



AfricaNZ Count:

AN ESTIMATE OF CURRENTLY RESIDENT AND HIV POSITIVE AFRICANS
IN NEW ZEALAND



Prepared by Nigel Dickson, Mark Henrickson
and Fungai Mhlanga
September, 2012



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



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Funded by the Ministry of Health and
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The authors remain solely responsible for the contents of the report.

Executive Summary

This report provides information on the demography, geography and HIV epidemiology in the African communities in New Zealand in support of the project *HIV Risks and Concerns among African Communities in New Zealand* (AfricaNZ). The overall aim of the AfricaNZ project is to inform HIV infection prevention and health promotion programmes. The term 'African' can be interpreted in a number of different ways. There has been robust debate in Africa, mirrored in our own community advisory groups, about who is African. We have identified Black African communities as our focus of interest because of the increased risk of Black Africans for HIV infection. We support this with data on the prevalence of HIV among Black Africans in New Zealand.

HIV risk in African communities in New Zealand will to some extent be driven by the prevalence of HIV in countries from which they came. In a 2008 South African serosurvey, the HIV prevalence by the major population groups classified as [Black] African, White and Coloured were 13.6%, 0.3% and 1.7% respectively.

Results from the 2006 New Zealand census are analysed to estimate the number of Black Africans living in New Zealand. This required a number of assumptions and indirect analyses. In the 2006 census 61,428 people born in an African country were living in New Zealand. Based on the Statistics New Zealand ethnicity classifications there were 9,510 Africans, who we concluded to be Black Africans, and South African Coloured persons living in New Zealand at the time of the 2006 census. They lived primarily in Auckland, the Waikato, Wellington and Canterbury regions, which account for a combined total of 87.6%. Overall 54.4% were between the ages of 15 and 44 years. The countries of birth with the largest numbers were (in order): New Zealand (who are likely to be children), Somalia, Zimbabwe, 'Elsewhere', Ethiopia, South Africa, Sudan, Kenya, Nigeria, Zambia and Ghana. Approximately 55.5% of this population identified as Christian, and 30.5% identified as Muslim. We estimate that there were an additional 700 people likely to be Black Africans in the census. Based on migration data, a net gain of 2,323 Black Africans arrived in New Zealand during the period 2006-2011. We estimate the resident Black African (and South African Coloured) population in New Zealand at the end of 2011 to be 12,533 (rounded to 12,500). Thus we estimate one in five people born in Africa in New Zealand is Black African.

We estimate the total number of HIV-infected adult Africans in New Zealand at the end of March 2012 to be 420. The total number of Africans diagnosed with HIV from January 2006 to March 2012 in New Zealand is 205, which is 17% of all people diagnosed with HIV in New Zealand during that period. The most common age group at diagnosis was 30-39, and most identified heterosexual transmission. HIV clinical specialists are providing care for 295 adult Black Africans, representing 19% of all their HIV patients. This total comprised of 139 men, 11% of all men, and 156 women, 51% of all women, under care. Clinicians report caring for fewer than 10 white Africans. These data, suggest an adult prevalence of HIV among all Black Africans of approximately 5%, which will not be evenly distributed throughout all the African communities. Limitations on the data and methodology are identified, although all methods and assumptions are transparent.

It would be simple to misrepresent these data to point fingers at a vulnerable migrant population, or to attempt to score political points by suggesting that this community does not have a place in New Zealand. Our community advisory groups have been very concerned about this aspect of the research. The message of these data is not that any community is to blame, any more than anyone is to 'blame' for HIV other than a virus. These data provide us with context and direction for prevention education and service delivery efforts. A research plan and sampling frame for Phase II of the research, using both survey methods and focus groups is proposed.

Introduction

This report presents relevant background information 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. In the original Request for Proposals the Ministry of Health defined African communities in New Zealand as a high risk population for HIV disease. With this report we provide information on the demography, geography and HIV epidemiology in the African communities in New Zealand. This report is submitted in fulfilment of Phase I of the project.

A consideration of the complex and contended issue of who should be considered 'African' in the context of this project begins the report. We then present what is known about the number and demographic profile of Africans living in New Zealand, together with our methodology and assumptions. Finally we present data on what is known about diagnosed HIV among Africans living in New Zealand.

'African'

The term 'African' can be interpreted in a number of different ways. A major reason for an increased risk of HIV in African communities in New Zealand is its high prevalence in some parts of Africa, particularly in sub-Saharan Africa. 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. To that end our use of 'African' is constructed to mean ethnic Africans, viz., Black Africans (we also use the term 'indigenous Africans' as a synonym, for reasons we will explore below). 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 services (Patten, 2011). In this report we will support this focus with data on the higher prevalence of HIV among Black Africans.

The politics of language

From the inception of this research project there has been robust debate about which African communities are eligible or appropriate to include in this project. South African apartheid, in effect from 1948-1994, has left an enduring legacy in the language of colour and 'race': Black, White, and Coloured. It is impossible to structure any kind of research on African Diaspora communities without reference to this colonial—and arguably oppressive—terminology. Adding to the complexity is the political and human rights environment in Zimbabwe including

the end of white settler rule in what was then Rhodesia in 1979 (Brownell, 2008), *jambanja*¹ (in 2000) and Operation Murambatsvina² (from June, 2005) (Kinsey, 2010) which coincided with the exodus of approximately 1300 Zimbabweans to New Zealand. These Zimbabweans living in New Zealand were eligible for permanent residence in New Zealand under the Special Zimbabwe Residence Policy announced 23 September 2004, and clarified to include HIV positive Zimbabweans on 30 August 2006. This policy applied to any eligible Zimbabwean without reference to colour. The political and social legacy of apartheid and the political and social situations in Zimbabwe, Rwanda, Congo, Somalia, and other post-colonial African nations has continued to affect migrant and refugee communities from Africa living in New Zealand.

Literature on the detailed drivers for leaving Africa is not easy to come by. Griffiths and Prozesky (2010) report that while the most common reasons cited for White South African emigration are ‘crime’ and ‘affirmative action’, their analysis suggests that it is unease with the loss of White privilege that has led to White African migration to other former British colonies such as Canada, Australia and New Zealand. Certainly there are refugees and migrants from political turmoil and genocide in many places in sub-Saharan Africa. Other drivers for Arabic and Black migration from Africa include greater economic opportunities in non-African countries (van Dalen, Groenewold, & Schoori, 2005). While at one point population researchers believed the pressures to emigrate from Africa would be likely to continue through 2020 (Hatton & Williamson, 2003), they have since revised that idea to suggest that African emigration to Europe (at least) may be easing (Hatton & Williamson, 2011). It is likely, however, that African communities in New Zealand will continue to grow, if only through family reunification and natural growth, albeit at a slower pace than the last decade.

