



## **AfricaNZ Care:**

A REPORT ON KNOWLEDGE, ATTITUDES, BEHAVIOURS AND BELIEFS ABOUT HIV  
AMONG BLACK AFRICANS LIVING IN NEW ZEALAND



Prepared by Mark Henrickson, Nigel Dickson,  
Fungai Mhlanga, and Adrian Ludlam  
August, 2013



Funded by the Ministry of Health and  
Health Research Council of New Zealand, Project 11/965



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

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The authors remain entirely responsible for the report.

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## Executive Summary

This report is the second and final report for the project *HIV Risks and Concerns among African Communities in New Zealand* (hereafter *AfricaNZ*). The overall aim of the *AfricaNZ* project is to explore HIV risks in African communities in New Zealand with a view to informing HIV infection prevention and health promotion programmes. This report presents findings and recommendations from the community survey and focus groups undertaken from October, 2012 – January, 2013. The message of these data is not that any community is to ‘blame’, any more than anyone is to ‘blame’ for AIDS, other than a virus. These data provide us with context and direction for prevention education and service delivery efforts.

A total of 703 usable surveys (49 percent male, 50 percent female) were returned from recruiting efforts at African community events and venues in New Zealand. The survey asked questions about knowledge, attitudes, behaviours and beliefs about HIV. In general a high level of knowledge was reported about the means of infection and other questions about HIV, some exceptions being a moderate level of knowledge about the benefits of treatment, and less knowledge that circumcision offers some protection against acquisition. Young men (ages 16-24) had less knowledge than other groups. Young men also demonstrated more negative attitudes about people living with HIV and condom use than other groups. Slightly more men (65 percent) than women (57 percent) who answered the question reported intercourse in the past 12 months; most (74 percent of men and 88 percent of women) reported only a single sexual partner in the last 12 months. While most sexual partners were African, men were more likely to have non-African sexual partners than women; among men non-regular partners were more likely to be non-African than their regular partners. Overall condom use at last sex was reported by 40 percent of men and 22 percent of women; it was reported less frequently with increasing age, and more by both men and women who had had greater than one partner in the past 12 months. Sixty-nine percent of respondents had ever been tested for HIV, mainly for immigration purposes; three percent of the sample, five percent of those tested, were people living with HIV.

In all, 131 people (41 percent male, 58 percent female) participated in 23 different focus groups around the country. Focus group discussions were focussed around the following themes: settlement in New Zealand; age for sexual activity; interracial sexual activity; same sex activity and relationships; multiple sexual partners; condom use; HIV testing; disclosure of HIV; HIV education and awareness; African cultural understandings of HIV.

Key findings of the study include:

### *Settlement*

- Most participants maintained their cultural identities, and close cultural ties with ‘home’ and family in Africa;
- Participants experienced difficult challenges with the host culture, noting that they felt singled out and stigmatised because of their nationality or colour.

### *Education*

- There was widespread agreement that African communities need more education about HIV, not only to prevent infection, but also to address the stigma about people living with HIV. Participants also felt that this education should not be restricted to African communities: education about HIV stigma should be provided to all New Zealanders;
- Not only are people with HIV highly stigmatised among African communities, but people who think they might be at risk for HIV avoid testing because the very act of testing risks that same stigma;
- Information about the risks of HIV transmission via male-to-male sexual activity should also be directed to African communities, although the words ‘gay’ and/or ‘bisexual’ will not be meaningful;
- It is clear that schools are important sources of information;

- Existing educational campaigns about HIV do not appear to be reaching a wide audience;
- Although most participants were adherents to some religion, there was agreement that these organisations were not providing leadership on HIV.

#### *Sexual behaviour*

- The specific age when it was appropriate to engage in sexual activity, varied widely, from the late teens to mid twenties;
- While the survey suggests that women have the right to refuse unprotected sex, women in focus groups feel at risk and also feel that they have no right to refuse unprotected sex from a husband;
- There is a high level of ambivalence about same-sex sexual activity.

#### *Condom use*

- Reported condom use in the survey shows some awareness of the risk of unprotected sexual intercourse. Condom use reported by focus group participants is at variance from the findings in the survey.

#### *HIV and testing*

- Difficulties with immigration law and authorities were the source of distress for many participants;
- Stigma about HIV is a primary reason that participants do not test for HIV or disclose their HIV status;
- Some participants living with HIV felt very strongly that information about their HIV status had not been well managed during clinic visits, and they were reluctant to disclose this information to non-medical staff.

#### *Research*

- There is ambivalence about research;
- Above all, however, there was concern that Black African communities would be perceived as blameworthy, or somehow responsible for HIV in New Zealand, and that great care should be taken in the dissemination of any results from research so that African communities and people living with HIV were not further stigmatised.

Results from the *AfricaNZ* study are compared with two similar studies from England.

The following recommendations are proposed:

1. The Ministry of Health should develop an advisory group to itself at both national and regional levels in order to create an integrated national strategy about HIV in African communities, and to follow up on the recommendations from this report.
2. There should be dedicated Ministry staff to work with the HIV community around planning and funding decisions. It should not be assumed that the existing infrastructure is adequate.
3. There is an array of education-related recommendations. Many respondents and focus group participants noted the lack of general national HIV education messages in New Zealand, which may reflect their experiences coming from high-incidence environments to a relatively low incidence one.
4. Health providers (community, clinic and hospital), dental providers and their support staffs (including administrative and human resources staff) must be further educated on HIV transmission, stigma, human rights and current law as it relates to stigma and discrimination against people and employees with HIV, and management of confidential patient and employee information. (Suggested by a group of advisors living with HIV.)
5. Enhance HIV education in schools, and add to sexual health education curricula.

6. Resource schools to do HIV-related projects.
7. Encourage voluntary testing, normalise testing and counselling at GPs. (However, a number of community advisory group participants also related experiences of feeling stigmatised by GPs because they were Black African, and felt some pressure compelled to undergo HIV testing even when there was no or minimal risk; this initiative should therefore follow education of health providers as above.) The pathway for offering HIV testing to asylum seekers—who do not enter the country through the refugee pathway—should be made clearer and more robust.
8. HIV needs to be contextualised within other chronic, life-threatening health issues in African community, such as cancer and diabetes.
9. A World AIDS Day strategy inclusive of Black African communities should be developed.
10. Follow-up research in African communities is needed, especially among Black African men who have sex with men.
11. Many Black Africans living with HIV do not feel empowered to access necessary services, such as medical care and transportation. The Ministry should consider putting case managers in place to work with African persons living with HIV who voluntarily refer to such a service in order to assist with access to services, overcoming barriers, and ensuring an African voice at all stages of service management and delivery. (Suggested by a group of advisors living with HIV.)
12. The Ministry should advise employers, insurers, and the Department of Labour (including Immigration New Zealand) that with appropriate care HIV has become a chronic manageable condition, not transmissible through ordinary workplace contact. (Suggested by a group of advisors living with HIV.)
13. Provide follow up to the community on outcomes of research.
14. Academic, community, and policymaker worlds must be bridged; we must contextualise research beyond Africans.
15. Further studies in this area will be important to develop more detail about specific subpopulations (e.g., MSM, women, younger people), and to assess social desirability bias in specific subpopulations. This may include HIV serologies
16. African community must have a voice not only in the development of policy and educational initiatives, but also in other forums.
17. African communities need to continue to talk with each other to develop an environment where people living with HIV can feel safe to disclose their status within their communities, and to develop partnerships with community, religious and educational leaders.

As there has been no survey of sexual behaviour, or knowledge, attitudes and beliefs about HIV among the general New Zealand population for over twenty years, meaningful formal comparisons cannot usefully be made between the African and other ethnic groups in New Zealand. Nevertheless the findings from the present survey do not obviously suggest that those from the African community who completed the survey were behaving in a way that is any more likely to transmit HIV or other STIs than any other ethnic group.

However, for what should now be considered historical reasons, the African community in New Zealand has a higher prevalence of HIV than other ethnicities, and this means that there is increased risk of HIV within and beyond this community. While this risk needs to be addressed, it should not be construed as a reason to discriminate or further stigmatise an already vulnerable population for any social or political reason, either intentionally or unintentionally.

## Introduction

This report is the second and final report for the project *HIV Risks and Concerns among African Communities in New Zealand* (hereafter *AfricaNZ*). The overall aim of the *AfricaNZ* project is to explore HIV risks in African communities in New Zealand with a view to informing HIV infection prevention and health promotion programmes. This report presents findings and recommendations from the community survey and focus groups undertaken from October, 2012 – January, 2013. The present report will make reference to but will not include all the material included in the Phase I report and plan for Phase 2 submitted in July and approved in September, 2012; the Phase I report, entitled *AfricaNZ Count*, should be considered a companion document to this final report. However, we again acknowledge the important discussion about who is eligible for inclusion in this study. The question of target group has been a matter of robust discussions with many stakeholders from the inception of this project, and although we are reasonably confident that we will not be able to satisfy all stakeholders with our decisions, our choices have been thoughtful, consultative, and evidence-informed. In the original Request for Proposals, the Ministry of Health defined African communities in New Zealand as a high risk population for HIV disease. As we noted in *AfricaNZ Count*, the term ‘African’ can be interpreted in a number of different ways. In this project we focus on African communities in New Zealand with the greatest need for HIV-related medical and social services, and prevention education. By focussing on communities most at risk there will be greater efficiencies in targeting these interventions.

In *AfricaNZ Count* we estimated that the number of people born in Africa and living in New Zealand, regardless of ethnicity or nationality, in 2006 was 61,428, or about 1.3 percent of the New Zealand population. We analysed reported ethnicity, place of birth, language and net migration data to infer a rounded estimate of 12,500 Black Africans currently resident in New Zealand, about 20 percent of all currently resident people born in Africa, and 0.2 percent of the total population. Since 2006, however, it is estimated that Black Africans represent 17.4 percent of all incident HIV diagnoses in New Zealand, a clearly disproportionate number. Of all Black Africans living with HIV, 55.6 percent are female, 44.4 percent are male; 79.5 percent of transmissions were through heterosexual sex, and 79.5 percent of infections were presumed to have taken place in an African nation. We estimated an adult prevalence of HIV of approximately 5% among Black Africans living in New Zealand (which will not be evenly distributed throughout all the African communities). This Black African HIV prevalence estimate is slightly less than the HIV prevalence found in a recent seroprevalence study of men who have sex with men (MSM) in a community sample in Auckland (Saxton, Dickson, Griffiths, Hughes, & Rowden, 2012) and is orders of magnitude higher than that in the non-African heterosexual population in New Zealand (estimated at 1 in 1000 for sexual health clinic attenders, and far less for the general population). It is also considerably less than the 13.6 percent HIV prevalence estimate found among Blacks in South Africa by Shisana et al. (2009); in the same study the prevalence among Whites in South Africa was 0.3 percent. From clinician reports it appears that fewer than ten of the incident HIV positive African diagnoses during this period were White African individuals.

With these New Zealand data in mind we have constructed ‘African’ to mean ethnic Africans, *viz.*, Black Africans, as the communities most vulnerable to HIV. This approach is consistent with similar international studies, such as Bass Line (Dodds et al., 2008; Hickson et al., 2009) and Mayesha II (Sadler et al., 2005). We have identified Black African communities as our focus of interest because of the increased risk of Black Africans for HIV infection for multifarious reasons, including the intersection of

overlapping forms of exclusion and oppression in Africa and in the African Diaspora. These reasons also include social exclusion, racism, and barriers to accessing HIV-related education, testing and other services, as well as other reasons that we will explore in this report.

*AfricaNZ Count* found that Black African communities have mostly settled in the main centres of Auckland, the Waikato, Wellington, and Canterbury; together these regions account for approximately 88 percent of Black Africans in New Zealand. (Although our adoption of the term 'region' is derived from Census, the use of 'regions' is broad and non-specific in this report; this study uses broadly grouped general areas, with which participants were most likely familiar in order to encourage responses while preserving privacy. Since participants were possibly new settlers they may not have been familiar with New Zealand-specific concepts such as local territorial authorities, district health boards, or specific city boundaries, particularly in Auckland where 'city' boundaries changed in November 2010.) Just over half of people (54 percent) identifying as African in the 2006 Census) are between the ages of 15 and 44 years. Of this group, 55 percent identified as Christian, and 30 percent identified as Muslim.

We have noted throughout this study that it would be simplistic to misrepresent these data to point fingers at a vulnerable new migrant population, or to attempt to score political points by suggesting that Black Africans do not have a place in New Zealand. Our community advisory groups and study participants have been most anxious about this aspect of the research: by defining the problem we may be exposing a community vulnerable to these kinds of risks. It is clear that while Black Africans remain a community relatively small in absolute numbers in New Zealand, because of the geopolitical context from which they have come, and the reality that many have arrived from regions of relatively high HIV prevalence, they remain a community at risk and highly vulnerable to HIV. The vulnerability of these communities has been well documented in the literature (Fouché et al., 2011; Worth, Denholm, & Bannister, 2003). The message of these data is not that any community is to 'blame', any more than anyone is to 'blame' for AIDS, other than a virus. These data provide us with context and direction for prevention education and service delivery efforts. Providing that direction is the purpose of this report.

### ***Methodology of the present study***

Following the plan approved in the *AfricaNZ Counts* report, the present study consists of two arms, an anonymous quantitative survey (see Appendix 1), and a series of anonymised focus groups which were recorded and transcribed. Survey questions were loosely developed from the UK *Mayesha II* (Sadler et al., 2005) and *Bass Line* (Hickson et al., 2009) studies, in close consultation with the community advisory groups that advised the project throughout. Topic areas and specific questions were piloted with African community members prior to being finalised, and some adjustments were made in response to community feedback. A full ethics review was carried out by the Massey University Human Ethics Committee—Northern, and approval received in October, 2012. In the absence of a specific sampling frame, surveys were distributed at community and sporting events, festivals and pageants, churches, and other community events in Auckland, the Waikato, Wellington and Christchurch. Recruitment for focus groups was also done in these centres.

Great care was taken to protect participant identities in both the quantitative and focus group arms of the study. In the absence of a sampling frame for Africans in New Zealand that could be used

for probability sampling, potential participants were approached at community events, invited to participate, and if they agreed then received a brief information sheet with information about the study to take away, a pre-addressed envelope, and a copy of the survey which they either returned completed to the surveyors, or returned via Freepost to the project office. Survey team members estimate that between one and five percent of people who were approached for the survey declined to participate, resulting in a total of 727 returned survey forms, although 11 returned blank surveys, and 13 returned incomplete or unusable surveys (which might be considered a kind of decline), resulting in a total of 703 analysable questionnaires. Completed surveys were then collected by a local coordinator, placed in a sealed envelope, and returned to the project office for review and data entry. Any non-quantitative data (comments and remarks on individual surveys) were transcribed by project staff before quantitative data entry.

In this report only directly relevant tables are included in the report text; other supporting tables of data will be found in the accompanying appendices. Further in depth analyses on specific issues can be undertaken in the future using these data.

Focus group participants were recruited at community events and venues and through convenience and snowball recruitment in communities. Potential participants received an information sheet explaining the project, and if they were interested, were invited to a scheduled focus group at a local venue. Participants whose first language was not English had a summary of the study and all their rights explained to them in their own languages. (All groups but one were held in English, although in some groups there was ongoing consultation and summaries in relevant languages for participants who were less confident in English; one group used its own 'simultaneous' Somali language interpreter.) Once the focus group convened, participants were once again fully consented, signed a consent form which was then sealed in an envelope, and then asked to choose a pseudonym for the purposes of the group; only after pseudonyms were selected did audio recordings begin. Focus groups were semi-structured with topics and questions to include in the group, although group conversation was encouraged to be free-flowing. At the conclusion of the focus group, once the recording had been ended, participants were given a \$20 grocery voucher in recognition of their time and contribution. Participants were then given a short demographic questionnaire which they were invited to complete anonymously, put in a blank envelope, and place in a box as they exited the room. No demographic information could be traced to any individual, and participants could deposit blank forms if they chose (only one did). Following the focus group, the sealed envelope with all signed consents and the sealed envelopes with the demographic information were returned by the coordinator to the project office. Audio recordings were uploaded into a password protected 'cloud' storage, which was accessible only to the focus group leader, the paid transcribers, and project leadership. One group was held in Arabic, and for that group a summary, supported by transcription of key points, was made by a project staff member who was an Arabic-speaker. Participants were identified only as 'P' (Participant) in transcriptions, and audio recordings were removed from cloud storage and moved to password-protected desktop storage as soon as transcriptions were completed and checked by the convenor.

Finally, a debriefing meeting was held with focus group leaders in Auckland, where most groups were held, to gain their insights about their focus group experiences, and to gather the 'intangibles' that could not be captured on an audio recording. This debriefing experience was very valuable, and key points are summarised in the findings section below.

In addition to the quantitative survey, the focus group transcriptions and the coordinators' debriefing, the findings in this report also draw on the minutes of the two community advisory groups to this project, and in particular the advisory group that consisted of people living with HIV. The insights and experiences shared in those meetings were extremely valuable of themselves, and merit inclusion. Participants in those groups have authorised the inclusion of their anonymised remarks. Results are also compared with other similar international studies.

### *Survey participant profile*

There were 703 questionnaires included in the analysis, although since not all participants responded to all questions, not all responses will add to this total.

Of the 703, 343 (49 percent) were men, and 351 (50 percent) were women; nine (1 percent) did not indicate a gender. Participants were grouped into three age groupings (Table 3), 16-24 years, 25-39 years and 40 years or more. There were significantly more men than women in the 25-39 group.

**Table 1 Age groups by gender**

Age group	Total (N=647)	Male (n=321)	Female (n=320)
16-24y	33%	28%	37%
25-39y	42%	47%	38%
40+	25%	25%	25%

Respondents were born in a total of 23 countries, which we have grouped into six African regions: North, Central, East, West, Southern and the Horn (Table 2). A quarter of the men were born in Southern Africa (25%) and a similar number in the Horn of Africa (23%). Among the women, the largest group (37%) were born in Southern Africa.

**Table 2 Region of birth (Grouped)**

Home region	Total (N=658)	Male (n=325)	Female (n=326)
North Africa - Sudan, South Sudan	12%	11%	12%
Central Africa - Cameroon, Congo, Democratic Republic of Congo, Rwanda	9%	8%	10%
East Africa - Kenya, Tanzania, Uganda, Malawi, Burundi	13%	14%	12%
West Africa - Nigeria, Ghana, Mali	12%	15%	8%
Southern Africa - South Africa, Zimbabwe, Zambia, Botswana	30%	25%	37%
Horn of Africa - Somalia, Ethiopia, Eritrea	21%	23%	19%
All countries outside of Africa	3%	3%	3%

Over two-thirds of the respondents (68 percent) have lived in New Zealand for five years or more (Table 3); only six percent have been in New Zealand for less than one year. This shows that the responses are generally from long term residents. Sixteen percent of men and 22 percent of women reported living in New Zealand when they were aged 10-16 years, which suggests that they had migrated earlier in their lives.

**Table 3 Length of time living in New Zealand by gender**

<b>Time</b>	<b>Total (N=694)</b>	<b>Male (n=340)</b>	<b>Female (n=347)</b>
<1 year	6%	7%	6%
1yr - <2yrs	5%	6%	3%
2yrs - <5yrs	20%	19%	22%
5yrs - <10yrs	37%	37%	37%
>10yrs	31%	31%	32%

A similar number of respondents were single (men=36 percent, women=41 percent) as married (men=40 percent, women=38 percent; see Table 4). There were no significant gender differences in marital status. Marital status did vary by age group (Appendix Tables 11 and 12); not unexpectedly, more respondents in the oldest group were married.

**Table 4: Current relationship status by gender**

<b>Relationship status</b>	<b>Total (N=690)</b>	<b>Male (n=341)</b>	<b>Female (n=343)</b>
<b>Married, living with husband/wife</b>	39%	40%	39%
<b>Married, husband/wife overseas</b>	5%	5%	4%
<b>Living with partner, unmarried</b>	7%	7%	6%
<b>Has regular partner not living together</b>	9%	10%	9%
<b>Single (includes widowed/divorced/separated)</b>	38%	36%	41%
<b>Other</b>	2%	2%	3%

Most of the participants (78 percent of men and 84 percent of women) who answered the religion question indicated that they were Christian, with Islam the next most common religion (reported by 13% overall; see Table 5).

**Table 5: Religion by gender**

Religious tradition	Total (N=695)	Male (n=340)	Female (n=347)
Christian	81%	78%	84%
Islam	13%	15%	11%
African traditional religion	2%	3%	<1%
Buddhist	<1%	<1%	<1%
Other	1%	2%	<1%
None	1%	2%	<1%

Similar proportions of men and women attended religious services. More men attended daily than women, but overall similar proportions (69 percent) once a week or more (Table 6).

**Table 6: Religious service attendance by gender**

Attend services	Total (N=693)	Male (n=339)	Female (n=345)
Everyday	8%	13%	4%
Once a week or more	60%	56%	65%
Once a month or more	14%	13%	14%
Once/twice a year	12%	12%	12%
Never/practically never	6%	7%	5%

These data suggest a relatively high level of religious affiliation and religiosity in survey respondents.

Survey respondent represent a broad snapshot of Black African migrants and refugees living in New Zealand. Participants were equally divided between genders, and are broadly representative of the diversity of nationalities identified in the Phase I report. There are fewer Muslims represented in the survey participants (13 percent) than we would have expected from the *AfricaNZ Count* report (31 percent), and more Christians in the survey (81 percent) than would be expected from the *AfricaNZ Count* report (56 percent). There were no marriage/partner estimates developed in the Phase I report.

### *Focus groups participant profile*

In the focus groups, 131 different people participated in 23 different focus groups in the regions, as below (Table 7):

**Table 7: Focus groups and participants**

Region	Number of focus groups	Number of participants
Auckland	8	74
Waikato	2	8
Wellington	6	38
Canterbury	3	11
Total	23	131

We achieved nearly 90 percent of our target participants; the full target was not achieved due to some complications with the implementation of the focus group protocols in Christchurch, which meant that some focus group data collected at that site could not be used, purely on ethical grounds, and was destroyed by the project leadership. Two groups were designated as groups that were for people living with HIV, although we do not assume that other groups did not include people living with HIV.

Of the 131 focus group participants, 76 (58 percent) were female, and 54 (41 percent) were male. One participant did not disclose gender. In respect of religion, 31 (24 percent) identified as Muslim, 88 (66 percent) identified as Christian; 14 participants identified themselves as no religion (2), other (2), or did not respond to the question (10). We asked how participants identified their sexuality (“I consider myself mostly...”): 103 (78 percent) identified as “heterosexual (attracted to the opposite sex)”, two (1.5 percent) identified as “homosexual (attracted to the same sex)”, and 26 (20 percent) said “none of these” or did not answer the question. No participants answered “bisexual (attracted to both/either sex)”. In respect of HIV status, 101 (77 percent) identified as HIV negative, three (2 percent) identified as HIV positive, and 16 (12 percent) did not know. Eleven participants did not answer the question. Interestingly, several people who said they did not know their HIV status were part of groups for people living with HIV, and could have been expected to answer ‘positive’. According to our advisory group of Africans living with HIV, this is not an uncommon response from HIV positive people who do not wish to disclose their status. This suggests that responses about HIV status should be interpreted with great caution.

