Concerns about family		60	2.095	0.04
Very important	3.98			
Somewhat important	3.46			
Primary language				
Concerns about friends		52	2.516	0.01
English	4.09			
English & other	3.45			
Concerns about confidentiality		50	2.920	0.01
Other	3.94			
English and other	3.07			
Daily interaction				
Concerns about confidentiality		48	-2.045	0.05
Mostly/all Africans	2.64			
About /equally American &Africans	3.39			
Heard about HIV				
Concerns about public opinion		61	-2.017	0.01
Yes	3.50			
No	4.31			
Source media				
Concern about public opinion		61	-2.349	0.02
Yes	3.31			
No	3.77			
Source school				
Concerns about public opinion		61	2.017	0.05
Yes	3.75			
No	3.35			
Concerns about confidentiality		61	2.199	0.03
Yes	3.53			
No	3.06			

Group	Mean (*M*)	df	t	$p < 0.05$
HIV can be cured				
Concerns about friends		61	-2.108	0.09
Yes	2.50			
No	3.62			
Concerns about family		61	-2.346	0.02
Yes	2.37			
No	3.59			
Concerns about public opinion		61	-2.160	0.04
Yes	2.37			
No	3.59			
Concerns about confidentiality		61	-2.661	0.01
Yes	1.75			
No	3.34			

Note: 5 = strongly agree, 4 = Agree, 3 = Neutral, 2 = Disagree and 1 = Strongly Disagree

Results on Culture and Human Immunodeficiency Virus - Antibody Testing Scale Subscales

There was a significant difference between participants' response to the importance of African customs ($t(60) = 2.095$, $p < 0.05$). The results indicate that participants who value African customs as very important ($M = 3.98$) are less concerned about their families attitudes towards HIV testing than those who somewhat take African customs as important ($M = 3.46$). These participants with fewer concerns have a more positive attitude about HIV testing and can speak with their families about the issue of HIV. Furthermore, there was a significant difference in participants being able to discuss HIV testing with friends between the group

that spoke English only and those that spoke English and another language ($t(52) = 2.516$, $p < 0.05$). Those that spoke English and another language ($M = 3.45$) were more concerned about their friends' views on HIV testing than those who spoke English only ($M = 4.09$) or another language ($M = 3.94$). Participants who spoke English and another language seemed to not be comfortable speaking with their friends about the matter of having an HIV test.

In terms of interactions, there was a significant difference on confidentiality distress between participants who interact daily with Americans compared to those who interacted with fellow Africans ($t(48) = -2.045$, $p < 0.05$). Participants who interacted daily equally with Africans and Americans ($M = 3.39$) were less distressed about matters of confidentiality in HIV testing than those who interacted mostly with Africans ($M = 2.64$). The relationship between Time in the U.S and all of the HTAS subscales were examined using correlations and no significance was found.

Results on Human Immunodeficiency Virus Knowledge and Human Immunodeficiency Virus - Antibody Testing Scale Subscales

There was a significant difference between participants on their public opinion based on whether they had heard about HIV or not ($t(61) = -2.017$, $p < 0.05$). Specifically, those who had not heard about HIV ($M = 4.31$) cared less about public opinion than those who had heard about HIV ($M = 3.50$).

A significant difference on concerns about friends views on attitudes about HIV was found between participants who responded that HIV was curable compared to those that responded it was not curable ($t(61) = -2.108$, $p < 0.05$). Those who believed HIV could not be cured were less concerned about how friends would respond to them having an HIV test ($M = 3.62$) than those who knew that HIV was curable ($M = 2.50$). On the family subscale factor, a significant difference was also found between participants who believed HIV was curable compared to those who did not believe it was curable ($t(61) = -2.346$, $p < 0.05$). Participants that believed HIV was curable were more worried about how their family would perceive them if they decided to take an HIV test

(M = 2.37) compared to those who did not believe in HIV to be curable (M = 3.59).

There was a significant difference in regard to what other people thought about an individual wanting to test for HIV between participants who believed HIV was curable compared to those who believed it was not curable ($t(61) = -2.160$, $p < 0.05$). In particular, participants who believed HIV was curable (M = 2.37) were more afraid about how others would perceive them if they had to take an HIV test compared to those who answered HIV was not curable (M = 3.59).

Lastly, there was a significant difference in terms of keeping HIV testing confidential between participants who knew of HIV being cured and those who had no knowledge of HIV being cured (t (61) = -2.661, $p < 0.05$). The results indicate that participants who had no knowledge of HIV being cured (M = 3.34) had a more positive attitude about HIV testing information being confidential than participants who had knowledge of HIV being curable (M = 1.75)

Summary

The chapter gave a rundown of the results on univariate findings, demographics and responses to questions regarding culture and HIV knowledge. A summary of all the bivariate variables examined was also reported, addressing the research focus.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses the study results in detail and analyses the implication of the finding in regards to African immigrants and HIV testing attitudes. The chapter also discusses how this study finding compares to previous related research. Lastly, limitations and recommendations are suggested for social work practice and research in regard to this study's findings.