Discussions of race and ethnicity are fraught in both an African and New Zealand context; often it is left to the respondent to fill in a blank space on a form with a self-identified ethnicity, but questions are raised about the meaningfulness of such self-identification (Ford & Kelly, 2005). Matthews (2010) cites both Frankenberg and Sullivan who claim that “colour blindness can actually function to obscure and perpetuate racial inequalities and racist oppression” (p. 9). Race is certainly a social construct, like ‘married/single’, rather than a biological phenomenon (Root, 2003), and is frequently used as a proxy for an array of social and legal conditions (Root, 2003; Wang, 2004). Kawachi, Daniels and Robinson (2005) note that race has been used to interpret disparities in health in three ways: to reflect biological differences in susceptibility to disease; as a proxy for social class; and to discuss race and class as separate constructs. Race is often distinguished from ethnicity (Ford & Harawa, 2010), although it is also frequently combined with it in the demographic construct ‘race/ethnicity’. The authors of this report accept that race and ethnicity are, rather, intersectional, as “racial diversity occurs within

¹ the expropriation of farms

² retribution against political opposition

ethnically defined groups; ethnic diversity occurs within racial and ethnic groups; moreover, social forces differentially affect groups based on the interactions of race and ethnicity” (Ford & Harawa, 2010, p. 253).

Added to this already complex mix in New Zealand is the politically charged concept of ‘indigeneity’: the culture which was first resident claims indigeneity and the political identities that go with that status. Many, if not most, African nations were colonised by European powers during the 17th-20th centuries, and their indigeneities uprooted. This has led to displacement of populations and identities in migrant communities both within and outside of Africa, yet the word ‘indigenous’ is frequently used to refer to Black populations who pre-date colonial hegemony.

This discussion in turn has led to a vigorous debate in Africa over the last decade about who is African (Clemens, 2007, §4.3), and particularly in South Africa in the post-apartheid era (Griffiths & Prozesky, 2010; Matthews, 2011). In South Africa some Whites claim an African identity, noting their right to claim that identity having lived in South Africa for six generations, while some Blacks reject that claim because Whites have not endured the oppression and marginalisation that accompanies an ‘African’ (meaning Black) identity. Some White South African migrants to the United Kingdom have found that immigration has had a reinforcing effect on their sense of ‘Africanness’, even though part of their reason for migration was to escape the Africa component of their identities (Timcke, 2010). The *Mayisha II* study in the United Kingdom (Sadler et al., 2005), a model for the present study, simply assumed that ‘African’ meant Black African, and no further rationale is provided.

There has also been robust debate within the community advisory groups to this project about who is African, and therefore who is appropriate to include in this project. An outcome of these discussions is that some continuing conflation of ‘ethnicity’ ‘race’ and ‘nationality’ has been identified: Black African migrants (particularly from South African and Zimbabwe)— we were advised— identify themselves first as ‘African’ (race), within which there is some variation on ethnicity or tribal affiliation, and only secondarily as country nationals. In contrast, White African migrants tend to identify themselves first by nationality (e.g., ‘South African’). White identities are made more complex by the relative meaninglessness of a sixth generation White African identifying as ‘European’. This conflation of race, ethnicity and nationality contributes to the confusion and the discursive tension in this project. We do not wish to avoid this tension, but here to seek to clarify the language and the meaningfulness of these constructs in the context of this study. Because we will identify the particular vulnerability of Black African communities to HIV we will focus our attention on developing estimates of Black, or indigenous, Africans living in New Zealand.

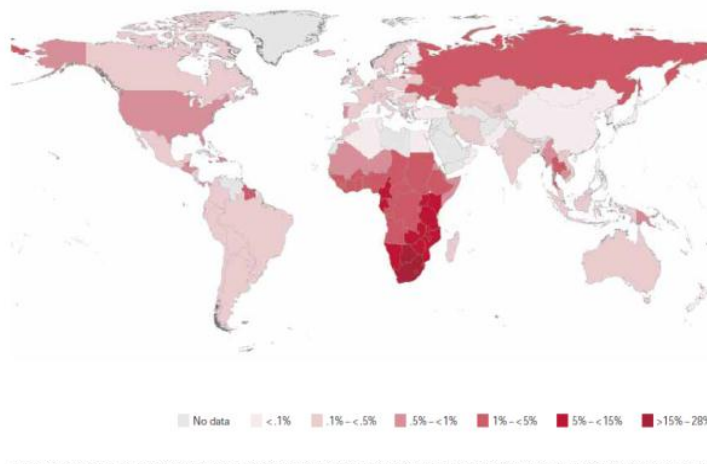
Information about the race of African migrants and refugees is not available through the New Zealand census or and neither race nor ethnicity in immigration data, and thus race must be estimated through indirect routes. It is acknowledged, however, that while markers such as language or nationality are of limited value, as they are imprecise and overshadow micro-level forms of diversity within these communities (Ndholovu, 2009), they may provide some guidance.

HIV prevalence in Africa

To decide on which communities to focus in New Zealand it is valuable to explore what is known about the prevalence of HIV in Africa. Sub-Saharan Africa remains the region most heavily affected by HIV worldwide, accounting for over two thirds (67%) of all people living with HIV and for nearly three quarters (72%) of AIDS-related deaths in 2008. The nine countries in southern Africa continue to bear a disproportionate share of the global AIDS burden—each of them has an adult HIV prevalence greater than 10%. Figure 1 shows the estimated global variation of the prevalence of HIV including that in Africa.

Figure 1: Estimated global prevalence of HIV, 2009

Figure 2.4
Global prevalence of HIV, 2009
Source: UNAIDS.



Source: UNAIDS, 2010

As we will see below, most people from Africa in New Zealand are from South Africa and Zimbabwe. As the HIV risk in African communities in New Zealand will to some extent be driven by the prevalence of HIV in countries from which they came, we need to know about the distribution of HIV in those countries. Two major communities have been separated along

'racial' lines and are referred to as 'Black' and 'White' South Africans and Zimbabweans. There is also a smaller group of 'Coloured'. It is important to know if HIV prevalence varies by race in these African nations.

In South Africa a household survey of people from each geographical, racial and social group was undertaken in 2008 that the researchers took pains to make as representative as possible. Over 15,000 households across the country were visited, and 90% took part. Of the eligible 23,369 people found, 20,826 (89%) completed an interview and 15,851 (64%) agreed to take an HIV test. Based on this serosurvey, 10.9% of all South Africans over 2 years old were living with HIV in 2008. The prevalence by the major population groups of classified as [Black] African, White and Coloured were 13.6%, 0.3% and 1.7% respectively; the rate among Indians was 0.3%. This finding shows quite clearly that Black people in South Africa were disproportionately affected by HIV (Shisana et al., 2009). While we acknowledge that there are some fundamental differences in the New Zealand and South African health care systems, and comparative data routinely collected from these sources must be utilised with caution, these prevalence findings were based on a community survey and are independent of possible biases through differential health service use. No similar study has been identified from Zimbabwe.