The mean time that participants had been in New Zealand at the time of the focus group was 7.5 years, ranging from a mean of 2.5 years for Ethiopians to a mean of 11.5 years for Somalis. Participants said they came from the following nations: Ethiopia and Somalia (21 each), Eritrea (15), Zimbabwe (12), South Sudan (8), Democratic Republic of the Congo and Ghana (6 each), Sudan and Zambia (5 each), Nigeria (4), Rwanda (3), Kenya and South Africa (2 each), and one each from ‘Africa’, Burundi, Congo, Lesotho, Republic of the Congo, Tanzania, United Kingdom (UK) and United States (US). (Participants who reported UK or US as their country of origin may have moved to these secondary countries from an African nation, but after moving to New Zealand identified the UK or US as their home country; or they were born to African parents living in the UK or US and then moved to New Zealand.) Ten participants did not respond to this question. These national data are cited for the purpose of conveying the inclusiveness of the groups, and are not used further in any analysis.

We asked our focus group participants about their relationship status: the response options were none, man, woman, and both man and woman. We did not specify whether the relationship was a sexual one. Ten people (one man, eight women, and one with no gender indicated) did not answer this question. Of women who answered the question, 32 (42 percent) said they were in a relationship

with a man, one (1 percent) said she was in a relationship with a woman, and two (3 percent) said they were in a relationship with both a man and a woman; 33 (43 percent) said they were in no relationship. Of men who answered the question, 33 (61 percent) said they were in a relationship with a woman, five (9 percent) said they were in a relationship with a man, and one (2 percent) said he was in relationship with both a man and a woman; 14 (26 percent) said they were in no relationship. What is interesting about these responses is that while only two participants (2 percent) identified themselves as 'homosexual' (although 11, or 8 percent, chose "none of these" sexual identities as a response), nine respondents (7 percent) said they were in some kind of relationship with a person of the same sex. This finding confirms that using common English words and identifiers may not be useful when working within an African context, and suggests that it is behaviours rather than identities which are most important.

## Findings

### Survey

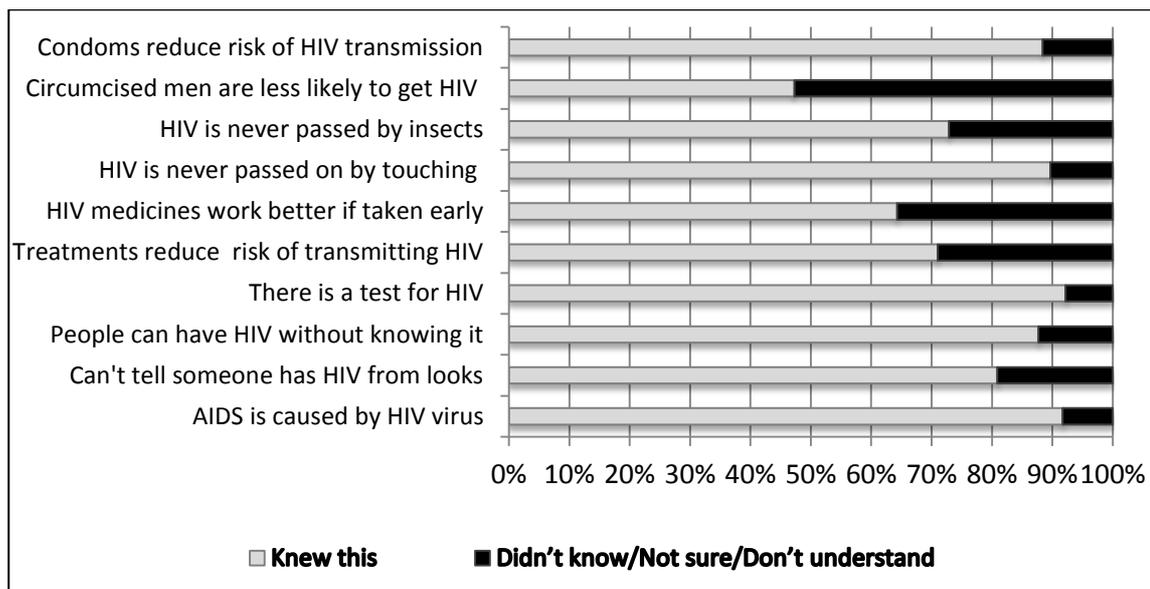
The survey was divided generally into sections on knowledge, attitudes and beliefs, behaviours and sources of information about sexual health and HIV. One of the challenges of interpreting these data is to account for a 'social desirability' bias in responses: that is, survey participants may respond with what they believe is the most desirable response as opposed to the response which most 'truly' represents their own attitudes. It is not possible on the basis of one survey to assess the validity and reliability of responses, although we will note and discuss apparent differences between some survey responses and discussions in focus groups in the discussion section that follows below.

The responses to each of the questions, both for all respondents and separately by gender, are shown in Appendix 2. A chi-squared test for statistical significance, comparing responses between men and women was performed on each table. The lower the p-value obtained from the chi-squared test the more likely the difference to be a true – rather than chance – difference; by convention a p-value of less than 0.05 is said to suggest 'statistical significance' (that is,  $\alpha=0.05$ ). When the p-value suggested a difference by gender the table was examined, and difference explained in the text. For some questions the responses by age group (or other factors), were also examined separately by gender and a chi-square test on this performed. When this analysis suggested variation by age group (or other factors) the table was examined and the difference explained in the text.

### Knowledge

Ten true statements about HIV were provided in the questionnaire, and respondents were asked to indicate whether they already knew these statements were true. The summarised responses are shown in Figure 1.

Figure 1: Responses to ten knowledge questions



We grouped knowledge responses into three groups: high level of knowledge (>80 percent knew the statement was true), moderate level of knowledge (51-80% knew the statement was true), and low level of knowledge (<50% knew the statement was true).

A high level of knowledge (>80% knew the statement was true) was reported about the following statements:

- "AIDS is caused by a virus" (92%)
- "There is a test that can show whether or not you have HIV" (92%)
- "HIV is never passed on through shaking hands or touching people" (90%)
- "Condoms reduce the risk of HIV transmission during sexual intercourse" (88%)
- "People can have HIV without knowing it" (88%)
- "You cannot tell from someone's appearance whether or not they have HIV" (81%)

A moderate level of knowledge (50-80% knew the statement was true) was reported about the following statements:

- "HIV is never passed by mosquitoes or other insects" (73%)
- "Treatments generally reduce the risk of infected people transmitting HIV" (68%)
- "HIV medicines work better if people take them before they become ill" (64%)

A low level of knowledge (<50% knew the statement was true) was reported about the statement:

- "Circumcised men are less likely to become infected with HIV than uncircumcised men" (47%).

The only area of knowledge for which there was a gender difference was in the last question regarding circumcision. Among the men 55 percent of men knew that circumcised men are less likely than uncircumcised men to become infected with HIV, while among women the proportion was 40 percent ( $p < 0.01$ ).

Then each table was examined to see if there was a clear describable pattern about how understanding varied by age. There were age differences in knowledge with regard to:

- “AIDS is caused by a virus called HIV”: fewer men in the youngest age group (16-24 years) knew this than did older men ( $p=0.06$ ).
- “HIV medicines work better if people take them before they become ill”: fewer men and women aged 16-24 years knew this than did older men and women (men  $p<0.01$ , women  $p=0.07$ ).
- “HIV is never passed on through shaking hands or touching people”: fewer men in the youngest age group (16-24y) knew this than did older men ( $p=0.07$ ).
- “HIV is never passed by mosquitoes or other insects”: significantly fewer men in the youngest age group knew this than older men ( $p=0.01$ ).
- “Circumcised men are less likely to become infected with HIV than uncircumcised men”: significantly fewer men in the youngest age group (16-24y) knew this compared to older men; correct knowledge was highest in the oldest age group ( $p<0.01$ ).

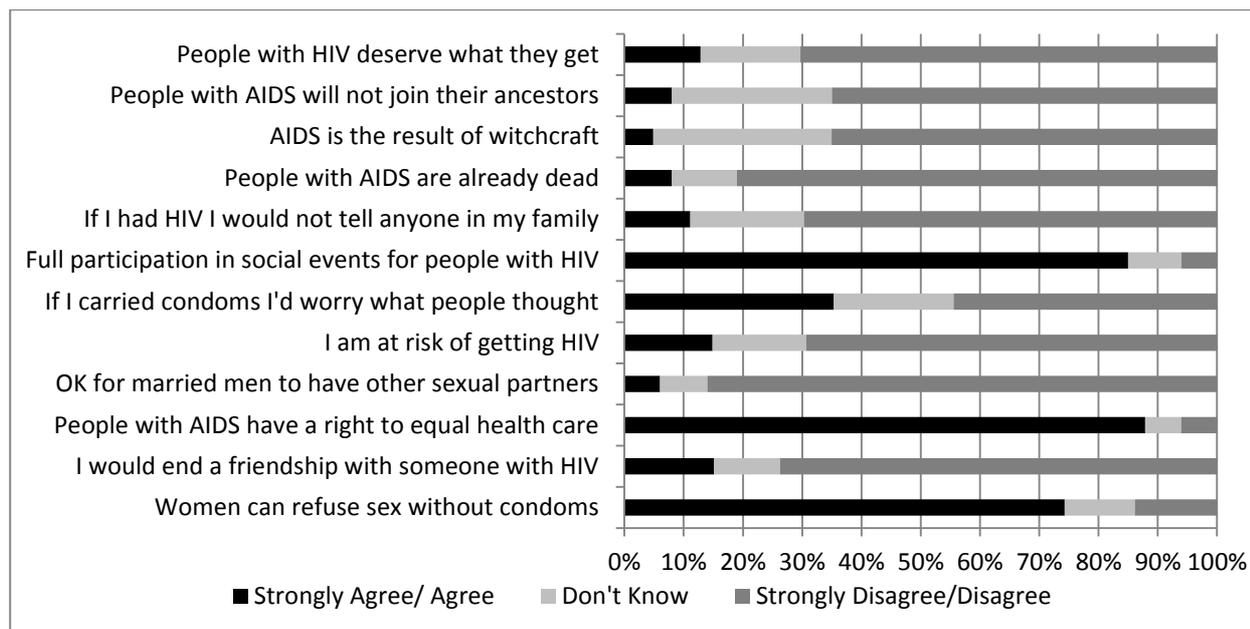
Examining knowledge by age, shows in general that where differences exist, the youngest age group (16-24y) were less knowledgeable than those aged 25 and over, with little difference between those aged 25-39 years and 40 years and over.

The question “About what proportion of Black Africans living in New Zealand do you believe to be HIV positive?” was asked, with specific response options ranging from <1 to >10 percent, and “Don’t know”. Most people (55 percent) indicated that they did not know, and among those who did provide answers the results were spread evenly across the options provided. There were no differences in responses by gender or age.

Overall these questions about knowledge suggest that education and intervention is needed more among young Black African men, aged 16-24, and that there is little knowledge about the prevalence of HIV among Africans in New Zealand.

### *Attitudes and Beliefs*

Respondents were asked to indicate how much they agreed or disagreed with five statements about how they feel about people with HIV, and seven statements about how they feel HIV might affect their community. Five response options were offered, ranging from “strongly agree” to “strongly disagree”. In the analysis these responses were grouped into three groups, “Strongly agreed/agreed”, “Don’t know”, and “Disagree/strongly disagree”. Responses to these attitude statements are shown in Figure 2.

**Figure 2: Summary of overall responses to twelve attitude questions\***

\*Questions in Figure 2 are edited for format; the full statements are below

These responses are elaborated below, including any differences by gender or age. Where differences are not discussed, there are no significant differences either between men and women, or among men and women by age.

"Most people with HIV deserve what they get"

Only 13 percent strongly agreed/agreed with this statement, and men (76 percent) were less likely than women (66 percent) to disagree/strongly disagree, and young men (51 percent) were more likely to disagree than the older two groups (72 percent).

"People with AIDS will not join their ancestors"

Only eight percent agreed/strongly agreed with this statement, and although there were some differences by age in men these differences were minor

"AIDS is the result of witchcraft"

Only five percent agreed/strongly agreed with this statement, and although there were some small differences by age in men, these differences were minor. However, this response indicates that this belief is retained by five percent of respondents.

"I think of people with AIDS as already dead"

Only eight percent agreed/strongly agreed with this statement, and there were no differences by gender. Although young men were more likely to agree/strongly agree, the differences were relatively minor.

"If I were infected with HIV I would not tell anyone in my immediate family"

Only 11 percent agreed/strongly agreed with this statement, and there were no differences by gender or among women. Young men (19 percent) and older men (14 percent) were more likely to agree/strongly agree with this statement.

"People with HIV should be allowed to participate fully in social events in our community"

There was clear agreement with this statement, as 85 percent of respondents agreed/strongly agreed. There were no differences by gender, or among women. However there were some differences in men by age, with the younger group (77 percent), the middle group (83 percent) and the older group (96 percent) agreeing at various levels.

"If I carried a condom I would worry about what people thought of me"

Thirty five percent of respondents agreed/strongly agreed with this statement. There were no differences by gender, although there were some differences by age among men, with the young group (45 percent), middle group (31 percent) and oldest group (35 percent) agreeing at different levels.

"I think I am at risk of getting HIV"

Fifteen percent of respondents agreed/strongly agreed with this statement. There were no differences by gender or age.

"It's OK for men to have other sexual partners when they are married or in a relationship"

Only six percent of respondents agreed/strongly agreed with this statement. Although there were some differences by age and gender, these were minor, although among the group of younger men, 15 percent agreed with this statement.

"I think people with AIDS have a right to the same health care as other people"

There was clear agreement on this statement; 87 percent of respondents agreed/strongly agreed with this statement. There were no differences by gender. Again, there was some difference among men, with the young group (77 percent), the middle group (90 percent) and the oldest group (95 percent) agreeing at different levels.

"If I found out a friend of mine had HIV I would *not* maintain the friendship"

Only 15 percent agreed/strongly agreed with this statement. There were differences by gender, where 61 percent of women disagreed/strongly disagreed with the statement, compared to 46 percent of men. The oldest age group in both men and women were least likely to agree (eight percent of both men and women).

"All women who feel at risk for HIV or other sexual infections have the right to refuse sex without condoms"

Overall 75 percent of respondents agreed/strongly agreed with this statement, and there were no differences by gender. There were some differences in men by age, with the younger group (55 percent), the middle group (61 percent) and older groups (79 percent) agreeing at various levels. There were no differences in women. However, as we shall see below, there is some discrepancy with the findings of the focus groups in this area which requires some interpretation.

Although we are again mindful of the possibility of social desirability bias in these responses, what these questions about attitudes suggest is that education and intervention should be first directed towards young Black African men, ages 16-24. Older groups, who perhaps have more direct experiences, tend to have more open attitudes towards HIV and people with HIV.

### *Behaviour*

Sixty-one percent of the 632 respondents who answered the question (this was 90 percent of the sample) reported having had sexual intercourse in the previous 12 months. Slightly more men (65 percent) than women (57 percent) reported intercourse. The proportion having had intercourse increased with age for both men and for women. It was lowest in the youngest age group (41 percent for men, 25 percent for women) and similar in the older two age groups (78 percent for men, 70 percent for women) (see Tables 99 and 100 in the appendices).

### Sexual partners

All participants who reported having had sexual intercourse in the previous twelve months were asked if they currently had a regular sexual partner: options included one male partner, more than one male partner, one female partner and more than one female partner. Of those responding, 80 percent of the men had a current partner or partners, as did 88 percent of the women. Eight percent of men had multiple regular female partners, but only one percent of women reported multiple male partners. Older men and women were more likely to have a regular partner or partners. Among the men, 13 reported a single or multiple regular male partners; however linking these to a later survey question on the gender of people they had had sexual experience with in the past year only one of these men reported any same sex experience. This may reflect either a misreading or misresponse to one of these questions, or a genuine ambivalence about reporting same-sex sexual behaviour. (See Tables 101 and 128 in the appendices.)

Among respondents who reported one or more opposite sex partners in the past 12 months most (74 percent of men and 88 percent of women) reported a single sexual partner only in this period. Younger men and women who were sexually active were more likely to have more than one sexual partner than older men and women. At all ages, men reported more sexual partners than women.

**Table 8: Number of sexual partners among sexually active men**

<b>Number of partners</b>	<b>16-24 years (n=28)</b>	<b>25-39 years (n=89)</b>	<b>≥40 years (n=46)</b>
One	21%	80%	93%
2-4	58%	17%	7%
5 or more	21%	3%	0

**Table 9: Number of sexual partners among sexually active women**

Number of partners	16-24 years (n=27)	25-39 years (n=76)	≥40 years (n=4)
One	63%	90%	98%
2-4	26%	6%	2%
5 or more	11%	4%	0

We examined the number of sexual partners by relationship status, and found clear differences: married men and women were much less likely to have multiple partners than people who reported that they were in other kinds of relationship, or respondents who were not in a relationship (see Tables 112 and 113 in the appendices). For Black Africans, marriage is clearly associated with fewer sexual partners.

### Partner ethnicity

Participants were asked the ethnicity of their regular sexual partner or partners, and also of their non-regular sexual partners. If a respondent had several partners of the same ethnicity this would only be indicated once (see Table 10).

**Table 10: Ethnicity of regular and other sexual partner(s) by gender \***

Ethnicity	Men		Women	
	Regular (n=153)	Other (n=63)	Regular (n=143)	Other (n=35)
African	79%	62%	90%	86%
European	16%	11%	7%	11%
Maori	4%	10%	0	0
Pacific	8%	10%	1%	3%
Asian	6%	8%	2%	0
Other	3%	0	2%	0

*\*These percentages add to more than 100% as people could indicate more than one ethnicity of they had more than one partner*

These results suggest that while most partners were African, men were more likely to have non-African sexual partners than women. In addition, for men non-regular partners were more likely to be non-African than their regular partners.

### Condom use with regular and other partners

The participants who had had intercourse in the past 12 months were asked about overall condom use with their regular partner or partners, and then about condom with any other partners. In general, men reported more condom use than women (Table 11).

**Table 11: Condom use by gender and partner**

Condom use	Men		Women	
	Regular partner(s) (n=149)	Other partner(s) (n=68)	Regular partner(s) (n=141)	Other partner(s) (n=32)
Always	24%	50%	9%	34%
More than half the time	13%	25%	5%	13%
Half the time	4%	4%	8%	9%
Less than half the time	9%	3%	18%	3%
Never	50%	18%	60%	41%

To examine condom use by age and gender, the responses “Always” and “More than half the time” were combined as “Always/Usually”, and those of “Less than half the time” and “Never” as “Seldom/Never”. Condom use decreased with age among both men and women with regular partners (Table 12).

**Table 12: Condom use by age group and partner, Men**

Condom use	16-24 years		25-39 years		≥ 40 years	
	Regular partner(s) (n=14)	Other partner(s) (n=25)	Regular partner(s) (n=75)	Other partner(s) (n=26)	Regular partner(s) (n=51)	Other partner(s) (n=9)
Always/usually	100%	88%	31%	76%	25%	56%
Half the time	0	12%	5%	0	4%	0%
Seldom/never	0	0%	64%	24%	71%	44%

**Table 13: Condom use by age group and partner, Women**

Condom use	16-24 years		25-39 years		≥ 40 years	
	Regular partner(s) (n=18)	Other partner(s) (n=12)	Regular partner(s) (n=70)	Other partner(s) (n=14)	Regular partner(s) (n=42)	Other partner(s) (n=3)
Always/usually	39%	67%	10%	43%	10%	0
Half the time	28%	25%	19%	0	0	0
Seldom/never	33%	8%	81%	57%	90%	100%

Overall condom use at last sex was reported by 40 percent of men and 22 percent of women. It was reported less frequently with increasing age, and more by both men and women who had had greater than one partner in the past 12 months (see Tables 127-130 in Appendix 2).

Reported condom use shows some awareness of the risk of unprotected sexual intercourse. More men than women report condom use during sexual intercourse with a regular partner. Again, it is difficult to discern whether a social desirability bias is influencing these responses, but it appears that education about risk is needed by young women, and also to support sustained condom use in both men and women.

Same sex experiences

Finally, respondents were asked about the sex of people with whom they had had sexual experiences in the past 12 months. Sixty-one percent of respondents reported some sexual experience. At least some same-sex sexual activity was reported by 5 percent of men and 7 percent of women.

**Table 14: Sex of sexual partner(s) in previous 12 months**

	<b>Total (N=339)</b>	<b>Men (n=181)</b>	<b>Women (n=155)</b>
Only opposite sex	61%	68%	54%
Mainly opposite sex	2%	1%	3%
Equally same and opposite	2%	2%	2%
Mainly same	1%	1%	1%
Only same	1%	1%	1%
None	33%	28%	39%

These data suggest that information about the risks of HIV transmission via male to male sexual activity is also appropriate for African communities, although the words 'gay' and/or 'bisexual' or similar identity labels will not be meaningful.

#### Circumcision

Approximately 72 percent of 293 men who responded to the question reported that they were circumcised. Focus group responses indicate that this was often for religious reasons.

#### HIV Testing

Overall, 69 percent of all the respondents who provided an answer to the question said they had ever been tested for HIV; this was reported by more men (74 percent) than women (65 percent).

To explore HIV testing among those who might currently be at risk of acquiring and/or transmitting HIV, analyses were restricted to those in a relationship and/or had had sexual intercourse in the past year. HIV testing "ever" was reported by a higher proportion of this restricted sample, 77 percent overall; 82 percent of the men and 73 percent of the women. When examined by age and gender, it was less common among young men (63 percent) than older men, and least common among young women (44 percent).

The most common reasons for testing were for immigration purposes (53 percent) and as part of a routine medical check (37 percent). This was true for all ages among both men and women, although among women aged 25-39 a similar number were tested for immigration as part of a routine medical check (this might have been when pregnant).

Among men who had had sexual intercourse in the past year, 81 percent who had had one partner had ever been tested for HIV, and a similar proportion (76 percent) of those with more than one had ever been tested. Among women the proportions were similar, 80 percent and 77 percent respectively. Considering recent HIV testing, among men with more than one sexual partner, about half (46 percent) had had an HIV test in past year, as had about half (54 percent) of the women with more than one partner.

While overall a relatively high proportion of this sample had ever been tested for HIV, testing was not universal. This suggests that not all participants who were infected overseas will have been

diagnosed with HIV. The current rate of testing among those at continuing risk of HIV suggests that delay in diagnosis may occur among those who become infected in New Zealand.

#### *Never tested for HIV*

The most common reason for not being tested for HIV among participants in a relationship and/or who were sexually active was “No reason to think I have HIV”.

#### *Living with HIV*

Among the whole sample, three percent had been tested and found to be infected with HIV; this was calculated to be five percent of participants who had ever been tested. Most participants with HIV were diagnosed in New Zealand, and were tested more than one year before the survey. For about a half of participants diagnosis was through a routine medical check.

#### *Sources of information about sexual health and HIV*

Participants were asked if they had ever received sexual health and HIV information, and if so where. Most (70 percent) of both men and women had. There were no differences by age group or gender. The single most common place where education had been received was at school (52 percent), followed by GP (28 percent), New Zealand AIDS Foundation (NZAF) event (26 percent), sexual health clinic (17 percent), Family Planning Association (16 percent) and ‘Other’ (16 percent). (The totals add to more than 100% as people could provide more than one answer.) Not surprisingly, learning about sexual health and HIV at school was reported more by younger men and women. (A summary of these sources of information is found in Tables 145-147 in Appendix 2.) It is clear that schools are important sources of information, particularly for younger respondents. However, given the lack of information reported by respondents to some earlier questions it appears that relying on schools to provide comprehensive information for knowledge, attitudes and beliefs, and risk-reduction behaviours is an unreliable strategy.