Discussion

This study discloses some significant associations between the dependent variable, HIV testing attitudes and independent variables culture and knowledge of HIV testing among a sample of African immigrants living in Southern California. Having in mind that some comparison groups had very few respondents, this study provides information helpful in understanding the sample group's attitudes towards HIV testing.

Culture and Acculturation

From the total sample, about 65.5% of the participants believed that their African customs were

very important. This may imply participants, even though far from their native countries, have a high adherence to the values, customs and beliefs brought with them. For participants that somewhat valued African customs, speaking to their families about the decision to take an HIV test seemed to be an issue for respondent in this group. Therefore, the findings of African customs being less valued as somewhat important has an association with HIV testing attitudes for this particular group. These findings support Ramos-Sanchez and Atkinson (2009) finding of Mexican immigrants seeking more services than acculturated Mexican immigrants. This information shows that the level of importance of African customs does affect HIV testing attitudes among African immigrants.

It appears participants in this study that spoke English and another language also socialized more with American and fellow Africans, however, participants that spoke English and another language were more fearful to discuss HIV testing with friends and also were not certain about the confidentiality of HIV testing. This concern can be related to participants not feeling supported enough to open up conversation with friends about HIV testing. In addition, participants may not have

enough information to facilitate trust in health services on the fact that HIV testing is strictly confidential. On the other hand, it seems that participants socializing with fellow Africans and Americans are more comfortable with the issue of confidentiality unlike those that were found to socialize with fellow Africans only. The process of relating with Americans may have contributed to participants' knowledge about matters of confidentiality as well as being exposed to familiar situations that involve confidentiality protection.

Knowledge

In terms of knowledge about HIV/AIDS in general, there was a relationship with the HIV testing attitude found in this study. A high number of participants in this study were well educated which indicates that they were quite knowledgeable about HIV/AIDS and the impact it had on individuals and families. Participants were willing to educate their children about HIV in the future. Media and school were the two sources of information that related to HIV testing attitudes. It seemed participants who heard about HIV from the media were not well informed because they were concerned about what other people perceptions and views in regard to

taking an HIV test. Participants who obtained information from schools were well informed but not sufficient enough to address worries about matters of confidentiality.

Furthermore, this study found that participants, even though highly knowledgeable about HIV/AIDS and treatment, had serious concerns with their families, friends, public opinion and confidentiality. A reason could be due to stigma, which still exists for people infected and affected by HIV/AIDS. Young and Bendavid (2010) asserted that stigma was found to have an impact on HIV testing decision and behavior. These significant results may entail there is a relationship between stigma and HIV testing attitudes. HIV/AIDS stigma in this study may be related to one being associated to promiscuous behavior since a large majority of the sample was married and religious. Hence, there may be fear of participants being questioned about their moral behavior.

The findings in this study also suggest that individuals are fearful of what might happen and how their friends, families, and others would respond if participants pursued testing for HIV. Moreover, even though most respondents had strong cultural values and general HIV knowledge, there were fears that linger in

the community, which may distance them from positive HIV testing thinking. Therefore, there is a need for more supportive programs and services that will also address fears and HIV stigmatization so that more individuals can freely test for HIV. Young and Bendavid (2010) suggest bundling up stigmatized and non-stigmatized services in order to increase the number of individuals willing to test for HIV. These programs could also be used to reach the 22.2% of the sample participants that 'don't know' if they would like to get tested for HIV and support those that are unwilling to take an HIV test.

Limitations

Some limitations were highlighted in this study. One of the limitations was the issue of recruiting participants within the researchers' convenient reach and which may have influenced truthful self-reports. Participants were easily reached through familiar African associations and churches in the four areas. This non-random sample may have led to biases in selection of participants.

Overall, 80 surveys were given out, only 63 of the surveys were returned completed. This number may imply

some individuals may not have been enthusiastic about participating and sharing their input in this study. There were neither individuals from non-religious groups nor a well-represented number from those with less than college education level. Having a wide variety of individuals from low education or non-religious could have generated different results in this study. Furthermore, the sample size was small which limited the diversity of the group and limited the responses in other variable groups. Finally, the survey instrument may not have been culturally sensitive enough to assess attitudes of HIV antibodies testing amongst the African Immigrants.

Recommendations for Social Work Practice, Policy and Research

In social work practice, there needs to be more awareness about HIV and HIV testing to reach out to African immigrant individuals, families and communities that have no knowledge or have negative attitudes about HIV testing. This study points out African immigrants that value African customs less need more outreach to address their concerns about HIV testing. Therefore, in order to achieve the task of reaching out to the African immigrant community, social workers need to understand

the values and practices of the African immigrant communities living in the U.S. As recommended in most social work research studies done on ethnic groups and also by the NASW's (2011) ethical standards, cultural competence and social diversity are the key factors to helping immigrants access support services especially for individuals who may need support outside of family and friends such as from social service agencies.