Demographic profile of Africans in New Zealand

This section of the report is aimed to provide demographic information on Africans living in New Zealand. This analysis is predominantly based on information on the normally resident New Zealand population at the 2006 census. The analysis ignores natural increases and decreases in the population, as these trends will be quite small over the period of time in question. The analysis considers issues relevant to 2006 New Zealand Census data to estimate the number of indigenous, or Black Africans. This analysis will provide a format that can be applied to the 2013 census data when it becomes available.

The census is the official count of how many people there are in New Zealand on the day of the census. It is generally undertaken every five years. By law, everyone must fill in a census form, or have one filled in for them. The 2006 census is the most recent. The planned five-yearly 2011 census was delayed until 2013 by the earthquakes in Christchurch.

The questions that are most useful in providing information on Africans in New Zealand are those on ethnicity and place of birth, although we also considered language as another possible indicator.

We have also used data on permanent and long-term immigration and emigration since 2006 to estimate possible changes in resident numbers since the 2006 census.

While there are Department of Labour data on the number of work visas issued and applications for residency available from the Immigration Service by country since 1997/8, these data were not used to estimate the number of Black Africans in New Zealand. Firstly, these data do not specify the ethnicities of people from Africa. Secondly, these data are the number of applications, rather than the number of people applying, hence people can be counted more than once and thereby inflate the estimate. Thirdly, these data may include people who entered the country for any reason at any time (including prior to 1997), and therefore will have been included in the census and immigration data explored above. Finally, data on residency applications will not provide information on people who gain residency and then leave for Australia or other countries. We hope that issues will be drawn to the attention of the Department of Labour and Statistics New Zealand (SNZ) in order that these important departments address these information gaps on migrants, refugees and asylum seekers.

Source of data

New Zealand Census

Ethnicity in the New Zealand census

Issues related to the determination of ethnicity, including not only how the question is asked but also how the responses are grouped, must be appreciated when using census data as a measure of population groups in New Zealand. SNZ describes ethnicity as:

The ethnic group or groups that people identify with or feel they belong to. Ethnicity is a measure of cultural affiliation, as opposed to race, ancestry, nationality or citizenship. Ethnicity is self perceived and people can belong to more than one ethnic group. An ethnic group is made up of people who have some or all of the following characteristics; a common proper name, one or more elements of common culture which need not be specified, but may include religion, customs, or language, unique community of interests, feelings and actions , a shared sense of common origins or ancestry, and a common geographic origin. (SNZ, 2005)

The census question

In the 2006 census people were asked to complete a question (Figure 2) for which more than one option could be given.

Figure 2: New Zealand Census question on ethnicity, 2006

[illegible]

'African' was not offered an option, so respondents who wanted to indicate African as their ethnicity, or wanted to indicate a specific ethnic group or country of origin in Africa, needed to tick 'Other' and write in the space their ethnic group or country of origin. It is possible that not all people who consider themselves as African did this.

There are a variety of ways that it is possible to analyse responses from people who reported more than one ethnicity. In these census data, people who reported more than one ethnicity were included more than once, *e.g.*, if they report both Māori and African, they were included in the totals for both these groups. This will result in an analysis showing more than 100% of the population total.

Reporting of ethnicity

For reporting purposes, ethnicity is grouped at 4 levels, which are described by SNZ as the Standard New Zealand Classification of Ethnicity. Level 4 is the closest to what people actually write on the form, and comprises of 239 categories that are reduced to 42 at Level 3, 27 at Level 2 and seven at Level 1. (SNZ)

Table 1 shows the Level 4 categories most relevant to people who identified themselves as belonging to African-related ethnicities. At Level 4, people who just indicate ‘African’ are included as ‘African – not further defined (nfd)’. Those who provide detail that is not one of the other specific nationalities (i.e. if they report Rwandan) are grouped into a category ‘African – not elsewhere classified (nec)’.

Importantly it should be noted that those who identified themselves as:

- South African, Afrikaner or Zimbabwean, are grouped at Level 3 and 2 as “Other European”, and at Level 1 as “European”

- “South African Coloured” are include in the “Other ethnicity” category
- United States Creole, Jamaican and African American, are grouped at Levels 2 and 3 as “African”, and at Level 1 as “Middle Eastern, Latin American or African (MELAA)”.

Table 1: Individual ethnicities and how they are grouped by Statistics New Zealand as the Standard New Zealand Classification of Ethnicity

Level 4	Level 3	Level 2	Level 1
South African nec	Other European	Other European	European
Afrikaner	Other European	Other European	European
Zimbabwean	Other European	Other European	European
African nfd	African	African	MELAA
United States Creole	African	African	MELAA
Jamaican	African	African	MELAA
Kenyan	African	African	MELAA
Nigerian	African	African	MELAA
African American	African	African	MELAA
Ugandan	African	African	MELAA
West Indian	African	African	MELAA
Somali	African	African	MELAA
Eritrean	African	African	MELAA
Ethiopian	African	African	MELAA
Ghanaian	African	African	MELAA
African nec	African	African	MELAA
South African Coloured	Other Ethnicity	Other Ethnicity	Other Ethnicity
Don't Know	Don't Know	Don't Know	Residual Categories
Refused	Refused	Refused	Residual Categories
Repeated Value	Repeated Value	Repeated Value	Residual Categories
Response Unidentifiable	Response Unidentifiable	Response Unidentifiable	Residual Categories
Response Outside Scope	Response Outside Scope	Response Outside Scope	Residual Categories
Not Stated	Not Stated	Not Stated	Residual Categories

These decision rules mean that the number of Africans are likely underreported in the usual published census reports that use ethnicity at Level 1-3. This underreporting would occur for two reasons. Firstly, if those respondents who considered themselves of African ethnicity identified themselves by their country of origin as South Africa or Zimbabwe, they would be classified as of European ethnicity in the grouped data. Secondly, Africans who do not provide further details after they have indicated they are of ‘Other’ ethnicity would not be identified as such.

Place of birth

In the 2006 Census there was a question on country of birth (Figure 3):

Figure 3: New Zealand Census question on country of birth, 2006

9 Which country were you born in?

☐ New Zealand → go to 11

☐ Australia

☐ England

☐ Scotland

☐ China (People's Republic of)

☐ South Africa

☐ Samoa

☐ Cook Islands

☐ other. Please print the present name of the country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

As with the question on ethnicity, those whose responses did not fit into the stated categories were asked to print the name of the country; some respondents may not have done this.