The “Get It On: Love, Cover, Protect” logo from the NZAF’s educational initiative targeted at African communities was shown in the questionnaire, and respondents were asked if they had ever seen it. If they had seen it, they were asked what they thought it meant, and where they had seen it. Forty-five percent of respondents had seen the logo (47 percent had not, and eight percent did not know). Of those who had seen the logo, most (85 percent) knew that it meant “always use condoms”. This was consistent by gender and age. The commonest venue for seeing the logo was “community events”; sport and Miss Africa events were also specifically mentioned. Twenty-five percent had seen the logo somewhere on the internet. (People could provide more than one answer; a summary of these responses is in Table 133-141 in Appendix 2.) NZAF has achieved recognition for its logo by slightly less than half the respondents, although just over a quarter of respondents say that the NZAF is a source of sexual health and HIV-related information for them.

## Focus groups

This section explores the themes that emerged in the focus groups. These themes are organised along the following lines:

- Settlement in New Zealand
- Age for sexual activity
- Interracial sexual activity
- Same sex activity and relationships
- Multiple sexual partners
- Condom use
- HIV testing
- Disclosure of HIV
- HIV education and awareness
- African cultural understandings of HIV.

Themes drawn from the various focus groups are introduced, followed by excerpts from focus group participants. These responses have been lightly edited to include unquoted context, or to make the English more easily understood; these edits are clearly indicated with [brackets] and we believe clarify but do not change the natural meaning; all punctuation has been added. Where remarks have been translated by an interpreter this is indicated. Participants are identified by gender and location. Where it is known that an individual is living with HIV (that is, if they participated in a focus group designated for people living with HIV) this is indicated and the location is omitted, although it should not be assumed, of course, that other participants are not also living with HIV. In addition to the focus group data, two other sources of qualitative data are included: excerpts from transcripts of the meetings of the Community Advisory Group of people living with HIV (with permission); and excerpts from notes from the project survey and focus group staff debriefing at the conclusion of the data-gathering.

### *Settlement in New Zealand*

Participants were largely glad to be in New Zealand, although the transition to new lifestyles, values and social contexts was not easy. Group participants praised the peace and the relative religious freedom of New Zealand. Nevertheless, most participants maintained their cultural identities, and close cultural ties with 'home' and family in Africa.

Generally New Zealand is a good place, is a very peaceful country, and the host population will not interfere with your religion... Also the healthcare system is quite good as well... There are some things that may not satisfy their life, but overall it's a very good country. (Wellington male)

[New Zealand] has a lot of advantages, especially for the kids' education, and peaceful. But on the other side it's too quiet, there's no social life. Everyone just comes from work, goes home, makes a cup of coffee, waits for tea, and they go to bed. (Christchurch male)

There's a strong sense among the Somali community in New Zealand that a lot of them are aware of what's happening back home. We're aware at the moment [of the] transition of government that is in Somalia and a lot of the neighbouring countries. The United Nations also have helped that government. Even though we're in New Zealand, we still feel we [are] in the

country. There's a strong sense of [being] Somali within us in New Zealand. (Wellington male, translated)

As a community our biggest strife, our biggest debacle, is not losing our identity, and teaching our children their culture. Because at the end of the day if you don't keep your culture, if you don't know who you are where you come from, you never have an identity. (Auckland male)

I want to speak my language, I want my children to speak my language. That's why I chose to go back to get married over there [Africa] and they bring someone from my own culture. (Auckland male)

I think we should keep up on our culture although our children are learning other culture around, I will still stick in my ideas. (Hamilton female)

Some participants experienced difficult challenges with the host culture, noting that they felt singled out and stigmatised because of their nationality or colour. Many participants felt that they were stigmatised as being HIV positive just because they are Black Africans.

People of New Zealand are quite friendly to be honest when you get closer to them but to get to know them is very hard. You have to approach them they don't approach you much, and also they have got a perception of everybody with different colour have got the same background... Your colour is always an issue. (Auckland male)

Even though you want to make your life to be easy but you can't, even to find a job is difficult and racism is too much in New Zealand because even you apply somewhere and they say oh, oh, even though you know the English, if they see just your face, oh, oh, it's black, oh sorry. (Hamilton female)

The government have to know, we are being discriminated against—so [there is] racism. (Auckland, male)

Africans have always been perceived as people that bring AIDS to countries ... so people would say, have you got AIDS? Have you ever suffered from AIDS? To them it's a normal question but they don't see how serious it is. And that's when people, even if they are diagnosed with it, they won't say it because they scared that, oh my gosh, if I mention it they're gonna see me as some dirty little thing, you know. And that's where the education needs to come in and they need to talk about it. (HIV+ female)

Everyone is stigmatised about HIV because when we arrive in this country I remember one time I was walking along in the shopping centre and I hear voices, HIV, HIV, when I turned I saw them because they were talking about me. (Auckland female)

Difficulties with immigration law and authorities were the source of distress for many participants. This distress and separation from home and family were particularly acute among participants living with HIV.

I find the immigration laws quite restrictive and I think I can foresee going into the future they're going to be even harder. (Auckland female)

When you come back to New Zealand [from visiting Africa], whether it's in Auckland or Wellington, they know the New Zealand [authorities] will treat you so bad. You'll be taken out of a line and you know you'll be treated separately. (Wellington male, translated)

I can give an example of women who have come here and their husbands are back home, or of young women who have come here and they have their fiancé or steady boyfriends back home. They have papers, they have permanent residence or they may have citizenship but to get that person to join them here, it's like really hard, very, very hard and I think the immigration laws are very strict, especially for African people. I don't know; but I know that they are very strict. (Auckland female)

About the visa and the thing like when someone is positive: some[one] really needs his family. But [apart] from the New Zealand giving us peace and good life, we also need our family to be part of us. When someone is undergoing hard times like being positive, we really need that family support which we actually don't get because our families are back [in Africa] and you really need to talk to someone you know and the person can't come. So we usually have that thing inside us which like is missing and it really contributes a lot to our health you know, the more happy you are, the more well you are. (HIV+ female)

In many cases participants, particularly Muslim participants, found new 'liberalised' cultural customs in New Zealand quite shocking. Most shocking were the differences in attitudes and behaviours about dating and sexuality.

It is cultural for us if a lady hold [her] boyfriend, or makes a boyfriend, even meets a boyfriend and she moves up to him or smokes cigarette or drinks alcohol, that is very inappropriate in Somalia culture, and that never used to happen back home. So when they come to New Zealand some of the things, you're kind of shocked to see young girls. (Wellington male, translated)

Previously back home there was a lot of emphasis on chastity, there was a lot of emphasis on people conforming to their faith and there was not a lot of mixing between male and female, young kids you know, when children—male and female— are ready, they go through that process, they get married like no sexual issues. In New Zealand [it is] very, very different to those in Somalia, so he said [it is] very unique in New Zealand, how things are. (Wellington male, translated)

The New Zealand culture is more open about everything. And then the African culture is more, is quite restricted with what you're allowed to say, and its usually kept inside the house and not really talked about outside. (HIV+ female)

But most participants, particularly those who have been brought up in New Zealand, have resigned themselves to the differences, and were determined to acculturate to the New Zealand environment.

I think if I was raised up in Africa I'd still believe in no sex before marriage because that's how things are done back home. Everyone is very religious and everyone is very strict about no sex.

And boys and girls relationships, it's not the same as here. But because I grew up here and I see the way people are and we've been taught about it through school, high school and things, yeah, my ideas have been changed. (Hamilton female)

I always say if you've been a crocodile you can't come to New Zealand and be a lizard. So whoever you've been there, your way of living there, you can still bring it wherever you are so it just a matter of adjusting yourself. (Auckland female)

#### Circumcision

Female are not circumcised but male and young man are circumcised, the young boys when they're born and he said at the moment its becoming harder and harder to find someone to do the practice because someone has to have the licence to do it and if that— if we cannot find in New Zealand, we'll go anywhere in the world, you know get someone to do the circumcision because it's our faith it's our faith and you know if you are not circumcised you know you cannot even become a true Muslim. (Wellington male, translated)

Circumcision is even good for health because we believe it's very hygienic. If you're not circumcised, because people who are not circumcised will have you know the tip of the penis will be sometimes swollen, they will have infections but if you're circumcised, you'll be— you'll be healthy, and it's very healthy. (Wellington male, translated)

#### *Age for sexual activity*

Differences between African and New Zealand culture also emerged about the age when it was appropriate for young people to have sexual activity. The specific age when it was appropriate to engage in sexual activity, varied widely, from the late teens to mid twenties. Some held that Africans defer sexual activity until much later than New Zealanders do, and often wait until marriage. They noted that this may be due to traditional African customs where children live with their parents until they are married. Others suggested that sexual activity occurred, although it was not talked about.

If you look at Africa in general, if you got your kids you don't expect them to move out of house and live on their own before maybe reaching the age of 18 or maybe 21 in some cultures. They live with their parents and they get discipline from their parents which we don't see in New Zealand. [In New Zealand] Once a child is like 16, 17, they move away from their parents and they try to live with their friends or partners. That exposes them to these sorts of behaviour where they are not responsible for themselves, which I think ends up inviting these infections into their lives. I think to live our lifestyles in the West is really, really affecting our community. (Auckland male)

For the young children, girls and boys they are not suppose to engage in any sexual activity until they are married. But nowadays things have changed, so protective thing in any relationship in our community is not allowed. (Auckland HIV+ female)

We talk about Africa being different and people starting [to have sex] later, but the reality is people are having sex the same age here and there. But in Africa it's hidden or we pretend it's not there. (Auckland male)

### *Interracial sexual activity*

We asked about dating or sexual activity with non-Africans. There was quite a difference between male and female participants on this issue, and in one male group there was conversation about interracial relationships. However, women generally agreed that Black African girls were sexually quite conservative.

I think that if they [boys] are teens, they like for sexual relations, they like to stay with their own race at a party or something. But then when it comes to dating I hear a whole 'No I don't like Black girls because of their attitudes' ... Maybe Black girls are a bit firmer when it comes to offering sex. (Auckland female)

### *Same-sex sexual activity and relationships*

Same-sex sexual behaviour was puzzling to many participants. Some claimed they had never heard of such a thing, while others acknowledged that such behaviour and relationships were beginning to be more public in some African countries, and perhaps had existed for some time although they were not talked about. While some very religious participants were very clear about their intolerance of sexual minorities and same-sex behaviours, others felt that it was a matter of indifference to them. (It should be noted that the period of data collection occurred at the same time as the public and Parliamentary debate about the Marriage Amendment Act 2013.)

I'm against it. I'm against the same sex relationships because of my Christian background. (HIV+ female)

For us, let alone seeing or things, even today would not feel right talking about it. Because we feel it's disgusting, something bad that we cannot talk about it. (Wellington male, translated)

Being honest I've never seen that and you know I have never even never hear about it you know but when I came here, of course, I saw that and now I realise that people even from you know, I know some people now from our community who are already that and they are in the public and we already accept that.... Maybe in Africa there are, but they hide it. Now here, because they know they have rights, they are now more open into that. (HIV+ female)

I think in Africa it's not there. If it is there it's hidden. But here it's on the front page so some Africans, they want to try everything, they want to go into adventures at the end of the day. I don't know what will get them but it is not being in their life until they came to discover this [indecipherable] right in a foreign land. (Christchurch male)

I know, I'm not gonna judge a person just because they're gonna say that they gay or they're not gay, to me you're a person, you're human being. I like you, I like you. I don't like you, I don't like you. It's not because you're gay or you're not; look, think about that stuff. (HIV+ female)

### *Multiple sexual partners*

Multiple marriages of up to four women are accepted as a fact of African life in some cultures. Some participants felt that multiple marriages in Africa were more acceptable than having hidden affairs in New Zealand, because in multiple marriages everyone knew what was happening.

The community that I come from, like men have the upper hand. They can have up to four female partners and but the women [are] not supposed to have any other partner, just one, while the men has to have four. And also men [don't] use condoms or anything when they are meeting their four partners or wives, let's say, and you don't know what each woman has. [He] is not supposed to be putting on any protective thing, and he can even have the choice. (HIV+ female)

But I think with the New Zealand thing, if they have more than one or two partners it's usually like an affair and it's all hidden. In Africa if they do that they, like you have four wives, its out in the open, you married four women, which is kinda gross, but you did and everyone knows it. And those four wives sometimes they actually get along which is quite strange. (HIV+ female)

### *Condom use*

There was a great deal of discussion about condoms, and the social constructions of condom use and availability. Attitudes towards condom use were complex and varied by religion, culture and gender. In general, condoms are not used by our participants. Condoms are understood as contraceptives (to be used when medically necessary), and not for infection prevention. Thus adherents of religions that oppose birth control in any form (such as Roman Catholics and Muslims) oppose the use of condoms. Condoms are not used by married couples because that would be a clear and inappropriate statement of mistrust. Yet some women feel at risk and also feel that they have no right to refuse unprotected sex from a husband, said one participant. Condoms are used by 'players' (men who are indiscriminately sexually active). While as we will see later parents strongly supported education about HIV in schools, they opposed providing condoms to young people in schools. Ironically, because of New Zealand's relatively low prevalence of HIV (compared to many African nations), new migrants feel that condoms are not necessary in New Zealand, although they might have used condoms for multiple sexual partners 'in the jungle' (as one participant put it). Because of the importance of this issue to HIV prevention, we quote a number of participants at length.

I'm a Catholic. We don't use condom. (Auckland male)

This is what the mosque can teach: they can't teach [people] to use condoms. They can't because before marriage sex is *haram* [forbidden] and if they are teaching to use condom, who are they? Are they the leaders? Or are they someone else, and we are not going to listen to them? (Wellington male)

We don't even know what a condom is. Yeah, we don't know what it is because we haven't used it or seen it. (Wellington female, translated)

This condom is maybe for people maybe to use to protect them from having children but not protect them from having maybe instead of having sexual disease or anything. (Auckland female)

If a woman is married, she's not supposed to use any birth control, unless there is a major medical issue. Like if she has been having operations when she's giving birth. That time maybe they can use. But is not allowed even in this land... You're not supposed to use birth control unless there's a major medical issue. (HIV+ female)

I would say that married woman is more at risk than the casual sex worker, because the casual sex worker is in the business of getting different partners, they are bound to protect themselves. Maybe they know every partner they have, ask them to put on a condom. But then when that man comes back home she doesn't know what has happened. When you need protection you can't be asking to use the condom every day for no reason, so in the home you are more at risk because you're just blind, you don't know what's happening. Unless you've discovered like you say, but what if you don't discover. (Auckland female)

In Africa, a woman would not deny her husband sex, but over here it's allowed, and condoms usually in marriages are not used. (Auckland female)

In Somalia, that contact between opposite sex before marriage was very minimal and it doesn't happen quite often. And if it does, if it happens whether they married or not, people will normally not use contraceptive stuff there might be a chance of sexually transmitted diseases to be spread as well as other infectious diseases which can spread through sex. (Wellington male, translated)

Those people who use the condoms are the players. (Auckland male)

If someone is in a jungle, they are very aware of danger so they are on their guard. When you take them out of that jungle, you're very cautious because they drum it in our ears on radio on TV, in everything. So when people leave the environment they think they are safe because they are looking at the percentage. They play with the numbers; they think 'what are the chances?' I mean [in] some countries in Africa [it] is like possibly two out of five, three out of five. But here they look at New Zealand and say, 'well, I'm out of that environment, now it's a bit safe'. Coupled with the culture here which encourages this [sexual activity with many people], when you add these two, the person is out there more and they are less cautious. And then it's unfortunate for Africans. Possibly someone was more careful back home. (Auckland male)

What concerns me again is about the school children. You find at high schools they're given condoms. Even the child who didn't want to participate in a sexual relationship, once they have this condom and it's accessible I think they're bound to start thinking about having sex so I feel at schools, they shouldn't provide condoms to kids. But I suppose they want to protect the children but I think it also encourages them to go for it. (Auckland female)

You can't do that, you can't give your children, your younger teenager contraception. That's silly. It's like telling her you can go and have sex. (Auckland female)

Because of the variant responses between the focus groups and the survey on the ability of a woman to decline or refuse sexual activity from a male partner this question was raised with the advisory groups. The interpretation offered at these groups is that a woman has the right to decline or refuse sex with a male partner, but is unlikely to do so. "For women it is about the marriage, and therefore depends where they are and in what culture. Women have rights, but exercising them is another thing. This has to do with women's commitment to the marriage," was the consensus response of one advisory group.

### *HIV testing*

Not only are people with HIV highly stigmatised among African communities, but people who think they might be at risk for HIV avoid testing because the very act of testing risks that same stigma. There was widespread agreement that HIV testing will be undertaken only when there is an actual possibility of infection, which means that the individual believes they are at risk. Even though this risk may be a wife who was put at risk because of her husband's behaviour, she still believes she will be stigmatised for her perceived unacceptable behaviour. Furthermore, testing for HIV presents the very real risk of testing positive for HIV, and testing positive for HIV is constructed as a 'death sentence' (as one participant put it).

It is up to Africans to identify root causes of the spread of HIV. What stops people from getting HIV tests? (HIV+ female)

Because of the stigma. Again it comes back to that, that no one can easily go there. And again, people are scared of just being diagnosed itself because we come from a mindset it's a death sentence. Once you have HIV, that's the end of your life, yeah, yeah, so there's that huge fear of being in that situation, [the] unknown. (Wellington female)

Here do we have such a service where you can just walk in and be checked for free? (Auckland female)

I don't know if there is many people who can wake up in the morning and say 'Oh I'm going to get a test...' (HIV+ female)

I think if you ask many people 'Do you want to be tested?' those who have not been tested will say ah, 'No, it better for me not to know'. Because of the stigma, because someone will be tested today and given the results after two weeks of not sleeping. They're thinking ah, 'So I'm finished', something like that. So I think we need a lot of education. (Christchurch male)

I think [you get tested for HIV] if you have a husband and you suspect; if everything is fine I think you don't [get tested for HIV], but if you suspect that your husband may be having an affair or if you're having an affair outside of marriage, I think if I was in that position I would go regularly to check. (Auckland female)

It's hard because people think if the guy is from a good family he's a good person. There's that assumption and I keep on [saying], this person might think he got a needle, maybe blood transfusion, anything. Before marriage we don't do any checkups, you just get into the marriage; you just do it and that's all. (Wellington female)

Even for us once you are tested and you are positive, you are scared to tell your family first because you don't know how they will see it, they will judge you. Because like I say, most of them they know you get HIV from the sex. That is what they think and most of them they think you get it because you were naughty or prostitute or something like that. So when you look at what is in their head saying you, if you are woman you should sleep with your husband only and

they don't think your husband could be the one who were positive and infect you ... so they... start judging you, how you are seen or behaving... Then you have to be quiet. (HIV+ female)

One refugee who was routinely tested for HIV on arrival in New Zealand complained that she was given no education or support following her positive test, and consequently did not follow up for two years.

When I was at the Refugee Centre (in NZ) they test you, but it is up to you to talk with your partner. They tell you that you are positive, but there is no education. They can't tell your community sponsor. It took me two years after testing positive to get a medical appointment. I got a letter, but as a new refugee I barely knew the language, I didn't even know how to catch the bus. I didn't know what to do with this letter. What if I'd been here with my husband? (HIV+ female)

### *Disclosure of HIV*

Stigma about HIV is a primary reason that participants do not test for HIV or disclose their HIV status. Disclosing an HIV positive status will be stigmatised as having been engaged in unacceptable behaviour, and HIV is the punishment for this 'sinful' behaviour. Still, some participants felt religiously motivated to be supportive of ('merciful to') people living with HIV.

[Disclosure ] is a very big problem. Because many people don't want to come out and say that [HIV+] is their position. Many people are hiding, and in that way HIV will be more than [only] people who are open. (Christchurch male)

I think it's very important and we support the idea of disclosing status to your neighbours, but not speaking out in public. (Wellington male, translated)

It's really important if someone discloses if they [are] HIV positive and... tells family members and relatives [rather] than keeping quiet about it. (Wellington male, translated)

You see someone very healthy and you [indecipherable] no one disclose to anyone if you not say I am like this. If you go to girl and say 'Oh, how are you, and I am HIV positive', then she will turn away, go away. So that is the problem again and if you have some friends, whatever, if you tell them that I am like this some will stop coming to your house. So people, stigma is main problem with this disease among Africans. (Christchurch male)

The big issue to the African community if you are a positive person, man [it] is a really big thing. Because the stigma is very high here, and, like, people will just push you away or disassociate with you. [If] they know you are a positive, they can treat you badly because to them [it] is like you're bad person. [It is] is like you're a sinful person, someone who has sinned a lot, and so nobody wants to associate with someone who is sinful and is been punished. Who will want to associate with someone who [is] being punished here? And if he dies he will go to hell, you know. So [it] is [a] really big thing and people doesn't have a lot of knowledge about HIV, the community doesn't know how HIV is, and other ways that someone can get HIV; so they only know one part and is only the sex part. (HIV+ female)

Being merciful to others is part of our [Muslim] faith. While the disease is something, you know, like, someone can have the disease, being very kind to the person and being merciful towards them and supporting them is quite important in our faith. Islam says you only die when God means you to die, so you could get the disease and someone and someone [who is] healthy today [without] HIV could even die before you die. So I think respecting them is quite important. (Wellington male)

One participant living with HIV felt very strongly that information about his HIV status had not been well managed during his clinic visits.

There is no confidentiality in hospitals. [The participant related a personal story about how an orderly got hold of medical notes and his HIV status while he was in hospital for surgery.] Information needs to be managed better.... Hospitals are terrible. Sometimes people leave a file open on their desk, and anyone can read it. Because it is obvious from the way people are treated [in clinic waiting areas] who is HIV positive. Hospitals and clinics must change procedures, and manage privacy better. They are trying to save time, but at the cost of patient confidentiality. (HIV+ male)

### *HIV education and awareness*

There was widespread agreement that African communities need more education about HIV, not only to prevent infection, but also to address the stigma about people living with HIV. But participants also felt that this education should not be restricted to African communities: education about HIV stigma should be provided to all New Zealanders. It was felt that since New Zealand is a nation with relatively low prevalence there is very little education about HIV available in the country. Education about HIV should begin in the schools, but should continue through the lifespan at community groups, social organisations and, in particular, churches. The need for formal community education is particularly important since migrated families often have been fragmented; the family members (aunties and uncles) who would traditionally provide education about sexual matters often did not migrate with the core family, and parents are unwilling, uncomfortable or unable to provide that education to their own children. We have seen above how important maintaining cultural traditions is to these communities, so a reluctance for parents to educate their own children sexually is not surprising.