HIV has been in existence for about thirty years but still continues to be a stigmatized disease globally. Stigma, fear and lack of support on HIV testing were concerns generated from this study. There is a need to have policies and programs that will address the problems of HIV stigma so that individuals are able to openly discuss HIV testing with families and communities which would promote voluntary, timely HIV testing to prevent the spread of the disease. More social work research with a larger representative sample of African immigrant groups in the United States is recommended to add knowledge to the profession which will in turn, enrich social work practice with African immigrant clients.

Conclusions

This research discussed the relationship of culture and knowledge of HIV antibody testing attitudes among African immigrants. More research on barriers to HIV testing is necessary to employ newer HIV testing interventions on evolving cultural attitudes among diverse groups.

APPENDIX A

QUESTIONNAIRE

CULTURAL QUESTIONS

1. My Primary language is 1. English 2. Other 3. English and other language

2. My Country of birth is _____

3. My African customs are
   1. Very important 2. Somewhat important 3. Not important

4. My Daily interactions are with
   1. Mostly /All Americans 2. Mostly/All Africans 3. About/Equally Americans & Fellow Africans

5. I have lived in the United States for _____ Years.

HIV/AIDS QUESTIONS

1. Have you heard of HIV/AIDS? 1. Yes 2. No

2. Where did you learn about HIV?
   1. Media 2. Family 3. Friends 4. Doctor/ Nurse 5. School

3. Is HIV transmission preventable? 1. Yes 2. No

4. Will you teach your kids about HIV? 1. Yes 2. No

5. Is HIV fatal? 1. Yes 2. No

6. Can HIV be cured? 1.Yes 2. No

ATTITUDES ABOUT HIV-ANTIBODY TESTING SCALE (Boshamer C.B & Bruce K.E)

PLEASE check ONE answer that applies to your response.

5. Strongly agree (SA) 4. Agree (A) 3.Neutral (N) 2. Disagree (D) 1. Strongly Disagree (SD)

1. HIV-antibody testing is not really confidential ☐SA ☐A ☐N ☐D ☐SD

2. HIV test information is kept very confidential by the medical staff who do the testing ☐SA ☐A ☐N ☐D ☐SD

3. My family would support me if I decided to be tested for HIV ☐SA ☐A ☐N ☐D ☐SD

5. Strongly agree (SA) 4. Agree (A) 3.Neutral (N) 2. Disagree (D) 1. Strongly Disagree (SD)

4.	I would not want anyone to know if I got an HIV test.	☐SA ☐ A ☐N ☐D ☐SD
5.	My friends would not look down on me if I tested for HIV	☐SA ☐ A ☐N ☐D ☐SD
6.	Anyone who is tested for HIV is disgusting	☐SA ☐ A ☐N ☐D ☐SD
7.	I would be afraid to get an HIV test because people who test positive cannot get health insurance	☐SA ☐ A ☐N ☐D ☐SD
8.	People assume that everyone who is tested for HIV is infected with HIV	☐SA ☐ A ☐N ☐D ☐SD
9.	My parents would be upset if they knew I was planning to get tested for HIV	☐SA ☐ A ☐N ☐D ☐SD
10.	Admitting that you should be tested for HIV means that you have engaged in immoral behavior.	☐SA ☐ A ☐N ☐D ☐SD
11.	My friend would support my decision to get an HIV test	☐SA ☐ A ☐N ☐D ☐SD
12.	Am afraid that if were tested for HIV, my name would go into public records	☐SA ☐ A ☐N ☐D ☐SD
13.	HIV test give accurate results	☐SA ☐ A ☐N ☐D ☐SD
14.	Anyone who is tested for HIV is dirty	☐SA ☐ A ☐N ☐D ☐SD
15.	It would be embarrassing to get tested for HIV	☐SA ☐ A ☐N ☐D ☐SD
16.	I would not consider getting an HIV test because I would be asked about things I have done that could get me into trouble	☐SA ☐ A ☐N ☐D ☐SD
17.	I can talk to my friends about making medical decisions	☐SA ☐ A ☐N ☐D ☐SD
18.	I would be comfortable talking to an HIV	☐SA ☐ A ☐N ☐D ☐SD
19.	Counselor about personal behaviors that place me at risk for HIV infection	☐SA ☐ A ☐N ☐D ☐SD
20.	People would assume I have HIV if I decided to get tested	☐SA ☐ A ☐N ☐D ☐SD