Results

Total Africa-born in New Zealand

We obtained data from the 2006 Census of people born in Africa. It is important to remember that this is only a measure of reported place of birth, and does not indicate any particular ethnicity; there are people who defined their ethnicity as 'African' living in New Zealand who were not born in an African country. Overall at the 2006 Census there were 61,428 people who were born in all African countries. We will explore specific countries of birth more specifically below (p.15). Of the total number, 50.7% were female and 49.3% were male. These respondents were spread more or less equally across adult age groups, with 24.8% in the age group 15-29 years, 29.7% in the age group 30-44 years, and 28.5% in the age group 45 years and older. Children aged 0-14 years accounted for 17.0%.

Ethnicity

The numbers of people in the 2006 census identifying themselves as of African ethnicity, an ethnicity related to any specific African country, or belonging the other groups included in 'African' at census Level 4, and also how they are classified at Level 3, are shown in Table 2 below:

Table 2: The number of people of African ethnicity, and ethnicity related to any specific African country, and African-Americans/Afro-Caribbeans, and associated Level 3 ethnicities, Census 2006

Level 4	Level 3	Total
South African nec†	Other European	21,609
African nfd*	African	4,053
Zimbabwean	Other European	2,556
Somali	African	2,319
Afrikaner	Other European	1,341
Ethiopian	African	1,032
African nec†	African	1,029
West Indian	African	639
African American	African	471
Jamaican	African	279
Nigerian	African	270
Ghanaian	African	219
South African Coloured	Other ethnicity	204
Eritrean	African	186
Kenyan	African	147
Ugandan	African	51
United States Creole	African	30
Total of all above		36,435
NZ Total		4,027,947
† nec = not elsewhere classified		
* nfd = not further defined		

Source: Special data request from Statistics New Zealand

These census data show a total of 36,435 as coming from an African country or reporting an African-Americans/Afro-Caribbean ethnicity. After the removal of the latter the total is 35,016.

Based on the SNZ Level 3 classification (Table 2), there were 10,725 people of 'African' ethnicity, who we assume to be Black. Of these, 1,419 may be considered 'African-Americans/Afro-Caribbeans'. There are also 204 'South African Coloured', a group we have chosen to include because as we saw above the HIV prevalence in this group (1.7%); while this is an order of magnitude less than that in South African Blacks (13.6%), it is also over four times that of South African Whites (0.3%). With this in mind we calculate that there were 9,510 (10,725 - 1,419 + 204) Africans and South African Coloured normally resident in New Zealand at the 2006 Census date based on the SNZ Level 3 classification (less the African-Americans/Afro-Caribbeans).

There were 9,510 Africans and South African Coloured in New Zealand at the 2006 Census based on the SNZ Level 3 classification (less African-Americans/Afro-Caribbeans). This does not include indigenous (Black) Africans who reported their ethnicity as (a) South African, Afrikaner or Zimbabwean, or (b) those who reported their ethnicity as 'Other' (see below).

How the two groups of (a) Africans and South African Coloured, and (b) South African, Afrikaner and Zimbabwean were distributed throughout New Zealand are shown in Table 3, and their age distributions in Table 4.

Table 3: Regional distribution of (a) Africans + S. African Coloured and (b) South African, Afrikaner and Zimbabwean, Census 2006

	(a) African + S. African coloured	(b) S. African, Afrikaner and Zimbabwean	New Zealand Total
Northland	63	636	191,025
Auckland	4,407	14,616	1,303,068
Waikato	1,227	2,382	382,716
Bay of Plenty	129	1,260	257,379
Gisborne	18	141	44,499
Hawkes Bay	168	609	147,783
Taranaki	60	405	104,127
Manawatu/Whanangui	363	690	222,423
Wellington	1,674	1,827	448,956
West Coast	15	96	31,326
Canterbury	1,029	1,743	521,832
Otago	213	507	193,800
Southland	51	177	90,876
Tasman, Nelson and Marlborough	93	417	130,074
Other	0	0	621
Total	9,510	25,506	4,027,947

Source: Special data request from Statistics New Zealand

Table 4: Age distribution of (a) Africans + S. African Coloured and (b) South African, Afrikaner and Zimbabwean, Census 2006

	(a) African + S. African coloured	(b) S. African, Afrikaner and Zimbabwean	New Zealand total
0-14 years	3,336	5,607	867,576
15-29 years	2,673	6,207	813,615
30-44 years	2,508	7,881	891,810
45 years and over	966	5,811	1,454,946
Total	9,510	25,506	4,027,947

Source: Special data request from Statistics New Zealand

Auckland, Waikato, Wellington and Canterbury were home to the majority (8,337, or 87.6%) of people classified as Africans and South African Coloured living in New Zealand at the 2006 census. Of all people who classified themselves as Africans and South African Coloured, 5,181 (54.4%) are between the ages of 15 and 44 years.

Possible undercounting of Africans in the census

As previously mentioned it is likely there were more people who would be considered Africans whose ethnicity was South African, Afrikaner or Zimbabwean (who were assumed to be of European ethnicity), or who ticked 'Other' but did not specify further. We have used further information collected at the 2006 census on language and place of birth to examine these possible sources of undercounting.

Ethnicity and language

We found that approximately 3% of respondents who indicated their ethnicity was South African, and a similar proportion for whom it was Afrikaner, spoke a Niger-Congo language. Discussions with people from southern Africa suggest it would be expected that few white South Africans, would be able to converse in an African language enough "about a lot of everyday things". It is implausible that indigenous Africans would identify themselves as Afrikaner, and reasonable to assume that a similar proportion of Afrikaner and South Africans could converse in a Niger-Congo language. These data of similar proportions of Afrikaner and South Africans speaking an African language therefore suggest that few indigenous Africans in New Zealand identified themselves as South African in the census.

More of those who identified themselves as Zimbabweans (534, or 20.9%) could converse in a Niger-Congo language. While this is higher than those who identified as South Africans or Afrikaner, we learned from our Community Advisory Boards that since 1992 in Zimbabwe it has been a requirement for all people in Zimbabwe to learn an African language at school, with contestable motivation and success (Hungwe, 2007; Makoni, Dube, & Mashiri, 2006). It has also been suggested that white Zimbabwean farmers are more likely to be able to speak an indigenous language than those with other backgrounds, and that a greater proportion of migrants from Zimbabwe than South Africa will have been farmers. We conclude that it is unlikely that the number of indigenous Africans who identified their ethnicity as Zimbabweans in the census is large; we estimate this group to be 200.

Place of birth

We examined data provided on the place of birth (a) for all people in the 2006 census and (b) for those as defined by census Level 3 as of African, 'Other' ethnicity or 'Not Elsewhere Included'. Table 5 shows the top 24 African countries of birth at the 2006 census. The largest

proportion was born in South Africa or Zimbabwe. (Countries with a total of less than 30 people born in these three ethnic categories have been removed.)