The first thing was to tell to our fellows Africans, tell them that there is HIV also in New Zealand. Because they think when once they get here there is no more HIV, you know, so they have to be aware that there is HIV in developed country. (Auckland male)

What the African community need is more education. I know in our community if you are positive, you are not being stigmatised... they will not reject you... they will just talk about it. But in New Zealand, when they know you are African and you are positive, even the New Zealanders, they don't understand HIV. Even if [it] is a developed country, they don't understand HIV... because I have many friends, [when you] tell them you are positive, you see someone become red. (HIV+ female)

I hope we as a community, and other communities, get to understand that HIV transmission is not only acquired from promiscuity, but every HIV+ person has their own story which should be well respected. There are many ways of contracting the disease. HIV is about the positive

person, and not about people's perspectives and stereotyping. We need to stop the stigma and substitute with support and empowerment. (HIV+ female)

My vision is to get people educate not only about HIV but about stigma. Most stigma is within ourselves. We judge ourselves instead of feeling compassion. (HIV+ female)

From the discussions that we've had this afternoon I have the impression that in New Zealand, Aids is not really treated as a major issue for the general population. It's being treated as an issue with the African people but I would really urge the powers that be to take action, take learnings from Africa and nip this problem in the bud. (Auckland female)

And another thing, when they do teach sexual education in high school they don't bring up HIV... They don't know the difference between HIV and Aids. They think it's the same thing, and I was like that too at one point. I thought it was the same thing, HIV is Aids. So they just talk more about what sex is, what your own sexuality is and some diseases you can get from that. But nothing about HIV. (Hamilton female)

For me, it's more about the change that has come about because we are far away from home. I have got a fourteen year old daughter. Traditionally she would be going to her aunties to talk about things like all these sexual things. Myself as a mother, I wouldn't really be involved in that, but since coming over here we've left the aunties behind and the children are becoming more and more exposed at an earlier age. Myself, as a mum I have to put aside the tradition and start talking, going out of my way to talk to the children. It's a big change from how I was brought up, that side of my life, the sexual and everything was introduced to me through my aunties but now I have to do it for my own children. (Auckland female)

I think about it because I've got two teenagers. I think about my children. If they're not educated in this kind of subject, they are growing, they will meet someone. Because they don't know, they think it's all okay, and they have sex and then they get all these diseases. Children, young people, families, need to be educated and I think the Zimbabwean Society, organisation, those are important messages that should be taught to people. And in any meeting I think that kind of information around Aids should be given priority. At least there should be some talking. Just like family violence and stuff. They should have something to say [educate people] rather than people just going to [a social or cultural event in order to] enjoy it. (Auckland female)

As Africans, traditionally we don't discuss sexual issues with our children. That is our tradition. So because we are in this environment I think government could consider a special organisation which could be educating even the African parents because like here, people are open to their children. I don't know; maybe those traditions they got to change. For most of us it is difficult to discuss with our children about sexual activity. So I think there can be something like an organisation which is just a special [organisation] to educate Africans. We have to talk with our children about the sexual activity, and we have to be open to them, I think just to help us. Because we are from a different culture. So that at least we can have that change because we are here. (Auckland female)

What I think is there should be programmes, education, people should be educated. Like here in New Zealand, even if you go to school they don't know about that. People should talk about it

anywhere – in schools, in churches, discuss as a family or with friends. Just talk about it, everyone, the bell will be ringing all the time with everyone. But if it is silent like this then it will be more dangerous. (Christchurch male)

Although most participants were adherents to some religion, there was agreement that these organisations were not providing leadership on HIV.

The problem with African church is they want to believe that God will protect us. At the same time they see it as if [it is] something that they're shy to talk about, even in front of the congregation. (Christchurch male)

That is a problem with churches. Churches are supposed to be leading but they say no, no, we just pray to God, something like that. (Christchurch male)

The churches are supposed to be contributing to this education, but they are not... Why do not church leaders talk about this? Just because someone is a man of God it does not mean he does not do it out there. People are doing it! ...Church leaders should be teaching people how to live healthy lives. HIV has nothing to do with being saved as Christian. (HIV+ female)

#### Awareness of current education for Africans

Existing educational campaigns about HIV do not appear to be reaching a wide audience. Group participants relied more on word of mouth and their health care provider than any other source of education or information about HIV. The New Zealand AIDS Foundation was specifically cited as an organisation that people knew about, but did not find useful as a source of education or information, and a number did not understand the role of the Foundation.

We don't know where to get information from, yeah, nobody knows to get information. (HIV+ female)

[Here in New Zealand we get information] just mouth to mouth of the people. Some place where you can go and get information, talk with friends to get some information. (Auckland female)

I think here in New Zealand I've heard about the hospital, you know, mostly when you go to the hospital when you are sick or when you have some problem concerning woman, you go and see your GP to talk to you about [HIV]. (Auckland female)

[NZAF] is where people with Aids go for the treatment I think. I had a colleague who went there, that's where they go. That's where I think they measure or whatever they do. It's like Cancer Society. But I don't even know where it is. Many people don't know. Things that do not come on TV, how do people know about it? [Yes we should tell] the Aids Foundation people that [yes it's true] the people they purport to be working for don't even know them. (Auckland female)

We know the Aids Foundation. But do they come out in the open, at least once maybe after six months or three months and come out and say the statistics? It could be through an advert or through just a programme on television so that people are educated. As it is, people just know it's a Foundation but people are not educated and this [HIV] is not just the Africans because

Africans are also going with other nationalities and there are some people coming from Europe with Aids and it's spreading all over so people, through this organisation or Ministry of Health, they should be talking about it because it is huge and it's not gonna stop because people keep spreading it. (Auckland female)

I think there is not much [publicity or information about the reality of HIV in New Zealand]. I think people that have the information, or in terms of retaining verbalised information, are people that will go to Aids Foundation. We don't go to Aids Foundation. Few people go to Aids Foundation. How do people know? How do our children who are teenagers who are growing into adulthood, how are they going to know if they don't see it being talked about? Things that don't get talked, it's like they're not happening so Aids, there's no talking about Aids. It's like Aids is not existing but it is there and it does kill people. (Auckland female)

### *African cultural understandings of HIV*

There was not complete agreement about the role of culture and HIV. One participant felt that it would be necessary to challenge and change traditional African cultural understandings about HIV in order to encourage widespread education about HIV in African communities. And although attributing HIV to witchcraft is not a widely held view, there are at least a few people who maintain that understanding.

I think we need to take it on it as Africans and educate ourselves and try to undo the culture and traditions that we've come with... I think this research should take that into consideration. I think having just come here to talk around these issues, I think when they finish this research it should consider and prioritise that. (Auckland female)

Somebody can still also get HIV through witchcraft... They bewitch the person but you still will go with a woman, maybe with a man that have it. (Auckland female)

### *The AfricaNZ Health project*

One participant noted how important the research project itself was, and how the research process had catalysed African communities:

We thank the project and people who have organised or even initiated this project because it's really important people talk about issues like this and discuss them and even come to some sort of agreement on issues like this. (Wellington male, translated)

This suggests both that the research itself had been a kind of intervention, and that Black African communities are open and responsive to this kind of community based research.

### *Project staff debrief*

We met with available project staff (eight Auckland-based staff, out of a total of 19 nationally) at the conclusion of the data-gathering process to debrief their experiences, and to seek their observations about the project implementation. We felt it appropriate to include some of these insights as part of the project data since this would be their only opportunity to contribute their opinions to the project. Staff reported that some potential participants were mistrustful, and felt that the research project was a 'witch hunting' exercise, designed to identify Africans living with HIV; some participants reportedly felt that 'they [unspecified] are trying to nail us' as Black Africans. Staff said that a number of potential participants they approached felt that the African community had already been over-researched, although it was not clear by whom. Staff thought that some participants may have responded to the

survey as if they were 'back home', that is, in Africa. They felt that some participants viewed the world through a racial lens, that problems occur 'because we are Black'. One staff member reported losing two friendships during the course of data collection because she had approached them to participate; apparently the friends felt that she was labelling them with HIV.

On the other hand some focus group leaders said this was the very first time their community had talked about HIV and AIDS. This took courage on the part of participants. It was the first time for them to talk about many of these taboo topics. They said that once participants heard it was university research they felt 'OK' about participating.

There were divisions among African communities. Refugees, for instance, had the attitude the HIV problem is 'not with us- we don't have it'- and then pointed at other African communities—'they have it—they are the problem' because refugees had been compulsorily tested several times before settlement in New Zealand. This attitude made it clear again that while there are commonalities among African communities, and perhaps even shared worldviews, each African community, and indeed each person, is different.

Young people born outside of Africa had different relationship patterns to those who were 'true to their (African) culture'; young people did not even know about initiation ceremonies. Some participants (age 16-18) did not know where to get tested for HIV, and did not know who to ask. Some participants wanted to be tested after the focus groups or completing the survey. There was a high level of receptiveness for testing in young people and some young people requested information following the groups.

In the Auckland staff debriefing session a number of recommendations were made.

- Africans are very much the same, but different. We need to be cautious about how we define African, and acknowledge differences within those communities, including older and younger generations. Older Africans see New Zealand as a land of opportunity, but still preserve traditional cultures. Younger Africans want to assimilate, and do not want to assume 'African culture'. Some younger ones are engaged in inter-ethnic relationships.
- Provide more education to sexually active persons and people preparing to become sexually active.
- Provide follow up to the community on outcomes of research.
- Academic, community, and policy maker worlds must be bridged; contextualise research beyond Africans.
- The New Zealand African communities need culturally responsive and safe interventions, developed with Africans.

Where these recommendations differ from community or researcher recommendations they have been included separately in the recommendations section below (p. 37).

## Discussion

### *Key Results*

There are a number of key findings from our data that relate to the primary aim of the project “To increase understanding of sexual behaviors and attitudes related to HIV infection in the context of African cultural beliefs and practices”.

### *Settlement*

- Most participants maintained their cultural identities, and close cultural ties with ‘home’ and family in Africa;
- In many cases participants, particularly Muslim participants, found new ‘liberalised’ cultural customs in New Zealand quite shocking. Most shocking were the differences in attitudes and behaviours about dating and sexuality;
- Participants experienced difficult challenges with the host culture, noting that they felt singled out and stigmatised because of their nationality or colour. Many participants felt that they were stigmatised as being HIV positive just because they are Black Africans;
- There is still a small group of people who maintain traditionalist African understandings of HIV (e.g., witchcraft);

### *Education*

- There was widespread agreement that African communities need more education about HIV, not only to prevent infection, but also to address the stigma about people living with HIV. Participants also felt that this education should not be restricted to African communities: education about HIV stigma and about Africans should be provided to all New Zealanders;
- Young people, particularly young men, are less educated on transmission and risks than other groups;
- Older groups, who perhaps have more direct experiences, tend to have more open attitudes towards HIV and people with HIV;
- Not only are people with HIV highly stigmatised among African communities, but people who think they might be at risk for HIV avoid testing because the very act of testing risks that same stigma;
- Information about the risks of HIV transmission via male-to-male sexual activity should also be directed to African communities, although the words ‘gay’ and/or ‘bisexual’ will not be meaningful;
- Culturally responsive and safe interventions, developed with Africans, are needed;
- It is clear that schools are important sources of information, particularly for younger respondents. However, given the lack of information reported by respondents in earlier questions it appears that relying on schools to provide necessary information for knowledge, attitudes and beliefs, and risk-reduction behaviours is an unreliable strategy;
- NZAF has achieved recognition for its logo by about half the respondents, although just over a quarter of respondents say that the NZAF is a source of sexual health and HIV-related information for them;
- Existing educational campaigns about HIV do not appear to be reaching a wide audience. Focus group participants relied more on word of mouth and their health care provider than any other source of education or information about HIV. NZAF was specifically cited as an organisation

that people knew about, but did not find useful as a source of education or information, and a number did not understand the role of NZAF;

- Although most participants were adherents to some religion, there was agreement that these organisations were not providing leadership on HIV;

#### *Sexual behaviour*

- The specific age when it was appropriate to engage in sexual activity, varied widely, from the late teens to mid twenties. Some respondents held that Africans defer sexual activity until much later than New Zealanders do, and often wait until marriage. They noted that this may be due to traditional African customs where children live with their parents until they are married. Others suggested that sexual activity occurred, although it was not talked about;
- Most sexual partners of respondents are African, and men are more likely to have non-African sexual partners than women. In addition, for men non-regular partners were more likely to be non-African than their regular partners;
- Multiple marriages of up to four women are accepted as a fact of African life in some cultures. Some participants felt that multiple marriages in Africa were more acceptable than having hidden affairs in New Zealand, because in multiple marriages everyone knew what was happening;
- While the survey suggests that women have the right to refuse unprotected sex, women in focus groups feel at risk and also feel that they have no right to refuse unprotected sex from a husband. This apparent disparity has been explained by community advisors as a woman having the right to refuse sex but not exercising it, in the interest of preserving marriage and family;
- There is a high level of ambivalence about same-sex sexual activity;

#### *Condom use*

- Reported condom use in the survey shows some awareness of the risk of unprotected sexual intercourse. More men than women report condom use during sexual intercourse with a regular partner. Again, it is difficult to discern a social desirability bias in these responses, but it appears that education about risk should first be targeted to young women, and to supporting sustained condom use in both men and women;
- In general, condom use was reported by focus group participants, which is at variance from the findings in the survey. (The issue of social desirability bias in these responses will be discussed below.) Condoms are understood as contraceptives (to be used when medically necessary), and not for infection prevention. Thus adherents of religions that oppose birth control in any form (such as Roman Catholics and Muslims) oppose the use of condoms. Condoms are not used by married couples because that would be a clear and inappropriate statement of mistrust;
- Condoms are used by 'players' (men who are indiscriminately sexually active). Focus group participants opposed providing condoms to young people in schools;

#### *HIV and testing*

- Difficulties with immigration law and authorities were the source of distress for many participants. This distress and separation from home and family were particularly acute among participants living with HIV;
- Stigma about HIV is a primary reason that participants do not test for HIV or disclose their HIV status. Disclosing an HIV positive status will be stigmatised as having been engaged in unacceptable behaviour, and HIV is the punishment for this 'sinful' behaviour;

- Some participants living with HIV felt very strongly that information about their HIV status had not been well managed during clinic visits, and they were reluctant to disclose this information to non-medical staff;
- The current rate of testing among participants at continuing risk of HIV suggests that delay in diagnosis may occur among those who become infected in New Zealand;

### *Research*

- There is ambivalence about research. Some participants felt that the African community had been 'singled out' and overresearched, while others were grateful that the subject had been raised, and that there were opportunities for discussion;
- Above all, however, there was concern that Black African communities would be perceived as blameworthy, or somehow responsible for HIV in New Zealand, and that great care should be taken in the dissemination of any results from research so that African communities and people living with HIV were not further stigmatised.

It is clear that Black Africans retain strong connections to their home countries, families and cultures, although these ties are likely to weaken with passing generations. A small group of people maintain traditional beliefs about HIV (for instance that it is caused by witchcraft), although there may be a social desirability bias in effect resulting in under-reporting these beliefs. There is widespread support in all areas for more education in all sectors of the population: prevention education should be targeted at young people; HIV stigma education should be targeted at all Africans; and HIV prevention education should be targeted at all populations in New Zealand. Existing education initiatives have gone some way to addressing the educational needs about HIV, but they apparently have been too targeted and too subtle to reach wide audiences. Religious organisations were identified as important providers of leadership on HIV prevention and stigma education.

That African men are more sexually active with more partners than African women seems widely accepted. Nevertheless, 'neo-traditional' sexual practices, such as condom use have been heavily influenced by colonial religions, and are constructed as contraceptives rather than as infection prevention measures. Same-sex sexual activity is tacitly acknowledged, but is not similar in construction to Western notions of minoritised sexual and gender identities. The construction, tolerance and acceptance of minoritised sexual identities may change over time and generations as African groups acculturate to New Zealand, as evidenced by some focus group responses.

HIV testing remains a fraught and volatile issue; even to seek testing suggests that the individual has engaged in some stigmatised or socially unacceptable behaviour. Further, while for some Africans it may be more acceptable not to know one's HIV status than to know that one is positive, it was not appreciated by a large minority of the respondents that the outcome of HIV infection is improved with early treatment. Additionally, a number of people living with HIV expressed deep concerns about the way information about their status has been managed by medical, dental and support staff at hospitals, clinics and dental offices; this is consistent with and supported by other New Zealand research in this area (Fouché et al., 2011).

The ambivalence about research in Black African communities suggests that the purpose and advantages of research in these communities has historically not been well communicated to these communities. It will be important to build on the foundation laid by the present study by demonstrating the relevance and positive outcomes of research initiatives to these communities.

It is worth noting that individuals in the general community advisory group expressed an interest in building relationships with Africans living with HIV. There was reluctance among Africans living with HIV to build on this interest because they felt that the risks were all on the side of people living with HIV. It will be important for African communities to create environments of acceptance and positive discourse, where people living with HIV will not view disclosure of their status as a risk, but as a contribution to understanding about HIV in African communities.

### *Limitations*

All studies have limitations. With quantitative surveys it is important to consider two specific issues: firstly the extent the responses can be generalised to all in the population of interest; and secondly whether the responses to the questions truly reflect how the respondents acted and felt.

There is no list, or sampling frame, of Black Africans in New Zealand that could have been used for a probability sample to select and invite people to participate. This would, of course, have been the best way of ensuring a representative sample, with maximum generalisability. Our participants were Africans attending community events. Few of those who were approached declined to participate. While 'respondent driven sampling', a new approach to obtain a representative sample when no sampling frame exists was seriously considered as a possible method of recruiting participants, it was not used as it has not been evaluated in this context, and there was insufficient time to do so in time for this project.

Although the research team made every effort to engage as fully as possible with as wide an array of Black African communities as possible, doubtless there were some people and groups who were reluctant to engage with the researchers; some of these may be genuinely distrustful of research, and some may be taking a 'wait and see' approach. While we attempted to engage potential participants in their preferred languages, there may have been potential participants who were not willing for whatever reasons to engage with project staff. We are confident in the enthusiasm of our project staff, but there may have been some potential respondents who were reluctant to engage with fellow Black Africans about such sensitive subjects.

We compared some salient characteristics of our sample with those who identified themselves as being of African ethnicity in the 2006 census to explore the representativeness of the sample. Information from the *AfricaNZ* survey participants showed that the commonest regions of birth were Southern Africa and the Horn of Africa; this corresponds to most common countries of birth of Africans in the 2006 census discussed in *AfricaNZ Counts*. Of the survey participants, 33 percent were in the age group 16-24 years, 42 percent 25-39 years and 25 percent 40 years or over; from the 2006 census of Africans aged 15 or over, 43 percent were aged 15-29 years, 40 percent 30-44 years and 16 percent 45 or over. Bearing in mind the slightly different age groupings, this suggests that the age pattern of participants was similar to that of Africans nationally in New Zealand. Regarding religion, most of the survey participants (81 percent) who answered the question indicated that they were Christian, with Islam the next most common religion (14 percent); among Black Africans in the census a smaller proportion (56 percent) were Christian and a larger proportion (31 percent) were Muslim. This suggests that the age, sex and country of birth in the sample were closely aligned to those of Black Africans living in New Zealand, although there may be slight under-representation of Muslims.

The other major issue to be considered in limitations is whether the responses were true reflections of how people feel and act, and in particular whether people, for whatever reason, respond to research questions in the way that they believe they should. This *social desirability bias* is presumed to occur frequently in studies about sexuality and HIV (Chillag et al., 2009; Kelly, Soler-Hampejsek, Mensch, & Hewett, 2013; Lowndes et al., 2012; Stuart & Grimes, 2009; van de Mortel, 2008). Consistent with the literature, we believe that social desirability bias is more likely to occur in the self-report quantitative data, where responses take place at a moment in time, than in the focus groups which occurred over 90 minutes. Nevertheless, in interpreting all the results, social desirability bias needs to be kept in mind.

While we had a useable survey sample of over 700 that was large enough to generate relatively narrow confidence intervals around point estimates of sexual practices, knowledge, attitudes and beliefs, bearing in mind the non-probability nature of the sampling, we have opted not to report these specific estimates lest we encourage this quantification to be seen as indicators of these behaviours in the entire population of Black Africans in New Zealand. Similarly we have explored differences in reports by gender and age in general terms (i.e. a likely difference or not) through a chi-square test, rather than a measured differences using a relative risk or similar measures. In the future more detailed examination of particular areas asked about in the survey can, and should, be undertaken using the data collected.

Qualitative (focus group) data are never intended to be 'representative', but to add depth and greater understanding to complex issues. It is very possible that transcription errors occurred, although we attempted to address these by asking focus group leaders to review transcripts from their groups. Since they are not generalisable, outcomes of focus groups reflect only the views of the participants of their own focus group. Most importantly, even though findings and preliminary analyses were shared consultatively with advisory groups made up of members of many African communities, inevitably the structure of formal research means that findings are structured and presented in the vernacular of Western research, which means that nuances and subtleties may have been missed. Our advisory groups were, however, not reluctant to challenge the research team.

### *Comparisons with similar studies*

The most relevant similar studies to the survey undertake are the Bass Line and Mayisha studies undertaken in England, both of which were used extensively when developing our *AfricaNZ* questionnaire.

#### *Bass Line 2007 and 2008/2009*

The Bass Line projects were community-based HIV prevention needs assessment surveys which recruited African people living in England in 2007 (Dodds et al., 2008) and 2008/2009 (Hickson et al., 2009). Both studies collected information through questionnaires distributed by a large number of agencies, and also online through African commercial internet sites and sites hosted by community groups. In 2007, 4172 people who considered themselves African participated, and 2580 people in 2008/9. There were similar numbers of men and women in both surveys. The age range in these studies was not as wide as in the *AfricaNZ* survey; around half the Bass Line participants were aged 25-39 years, compared to 42 percent in the present study. In the Bass Line surveys, a much lower proportion of participants were from the Horn of Africa and the Sudan, slightly fewer from southern Africa, and more

from Western and East Africa than in *AfricaNZ*. As in *AfricaNZ*, the majority of Bass Line respondents had university or college qualifications, and identified as Christian.

There were similarly high levels of knowledge about HIV transmission in *AfricaNZ* and the Bass Line survey. However of relevance to promoting testing, less than two-thirds of participants in all studies knew that HIV treatments were more effective if taken before people become ill. In *AfricaNZ* a greater proportion had ever been tested for HIV (67 percent, compared with 53 percent in Bass Line 2007, and 52 percent in Bass Line 2008/9), which is likely due to compulsory HIV testing for migrants to New Zealand, which is not the case in the United Kingdom. There were differences in HIV testing by gender between the studies: in the Bass Line studies more women reported ever having been tested; the reverse was true in *AfricaNZ*. In both the Bass Line and *AfricaNZ* studies, 'ever tested' was least frequently reported by young people. In spite of more testing, the proportion that reported testing HIV positive was lower in the New Zealand sample (3 percent, compared with 15 percent in Bass Line 2007, and 12 percent in Bass Line 2008/9). The prevalence in the Bass Line studies is considered higher than the general African population in England as many of the participants were enrolled through providers of HIV prevention, treatment and care services where there are likely to be more HIV infected people. The difference in prevalence may also be a reflection of the places in Africa from where New Zealand respondents came: in the *AfricaNZ* study more respondents came from the Horn of Africa where the prevalence of HIV is lower than in some other regions. In addition, the New Zealand immigration policy of compulsory HIV testing may have resulted in declining entry to prospective migrants living with HIV, thus reducing the prevalence.

Among all men who had had a sexual partner in the past year in Bass Line 2007 and 2008/9, 57 percent and 54 percent had had a single female partner; the proportion of single opposite sex partners was higher (75 and 73 percent) among women. In *AfricaNZ*, the proportions are higher: 74 percent of the men and 88 percent of the women report a single opposite sex partner. In Bass Line 2007, condom use was reported 'always' or 'more than half the time' by just over half of both men (52 percent) and women (51 percent) who had had sexual contact in the past year; while exact comparisons cannot be made with *AfricaNZ* (as this question was asked separately for regular and non-regular partners) the rate of condom use in New Zealand seems to be less, especially among women. Both studies asked respondents if they would worry about what people would think of them if they carried condoms, and this concern was reported slightly more by the *AfricaNZ* (35 percent) than by the Bass Line (29 percent) sample; this may again reflect the recruiting venues. The *AfricaNZ* and Bass Line studies found that while most reported opposite sex sexual contact, a small proportion in each reported same sex partners.