5. Strongly agree (SA) 4. Agree (A) 3.Neutral (N) 2. Disagree (D) 1. Strongly Disagree (SD)

21. I could talk to my friends about making the decision to get an HIV test ☐SA ☐A ☐N ☐D ☐SD

22. My friends would look down on me if I were tested for HIV ☐SA ☐A ☐N ☐D ☐SD

23. My friends would not treat me any differently if I were tested for HIV ☐SA ☐A ☐N ☐D ☐SD

24. I am afraid someone would find out I was tested for HIV ☐SA ☐A ☐N ☐D ☐SD

25. Anyone who is tested for HIV is smart ☐SA ☐A ☐N ☐D ☐SD

26. I would be embarrassed if my friends found out I had decided to have an HIV test ☐SA ☐A ☐N ☐D ☐SD

27. I would not get tested for HIV because I would be asked information that was too personal ☐SA ☐A ☐N ☐D ☐SD

28. I trust the HIV test counselors and nurses to keep my information confidential ☐SA ☐A ☐N ☐D ☐SD

29. I do not have time to get an HIV test ☐SA ☐A ☐N ☐D ☐SD

30. It would not bother me if someone I know sees me going to get an HIV test ☐SA ☐A ☐N ☐D ☐SD

31. My friends would treat me badly if I were tested for HIV ☐SA ☐A ☐N ☐D ☐SD

32. I could easily discuss HIV- antibody testing with my family ☐SA ☐A ☐N ☐D ☐SD

33. My job would be in danger if my boss found out I was tested for HIV ☐SA ☐A ☐N ☐D ☐SD

34. Have you been tested for HIV? 1. Yes 2. No

35. Are you willing to test for HIV? 1. Willing 2. Don't know 3. Unwilling

Boshamer, B. C, & Bruce, K. E. (1999). A scale to measure attitudes about HIV-Antibody testing: Development and psychometric validation. *AIDS Education and Prevention, 11*(5), 400-413.

APPENDIX B

INFORMED CONSENT

Informed Consent

You are invited to participate in a study that will assess the attitudes of African immigrants towards HIV testing. This study involves answering a brief questionnaire that you will fill out privately. The researcher is Hazel Namona Nachembe under the supervision of Dr. Laurie Smith, Director of the School of Social Work, California State University San Bernardino. The School of Social Work Sub-Committee of the Institutional Review Board, California State University San Bernardino approved this study.

PURPOSE: We would like to find out about African immigrants perception on HIV testing.

DESCRIPTION: A paper and pencil survey filled out in private that will take 10-15 minutes.

PARTICIPATION: Your participation in this study is completely voluntary. There are no penalties for choosing not to participate or withdrawing from this study.

ANONYMOUS: The research is anonymous. Your name or personal information will not be collected.

DURATION: The survey questionnaire should take about 10 to 15 minutes to complete.

RISKS: There is no foreseeable risk to your participation in this study with the exception that you may find some questions uncomfortable. If you are uncomfortable with some questions, please feel free to skip the question or to end your participation in the study.

BENEFITS: This study may help develop better prevention programs as well as interventions in early treatment of HIV.

AUDIO/VIDEO: There will be no recording in this study.

CONTACT: If you have any questions, please feel free to ask the researcher at any time during the study interview. For research related questions, please contact the researcher's supervisor Dr. Laurie Smith at lasmith@csusb.edu.

RESULTS: The results of this study can be obtained from the California State University San Bernardino, Pfau Library after September 2011.

By placing a mark, I acknowledge that I have been informed and understand the reason for this study. I choose to participate and acknowledge that I am at least 18 years of age.

☐ **PLACE A MARK** **Date Today:** _____

APPENDIX C

DEBRIEFING STATEMENT

Debriefing Statement

This study you have just completed was designed to investigate the attitudes of African immigrants towards HIV testing. In this study three variables were assessed: The attitude of HIV testing, knowledge of HIV and level of acculturation.

The study explores the influence of acculturation levels, knowledge of HIV on the willingness to test for HIV. This will help develop culturally sensitive HIV intervention and preventions for the African immigrant communities.

Thank you for your participation and for not discussing the contents of the decision question with other participants. If you have any questions about the study, please feel free to contact **DR LAURIE SMITH** at **909 537 3837.** If you would like to obtain a copy of the group results of this study, please contact the California State University San Bernardino, Pfau Library at the end of **Summer** Quarter of 2011.

APPENDIX D

DEMOGRAPHICS

DEMOGRAPHICS

PLEASE circle ONE answer that applies to your response.

1. Gender 1. Male 2. Female

2. Age _____Years

3. What is your native country? _____

4. Marital status?
   1. Single 2. Married 3. Divorced/Separated 4. Widow 5. Other _____

5. Level of education?
   1. Less than high school 2. High school 3. College and beyond

6. Religious affiliation?
   1. Protestant 2. Catholic 3. Muslim 4. Other_____

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