**Table 5: The top 24 African countries of birth,
Census 2006**

Country	Number
South Africa	41,676
Zimbabwe	8,151
Somalia	1,857
Kenya	1,509
Egypt	1,341
Zambia	1,314
Ethiopia	930
Sudan	525
Nigeria	525
Ghana	372
Tanzania	357
Mauritius	324
Uganda	294
Namibia	288
Malawi	183
Morocco	141
Southern and East Africa (not further defined)	129
Algeria	126
Botswana	126
Burundi	117
Eritrea	117
Libya	102
Congo	96
D.R. Congo	87

Source: Special data request from Statistics New Zealand

Table 6 presents the countries of birth for census respondents with African ethnicity. Table 6 also includes for those born in Africa the number of respondents with an ethnicity classified as 'African', 'Other' (those who indicated 'Other' to the ethnicity question and gave no further information), and those respondents who added either South African Coloured (of whom we know there were 204), Central American Indian, Inuit, North American Indian, South American Indian, Mauritian, Seychellois, and 'New Zealander') and 'Not elsewhere included'.

Table 6: Country of Birth for African ethnicity (census Level 3), 'Other' ethnicities, and Not elsewhere included, Census 2006

Birthplace	African	Other	Not elsewhere included	Sum of 'Other' and 'Not elsewhere included'
New Zealand	2,055			
Somalia	1,782	9	48	57
Zimbabwe	1,692	351	99	450
Elsewhere	1,350			
Ethiopia	867	6	21	27
South Africa	474	1,662	495	2,157
Sudan	465	6	9	15
Kenya	351	96	15	111
Nigeria	324	24	3	27
Zambia	246	66	9	75
Ghana	210	6	9	15
Eritrea	111	3	6	9
Burundi	111	3	0	3
Congo	72	3	9	12
Tanzania	69	27	3	30
Rwanda	57	3	0	3
D.R. Congo	48	0	0	0
Namibia	42	18	3	21
Malawi	39	15	3	18
Uganda	30	15	9	24
Sierra Leone	30	0	0	0
Botswana	27	3	0	3
Egypt	12	45	18	63
Seychelles	3	33	6	39
Mauritius	3	177	6	183
Not elsewhere included*	177			177
* Includes Inadequately Described, At Sea and Not Stated				

Source: Special data request from Statistics New Zealand

The countries of birth with the largest numbers of people with African ethnicity were (in order): New Zealand (who are likely to be children), Somalia, Zimbabwe, 'Elsewhere', Ethiopia, South Africa, Sudan, Kenya, Nigeria, Zambia and Ghana.

In exploring these data we find that it appears unlikely that many African census respondents specified that their ethnicity was 'Other' rather than African. We conclude that a few people born in African countries without large numbers of people of non-African origin—in particular Somalia and Ethiopia—were in these categories. The ratio of 'Africans' to 'Others' is reversed among those born in South Africa and Zimbabwe, the former being much higher. If many Africans from these countries were in the 'Other' category, the ratio would be similar in each country. While these observations do not preclude some undercounting of 'Africans', we believe that this undercounting to be quite minor, in the order of a few hundred, rather than a few thousand. We will use a somewhat arbitrary figure of 500 as an estimate for this undercount.

It is most likely that only a small proportion of those who ticked 'Other' without providing further information were of 'mixed' race.

Our point estimate for the total number of Africans and South African Coloured living in New Zealand at the time of the 2006 census taking into account our estimates of undercounting is 10,210 (9,501 + 200 +500).

We also explored the ethnicity of those born in South Africa and Zimbabwe, for whom data were available (Table 7). This table Includes people who stated South African, Afrikaner or Zimbabwean, as their ethnicity would have been placed in the 'Other European' category.

Table 7: Ethnicity of respondents born in South Africa and Zimbabwe, Census 2006

Ethnicity	South Africa		Zimbabwe		Total South African and Zimbabwe	
	No.	%	No.	%	No.	%
European not further defined	2,493	5.8%	837	9.9%	3,330	6.4%
New Zealand European	12,597	29.2%	1,974	23.3%	14,571	28.2%
Other European	22,440	52.0%	3,219	37.9%	25,659	49.7%
Maori and Pacific Peoples	69	0.2%	15	0.2%	84	0.2%
Indian	2,640	6.1%	264	3.1%	2,904	5.6%
Asian (not including Indian)	198	0.5%	30	0.4%	228	0.4%
Middle Eastern and Latin American	81	0.2%	6	0.1%	87	0.2%
African	474	1.1%	1,692	19.9%	2,166	4.2%
Other Ethnicity	1,662	3.9%	351	4.1%	2,013	3.9%
Not Elsewhere Included	495	1.1%	99	1.2%	594	1.2%

Source: Special data request from Statistics New Zealand

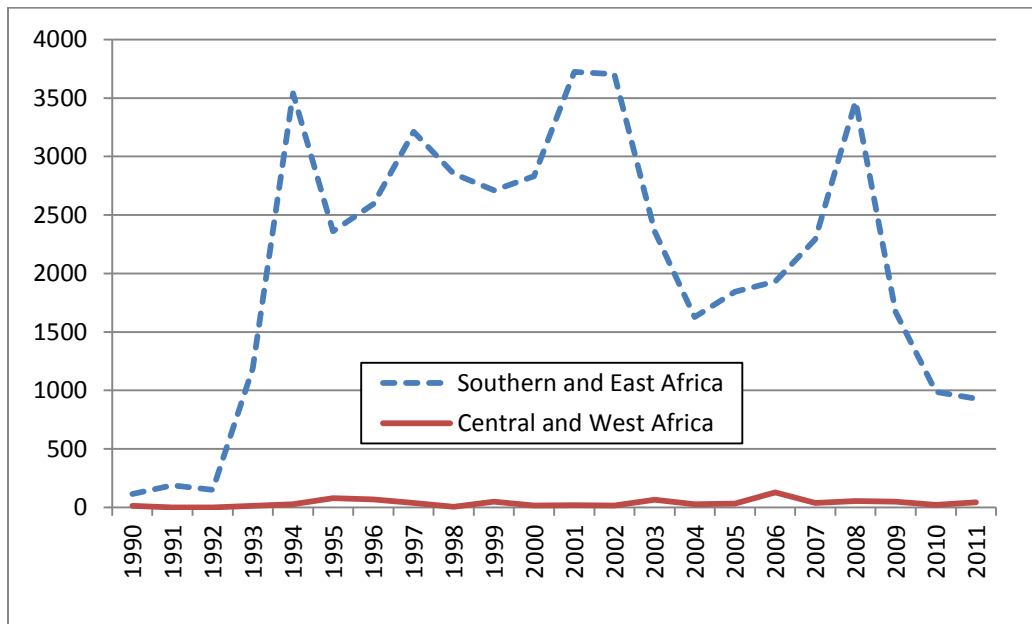
From Table 7 we can see that South African migrants reporting African ethnicity are 1.1% of all South Africans, and Zimbabwean migrants reporting African ethnicity are 19.9% of all Zimbabweans. This suggests that there are markedly more Black Zimbabweans than Black South Africans in the 2006 census. We will use this information below.