### *Mayisha*

There have also been two *Mayisha* community-based surveys of sexual attitudes and lifestyles undertaken among black Africans in England, the first in 1999 and the second in 2004. Comparison will be made with the most recent the *Mayisha II* study (Sadler et al., 2005). In total, 1359 eligible Black Africans were recruited to the *Mayisha II* study, with similar numbers of men and women. Most of the men (47 percent) and women (55 percent) were in the age group 25-39 years, slightly higher proportions than in *AfricaNZ*; there were markedly fewer women aged 40 and over in *Mayisha II* (11 percent) than in *AfricaNZ* (25 percent). Because of different geographic groupings used, direct comparisons cannot be made by country of birth, but it appears that *AfricaNZ* has a greater proportion from southern Africa and the Horn than *Mayisha II* (as was also found in the Bass Line). In *Mayisha II*

over half of the men and women had gained a college or university qualification, and around two thirds (65 percent) were Christian.

In the Mayisha II study, slightly fewer men were married and more were single than in the AfricaNZ study; similar proportions of women were married and single in the two studies. In Mayisha II, nearly one-third of women reported no sexual partners in the last year (31 percent); this was more than the men participants (24 percent). In *AfricaNZ* these proportions are higher: 43 percent of women and 35 percent of men reported no sexual partners in the last year. The New Zealand sample is less sexually active. Similar proportions of men and women who had had any sexual partner in Mayisha II (24 percent of men and 26 percent of women) had had two or more partners: this was similar in *AfricaNZ* among men, but lower among women. In Mayisha II, 43 percent of men and 51 percent of women had ever had an HIV test; like the Bass Line study, this is lower than in *AfricaNZ*. Over half of the men and women who responded to the question reported that they had used a condom at last sexual intercourse, higher than in *AfricaNZ*. While the majority of the respondents in both studies reported only opposite sex partners, same sex partner as were reported by a minority in both.

In sum, while similar issues were explored in the *AfricaNZ* and the English Bass Line and Mayisha II studies, they also showed that the African participants in New Zealand differ from those in England:

- a much greater proportion in *AfricaNZ* come from the Horn of Africa and the Sudan, slightly more from Southern Africa, and fewer from Eastern and Western Africa;
- the age distribution differed between the studies; this may be due to different populations or sampling strategies;
- 'Any' sexual partners, and multiple sexual partners, were reported less in the New Zealand sample, which might lead to less transmission of STIs; however reported condom use was also less;
- more participants had ever been tested for HIV in New Zealand than in England, probably due to the requirement for this on immigration. While immigration testing will have identified people living with HIV before entry into the country, ongoing testing is required to diagnosis infections acquired after entry;
- knowledge about HIV was similar among the studies, with most participants knowing the major means of HIV transmission;
- a significant minority of respondents did not appreciate the benefits of early diagnosis and treatment in the *AfricaNZ* and Bass Line studies;
- some same sex behaviour was reported in all studies.

### *Comparison with other relevant data sources*

As there has been no survey of sexual behaviour, or knowledge, attitudes and beliefs about HIV among the general New Zealand population for over twenty years, meaningful formal comparisons cannot usefully be made between the African and other ethnic groups in New Zealand. Nevertheless the findings from the present survey do not obviously suggest that those from the African community who completed the survey were behaving in a way that is any more likely to transmit HIV or other STIs than any other ethnic group. Nevertheless, for what should now be considered historical reasons, the African community in New Zealand has a higher prevalence of HIV than other ethnicities, and this means that there is increased risk of HIV within and beyond this community. However while this risk need to be

addressed, it should not be construed as a reason to discriminate or further stigmatise an already vulnerable population for any social or political reason intentionally or unintentionally.

## Recommendations and Conclusion

The recommendations to this study are divided into several sections: recommendations from the both community advisory groups, recommendations from the casual staff debriefing, and recommendations from the researchers. (Recommendations which came from the community advisory group of Africans living with HIV are marked with an asterisk\*.)

### Recommendations from the Community Advisory Groups

1. The Ministry of Health should develop an advisory group to itself at both national and regional levels in order to create an integrated national strategy about HIV in African communities, and to follow up on the recommendations from this report.
2. There should be dedicated Ministry staff to work with the HIV community around planning and funding decisions. It should not be assumed that the existing infrastructure is adequate.

There is an array of education-related recommendations. Many respondents and focus group participants noted the lack of general national HIV education messages in New Zealand, which may reflect their experiences coming from high-incidence environments to a relatively low incidence one.

3. The priority of HIV education in New Zealand should be raised by all stakeholders. There should be a national, Ministry-led HIV education strategy, which may include national outreach and advertisements (current anti-smoking campaigns were mentioned). This strategy should include Africans as a key target audience. By embedding education for Africans in a general strategy it is hoped that further stigmatising Black Africans, and Africans living with HIV, can be avoided.
  - a. Part of this national strategy should be stigma reduction education, to educate Africans to support other Africans living with HIV (reference was made to the 'Like minds like mine' campaign). Stigma reduction education should also include public education to address stigma and prejudice based on colour and ethnicity.
  - b. Since many families have been fragmented by migration to New Zealand, and relatives who would traditionally provide sex education are no longer available, parents should be educated so that they can provide appropriate sex educate their children, thereby taking up the role of absent traditional educators.
  - c. Investigate the viability of importing African-developed HIV education initiatives in order to implement them in a New Zealand context. (A "By Africans for Africans" educational strategy was also recommended by project staff.)
  - d. The Ministry should consider a biennial (two-yearly) African community HIV education hui targeted at youth ages 16-24.
  - e. The association of HIV education with social and sporting events is not as effective as specific, targeted education.

4. Health providers (community, clinic and hospital), dental providers and their support staffs (including administrative and human resources staff) must be further educated on HIV transmission, stigma, human rights and current law as it relates to stigma and discrimination against people and employees with HIV, and management of confidential patient and employee information. A consumers' rights campaign should ensure that Africans and African people living with HIV are aware of their rights if they experience violation of their rights by employers or providers.\*
5. Enhance HIV education in schools, and add to sexual health education curricula. A number of parents in focus groups noted the absence of adequate HIV-related education in school curricula. This education would include not only include transmission prevention, but also address stigma.
6. Resource schools to do HIV-related projects.
7. Encourage voluntary testing, normalise testing and counselling at GPs. (However, a number of community advisory group participants also related experiences of feeling stigmatised by GPs because they were Black African, and felt some pressure compelled to undergo HIV testing even when there was no or minimal risk; this initiative should therefore follow education of health providers as above.) The pathway for offer HIV testing to asylum seekers—who do not enter the country through the refugee pathway—should be made clearer and more robust.
8. HIV needs to be contextualised within other chronic, life-threatening health issues in African community, such as cancer and diabetes.
9. A World AIDS Day strategy inclusive of Black African communities should be developed.
10. Follow-up research in African communities is needed, especially among Black African men who have sex with men.
11. Many Black Africans living with HIV do not feel empowered to access necessary services, such as medical care and transportation to relevant services. The Ministry should consider putting case managers in place to work with African persons living with HIV who voluntarily refer to such a service in order to assist with access to services, overcoming barriers, and ensuring an African voice at all stages of service management and delivery.\*
12. The Ministry should advise employers, insurers, and the Department of Labour (including Immigration New Zealand) that with appropriate care HIV has become a chronic manageable condition, not transmissible through ordinary workplace contact, and that it is not necessary to request specific information about HIV on employment or insurance applications. Such questions stigmatise, are discriminatory, and are unnecessary. To contest such questions through established complaints processes, however, requires that people living with HIV disclose their status publicly, something which most Africans are very unwilling to do. Relief must therefore be advisory or regulatory, rather than from tribunals or processes.\*

## Recommendations from project staff

As noted above, the project survey and focus group staff developed provided feedback and recommendations at a debriefing meeting, although these recommendations are for the research staff.

13. Provide follow up to the community on outcomes of research.
14. Academic, community, and policymaker worlds must be bridged; researchers should contextualise their findings beyond Africans.

## Additional recommendations from researchers

15. Further studies in this area will be important to develop more detail about specific subpopulations (e.g., MSM, women, younger people), and to assess social desirability bias in specific subpopulations. Following the precedents of the UK studies, a follow up study of the entire Black African population may be useful within three to five years. It would be valuable for such studies to include HIV serologies to determine HIV prevalence in these populations.
16. African communities must have voices not only in the development of policy and educational initiatives, but also in other forums, such as the HIV Forum, HIV Updates and sexual health conferences. This is a recommendation is not merely to the Ministry but to associations, providers, organisations and others organizing conferences, consultations and similar events.
17. African communities need to continue to talk with each other to develop an environment where people living with HIV feel safe to disclose their status within their communities, and to develop partnerships with community, religious and educational leaders.

## Conclusion

We chose to call this report *AfricaNZ Care* to reflect the several aspects of this research project. Firstly, despite the discouraging warnings of many people that Black Africans would not participate in a study such as this one, particularly one which asks very personal questions about sex and sexual behaviour, many hundreds of people did participate. African migrants are an extremely diverse community which cares about itself. Secondly, the stated purposes of this study are to provide information to the Ministry of Health on HIV risk behaviours in African communities in New Zealand that will inform HIV infection prevention and health promotion programmes; to increase understanding of HIV epidemiology, sexual behaviours and attitudes in the context of cultural beliefs and practices, and barriers and enablers to accessing health services for Africans living with HIV in New Zealand, which will in turn improve the health outcomes of Africans living with HIV in New Zealand. This is a study about caring for African communities, and Africans living with HIV. We believe that with these two reports, *AfricaNZ Count* and *AfricaNZ Care* that we have addressed these purposes.

It is important that these reports, their findings and its recommendations be disseminated to the communities that contributed their time and passion to the study. This is both an ethical responsibility of researchers, and a demonstration to communities who participated that their participation was important. Such feedback contributes to laying the groundwork for future research initiatives, and maintains the trust of vulnerable communities. Project staff, the interface between the

research team and the community, have noted the importance of bridging the spaces between research, policymaking and communities. Nevertheless we are very mindful that dissemination of this report must be done with great sensitivity and caution. As we noted in the *AfricaNZ Count* report, and as we have seen in the focus group data in this report, Black Africans are extremely anxious about being problematised, blamed and labelled by non-African New Zealanders because of their migrant and minority colour status within New Zealand society, and because of general ignorance about HIV epidemiology and transmission in New Zealand. These are reasons why the community recommendations placed HIV education of Africans in the context of HIV education to all New Zealanders, and in the context of other health challenges to Africans. We are very mindful that this research takes place in a political environment, and an environment where popular media look for sensational headlines rather than reporting complex stories. These realities do not relieve the researchers or the funder from the responsibility to provide feedback to communities and individuals who participated in the research. The message of these data is not that any community is to 'blame', any more than anyone is to 'blame' for AIDS, other than a virus. These data provide us with context and direction for prevention education and service delivery efforts.

One member of a community advisory group summed up her experience of participating in the advisory group in this way:

For me it was a learning process, thinking about things I never used to think about. I feel vulnerable because I am one person affected by HIV, going through immigration issues. I'm feeling the brunt of being HIV positive. I feel dirty, that I'm not accepted, that I'm stigmatised. I'm living with issues that other people can't do anything about. I just wish that government would look at HIV as a condition not as deadly as it used to be. I know there are people in New Zealand who have been HIV positive for more than 25 years, living a full life. In the near future we may have a cure. It is traumatising living with HIV and then facing discrimination. No matter how much you try to put it together over a period of time, the stress is too much for you to handle. I'm hoping this research is going to make life easier for people who are HIV positive, educate others so they don't get it, and educate everyone to care. Because HIV is just a virus, it's not about a person. I will be more grateful if something good comes out of this for everyone.

This is also the hope of the researchers.

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## **Appendix 1**

### **Survey Instrument**

*(Note: Spacing and some fonts of the survey instrument have been adjusted from the original to fit this report format)*



## AfricaNZ Health Questionnaire

This questionnaire is for Black Africans over the age of 16 who are living in New Zealand. It asks about important issues related to HIV/AIDS. If you are not a Black African at least age 16, or if you have already completed a questionnaire, please do not fill in this questionnaire.

**Do not write your name anywhere on this questionnaire.**

There are questions on BOTH sides of the pages. You may skip any question you do not wish to answer, but we hope you will answer them all as best you can. For some questions more than one box can be ticked; some questions are just for women, and some are just for men—we'll tell you as we go along.

If you need help completing this survey please ask the project staff person who gave it to you. If you wish to take this survey away and post it back, ask the project staff person for a Freepost envelope.

1. How old are you? \_\_\_\_\_ years

2. Are you.....

- Male
- Female
- Other/Prefer not to state

3. Are you completing this questionnaire yourself?

- I am doing it myself
- I am being helped by (specify) \_\_\_\_\_

4. In which country were you born?

\_\_\_\_\_

5. How do you describe your relationship status? Are you...

- Married or civil union (living with husband/wife)
- Married or civil union (husband/wife overseas)
- Not married but living with a partner
- With a regular partner but not living together
- Single/Without a regular partner
- Widowed/Divorced/Separated
- Other (specify) \_\_\_\_\_

6. What city/town or area are you currently living in?

- Auckland
- Hamilton
- Wellington
- Christchurch
- Other (specify) \_\_\_\_\_

7. Where did you live when you were 10-16 years old?  
Tick all that apply

- An African country
- New Zealand
- Other (specify) \_\_\_\_\_

8. How long have you lived in New Zealand?

- Less than one year
- At least 1 but less than 2 years
- At least 2 but less than 5 years
- At least 5 but less than 10 years
- 10 or more years
- All my life

9. What is your highest level of education achieved?

- No formal education
- Primary / Elementary School
- Secondary / High School
- University / College
- Other (specify) \_\_\_\_\_

10. Which religion are you? (Tick all that apply)

- Christian
- African traditional religion
- Islam
- Buddhism
- Other. Specify \_\_\_\_\_
- None

11. Apart from special occasions (for example, weddings and funerals) how often do you attend religious services?

- Every day
- Once a week or more
- Once a month or more
- Once or twice a year
- Never/practically never



**The next questions are about HIV testing.**

23. Have you ever been tested for HIV?

- No, I've never been tested for HIV. **Go to Q.24**
- Yes, I got a negative HIV test result (I did not have HIV at the time of the test). **Go to Q.25**
- Yes, I got a positive HIV test result (I have HIV). **Go to Q.27**

**If you have never been tested for HIV**

24. Why have you never been tested for HIV?

*(Tick all that apply)*

- I have no reason to think I have HIV
- I have never thought about it or been offered a test
- I am afraid of finding out if I am infected
- Being tested would cause problems in my relationship
- I am afraid of being treated differently by my family if I take a test
- Other reason. Specify \_\_\_\_\_

**Now go to Question 30**

**If your last HIV test was NEGATIVE**

25. When was your most recent HIV test?

- In the last 12 months
- 1 to 5 years ago
- More than 5 years ago

26. Why were you tested?

- For Immigration
- I was sick
- Routine medical check
- Insurance
- Other Specify \_\_\_\_\_

**Now go to Question 30**

**If you have tested HIV POSITIVE**

27. When did you first find out you were HIV positive?

- In the last 12 months
- 1 to 5 years ago
- More than 5 years ago

28. Where were you diagnosed with HIV?

- New Zealand
- Africa
- Somewhere else. Specify \_\_\_\_\_

29. Why were you tested?

- Immigration
- I was sick
- Routine medical check
- Insurance
- Other Specify \_\_\_\_\_

**Now go to Question 33**

30. Would you have an HIV test (or, another test if you have tested before) if it were offered to you?

- No
- Yes
- Not sure

31. If you wanted an HIV test, would you know where to get one?

- No
- Yes
- Not sure

32. Whether or not you've ever been tested for HIV, what do you think your current HIV status is?

- Definitely negative (I'm quite sure I don't have HIV)
- Probably negative
- Not sure /Don't know
- Probably positive
- Definitely positive (I'm quite sure I have HIV)

33. Have you been tested for any sexually transmitted infection other than HIV?

- Never
- Yes, in the last 12 months
- Yes, 1 to 5 years ago
- Yes, more than 5 years ago
- Don't know

34. Have you ever been told by a health care worker that you have had a sexually transmitted infection other than HIV?

- No, never  
 Yes, in the last 12 months  
 Yes, 1 to 5 years ago  
 Yes, more than 5 years ago  
 Don't know

35. Do you know anyone with HIV or AIDS?

- No  
 Yes, one person  
 Yes, more than one person  
 Don't know the answer

**Do you agree or disagree with the following statements? (Tick one box for each statement)**

***This first set of statements is about how you feel about people with HIV***

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
36. Most people with HIV deserve what they get	<input type="checkbox"/>				
37. People with AIDS will not join their ancestors	<input type="checkbox"/>				
38. AIDS is the result of witchcraft	<input type="checkbox"/>				
39. I think of people with HIV as already dead	<input type="checkbox"/>				
40. If I were infected with HIV I would not tell anyone in my immediate family	<input type="checkbox"/>				

***The next set of questions is about how you feel about how HIV might affect your community***

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
41. People with HIV should be allowed to fully participate in social events in our community	<input type="checkbox"/>				
42. If I carried a condom I would worry about what people thought of me	<input type="checkbox"/>				
43. I think I am at risk of getting HIV	<input type="checkbox"/>				
44. It is OK for men to have other sexual partners when they are married or in a relationship	<input type="checkbox"/>				
45. I think people with AIDS have a right to the same health care as other people	<input type="checkbox"/>				
46. If I found out a friend of mine had HIV I would not maintain the friendship	<input type="checkbox"/>				
47. All women who feel at risk for HIV or other sexual infections have the right to refuse sex without condoms	<input type="checkbox"/>				

**The next questions are about sex and relationships. We know these can be very sensitive topics. We do not wish to cause offense, but we believe that it is very important to ask these questions. Remember this survey is anonymous so the results cannot be linked back to you. You may skip any question you do not wish to answer, but we hope you will answer them all the best way you can.**

48. Have you had sexual intercourse in the last 12 months?

- Yes **Go to Question 49**  
 No **Go to Question 58**

49. Do you currently have a regular sexual partner? (Include your husband/wife if you have sexual intercourse with him/her regularly.)

- No. **Women go to Question 52**  
**Men go to Question 53**  
 Yes, one regular male partner  
 Yes, more than one regular male partner Specify how many \_\_\_\_  
 Yes, one regular female partner  
 Yes, more than one regular female partner Specify how many \_\_\_\_

50. What ethnicity is (are) your *regular* sexual partner(s)? (Tick all that apply)

- African  
 New Zealand European  
 Maori  
 Pacific  
 Asian  
 Other (specify) \_\_\_\_\_

51. How often have you used condoms for sexual intercourse in the past 12 months *with your regular partner(s)*?

- Always  
 More than half the time  
 About half the time  
 Less than half the time  
 Never

52. **For women:** In the past 12 months, with how many *men* have you had sexual intercourse? Include your regular partner(s).

- None  
 1 only **Go to Question 56**  
 2 **Go to Question 54**  
 3-4 **Go to Question 54**  
 5-9 **Go to Question 54**  
 10-15 **Go to Question 54**

- More than 15 **Go to Question 54**

53. **For men:** In the past 12 months, with how many *women* have you had sexual intercourse? Include your regular partner(s).

- None  
 1 only **Go to Question 56**  
 2 **Go to Question 54**  
 3-4 **Go to Question 54**  
 5-9 **Go to Question 54**  
 10-15 **Go to Question 54**  
 More than 15 **Go to Question 54**

54. What was ethnicity of your *other* sexual partner(s), that is, those who were not regular partners (*Tick all that apply*)

- I have not had any other partners  
 African  
 New Zealand European  
 Maori  
 Pacific  
 Asian  
 Other (specify) \_\_\_\_\_

55. How often have you used condoms for sexual intercourse in the past 12 months with *any other partner(s)*?

- I have not had any other partners  
 Always  
 More than half the time  
 About half the time  
 Less than half the time  
 Never

56. Was a condom used the last time you had sexual intercourse?

- Yes  
 No

57. **If you are HIV positive:** In the past 12 months have you used condoms with your sexual partner(s)?

- I am not HIV positive  
 Always  
 More than half the time  
 About half the time  
 Less than half the time  
 Never  
 I have not had sexual intercourse in the last 12 months

**You are nearly finished! Just a few final questions**



58. Have you ever seen this logo and its message "Love Cover Protect"?

- Yes.  
 No. **Go to Question 61**  
 Don't know

59. What do you think the message "Love Cover Protect" means?

- Always use condoms  
 Engage in sexual activity  
 Prepare for earthquakes  
 Don't know

60. Where have you seen message "Love Cover Protect"? (Tick as many boxes that apply)

- At community events  
 Online/On the Internet  
 At a Miss Africa competition  
 At sports events  
 Other. Specify \_\_\_\_\_

61. Have you ever received information about sexual health and/or HIV?

- Yes  
 No **Go to Question 63**  
 Don't know

62. Where have you received this information about sexual health and HIV? (Tick all that apply.)

- School  
 General Practitioner (GP) / Doctor  
 Sexual health clinic  
 Family Planning clinic  
 New Zealand AIDS Foundation event  
 Other. Specify \_\_\_\_\_

63. In the past 12 months have you had sexual experiences...

- Only with the opposite sex  
 Mainly with the opposite sex but occasionally with your own sex  
 About equally with the opposite and your own sex  
 Mainly with your own sex  
 Only with your own sex  
 I have had no sexual experiences at all

64. **For men only:** Have you been circumcised?

- Yes  
 No  
 Don't know

***Many thanks for helping your community by taking part in this survey!***

*(If you are filling in this questionnaire at home, remember to post it back in the envelope we provided.)*

***If you would like to make any comments about this survey, or about HIV/AIDS care or prevention among African communities in New Zealand, please write them here, or contact any of the people on the Information Sheet you were given.***

A report of the major findings of this survey will be posted on the AfricaNZ website by the middle of 2013. The address is on the Information Sheet that you were given.

## **Appendix 2**

### **Data Tables**

The responses to each of the questions are presented in the order they were asked in the questionnaire. The total responses of the whole sample, and then where relevant separately by gender, are provided. For some questions the responses are presented for men and women separately by other factors, such as age group. A chi-squared test of significance comparing responses between men and women was performed on each table. The lower the p-value obtained from the chi-squared test the more the difference by gender is more likely a true – rather than chance – difference in this sample; by convention a p-value of less than 0.05 is said to suggest ‘statistical significance’. Where differences are not statistically significant it is not reported. In some cases a statistical test is not appropriate, and is not reported.