Permanent and long-term immigration and emigration

To estimate the change in the African population in New Zealand since the 2006 census data on 'Permanent and Long Term Arrivals' was examined. These data include overseas migrants who arrive in New Zealand intending to stay for a period of twelve months or more (or permanently), and are collected from the cards people complete on arrival, and are compiled by SNZ. 'Permanent and long-term departures', include New Zealand residents departing for an intended period of twelve months are collected as people leave. Information on the ethnicity of the people arriving and departing is not collected.

The annual number of arrival and departures from and to Southern and Eastern Africa and Central and East Africa for 1990-2011 were obtained from SNZ. The net annual change in number of people from the countries grouped by SNZ are shown in Figure 4.

Figure 4: Net migration change in person by year from Southern/East Africa and Central/West Africa, 1990-2011



Source: Special data request from Statistics New Zealand

Over the period 2006-2011 (most of the time since the most recent census) there has been a net increase of 11,284 people from Southern and East Africa, and of 332 from Central and West Africa.

On the face of it, to determine how many of these new arrivals are Black Africans it would seem that we could simply apply the multiplier of 4.2% that we found from Table 7, as it is likely that most of these people were from South Africa and Zimbabwe, and this is the proportion born in these countries who reported African ethnicity. However, the data in Table 7 are based on populations that may have arrived in New Zealand as long ago as the early 1990s. Applying this multiplier would make sense if the geopolitical environments in African were constant, but as we found in our introduction, African geopolitical environments are not constant. In the early 1990s a large proportion of new African arrivals were probably White, emigrating as a result of the post-apartheid era, meaning that the proportion of Whites among earlier migrants was probably higher than in recent years, and the proportion of Black Africans in recent years is probably higher—possibly as high as the 20% proportion in the Zimbabwe group. Therefore, we believe that it is more realistic to assume that an estimated 20% of the migrants from southern African since 2006 are of African ethnicity, making the number of new arrivals in this group approximately 2,323.

The number of Black Africans arriving in New Zealand between 2006-2011 and planning to stay permanently is estimated to be approximately 2,323. Adding this to our previous estimate for the number of Africans resident in New Zealand at the 2006 Census (10,210), brings the estimate Black African population at the end of 2011 to 12,533 (which we will round to 12,500 to emphasise that it is an estimate). This number is approximately 20% of the estimated total African-born population in New Zealand.

Religion

The religious affiliations of respondents who identified an African ethnicity in the 2006 census is summarised in Table 8.

Table 8: Religious affiliations by African ethnic group, Census 2006

Ethnic Group	Christian (n, %)		Muslim (n, %)		All Other* (n, %)		None† (n, %)		Total (n, %)
African nfd	3,051	73.5%	414	10.0%	246	5.9%	441	10.6%	4,152
Somali	18	0.8%	2,157	91.9%	138	5.9%	33	1.4%	2,346
Ethiopian	783	74.1%	180	17.0%	66	6.3%	27	2.6%	1,056
African nec	702	67.0%	138	13.2%	111	10.6%	96	9.2%	1,047
Nigerian	222	80.4%	0	0.0%	15	5.4%	39	14.1%	276
Ghanaian	174	77.3%	12	5.3%	18	8.0%	21	9.3%	225
South African Coloured	186	89.9%	3	1.4%	3	1.4%	15	7.2%	207
Eritrean	123	67.2%	45	24.6%	12	6.6%	3	1.6%	183
Kenyan	93	63.3%	6	4.1%	9	6.1%	39	26.5%	147
Ugandan	27	52.9%	3	5.9%	3	5.9%	18	35.3%	51
Total	5,379	55.5%	2,958	30.5%	621	6.4%	732	7.6%	9,690

*Buddhism, Hinduism, Judaism, Spiritualism, Other, Not elsewhere included

† No Religion, Don't know, Object to question

Source: Special data run, Statistics New Zealand

From these data we can see that 55.5% of respondents who identified an African ethnic group identified themselves as Christian, and 30.5% identified as Muslim.

The notable exception to this generalisation is the Somali ethnic group, which overwhelming identified as Muslim (91.9%). Kenyans and Ugandans were most likely not to identify a religion. It is notable that there are no Nigerian Muslims, despite 50.4% of the Nigerian population is identified as Muslim (Pew Research Center, 2009), and relatively few Ugandans Christians,

despite 84% of people in Uganda identifying as Christian (Uganda Bureau of Statistics, 2002); these findings may be of interest to migration researchers. It is also worth pointing out that adherents of traditional African religions did not have a place to indicate that on the 2006 census, so those data are not available. These data are included here to ensure that religious affiliation (particularly Christian and Muslim) is appropriately included in the sampling frame for Phase 2 of the research.

HIV diagnoses

The epidemiological surveillance of AIDS and HIV infection has been undertaken by the AIDS Epidemiology Group (AEG) since 1990.

Since testing for HIV became available in 1985, anonymous information on age, sex and means of infection has been supplied by the two laboratories that perform confirmatory HIV antibody testing. Since 1996, clinicians requesting the confirmatory HIV test were asked to provide extra information on all new HIV diagnoses including the reason for the HIV test, ethnicity, place of infection, whether they have previously had a negative HIV test and if so when the last one was undertaken. Notifications are not named, but use a code derived from the person's initials, sex and date of birth. Since 2002, the codes of people having their first viral load test at each of the five laboratories where this is undertaken are obtained. Where the codes cannot be linked to a positive confirmatory antibody test already reported to the AEG the clinician who ordered the test is contacted, and information sought. Most of these people have previously been diagnosed overseas.

HIV testing is a core test offered by the Refugee Health Screening Service at the Mangere Refugee Resettlement Centre. There is no formal requirement for asylum seekers to undergo health screening until their permanent residence status has been granted, a process which may take months or years (Ministry of Health, 2012). HIV testing is voluntary for asylum seekers. HIV positive quota refugees and asylum seekers would, in any case, be reported through the usual monitoring system, and are therefore not addressed separately here.

Ethnicity

The ethnicity of people diagnosed with HIV in New Zealand since 1996 reported to the AEG through both confirmatory antibody tests and viral load assessments are shown in Table 9. Clinicians are asked to complete a question on the individual's ethnicity based on the census question. Unlike the census, where people have been reported as South African or Zimbabwean, unless it has been stated that they are 'white' they have been classified as

African. A total of 498 Africans (19% of all diagnoses) have been diagnosed with HIV in New Zealand since 1996.

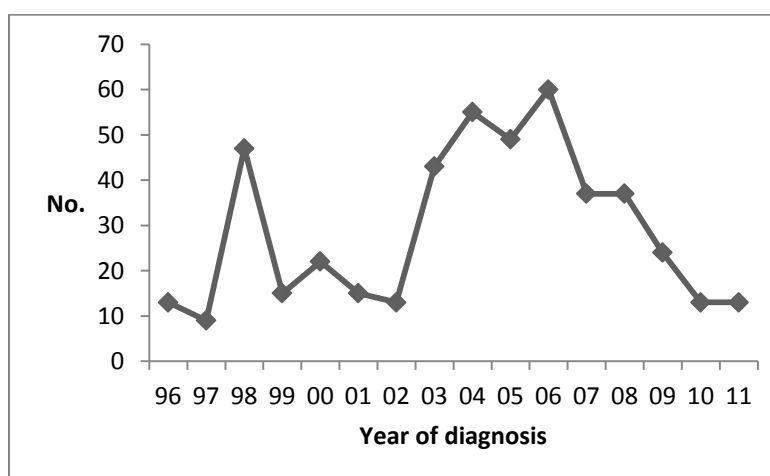
Table 9: Ethnicity of people diagnosed with HIV in New Zealand since 1996

		HIV Infection*							
		1996-2003		2004-2010		2011		Total	
Sex	Ethnicity	N	%	N	%	N	%	N	%
Male	European/Pakeha	513	50.0	601	43.0	63	45.3	1177	45.9
	Maori†	60	5.8	100	7.2	10	7.2	170	6.6
	Pacific Island	19	1.9	32	2.3	4	2.9	55	2.1
	African	96	9.4	145	10.4	6	4.3	247	9.6
	Asian	91	8.9	113	8.1	10	7.2	214	8.4
	Other	19	1.9	67	4.8	11	7.9	97	3.8
	Unknown	20	1.9	47	3.4	16	11.5	83	3.2
Female	European/Pakeha	53	5.2	41	2.9	3	2.2	97	3.8
	Maori†	7	0.7	12	0.9	1	0.7	20	0.8
	Pacific Island	13	1.3	13	0.9	0	0.0	26	1.0
	African	88	8.6	155	11.1	8	5.8	251	9.8
	Asian	44	4.3	41	2.9	4	2.9	89	3.5
	Other	1	0.1	15	1.1	1	0.7	17	0.7
	Unknown	1	0.1	12	0.9	2	1.4	15	0.6
Transgender	Total	1	0.1	3	0.2	0	0.0	4	0.2
TOTAL		1026	100.0	1397	100.0	139	100.0	2562	100.0

Source: AIDS - New Zealand, March 2012

The numbers of Africans diagnosed with HIV by year since 1996 are shown in Figure 5.

Figure 5: Number of Africans diagnosed with HIV in New Zealand 1996-2011



Source: AIDS - New Zealand, March 2012

Not all of these HIV positive people will be living in New Zealand: some will have died, and others may have left the country. While some information is available on individuals who have met the criteria for AIDS and have died, there is very limited information available on individuals who may have left New Zealand. This gap in the data is likely to be quite significant for two reasons: firstly, since late 2005 all migrants seeking a visa to stay for one year or more have been required to have an HIV test, and if they are found to be infected they are deemed a high cost condition. Unless a specific exception is made, their HIV status will preclude the granting of a visa. Secondly, anecdotally we understand that many migrants who obtain entry to New Zealand subsequently move to Australia. It is possible that after diagnosis people who sought visas may have withdrawn from medical care and become 'overstayers' to avoid deportation. However, it is highly likely that any overstayers with HIV disease will eventually come to the attention of the medical care system.

Mother to child transmission of HIV

Overall in New Zealand there have been 51 children diagnosed with HIV acquired from their infected mother either during pregnancy, child birth or during breast feeding. Of these, 33 (65%) were African. Twenty-two of these HIV positive children diagnosed in New Zealand were also born in New Zealand, of whom 5 (23%) were African.

There have been 93 births to women with diagnosed HIV in New Zealand since 1998. Of these births, 60 (65%) were to African women, none of whom have become infected with HIV.

Information on Africans diagnosed since 2006

Further information from the AEG's database on the age, sex, mode and place of infection of Africans diagnosed from the start of 2006 to the end of March 2012 is shown in Table 10. This period was chosen to examine the recent pattern of diagnosis.

The total number of Africans is 205, which is 17% (205/1176) of all people diagnosed with HIV in New Zealand from the start of 2006 to the end of March 2012. Of these 205, 41.2% (186/451) were diagnosed through antibody tests, and 8.7% (19/218) were identified through viral load testing. Age shown is that reported at the time of diagnosis, and the mode and likely place of infection is based on information provided by the clinicians who requested the initial test (sometimes augmented by information from the specialist he or she was referred to).

Slightly more women than men were diagnosed during this period. While the commonest age group at diagnosis was 30-39 years, it ranged from under five to over 60 years. Most infections were reported as being through heterosexual transmission. Most of those infected through 'Other' means were considered infected through contaminated blood possibly during health care procedures; this might have been the route of infection in a proportion of those for whom

the means of infection was not known. Twenty-three (11%) were considered to have been infected within New Zealand, 15 through heterosexual contact.

In the six year period from 2006 to the end of March 2012, of the 80 people infected through heterosexual contact and reported to have be infected in New Zealand, 15 (18.7%) were Africans.

Table 10: Sex, age at diagnosis, reported mode and place of infection of Africans diagnosed with HIV in New Zealand, 2006 - end of March 2012

Sex	Male	91
	Female	114
Age (Years)	0-4	5
	5-14	11
	15-19	1
	20-29	29
	30-39	98
	40-49	48
	50-59	9
	60+	2
	Unknown	2
Mode of infection	Heterosexual contact	163
	Heterosexual or other	2
	Homosexual contact	3
	Other	4
	Transfusion	2
	Perinatal	14
	Unknown	17
Place of infection	Africa	163
	New Zealand	23
	New Zealand or Other	1
	Other	7
	Unknown	11

Africans under care for HIV

As there is no central database of people currently under care for HIV we wrote to the main infectious disease centres that provide specialist care and requested that they provide us with the number of Africans under their care. We also asked for the number of White South Africans or Zimbabweans under care.