## Sociodemographic factors

**Table 1 Gender**

	Number	%
Male	343	49%
Female	351	50%
Other/prefer not to state	5	<1%
NS	4	<1%
Total	703	100

**Table 2 Age Groups**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>16-24</b>	214	33	90	28	119	37
<b>25-39</b>	273	42	151	47	122	38
<b>40+</b>	160	25	80	25	79	25
<b>Total eligible and answering</b>	647	100	321	100	320	100
<b>Not eligible or not stated</b>	56		22		31	
<b>Total</b>	703		343		351	

p-value for comparison between men and women = 0.029

**Table 3 Groupings of countries of birth**

<b>North Africa</b>	Sudan, South Sudan
<b>Central Africa</b>	Cameroon, Congo, Congo – Democratic Republic of, Rwanda
<b>East Africa</b>	Kenya, Tanzania, Uganda, Malawi, Burundi
<b>West Africa</b>	Nigeria, Ghana, Mali
<b>Southern Africa</b>	South Africa, Zimbabwe, Zambia, Botswana
<b>Horn of Africa</b>	Somalia, Ethiopia, Eritrea
<b>All countries outside of Africa</b>	All other countries outside of Africa

Table 4 Country of origin (grouped)

	Total		Male		Female	
	No.	%	No.	%	No.	%
North Africa	76	12	37	11	38	12
Central Africa	60	9	27	8	32	10
East Africa	84	13	45	14	39	12
West Africa	77	12	49	15	26	8
Southern Africa	200	30	81	25	119	37
Horn of Africa	140	21	76	23	62	19
All countries outside of Africa	21	3	10	3	10	3
Total eligible and answering	658	100	325	100	326	100
NS	45		18		25	
Total	703		343		351	

p-value for comparison between men and women = 0.011

Table 5 Length of time living in New Zealand

	Total		Male		Female	
	No.	%	No.	%	No.	%
<1 year	45	6	25	7	20	6
1yr - <2yrs	34	5	21	6	12	3
2yrs - <5yrs	140	20	63	19	75	22
5yrs - <10yrs	257	37	126	37	128	37
>10yrs	215	31	102	30	112	32
all my life	3	1	3	1	0	0
Total eligible and answering	694	100	340	100	347	100
NS	9		3		4	
Total	703		343		351	

p-value for comparison between men and women is not significant

Table 6 Current place of residence

	Total		Male		Female	
	No.	%	No.	%	No.	%
Auckland	467	67	206	60	257	74
Hamilton	58	8	28	8	30	9
Wellington	102	15	67	20	34	10
Christchurch	61	9	37	11	21	6
Elsewhere	10	1	5	1	5	1
Total eligible and answering	698	100	343	100	347	100
NS	5		0		4	
Total	703		343		351	

p-value for comparison between men and women = >0.001

Table 7 Highest level of education

	Total		Male		Female	
	No.	%	No.	%	No.	%
No formal education	24	3	8	2	16	5
Primary/elementary	30	4	13	4	16	5
Secondary/high school	167	24	74	22	87	25
University/college	463	67	240	71	222	65
Other	6	1	3	1	3	1
Total eligible and answering	690	100	338	100	344	100
NS	13		5		7	
Total	703		343		351	

p-value for comparison between men and women is not significant

Table 8 Religion

	Total		Male		Female	
	No.	%	No.	%	No.	%
Christian	571	81	270	78	298	84
African traditional religion	12	2	9	3	2	1
Muslim	94	13	51	15	39	11
Buddhist	3	0	1	0	2	1
Other	6	1	3	1	3	1
None	9	1	6	2	3	1
NS	13	2	7	2	6	2
<b>Total</b>	<b>708</b>		<b>347</b>		<b>353</b>	

Table 9 Religious service attendance

	Total		Male		Female	
	No.	%	No.	%	No.	%
Everyday	58	8	44	13	14	4
Once a week or more	415	60	189	56	223	65
Once a month or more	95	14	43	13	50	14
Once/twice a year	84	12	39	12	41	12
Never/practically never	41	6	24	7	17	5
<b>Total eligible and answering</b>	<b>693</b>	<b>100</b>	<b>339</b>	<b>100</b>	<b>345</b>	<b>100</b>
NS	10		4		6	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison between men and women = >0.001

Table 10 Current relationship status – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
Married. Living with husband/wife	268	39	136	40	132	39
Married. Husband/wife overseas	33	5	17	5	15	4
Living with partner, unmarried	46	7	25	7	19	6
Has regular partner not living together	62	9	33	10	29	9
Single*	265	38	123	36	139	41
Other	16	2	7	2	9	3
<b>Total eligible and answering</b>	<b>690</b>	<b>100</b>	<b>341</b>	<b>100</b>	<b>343</b>	<b>100</b>
NS	13		2		8	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

\*Without a regular partner including widowed/divorced/separated

p-value for comparison between men and women is not significant

Table 11 Current relationship status by age group – Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
Married. Living with spouse	1	1	61	41	67	84
Married. Spouse overseas	0	0	11	7	3	4
Living with partner, unmarried	5	6	15	10	2	3
Regular partner not living together	12	13	16	11	2	3
Single*	68	76	45	30	5	6
Other	4	4	1	1	1	1
<b>Total eligible and answering</b>	<b>90</b>	<b>100</b>	<b>149</b>	<b>100</b>	<b>80</b>	<b>100</b>

\*Without a regular partner including widowed/divorced/separated

p-value for comparison by age for men >0.001

Table 12 Current relationship status by age group – Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Married. Living with spouse</b>	5	4	66	55	48	62
<b>Married. Spouse overseas</b>	2	2	5	4	8	10
<b>Living with partner, unmarried</b>	8	7	6	5	3	4
<b>Regular partner not living together</b>	19	16	8	7	1	1
<b>Single*</b>	76	64	33	28	18	23
<b>Other</b>	8	7	1	1	0	0
<b>Total eligible and answering</b>	118	100	119	100	78	100

\*Without a regular partner including widowed/divorced/separated  
p-value for comparison by age for women >0.001

## HIV knowledge

"AIDS is caused by a virus called HIV"

**Table 13 "AIDS is caused by a virus called HIV" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	621	92%	309	92	306	92
I didn't know this	32	5%	11	3	18	5
I wasn't sure if this were true	18	3%	12	4	6	2
I don't understand this	6	1%	3	1	3	1
<b>Total eligible and answering</b>	<b>677</b>	<b>100%</b>	<b>335</b>	<b>100</b>	<b>333</b>	<b>100</b>
NS	26		8		18	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender is not significant

**Table 14 "AIDS is caused by a virus called HIV" by age group- Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	76	85	138	95	77	98
I didn't know this	5	6	4	3	1	1
I wasn't sure if this were true	6	7	2	1	1	1
I don't understand this	2	2	1	1	0	0
<b>Total eligible and answering</b>	<b>89</b>	<b>100</b>	<b>145</b>	<b>100</b>	<b>79</b>	<b>100</b>

p-value for comparison by age for men = 0.055

**Table 15 "AIDS is caused by a virus called HIV" by age group- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	103	90	104	91	71	92
I didn't know this	9	8	7	6	2	3
I wasn't sure if this were true	2	2	1	1	3	4
I don't understand this	0	0	2	2	1	1
<b>Total eligible and answering</b>	<b>114</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>77</b>	<b>100</b>

p-value for comparison by age for women is not significant

"You cannot tell from someone's appearance whether or not they have HIV"

**Table 16 "You cannot tell from someone's appearance whether or not they have HIV" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	531	81%	259	80	266	82
I didn't know this	76	12%	38	12	37	11
I wasn't sure if this were true	34	5%	16	5	17	5
I don't understand this	15	2%	10	3	5	2
<b>Total eligible and answering</b>	<b>656</b>	<b>100%</b>	<b>323</b>	<b>100</b>	<b>325</b>	<b>100</b>
NS	47		20		26	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender is not significant

Table 17 "You cannot tell from someone's appearance whether or not they have HIV" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	64	76	118	84	63	81
I didn't know this	16	19	10	7	8	10
I wasn't sure if this were true	2	2	8	6	4	5
I don't understand this	2	2	4	3	3	4
<b>Total eligible and answering</b>	<b>84</b>	<b>100</b>	<b>140</b>	<b>100</b>	<b>78</b>	<b>100</b>

p-value for comparison by age for men is not significant

Table 18 "You cannot tell from someone's appearance whether or not they have HIV" by age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	90	82	89	79	60	80
I didn't know this	19	17	11	10	7	9
I wasn't sure if this were true	1	1	10	9	5	7
I don't understand this	0	0	2	2	3	4
<b>Total eligible and answering</b>	<b>110</b>	<b>100</b>	<b>112</b>	<b>100</b>	<b>75</b>	<b>100</b>

p-value for comparison by age for women = 0.025

"People can have HIV without knowing it"

Table 19 "People can have HIV without knowing it" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	590	88%	295	89	291	87
I didn't know this	45	7%	17	5	26	8
I wasn't sure if this were true	26	4%	12	4	14	4
I don't understand this	12	2%	8	2	3	1
<b>Total eligible and answering</b>	<b>673</b>	<b>100%</b>	<b>332</b>	<b>100</b>	<b>334</b>	<b>100</b>
NS	30		11		17	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender is not significant

Table 20 "People can have HIV without knowing it" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	75	85	129	90	71	90
I didn't know this	4	5	8	5	4	5
I wasn't sure if this were true	4	5	4	3	3	4
I don't understand this	4	5	3	2	1	1
<b>Total eligible and answering</b>	<b>87</b>	<b>100</b>	<b>144</b>	<b>100</b>	<b>79</b>	<b>100</b>

p-value for comparison by age for men is not significant

Table 21 "People can HIV without knowing it" by age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	100	86	99	87	66	87
I didn't know this	11	10	7	6	6	8
I wasn't sure if this were true	4	3	8	7	2	3
I don't understand this	1	1	0	0	2	3
<b>Total eligible and answering</b>	<b>116</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>76</b>	<b>100</b>

p-value for comparison by age for women is not significant

"There is a test that can show whether or not you have HIV"

Table 22 "There is a test that can show whether or not you have HIV" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	615	92%	301	91	308	94
I didn't know this	34	5%	18	5	15	4
I wasn't sure if this were true	8	1%	4	1	3	1
I don't understand this	10	1%	7	2	3	1
<b>Total eligible and answering</b>	<b>667</b>	<b>100%</b>	<b>330</b>	<b>100</b>	<b>329</b>	<b>100</b>
NS	36		13		22	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender is not significant

Table 23 "There is a test that can show whether or not you have HIV" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	76	87	135	93	73	94
I didn't know this	7	8	5	4	4	5
I wasn't sure if this were true	0	0	3	2	0	0
I don't understand this	4	5	2	1	1	1
<b>Total eligible and answering</b>	<b>87</b>	<b>100</b>	<b>145</b>	<b>100</b>	<b>78</b>	<b>100</b>

p-value for comparison by age for men is not significant

Table 24 "There is a test that can show whether or not you have HIV" by age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	108	95	101	91	71	94
I didn't know this	6	5	5	4	4	5
I wasn't sure if this were true	0	0	3	3	0	0
I don't understand this	0	0	2	2	1	1
<b>Total eligible and answering</b>	<b>114</b>	<b>100</b>	<b>111</b>	<b>100</b>	<b>76</b>	<b>100</b>

p-value for comparison by age for women is not significant

"Treatments generally reduce the risk of infected people transmitting HIV"

**Table 25 "Treatments generally reduce the risk of infected people transmitting HIV" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	449	68%	233	71	209	64
I didn't know this	125	19%	54	16	70	21
I wasn't sure if this were true	63	9%	26	8	37	11
I don't understand this	27	4%	15	5	12	4
<b>Total eligible and answering</b>	<b>664</b>	<b>100%</b>	<b>328</b>	<b>100</b>	<b>328</b>	<b>100</b>
NS	39		15		23	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender is not significant

**Table 26 "Treatments generally reduce the risk of infected people transmitting HIV" by age- Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	55	63	104	73	57	75
I didn't know this	17	19	19	14	15	19
I wasn't sure if this were true	9	10	13	9	2	3
I don't understand this	7	8	6	4	2	3
<b>Total eligible and answering</b>	<b>88</b>	<b>100</b>	<b>142</b>	<b>100</b>	<b>76</b>	<b>100</b>

p-value for comparison by age for men is not significant

**Table 27 "Treatments generally reduce the risk of infected people transmitting HIV" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	70	61	72	64	48	63
I didn't know this	24	21	22	20	18	23
I wasn't sure if this were true	19	17	12	11	5	7
I don't understand this	1	1	6	5	5	7
<b>Total eligible and answering</b>	<b>114</b>	<b>100</b>	<b>112</b>	<b>100</b>	<b>76</b>	<b>100</b>

p-value for comparison by age for women is not significant

"HIV medicines work better if people take them before they become ill"

**Table 28 "HIV medicines work better if people take them before they become ill" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	424	64	211	64	207	63
I didn't know this	148	22	67	20	80	24
I wasn't sure if this were true	75	11	36	11	39	12
I don't understand this	20	3	14	4	5	2
<b>Total eligible and answering</b>	<b>667</b>	<b>100</b>	<b>328</b>	<b>100</b>	<b>331</b>	<b>100</b>
NS	36		15		20	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender is not significant

Table 29 "HIV medicines work better if people take them before they become ill" by age – Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	44	50	102	71	51	68
I didn't know this	25	29	17	12	19	26
I wasn't sure if this were true	13	15	18	13	4	5
I don't understand this	5	6	7	5	1	1
<b>Total eligible and answering</b>	<b>87</b>	<b>100</b>	<b>144</b>	<b>100</b>	<b>75</b>	<b>100</b>

p-value for comparison by age for men = 0.005

Table 30 "HIV medicines work better if people take them before they become ill" by age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	63	55	72	64	48	63
I didn't know this	38	33	26	23	13	17
I wasn't sure if this were true	11	10	15	13	12	16
I don't understand this	2	2	0	0	3	4
<b>Total eligible and answering</b>	<b>114</b>	<b>100</b>	<b>113</b>	<b>100</b>	<b>76</b>	<b>100</b>

p-value for comparison by age for women = 0.069

"HIV is never passed on through shaking hands or touching people"

Table 31 "HIV is never passed on through shaking hands or touching people" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	605	90%	298	90	301	90
I didn't know this	38	6%	12	4	24	7
I wasn't sure if this were true	26	4%	16	5	10	3
I don't understand this	5	1%	5	1	0	0
<b>Total eligible and answering</b>	<b>674</b>	<b>100%</b>	<b>331</b>	<b>100</b>	<b>335</b>	<b>100</b>
NS	29		12		16	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender = 0.016

Table 32 "HIV is never passed on through shaking hands or touching people" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	74	84	136	95	72	91
I didn't know this	6	6	3	2	2	3
I wasn't sure if this were true	4	5	4	3	4	5
I don't understand this	4	5	0	0	1	1
<b>Total eligible and answering</b>	<b>88</b>	<b>100</b>	<b>143</b>	<b>100</b>	<b>79</b>	<b>100</b>

p-value for comparison by age for men = 0.055

**Table 33 HIV is never passed on through shaking hands or touching people" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	100	86	105	91	69	91
I didn't know this	12	10	8	7	4	5
I wasn't sure if this were true	4	4	2	2	3	4
I don't understand this	0	0	0	0	0	0
<b>Total eligible and answering</b>	<b>116</b>	<b>100</b>	<b>115</b>	<b>100</b>	<b>76</b>	<b>100</b>

p-value for comparison by age for women is not significant

"HIV is never passed by mosquitoes or other insects"

**Table 34 "HIV is never passed by mosquitoes or other insects" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	491	73	244	74	243	73
I didn't know this	97	14	42	12	52	16
I wasn't sure if this were true	71	11	39	12	31	9
I don't understand this	14	2	6	2	8	2
<b>Total eligible and answering</b>	<b>673</b>	<b>100</b>	<b>331</b>	<b>100</b>	<b>334</b>	<b>100</b>
NS	30		12		17	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender is not significant

**Table 35 "HIV is never passed by mosquitoes or other insects" by age- Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	52	59	117	81	61	78
I didn't know this	19	22	11	8	10	13
I wasn't sure if this were true	14	16	14	10	6	8
I don't understand this	3	3	2	1	1	1
<b>Total eligible and answering</b>	<b>88</b>	<b>100</b>	<b>144</b>	<b>100</b>	<b>78</b>	<b>100</b>

p-value for comparison by age for men = 0.012

**Table 36 "HIV is never passed by mosquitoes or other insects" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	71	62	86	75	61	81
I didn't know this	28	24	16	14	7	9
I wasn't sure if this were true	12	10	1	9	7	9
I don't understand this	4	4	3	2	1	1
<b>Total eligible and answering</b>	<b>115</b>	<b>100</b>	<b>115</b>	<b>100</b>	<b>76</b>	<b>100</b>

p-value for comparison by age for women is not significant

"Circumcised men are less likely to become infected with HIV than uncircumcised men"

**Table 37 "Circumcised men are less likely to become infected with HIV than uncircumcised men" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	313	47%	180	55	130	40
I didn't know this	204	31%	91	28	109	34
I wasn't sure if this were true	103	16%	40	12	63	19
I don't understand this	41	6%	18	5	23	7
<b>Total eligible and answering</b>	<b>661</b>	<b>100%</b>	<b>329</b>	<b>100</b>	<b>325</b>	<b>100</b>
NS	42		14		26	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender = 0.002

**Table 38 "Circumcised men are less likely to become infected with HIV than uncircumcised men" by age- Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	31	36	85	59	51	66
I didn't know this	33	38	32	22	19	25
I wasn't sure if this were true	13	15	19	13	7	9
I don't understand this	9	11	8	6	0	0
<b>Total eligible and answering</b>	<b>86</b>	<b>100</b>	<b>114</b>	<b>100</b>	<b>77</b>	<b>100</b>

p-value for comparison by age for men = 0.001

**Table 39 "Circumcised men are less likely to become infected with HIV than uncircumcised men" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	43	38	46	42	29	39
I didn't know this	41	36	30	27	28	38
I wasn't sure if this were true	18	16	26	23	15	20
I don't understand this	11	10	9	8	2	3
<b>Total eligible and answering</b>	<b>113</b>	<b>100</b>	<b>111</b>	<b>100</b>	<b>74</b>	<b>100</b>

p-value for comparison by age for women is not significant

"Condoms reduce the risk of HIV transmission during sexual intercourse"

**Table 40 Condoms reduce the risk of HIV transmission during sexual intercourse" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
I knew this	596	88	297	89	294	88
I didn't know this	39	6	16	5	21	6
I wasn't sure if this were true	30	4	14	4	16	5
I don't understand this	9	1	7	2	2	1
<b>Total eligible and answering</b>	<b>674</b>	<b>100</b>	<b>334</b>	<b>100</b>	<b>333</b>	<b>100</b>
NS	29		9		18	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender is not significant

Table 41 "Condoms reduce the risk of HIV transmission during sexual intercourse" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	75	85	134	91	70	90
I didn't know this	7	8	4	3	4	5
I wasn't sure if this were true	4	5	4	3	3	4
I don't understand this	2	2	4	3	1	1
<b>Total eligible and answering</b>	<b>88</b>	<b>100</b>	<b>146</b>	<b>100</b>	<b>78</b>	<b>100</b>

p-value for comparison by age for men is not significant

Table 42 "Condoms reduce the risk of HIV transmission during sexual intercourse" by age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
I knew this	103	90	101	88	64	84
I didn't know this	8	7	4	3	8	11
I wasn't sure if this were true	4	3	8	7	4	5
I don't understand this	0	0	2	2	0	0
<b>Total eligible and answering</b>	<b>115</b>	<b>100</b>	<b>115</b>	<b>100</b>	<b>76</b>	<b>100</b>

p-value for comparison by age for women is not significant

"About what proportion of adult Black Africans in New Zealand do you think are HIV positive?"

Table 43 "About what proportion of adult Black Africans in New Zealand do you think are HIV positive?" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
>10%	59	9%	23	7	35	11
10%	58	9%	23	7	34	10
5%	54	8%	25	8	29	9
2%	54	8%	23	7	30	9
1%	39	6%	21	6	16	5
<1%	35	5%	21	6	14	4
don't know	367	55%	193	59	172	52
<b>Total eligible and answering</b>	<b>666</b>	<b>100%</b>	<b>329</b>	<b>100</b>	<b>330</b>	<b>100</b>
NS	37		14		21	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

p-value for comparison by gender is not significant

Table 44 "About what proportion of adult Black Africans in New Zealand do you think are HIV positive?" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
>10%	9	10	7	5	6	8
10%	5	6	13	9	4	5
5%	7	8	12	9	4	5
2%	8	9	12	8	2	2
1%	7	8	13	9	0	0
<1%	5	6	9	6	6	8
don't know	47	53	76	54	56	72
<b>Total eligible and answering</b>	<b>88</b>	<b>100</b>	<b>142</b>	<b>100</b>	<b>78</b>	<b>100</b>

p-value for comparison by age for men is not significant

**Table 45 "About what proportion of adult Black Africans in New Zealand do you think are HIV positive?" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>&gt;10%</b>	13	11	11	10	8	11
<b>10%</b>	9	8	16	14	7	9
<b>5%</b>	14	12	10	9	4	5
<b>2%</b>	17	15	8	7	3	4
<b>1%</b>	7	6	6	5	2	3
<b>&lt;1%</b>	5	4	2	2	7	9
<b>don't know</b>	50	44	60	53	44	59
<b>Total eligible and answering</b>	115	100	113	100	75	100

p-value for comparison by age for women = 0.060

## HIV testing

"Have you ever been tested for HIV?"

**Table 46 Ever been tested for HIV?- Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
Yes, negative HIV result	451	66	239	72	211	62
Yes, positive HIV result	18	3	7	2	10	3
Never	211	31	87	26	119	35
Total eligible and answering	680	100	333	100	340	100
NS	23		10		11	
Total	703		343		351	

p-value for comparison between men and women = 0.028

**Table 47 Ever been tested for HIV by age group – Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
Yes, negative HIV result	41	47	118	80	64	82
Yes, positive HIV result	3	4	2	1	2	3
Never	43	49	28	19	12	15
Total eligible and answering	87	100	148	100	78	100
NS	3	3	3		2	
Total	90		151		80	

p-value for comparison by age for men = <0.001

**Table 48 Ever been tested for HIV by age group – Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
Yes, negative HIV result	44	37	94	82	51	65
Yes, positive HIV result	1	1	4	3	5	7
Never	74	62	17	15	22	28
Total eligible and answering	119	100	115	100	78	100
NS	0		7		1	
Total	119		122		79	

p-value for comparison by age for women = <0.001

"When was your last HIV test?" (Only respondents who had ever had an HIV test and whose last test was negative)

Table 49 Most recent HIV test

	Total		Male		Female	
	No.	%	No.	%	No.	%
<12mths	161	38	85	38	76	38
1-5yrs	168	39	86	38	81	40
>5yrs	98	23	55	24	43	22
<b>Total eligible and answering</b>	<b>427</b>	<b>100</b>	<b>226</b>	<b>100</b>	<b>200</b>	<b>100</b>
NS	24		13		11	
<b>Not eligible</b>	<b>252</b>		<b>104</b>		<b>140</b>	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

Table 50 Most recent HIV test – Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<12mths	8	20	55	49	17	28
1-5yrs	23	56	36	32	22	37
>5yrs	10	24	22	19	21	35
<b>Total eligible and answering</b>	<b>41</b>	<b>100</b>	<b>113</b>	<b>100</b>	<b>60</b>	<b>100</b>
NS	0		5		4	
<b>Total</b>	<b>41</b>		<b>118</b>		<b>64</b>	

p-value for comparison by age for men = 0.002

Table 51 Most recent HIV test – Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<12mths	17	45	38	42	9	18
1-5yrs	13	34	38	42	22	43
>5yrs	8	21	14	16	20	39
<b>Total eligible and answering</b>	<b>38</b>	<b>100</b>	<b>90</b>	<b>100</b>	<b>51</b>	<b>100</b>
NS	6		4		0	
<b>Total</b>	<b>44</b>		<b>94</b>		<b>51</b>	

p-value for comparison by age for women = 0.005

"Why were you tested?" (Only respondents who had ever tested for HIV and whose last test was negative)

Table 52 Reasons for testing

	Total		Male		Female	
	No.	%	No.	%	No.	%
Immigration	237	55	126	57	110	54
I was sick	21	5	13	6	8	4
Routine medical check	150	35	79	35	71	35
Insurance	8	2	3	1	5	2
Other reason	47	11	17	8	30	15
<b>Total eligible and answering</b>	<b>429</b>	<b>100</b>	<b>226</b>	<b>100</b>	<b>202</b>	<b>100</b>
NS	22		13		9	
<b>Not eligible</b>	<b>252</b>		<b>104</b>		<b>140</b>	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

The totals add to more than 100% as more than one answer could be given

"Why have you never been tested?" (Only respondents who had never had an HIV test)

**Table 53 Reasons for not being tested**

	Total		Male		Female	
	No.	%	No.	%	No.	%
No reason to think I have HIV	164	79	70	82	90	77
Never thought about it or been offered a test	32	15	14	16	15	13
Afraid of finding out I'm infected	2	1	2	2	0	0
Being tested would cause problems in my relationship	6	3	2	2	4	3
Afraid of being treated differently by family if take a test	3	1	3	4	0	0
Other reason	14	7	4	5	10	9
Total eligible and answering	207	100	85	100	117	100
NS	4		2		2	
Not eligible	492		256		232	
Total	703		343		351	

The totals add to more than 100% as more than one answer could be given

"When did you first find out you were HIV positive?" (Only respondents who had ever had an HIV test and whose last test was positive)

**Table 54 Time of positive HIV test**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<12mths ago	1	7	1	25	0	0
1-5yrs ago	6	40	0	0	6	60
>5yrs ago	8	53	3	75	4	40
Total eligible and answering	15	100	4	100	10	100
NS	3		3		0	
Not eligible	685		336		341	
Total	703		343		351	

p-value for comparison between men and women = 0.061

"Where were you diagnosed with HIV?" (Only respondents who had ever had an HIV test and whose last test was positive)

**Table 55 Where diagnosed with HIV**

	Total		Male		Female	
	No.	%	No.	%	No.	%
New Zealand	12	80	3	75	9	90
Africa	2	13	1	25	1	10
Somewhere else	1	7	0	0	0	0
Total eligible and answering	15	100	4	100	10	100
NS	3		3		0	
Not eligible	685		336		341	
Total	703		343		351	

p-value for comparison between men and women is not significant

"Why were you tested?" (Only respondents who had ever had an HIV test and whose last test was positive)

**Table 56 Reasons for testing among HIV positive people**

	Total		Male		Female	
	No.	%	No.	%	No.	%
Immigration	4	27	2	50	2	20
I was sick	4	27	1	25	2	20
Routine medical check	7	46	1	25	6	60
Insurance	0	0	0	0	0	0
Other reason	0	0	0	0	0	0
<b>Total eligible and answering</b>	15	100	4	100	10	100
NS	3		3		0	
<b>Not eligible</b>	685		336		341	
<b>Total</b>	703		343		351	

The totals add to more than 100% as more than one answer could be given

"Would you have an HIV test (or, another test if you have tested before) if it were offered to you?" (Only respondents who were HIV negative or had never tested for HIV)

**Table 57 Acceptance of a HIV test if offered**

	Total		Male		Female	
	No.	%	No.	%	No.	%
Yes	357	63	172	61	184	65
No	115	20	61	22	53	19
Not sure	96	17	47	17	46	16
<b>Total eligible and answering</b>	568	100	280	100	283	100
NS	94		46		47	
<b>Not eligible</b>	41		17		21	
<b>Total</b>	703		343		351	

p-value for comparison between men and women is not significant

"If you wanted an HIV test, would you know where to get one?" (Only respondents who were HIV negative or had never tested for HIV)

**Table 58 Knowledge of HIV testing locations**

	Total		Male		Female	
	No.	%	No.	%	No.	%
Yes	390	68	179	63	210	73
No	123	21	71	25	51	18
Not sure	65	11	36	12	27	9
<b>Total eligible and answering</b>	578	100	286	100	288	100
NS	84		40		42	
<b>Not eligible</b>	41		17		21	
<b>Total</b>	703		343		351	

p-value for comparison between men and women = 0.030

"Whether or not you've been tested for HIV, what do you think your current HIV status is?" (Only respondents who were HIV negative or had never tested for HIV)

Table 59 – Belief about current HIV status

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Definitely negative</b>	486	84	240	84	242	85
<b>Probably negative</b>	48	8	27	9	21	7
<b>Not sure / Don't know</b>	40	6	17	6	22	8
<b>Probably positive</b>	2	1	1	1	1	1
<b>Definitely positive</b>	0	0	0	0	0	0
<b>Total eligible and answering</b>	576	100	285	100	286	100
<b>NS</b>	86		41		44	
<b>Not eligible</b>	41		17		21	
<b>Total</b>	703		343		351	

p-value for comparison between men and women is not significant

"Have you been tested for any sexually transmitted infection other than HIV?"

Table 60 "Ever been tested for any STI other than HIV?" by gender

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Never</b>	338	54	163	53	172	56
<b>Yes &lt;12mths</b>	120	19	63	20	56	18
<b>Yes 1-5yrs</b>	79	13	37	12	41	13
<b>Yes &gt;5yrs</b>	41	7	22	7	19	6
<b>Don't know</b>	44	7	24	8	20	7
<b>Total eligible and answering</b>	622	100	309	100	308	100
<b>NS</b>	81		34		43	
<b>Total</b>	703		343		351	

p-value for comparison between men and women is not significant

Table 61 Ever tested for any STI other than HIV by age – Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Never</b>	49	63	69	49	33	44
<b>Yes &lt;12mths</b>	13	17	39	28	10	13
<b>Yes 1-5yrs</b>	6	8	22	16	9	13
<b>Yes &gt;5yrs</b>	2	2	7	5	13	18
<b>Don't know</b>	8	10	3	2	9	12
<b>Total eligible and answering</b>	78	100	140	100	74	100
<b>NS</b>	12		11		6	
<b>Total</b>	90		151		80	

p-value for comparison by age for men = <0.001

Table 62 Ever tested for any STI other than HIV by age – Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
Never	81	75	50	48	29	41
Yes <12mths	16	15	25	24	6	9
Yes 1-5yrs	6	5	18	17	15	21
Yes >5yrs	2	2	4	4	13	19
Don't know	3	3	7	7	7	10
Total eligible and answering	108	100	104	100	70	100
NS	11		18		9	
Total	119		122		79	

p-value for comparison by age for women = <0.001

"Have you ever been told by a health care worker that you have had a sexually transmitted infection other than HIV?"

Table 63 "Ever been told by a healthcare worker you have an STI other than HIV?"-Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
Never	571	91	271	90	295	93
Yes <12mths	18	3	13	4	5	2
Yes 1-5yrs	9	1	6	2	3	1
Yes >5yrs	17	3	10	3	7	2
Don't know	10	2	3	1	6	2
Total eligible and answering	625	100	303	100	316	100
NS	78		40		35	
Total	703		343		351	

p-value for comparison between men and women is not significant

"Do you know anyone with HIV or AIDS?"

Table 64 Know anyone with HIV or AIDS—Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
No	339	57	186	65	151	50
1 person	57	10	29	10	27	9
>1 person	174	29	64	22	108	36
Don't know	25	4	9	3	16	5
Total eligible and answering	595	100	288	100	302	100
NS	108		55		49	
Total	703		343		351	

p-value for comparison between men and women = 0.001

## Attitudes to HIV

"Most people with HIV deserve what they get"

Table 65 "Most people with HIV deserve what they get" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	49	8%	24	7	23	7
<b>agree</b>	35	5%	19	6	15	5
<b>Don't know</b>	109	17%	67	21	41	13
<b>Disagree</b>	160	25%	90	28	69	22
<b>Strongly disagree</b>	297	46%	123	38	172	54
<b>Total eligible and answering</b>	650	100%	323	100	320	100
<b>NS</b>	53		20		31	
<b>Total</b>	703		343		351	

p-value for comparison by gender = 0.001

Table 66 "Most people with HIV deserve what they get" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	10	12	10	7	3	4
<b>agree</b>	7	8	7	5	5	6
<b>Don't know</b>	25	29	23	16	13	17
<b>Disagree</b>	17	20	49	34	20	26
<b>Strongly disagree</b>	26	31	55	38	36	47
<b>Total eligible and answering</b>	85	100	144	100	77	100

p-value for comparison by age for men = 0.037

Table 67 "Most people with HIV deserve what they get" by age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	8	7	8	7	4	5
<b>agree</b>	4	4	6	6	2	3
<b>Don't know</b>	15	14	16	15	8	11
<b>Disagree</b>	28	26	22	20	12	16
<b>Strongly disagree</b>	54	49	57	52	48	65
<b>Total eligible and answering</b>	109	100	109	100	74	100

p-value for comparison by age for women = 0.676

"People with AIDS will not join their ancestors"

Table 68 "People with AIDS will not join their ancestors" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	27	4%	17	5	9	3
<b>agree</b>	23	4%	8	3	15	5
<b>Don't know</b>	169	27%	85	27	82	26
<b>Disagree</b>	121	19%	59	19	61	20
<b>Strongly disagree</b>	290	46%	142	46	145	46
<b>Total eligible and answering</b>	630	100%	311	100	312	100
<b>NS</b>	73		32		39	
<b>Total</b>	703		343	100	351	100

p-value for comparison by gender is not significant

Table 69 "People with AIDS will not join their ancestors" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	9	11	6	4	2	3
<b>agree</b>	2	2	4	3	1	1
<b>Don't know</b>	32	40	28	20	15	20
<b>Disagree</b>	10	12	32	23	16	22
<b>Strongly disagree</b>	28	35	70	50	40	54
<b>Total eligible and answering</b>	81	100	140	100	74	100

p-value for comparison by age for men = 0.005

Table 70 "People with AIDS will not join their ancestors" by Age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	4	4	2	2	3	4
<b>agree</b>	5	5	7	7	2	3
<b>Don't know</b>	34	31	22	21	18	24
<b>Disagree</b>	18	17	28	27	10	14
<b>Strongly disagree</b>	47	43	44	43	41	55
<b>Total eligible and answering</b>	108	100	103	100	74	100

p-value for comparison by age for women is not significant

"AIDS is the result of witchcraft"

Table 71 "AIDS is the result of witchcraft" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	14	2%	9	3	4	1
<b>agree</b>	17	3%	9	3	8	3
<b>Don't know</b>	199	31%	65	21	53	17
<b>Disagree</b>	95	15%	46	14	48	15
<b>Strongly disagree</b>	395	62%	187	59	204	64
<b>Total eligible and answering</b>	640	100%	316	100	317	100
<b>NS</b>	63		27		34	
<b>Total</b>	703		343		351	

p-value for comparison by gender is not significant

Table 72 "AIDS is the result of witchcraft" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>strongly agree</b>	5	6	1	1	3	4
<b>agree</b>	4	5	2	1	2	3
<b>don't know</b>	31	38	22	16	6	8
<b>disagree</b>	6	7	27	19	10	13
<b>strongly disagree</b>	6	44	90	63	54	72
<b>Total eligible and answering</b>	82	100	142	100	75	100

p-value for comparison by age for men = <0.001

Table 73 "AIDS is the result of witchcraft" by Age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>strongly agree</b>	2	2	1	1	0	0
<b>agree</b>	2	2	4	4	2	3
<b>don't know</b>	19	18	20	18	8	10
<b>disagree</b>	17	16	19	18	8	10
<b>strongly disagree</b>	66	62	63	59	59	77
<b>Total eligible and answering</b>	106	100	107	100	77	100

p-value for comparison by age for women is not significant

"I think of people with AIDS as already dead"

Table 74 "I think of people with AIDS as already dead" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	22	4%	15	5	7	2
<b>agree</b>	27	4%	14	5	13	4
<b>Don't know</b>	71	11%	38	12	32	10
<b>Disagree</b>	148	24%	75	25	71	23
<b>Strongly disagree</b>	355	57%	161	53	191	61
<b>Total eligible and answering</b>	623	100%	303	100	314	100
<b>NS</b>	80		40		37	
<b>Total</b>	703		343		351	

p-value for comparison by gender is not significant

Table 75 "I think of people with AIDS as already dead" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	9	11	5	4	1	1
<b>agree</b>	4	5	4	3	4	6
<b>Don't know</b>	17	21	14	10	3	4
<b>Disagree</b>	16	20	36	26	19	28
<b>Strongly disagree</b>	34	43	79	57	42	61
<b>Total eligible and answering</b>	80	100	138	100	69	100

p-value for comparison by age for men = 0.004

Table 76 "I think of people with AIDS as already dead" by age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	3	3	2	2	2	2
<b>agree</b>	3	3	4	4	6	8
<b>Don't know</b>	18	17	9	8	4	5
<b>Disagree</b>	23	22	22	21	16	21
<b>Strongly disagree</b>	56	54	70	65	49	64
<b>Total eligible and answering</b>	103	100	107	100	77	100

p-value for comparison by age for women is not significant

"If I were infected with HIV I would not tell anyone in my immediate family"

**Table 77 "If I were infected with HIV I would not tell anyone in my immediate family" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	39	6%	19	6	19	6
<b>agree</b>	33	5%	17	6	16	5
<b>Don't know</b>	122	19%	54	17	66	21
<b>Disagree</b>	156	24%	85	27	70	22
<b>Strongly disagree</b>	290	45%	139	44	148	46
<b>Total eligible and answering</b>	640	100%	314	100	319	100
<b>NS</b>	63		29		32	
<b>Total</b>	703		343		351	

p-value for comparison by gender is not significant

**Table 78 "If I were infected with HIV I would not tell anyone in my immediate family" by age- Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	8	10	4	3	4	5
<b>agree</b>	7	9	2	1	7	9
<b>Don't know</b>	16	20	24	17	10	13
<b>Disagree</b>	26	32	38	27	17	23
<b>Strongly disagree</b>	24	29	73	52	37	50
<b>Total eligible and answering</b>	81	100	141	100	75	100

p-value for comparison by age for men = 0.008

**Table 79 "If I were infected with HIV I would not tell anyone in my immediate family" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	9	8	3	3	5	6
<b>agree</b>	3	3	5	5	5	6
<b>Don't know</b>	26	24	26	24	11	15
<b>Disagree</b>	19	18	25	23	19	25
<b>Strongly disagree</b>	51	47	49	45	37	48
<b>Total eligible and answering</b>	108	100	108	100	77	100

p-value for comparison by age for women is not significant

"People with HIV should be allowed to fully participate in social events in our community"

**Table 80 "People with HIV should be allowed to fully participate in social events in our community" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	413	64%	205	64	206	64
<b>agree</b>	139	21%	69	21	68	21
<b>Don't know</b>	58	9%	30	9	26	8
<b>Disagree</b>	21	3%	10	3	11	4
<b>Strongly disagree</b>	19	3%	8	3	10	3
<b>Total eligible and answering</b>	650	100%	322	100	321	100
<b>NS</b>	53		21		30	
<b>Total</b>	703		343		351	

p-value for comparison by gender is not significant

**Table 81 "People with HIV should be allowed to fully participate in social events in our community" by age- Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	45	54	90	63	57	73
<b>agree</b>	19	23	28	20	18	23
<b>Don't know</b>	12	14	15	11	3	4
<b>Disagree</b>	7	8	2	1	0	0
<b>Strongly disagree</b>	1	1	7	5	0	0
<b>Total eligible and answering</b>	84	100	142	100	78	100

p-value for comparison by age for men = 0.002

**Table 82 "People with HIV should be allowed to fully participate in social events in our community" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	64	59	72	67	53	70
<b>agree</b>	21	19	23	21	15	20
<b>Don't know</b>	17	15	5	4	4	5
<b>Disagree</b>	4	4	4	4	1	1
<b>Strongly disagree</b>	3	3	4	4	3	4
<b>Total eligible and answering</b>	109	100	108	100	76	100

p-value for comparison by age for women is not significant

"If I carried a condom I would worry about what people thought of me"

**Table 83 "If I carried a condom I would worry about what people thought of me" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	115	18%	56	17	58	19
<b>agree</b>	111	17%	62	20	48	15
<b>Don't know</b>	128	20%	53	17	73	23
<b>Disagree</b>	120	19%	60	19	60	19
<b>Strongly disagree</b>	161	25%	87	27	73	24
<b>Total eligible and answering</b>	635	100%	318	100	312	100
<b>NS</b>	68		25		39	
<b>Total</b>	703		343		351	

p-value for comparison by gender is not significant

**Table 84 "If I carried a condom I would worry about what people thought of me" by age- Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	21	25	23	16	10	13
<b>agree</b>	17	20	26	18	16	22
<b>Don't know</b>	20	24	21	15	7	9
<b>Disagree</b>	9	10	30	21	17	23
<b>Strongly disagree</b>	18	21	41	29	25	33
<b>Total eligible and answering</b>	85	100	141	100	75	100

p-value for comparison by age for men = 0.058

Table 85 "If I carried a condom I would worry about what people thought of me" by age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	17	16	17	16	16	22
<b>agree</b>	20	19	16	15	9	13
<b>Don't know</b>	30	28	24	22	16	23
<b>Disagree</b>	19	17	20	18	13	18
<b>Strongly disagree</b>	22	20	31	29	17	24
<b>Total eligible and answering</b>	108	100	108	100	71	100

p-value for comparison by age for women is not significant

"I think I am at risk of getting HIV"

Table 86 "I think I am at risk of getting HIV" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	55	9%	34	11	20	6
<b>agree</b>	39	6%	20	6	19	6
<b>Don't know</b>	100	16%	50	16	49	16
<b>Disagree</b>	143	23%	79	25	64	21
<b>Strongly disagree</b>	296	47%	135	42	158	51
<b>Total eligible and answering</b>	633	100%	318	100	310	100
<b>NS</b>	70		25		41	
<b>Total</b>	703		343		351	

p-value for comparison by gender is not significant

Table 87 "I think I am at risk of getting HIV" by Age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	9	10	14	10	7	9
<b>agree</b>	3	4	8	6	6	8
<b>Don't know</b>	20	24	20	14	8	10
<b>Disagree</b>	13	15	41	30	21	28
<b>Strongly disagree</b>	40	47	56	40	34	45
<b>Total eligible and answering</b>	85	100	139	100	76	100

p-value for comparison by age for men is not significant

Table 88 "I think I am at risk of getting HIV" by Age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	6	6	6	6	5	7
<b>agree</b>	7	6	8	7	4	6
<b>Don't know</b>	16	15	18	17	11	15
<b>Disagree</b>	22	20	23	22	15	21
<b>Strongly disagree</b>	57	53	50	48	36	51
<b>Total eligible and answering</b>	108	100	105	100	71	100

p-value for comparison by age for women is not significant

"It's OK for men to have other sexual partners when they are married or in a relationship"

**Table 89 "It's OK for men to have other sexual partners when they are married or in a relationship" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	26	4%	21	7	5	1
<b>agree</b>	14	2%	11	3	3	1
<b>Don't know</b>	50	8%	26	8	24	8
<b>Disagree</b>	76	12%	52	17	24	8
<b>Strongly disagree</b>	467	74%	204	65	259	82
<b>Total eligible and answering</b>	633	100%	314	100	315	100
<b>NS</b>	70		29		36	
<b>Total</b>	703		343		351	

p-value for comparison by gender = <0.001

**Table 90 "It's OK for men to have other sexual partners when they are married or in a relationship" by age- Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	9	11	7	5	4	5
<b>agree</b>	3	4	5	4	1	1
<b>Don't know</b>	13	16	8	6	4	5
<b>Disagree</b>	9	11	24	17	17	23
<b>Strongly disagree</b>	48	58	95	68	50	66
<b>Total eligible and answering</b>	82	100	139	100	76	100

p-value for comparison by age for men = 0.053

**Table 91 "It's OK for men to have other sexual partners when they are married or in a relationship" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	0	0	2	2	1	1
<b>agree</b>	2	2	1	1	0	0
<b>Don't know</b>	14	13	6	6	4	6
<b>Disagree</b>	6	5	10	9	3	4
<b>Strongly disagree</b>	86	80	89	82	65	89
<b>Total eligible and answering</b>	108	100	108	100	73	100

p-value for comparison by age for women is not significant

"I think people with AIDS have a right to the same health care as other people"

**Table 92 "I think people with AIDS have a right to the same health care as other people" – Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	446	68%	215	67	227	70
<b>agree</b>	124	19%	68	21	54	17
<b>Don't know</b>	42	6%	22	7	20	6
<b>Disagree</b>	14	2%	7	2	6	2
<b>Strongly disagree</b>	27	4%	10	3	17	5
<b>Total eligible and answering</b>	653	100%	322	100	324	100
<b>NS</b>	50		21		27	
<b>Total</b>	703		343		351	

p-value for comparison by gender is not significant

**Table 93 "I think people with AIDS have a right to the same health care as other people" by age- Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	52	61	100	70	53	69
<b>agree</b>	14	16	28	20	20	26
<b>Don't know</b>	13	15	7	5	1	1
<b>Disagree</b>	3	4	4	3	0	0
<b>Strongly disagree</b>	3	4	3	2	3	4
<b>Total eligible and answering</b>	85	100	142	100	77	100

p-value for comparison by age for men = 0.017

**Table 94 "I think people with AIDS have a right to the same health care as other people" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	72	65	77	70	60	78
<b>agree</b>	16	15	23	21	9	12
<b>Don't know</b>	12	11	3	3	4	5
<b>Disagree</b>	4	4	0	0	1	1
<b>Strongly disagree</b>	6	5	7	6	3	4
<b>Total eligible and answering</b>	110	100	110	100	77	100

p-value for comparison by age for women = 0.068

"If I found out a friend of mine had HIV I would not maintain the friendship"

**Table 95 "If I found out a friend of mine had HIV I would not maintain the friendship"- Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	57	9%	37	12	19	6
<b>agree</b>	41	6%	14	4	26	8
<b>Don't know</b>	73	11%	44	14	27	8
<b>Disagree</b>	132	20%	78	24	53	17
<b>Strongly disagree</b>	345	53%	148	46	195	61
<b>Total eligible and answering</b>	648	100%	321	100	320	100
<b>NS</b>	55		22		31	
<b>Total</b>	703		343		351	

p-value for comparison by gender = <0.001

Table 96 "If I found out a friend of mine had HIV I would not maintain the friendship" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	14	17	16	11	6	8
<b>agree</b>	2	2	10	7	0	0
<b>Don't know</b>	22	27	11	8	7	9
<b>Disagree</b>	16	19	37	26	19	24
<b>Strongly disagree</b>	29	35	68	48	46	59
<b>Total eligible and answering</b>	83	100	142	100	78	100

p-value for comparison by age for men = <0.001

Table 97 "If I found out a friend of mine had HIV I would not maintain the friendship" by age- Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>strongly agree</b>	10	9	8	7	0	0
<b>agree</b>	8	7	10	9	5	7
<b>don't know</b>	16	15	7	7	4	5
<b>disagree</b>	13	12	20	18	14	18
<b>strongly disagree</b>	61	57	64	59	53	70
<b>Total eligible and answering</b>	108	100	109	100	76	100

p-value for comparison by age for women = 0.042

"All women who feel at risk for HIV or other sexual infections have the right to refuse sex without condoms"

Table 98 "All women who feel at risk for HIV or other sexual infections have the right to refuse sex without condoms" – Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	404	63%	194	61	206	64
<b>agree</b>	76	12%	44	14	32	10
<b>Don't know</b>	75	12%	39	12	34	11
<b>Disagree</b>	18	3%	11	4	7	2
<b>Strongly disagree</b>	73	11%	29	9	43	13
<b>Total eligible and answering</b>	646	100%	317	100	322	100
<b>NS</b>	57		26		29	
<b>Total</b>	703		343		351	

p-value for comparison by gender is not significant

Table 99 "All women who feel at risk for HIV or other sexual infections have the right to refuse sex without condoms" by age- Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	41	49	86	61	60	79
<b>agree</b>	5	6	26	19	9	12
<b>Don't know</b>	25	30	9	6	4	5
<b>Disagree</b>	5	6	3	2	1	1
<b>Strongly disagree</b>	8	9	16	12	2	3
<b>Total eligible and answering</b>	84	100	140	100	76	100

p-value for comparison by age for men = <0.001

**Table 100 "All women who feel at risk for HIV or other sexual infections have the right to refuse sex without condoms" by age- Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Strongly agree</b>	69	63	73	66	51	67
<b>agree</b>	10	9	11	10	6	8
<b>Don't know</b>	18	16	10	9	5	7
<b>Disagree</b>	1	1	2	2	3	4
<b>Strongly disagree</b>	12	11	15	13	11	14
<b>Total eligible and answering</b>	110	100	111	100	76	100

p-value for comparison by age for women is not significant

## Sexual behaviour and condom use

**Table 101 Sexual intercourse in the last 12 months**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Yes</b>	385	61	203	65	177	57
<b>No</b>	247	39	110	35	135	43
<b>Total eligible and answering</b>	632	100	313	100	312	100
<b>NS</b>	71		30		39	
<b>Total</b>	703		343		351	

p-value for comparison between men and women = 0.037

**Table 102 Sexual intercourse in the last 12 months by age - Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	34	41	101	71	58	78
<b>No</b>	49	49	41	29	16	22
<b>Total eligible and answering</b>	83	100	142	100	74	100
<b>NS</b>	7		9		6	
<b>Total</b>	90		151		80	

p-value for comparison by age for men = <0.001

**Table 103 Sexual intercourse in the last 12 months – Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	27	25	85	78	51	70
<b>No</b>	80	75	24	22	22	30
<b>Total eligible and answering</b>	107	100	109	100	73	100
<b>NS</b>	12		113		6	
<b>Total</b>	119		122		79	

p-value for comparison by age for women = <0.001

**Table 104 Current regular sexual partner(s) – Whole sample  
(Only respondents who reported sexual intercourse in the past year)**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>None</b>	57	16	38	20	20	12
<b>One male</b>	150	43	12	6	136	83
<b>More than one male</b>	9	2	1	1	7	4
<b>One female</b>	119	34	119	65	0	0
<b>More than one female</b>	16	5	15	8	1	1
<b>Other</b>	0	0	0	0	0	0
<b>Total eligible and answering</b>	352	100	185	100	164	100
<b>NS</b>	34		19		14	
<b>Not eligible</b>	317		139		173	
<b>Total</b>	703		343		351	

p-value for comparison between men and women = <0.001

**Table 105 Current regular sexual partner(s) by age- Men**  
(Only respondents who reported sexual intercourse in the past year)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>None</b>	17	55	18	20	1	2
<b>One male</b>	1	3	6	6	4	8
<b>More than one male</b>	1	3	0	0	0	0
<b>One female</b>	4	13	67	71	44	84
<b>More than one female</b>	8	26	2	2	3	6
<b>Other</b>	0	0	0	0	0	0
<b>Total eligible and answering</b>	31	100	93	100	52	100
<b>NS</b>	3		7		6	
<b>Not eligible</b>	56		51		22	
<b>Total</b>	90		151		80	

p-value for comparison by age for men = <0.001

**Table 106 Current regular sexual partner(s) by age- Women**  
(Only respondents who reported sexual intercourse in the past year)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>None</b>	7	26	9	12	3	7
<b>One male</b>	17	63	65	84	42	91
<b>More than one male</b>	2	11	2	3	2	2
<b>One female</b>	0	0	0	0	0	0
<b>More than one female</b>	0	0	1	1	0	0
<b>Other</b>	0	0	0	0	0	0
<b>Total eligible and answering</b>	26	100	77	100	47	100
<b>NS</b>	1		8		4	
<b>Not eligible</b>	92		37		28	
<b>Total</b>	119		122		79	

p-value for comparison by age for women is not significant

**Table 107 Ethnicity of regular partners- Whole sample**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>African</b>	254	85	121	79	129	90
<b>European</b>	36	12	25	16	10	7
<b>Maori</b>	7	2	6	4	0	0
<b>Pacific</b>	14	5	12	8	2	1
<b>Asian</b>	12	4	9	6	3	2
<b>Other</b>	7	2	4	3	3	2
<b>Total eligible and answering</b>	299	100	153	100	143	100
<b>NS</b>	27		13		14	
<b>Not eligible</b>	377		177		194	
<b>Total</b>	703		343		351	

Ethnicities will add to more than 100% because participants could choose more than one response

**Table 108 Ethnicity of regular partners by age - Men**  
(Only respondents who reported one or more regular partners)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>African</b>	10	50	65	78	48	91
<b>Other</b>	10	50	18	22	5	9
<b>Total eligible and answering</b>	20	100	83	100	53	100
<b>NS</b>	14		17		5	
<b>Not eligible</b>	56		51		22	
<b>Total</b>	90		151		80	

**Table 109 Ethnicity of regular partners by age- Women**  
(Only respondents who reported one or more regular partners)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>African</b>	17	89	64	91	37	86
<b>Other</b>	2	11	6	9	6	14
<b>Total eligible and answering</b>	19	100	70	100	43	100
<b>NS</b>	8		15		8	
<b>Not eligible</b>	92		37		28	
<b>Total</b>	119		122		79	

p-value for comparison by age for women = 0.666 *but can't really do this..*

#### Number of sexual partners

**Table 110 Total number of opposite sex partners in past 12 months**  
(Only participants who reported intercourse in the past 12 months)

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>One</b>	270	81	127	74	143	88
<b>2-4</b>	48	14	35	20	13	8
<b>5 or more</b>	16	5	10	6	6	4
<b>Total</b>	334	100	172	100	162	100
<b>NS</b>	37		27		10	
<b>Not eligible</b>	332		144		179	
<b>Total</b>	703		343		351	

p-value for comparison by age for men = 0.003

**Table 111 Total number of opposite sex partners in past 12 months by age – Men**  
(Only participants who reported intercourse in the past 12 months)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>One</b>	6	21	71	80	43	93
<b>2-4</b>	16	58	15	17	3	7
<b>5 or more</b>	6	21	3	3	0	0
<b>Total eligible and answering</b>	28	100	89	100	46	100
<b>NS</b>	5		11		11	
<b>Total</b>	33		100		57	

p-value for comparison by age for men = <0.001

**Table 112 Total number of opposite sex partners in past 12 months by age - Women**  
(Only participants who reported intercourse in the past 12 months)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>One</b>	17	63	68	90	47	98
<b>2-4</b>	7	26	5	6	1	2
<b>5 or more</b>	3	11	3	4	0	0
<b>Total eligible and answering</b>	27	100	76	100	48	100
<b>NS</b>	0		7		3	
<b>Total</b>	27		83		51	

p-value for comparison by age for women = <0.001

**Table 113 Total number of opposite sex partners in past 12 months by age – Men**  
(Only participants who reported intercourse in the past 12 months)

	No regular partner		One regular opposite sex partner		More than one regular opposite sex partner	
	No.	%	No.	%	No.	%
<b>One</b>	14	44	97	92	1	7
<b>2-4</b>	17	53	8	8	8	53
<b>5 or more</b>	1	3	0	0	6	40
<b>Total eligible and answering</b>	32	100	105	100	15	100
<b>NS</b>	4		13		0	
<b>Total</b>	36		118		15	

p-value for comparison by age for men = <0.001

**Table 114 Total number of opposite sex partners in past 12 months by age – Women**  
(Only participants who reported intercourse in the past 12 months)

	No regular partner		One regular opposite sex partner		More than one regular opposite sex partner	
	No.	%	No.	%	No.	%
<b>One</b>	10	56	123	95	1	20
<b>2-4</b>	7	39	4	3	2	40
<b>5 or more</b>	1	5	2	2	2	40
<b>Total eligible and answering</b>	18	100	129	100	5	100
<b>NS</b>	1		5		1	
<b>Total</b>	19		134		6	

p-value for comparison by age for women = <0.001

**Table 115 Total number of opposite sex partners by marital status in past 12 months – Men**

	Married		In a relationship and not married		Other	
	No.	%	No.	%	No.	%
<b>One</b>	90	89	23	77	14	34
<b>2-4</b>	10	10	5	17	20	49
<b>5 or more</b>	1	1	2	6	7	17
<b>Total eligible and answering</b>	101	100	30	100	41	100
<b>NS</b>	15		7		5	
<b>Total</b>	116		37		46	

p-value for comparison by age for men = <0.001

Table 116 Total number of opposite sex partners by marital status in past 12 months – Women

	Married		In a relationship and not married		Other	
	No.	%	No.	%	No.	%
<b>One</b>	107	100	21	78	15	54
<b>2-4</b>	0	0	3	11	10	36
<b>5 or more</b>	0	0	3	11	3	10
<b>Total eligible and answering</b>	107	100	27	100	28	100
<b>NS</b>	9		1		0	
<b>Total</b>	116		28		28	

p-value for comparison by age for women = <0.001

**Table 117 Ethnicity of non-regular partners by age- Whole sample**  
*(Only for participants who reported one or more non-regular partners)*

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>African</b>	69	70	39	62	30	86
<b>European</b>	11	11	7	11	4	11
<b>Maori</b>	6	6	6	10	0	0
<b>Pacific</b>	7	7	6	10	1	3
<b>Asian</b>	5	5	5	8	0	0
<b>Other</b>	0	0	0	0	0	0
<b>Total eligible and answering</b>	98	100	63	100	35	100
<b>NS</b>	211		88		121	
<b>Not eligible</b>	394					
<b>Total</b>	703		343		351	

p-value for comparison between men and women = 0.053

**Table 118 Ethnicity of non-regular partners by age- Men**  
*(Only for participants who reported one or more non-regular partners)*

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>African</b>	13	52	21	75	4	67
<b>Other</b>	12	48	7	25	2	33
<b>Total eligible and answering</b>	25	100	28	100	6	100
<b>NS</b>	3		61		42	
<b>Not eligible</b>	62		62		32	
<b>Total</b>	90		151		80	

**Table 119 Ethnicity of non-regular partners by age- Women**  
*(Only for participants who reported one or more non-regular partners)*

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>African</b>	13	93	13	81	2	67
<b>Other</b>	1	7	3	19	1	33
<b>Total eligible and answering</b>	14	100	16	100	3	100
<b>NS</b>	13		58		41	
<b>Not eligible</b>	92		48		35	
<b>Total</b>	119		122		79	

## Condom use

Table 120 Condom use with regular partners- Whole sample

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Always</b>	50	17	36	24	13	9
<b>More than half the time</b>	28	9	20	13	7	5
<b>Half the time</b>	18	6	6	4	11	8
<b>Less than half the time</b>	39	13	13	9	26	18
<b>Never</b>	160	54	74	50	84	60
<b>Total eligible and answering</b>	295	100	149	100	141	
<b>NS</b>	33		17		16	
<b>Not eligible</b>	375		177		194	
<b>Total</b>	703		343		351	

p-value for comparison between men and women = <0.001

Table 121 Condom use with regular partners – Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Always/usually</b>	14	100	23	31	13	25
<b>Half the time</b>	0	0	4	5	2	4
<b>Seldom/never</b>	0	0	48	64	36	71
<b>Total eligible and answering</b>	14	100	75	100	51	100
<b>NS</b>	3		8		6	

p-value for comparison by age for men = <0.001

Table 122 Condom use with regular partners – Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Always/usually</b>	7	39	7	10	4	10
<b>Half the time</b>	5	28	6	9	0	0
<b>Seldom/never</b>	6	33	57	81	38	90
<b>Total eligible and answering</b>	18	100	70	100	42	100
<b>NS</b>	2		6		6	

p-value for comparison by age for women = <0.001

Table 123 Condom use with non-regular partners  
(Only respondents who reported non-regular partners)

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Always</b>	46	46	34	50	11	34
<b>More than half the time</b>	21	21	17	25	4	13
<b>Half the time</b>	6	6	3	4	3	9
<b>Less than half the time</b>	3	3	2	3	1	3
<b>Never</b>	25	25	12	18	13	41
<b>Total eligible and answering</b>	101	100	68	100	32	100
<b>NS</b>	205		84		119	
<b>Not eligible</b>	397		191		200	
<b>Total</b>	703		343		351	

p-value for comparison between men and women is nonsignificant

**Table 124 Condom use with non-Regular partners by age– Men**  
(Only respondents who reported non-regular partners)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Always/usually</b>	22	88	19	76	5	56
<b>Half the time</b>	3	12	0	0	0	0
<b>Seldom/never</b>	0	0	6	24	4	44
<b>Total eligible and answering</b>	25	100	25	100	9	100
<b>NS</b>	2		54		28	

p-value for comparison by age for men = 0.007

**Table 125 Condom use with non-Regular partners – Women**  
(Only respondents who reported non-regular partners)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Always/usually</b>	8	67	6	43	0	0
<b>Half the time</b>	3	25	0	0	0	0
<b>Seldom/never</b>	1	8	8	57	3	100
<b>Total eligible and answering</b>	12	100	14	100	3	100
<b>NS</b>	12		56		41	

p-value for comparison by age for women = 0.011

**Table 126 Condom use at last sex**  
(Only respondents who reported sexual intercourse in the last 12 months)

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Yes</b>	107	32	72	40	34	22
<b>No</b>	232	68	109	60	121	78
<b>Total eligible and answering</b>	339	100	181	100	155	100
<b>NS</b>	46		22		22	
<b>Not eligible</b>	318		140		174	
<b>Total</b>	703		343		351	

p-value for comparison between men and women = <0.001

**Table 127 Condom use at last sex by age- Men**  
(Only respondents who reported sexual intercourse in the last 12 months)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	22	73	32	36	14	27
<b>No</b>	8	27	58	64	37	73
<b>Total eligible and answering</b>	30	100	90	100	51	100
<b>NS</b>	4		11		7	

p-value for comparison by age for men = <0.001

**Table 128 Condom use at last sex by age- Women**  
(Only respondents who reported sexual intercourse in the last 12 months)

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	10	40	15	20	7	15
<b>No</b>	15	60	59	80	40	85
<b>Total eligible and answering</b>	25	100	74	100	47	100
<b>NS</b>						

p-value for comparison by age for men = 0.044

**Table 129 Condom use at last sex by total opposite sex partners in past 12 months – Men**

	One		2-4		5 or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	33	28	23	68	6	60
<b>No</b>	85	72	11	32	4	40
<b>Total eligible and answering</b>	118	100	34	100	10	100
<b>NS</b>	9		1		0	

p-value for comparison by age for men = <0.001

**Table 130 Condom use at last sex by total opposite sex partners in past 12 months – Women**

	One		2-4		5 or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	21	16	8	62	3	50
<b>No</b>	109	84	5	38	3	50
<b>Total eligible and answering</b>	130	100	13	100	6	100
<b>NS</b>	16		0		0	

p-value for comparison by age for men = <0.001

### Same/opposite sex sexual experiences

**Table 131 Same/Opposite sex sexual experiences**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Only opposite sex</b>	342	61	188	68	152	54
<b>Mainly opposite sex</b>	14	2	3	1	8	3
<b>Equally same and opposite</b>	10	2	5	2	5	2
<b>Mainly same</b>	3	1	1	1	2	1
<b>Only same</b>	7	1	3	1	4	1
<b>None</b>	188	33	77	28	110	39
<b>Total eligible and answering</b>	564	100	277	100	281	100
<b>NS</b>	139		66		70	
<b>Not eligible</b>	0		0		0	
<b>Total</b>	703		343		351	

p-value for comparison between men and women = 0.030

### Circumcision

**Table 132 Circumcised – Men**

	Total		Male	
	No.	%	No.	%
<b>Yes</b>	212	72	212	72
<b>No</b>	81	28	81	28
<b>Total eligible and answering</b>	293	100	293	100
<b>NS</b>	37		37	
<b>Not eligible</b>	373		0	
<b>Total</b>	703		343	

## Information about Sexual Health and HIV

### “Love, Cover, Protect ” campaign

**Table 133 Ever seen "Love, Cover, Protect"**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Yes</b>	289	45	143	45	143	45
<b>No</b>	302	47	145	46	155	48
<b>Don't know</b>	50	8	27	9	22	7
<b>Total eligible and answering</b>	641	100	288	100	298	100
<b>NS</b>	62		28		31	
<b>Total</b>	703		343		351	

p-value for comparison between men and women is not significant

**Table 134 Ever seen "Love, Protect, Cover" by age – Men**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	44	56	63	44	28	38
<b>No</b>	30	38	66	46	42	57
<b>Don't know</b>	5	6	14	10	4	5
<b>Total eligible and answering</b>	74	100	129	100	70	100
<b>NS</b>	16		22		10	

p-value for comparison by age for men is not significant

**Table 135 Ever seen "Love, Cover, Protect" by age – Women**

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	63	58	46	40	29	40
<b>No</b>	42	39	58	51	39	53
<b>Don't know</b>	3	3	10	9	5	7
<b>Total eligible and answering</b>	105	100	104	100	68	100
<b>NS</b>	14		18		11	

p-value for comparison by age for women = 0.030

**Table 136 What does "Love, Cover, Protect" mean?**

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Always use condoms</b>	283	85	138	83	143	88
<b>Engage in sex</b>	5	2	3	2	2	1
<b>Prepare for earthquakes</b>	6	2	3	2	3	2
<b>Don't know</b>	38	11	22	13	14	9
<b>Total eligible and answering</b>	332	100	166	100	162	100
<b>NS</b>	7		4		3	
<b>Not eligible</b>	364		173		186	
<b>Total</b>	703		343		351	

p-value for comparison between men and women is not significant

Table 137 Meaning of "Love, Cover, Protect" – Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Always use condoms</b>	39	80	64	84	27	87
<b>Other/Don't know</b>	10	20	12	16	4	13
<b>Total eligible and answering</b>	49	100	76	100	31	100
<b>NS</b>	0		1		1	

p-value for comparison by age for men is not significant

Table 138 Meaning of "Love, Cover, Protect" – Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Always use condoms</b>	62	93	45	82	29	91
<b>Other/Don't know</b>	4	6	10	18	3	9
<b>Total eligible and answering</b>	66	100	55	100	32	100
<b>NS</b>	0		1		2	

p-value for comparison by age for women is not significant

Table 139 Where have you seen "Love, Cover, Protect"?

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Community events</b>	198	69	103	70	94	66
<b>Online/internet</b>	71	25	29	20	40	28
<b>Miss Africa</b>	107	37	47	33	59	41
<b>Sports events</b>	64	22	41	29	22	15
<b>Other</b>	58	20	24	17	33	23
<b>Total eligible and answering</b>	289	100	143	100	143	100
<b>NS</b>	50		27		22	
<b>Not eligible</b>	364		173		186	
<b>Total</b>	703		343		351	

Table 140 Where have you seen "Love, Cover, Protect"? by age – Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Community events</b>	30	68	47	75	17	61
<b>Online/internet</b>	10	23	14	22	4	14
<b>Miss Africa</b>	20	45	19	30	5	18
<b>Sports events</b>	14	32	17	27	7	25
<b>Other</b>	8	18	10	16	6	21
<b>Total eligible and answering</b>	44	100	63	100	28	100
<b>NS</b>	5		14		4	
<b>Not eligible</b>	41		74		48	
<b>Total</b>	90		151		80	

Table 141 Where have you seen "Love, Cover, Protect"? by age – Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Community events</b>	40	63	30	65	20	69
<b>Online/internet</b>	19	30	12	26	7	24
<b>Miss Africa</b>	34	54	14	30	10	34
<b>Sports events</b>	12	19	5	11	4	14
<b>Other</b>	8	13	10	22	13	45
<b>Total eligible and answering</b>	63	100	46	100	29	100
<b>NS</b>	3		10		5	
<b>Not eligible</b>	53		66		45	
<b>Total</b>	119		122		79	

Table 142 Ever received information about sexual health and/or HIV

	Total		Male		Female	
	No.	%	No.	%	No.	%
<b>Yes</b>	437	70	216	71	219	70
<b>No</b>	191	30	90	29	95	30
<b>Total eligible and answering</b>	628	100	306	100	314	100
<b>NS</b>	75		37		37	
<b>Total</b>	703		343		351	

p-value for comparison between men and women is nonsignificant

Table 143 Ever received information about sexual health and/or HIV by age – Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	52	69	98	71	53	72
<b>No</b>	23	31	40	29	21	28
<b>Total eligible and answering</b>	75	100	138	100	74	100
<b>NS</b>	15		13		6	

p-value for comparison by age for men is not significant

Table 144 Ever received information about sexual health and/or HIV by age – Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
<b>Yes</b>	76	73	74	67	48	65
<b>No</b>	28	27	37	33	26	35
<b>Total eligible and answering</b>	104	100	111	100	74	100
<b>NS</b>	15		11		5	

p-value for comparison by age for women is not significant

Table 145 Where have you received information about STIs/HIV?

	Total		Male		Female	
	No.	%	No.	%	No.	%
School	220	52	104	49	115	54
GP/Doctor	117	28	51	24	65	31
SHC	72	17	31	15	40	19
FPA	67	16	23	11	43	20
NZAF Event	102	24	58	27	43	20
Other	67	16	30	14	37	17
<b>Total eligible and answering</b>	<b>424</b>	<b>100</b>	<b>211</b>	<b>100</b>	<b>212</b>	<b>100</b>
NS	34		16		18	
<b>Not eligible</b>	<b>245</b>		<b>116</b>		<b>121</b>	
<b>Total</b>	<b>703</b>		<b>343</b>		<b>351</b>	

Table 146 Where have you received information about STIs/HIV? – Men

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
School	36	68	47	48	17	36
GP/Doctor	8	15	28	29	9	19
SHC	6	11	16	16	4	9
FPA	4	8	11	11	5	11
NZAF Event	9	17	34	35	12	26
Other	5	9	11	11	12	26
<b>Total eligible and answering</b>	<b>53</b>	<b>100</b>	<b>98</b>	<b>100</b>	<b>47</b>	<b>100</b>
NS	3		6		6	
<b>Not eligible</b>	<b>34</b>		<b>47</b>		<b>27</b>	
<b>Total</b>	<b>90</b>		<b>151</b>		<b>80</b>	

Table 147 Where have you received information about STIs/HIV? – Women

	16-24y		25-39y		40y or more	
	No.	%	No.	%	No.	%
School	63	79	33	49	11	24
GP/Doctor	19	24	22	32	19	42
HC	11	14	15	22	9	20
FPA	6	8	19	28	12	27
NZAF Event	15	19	14	21	12	27
Other	11	14	11	16	12	27
<b>Total eligible and answering</b>	<b>80</b>	<b>100</b>	<b>68</b>	<b>100</b>	<b>45</b>	<b>100</b>
NS	2		10		4	
<b>Not eligible</b>	<b>37</b>		<b>44</b>		<b>30</b>	
<b>Total</b>	<b>119</b>		<b>122</b>		<b>79</b>	



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