Responses were obtained from all the main centres providing specialist care for adults with HIV (Table 11). Overall they reported that they provided care for 295 adult Black Africans,

representing 19% of all their patients. This total comprised of 139 men, 11% (139/1260) of all the men they cared for, and 156 women, 51% (156/303) of all the women. Information was obtained from the paediatric infectious disease specialist in Auckland who reported that 13 (43%) of the 30 children under her care were African, and she provided distance care for another three African children.

The specialists reported that they had only a small number of people (overall less than 10) who were white South Africans or Zimbabweans. These specialists did, however, comment that these data were obtained from a database in which there might be others who were classified as being of European ethnicity.

Table 11: Reports of the number of Black Africans under specialist care at Auckland, Hamilton, Tauranga, Palmerston North, Wellington, Nelson, Christchurch and Dunedin

Adult men		Adult women		Children*		Total	
Black African	Total	Black African	Total	Black African	Total	Black African	Total
139 (11%)	1260	156 (51%)	303	13 (43%)	30	307 (19%)	1592

* Only Auckland

These figures—11 % of all men, 51% of all women, and 43% of all children under care for HIV disease— confirm the relatively high proportion of Africans under care as suggested by the data on ethnicity at diagnosis. We also find that there are very few White South Africans or White Zimbabweans under care in New Zealand for HIV. This supports our focus on Black Africans as the appropriate population for Phase II of this project.

One specialist noted that nine African HIV+ patients (six males, three females) had been lost to follow up, although the assumption was that they had further immigrated to Australia. Other concerns noted by these clinical specialists about their Africans patients with HIV included:

- significant barriers to treatment;
- confidentiality and privacy;
- immigration stress and, access to medication prior to being granted permanent residence;
- religion and attitudes to condom use; and
- multiple sexual partners

People infected in New Zealand who may have been heterosexually infected by Africans

Of the 65 non-Africans reported to have been heterosexually infected between 2006 to the end of March 2012 in New Zealand, 12 (8 female and 4 males) were reported to have been infected by an African. Another four women were reported to have been infected by a partner from a high prevalence country whose ethnicity was not mentioned.

Limitations and Conclusion

Limitations

At the outset of this analysis we established that there are significant limitations on the data available for estimating Black Africans resident in New Zealand, in terms of definition, scope and timeliness of the information. We wish also to stress that any analysis can only be as good as the data on which it is based. After consultation with our community advisory panels we are aware that there may be some natural mistrust of government among refugees and new migrants, which may lead to responses that do not accurately or completely represent what is true for an individual or family group. There may be varied understanding of the meanings of questions, particularly questions which require writing in alternatives to tick box options. We have also alluded to the fraught and politically complex nature of estimating the size of this vulnerable population. Therefore we are mindful that our analysis, which relies on data and indirect inferences, may be contested. We have attempted to be as transparent as possible about our assumptions and methods, and we invite those with access to better data to draw our attention to those data. In addition, much of the demographic data on which these estimates are based are now six years old, and we have inferred totals indirectly from what data are available. We very much look forward to the 2013 census which will provide more timely information.

Conclusion

We have used international data and literature to establish that the South African community at greatest risk for HIV is Black Africans (Shishana et al., 2009), with an HIV seroprevalence of 13.6% (compared with 0.3% for Whites, and 1.7% for Coloured).

We estimate that number of people born in Africa, regardless of ethnicity, in 2006 was 61,428. We have analysed reported ethnicity, place of birth, language and net migration data to estimate the number of Black Africans currently living in New Zealand. We have inferred an estimate of 9,510 Black Africans resident at the time of the 2006 census based on SNZ ethnicity classifications, and estimated another 700 who may have reported their ethnicity as South African, Afrikaner or Zimbabwean, or simply ticked 'Other', and so may have been omitted from the count of Black Africans. We also obtained information that there had been a net increase of 11,616 people from Africa between 2006-2011, of whom we estimate that 20% (2,323) were Black African. Together these lead us to estimate that there are currently approximately 12,533

(9,510 + 700 + 2,323) Black Africans in New Zealand; we round this to 12,500 to reflect that it is an estimate. Approximately 20% of the total number of people who said they were born in Africa are Black Africans.

These communities have mostly settled in the main centres of Auckland, the Waikato, Wellington, and Canterbury (although the effect of the 2010-2011 earthquakes is impossible to gauge); together these regions account for approximately 88% of Black Africans in New Zealand. Just over half (54.4% identifying as African in the 2006 Census) of this population is between the ages of 15 and 44 years. It is to these Black African communities in these general regions that we propose to turn our attention in Phase II of this project.

HIV diagnoses in New Zealand are carefully monitored, but the lack of definition around 'African' again requires careful interpretation.

The information obtained from most specialists treating people with HIV found that at least 295 African adults were under their care (Table 11). If we assume that there will be another 10% diagnosed and not under the care of these specialists (this may be a high estimate, but takes into account anecdotal reports of some African people withdrawing from care), and another 20% undiagnosed (the proportion found among MSM in Saxton, Dickson, Griffiths, Hughes, & Rowden, 2012), then we may estimate the total number of HIV-infected adult Africans in New Zealand at approximately 420. Since we have estimated the number of Black Africans in New Zealand to be 12,500, of whom around 65% would be adults over the age of 15 (Table 4), this suggests an adult prevalence of HIV among Black Africans of approximately 5% (which will not be evenly distributed throughout all the African communities). This African HIV prevalence estimate is slightly less than the HIV prevalence found in a recent seroprevalence study of MSM in a community sample in Auckland (Saxton et al., 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% HIV prevalence estimate found among Blacks in South African by Shisana et al. (2009).

Since 2006 it is estimated that 205 Black Africans have been diagnosed with HIV in New Zealand, out of a total of 669; this represents 17% of all diagnoses, clearly a disproportionate number to the proportion of this community in New Zealand. Of these recent diagnoses, 163 (79.5%) were infected while living in Africa, and 23 (11.2%) while in New Zealand (from Table 10). From clinician reports it appears that fewer than ten of the HIV positive African diagnoses were White Africans, although Whites may have been reported under a non-African category. Of the Africans diagnosed with HIV since 2006, 91 (44.4%) are males and 114 (55.6%) are females. The majority of these diagnoses, 175 (85.4%), were between the ages 20 and 49. According to clinician reports, at least nine HIV positive Africans have been lost to follow up, but the true figure will be higher than this.

These data confirm that a relatively high proportion of people under care for HIV in New Zealand are Black Africans, and a very few are White Africans. HIV clinical specialists have also noted a number of concerns about working with HIV positive Black Africans, including religion, attitudes to condom use, concurrent sexual partners, barriers to treatment, confidentiality, privacy, immigration stress, and access to medications. These and other issues have been identified by the community advisory groups to the present project.

One additional point is important to raise: it would be a relatively simple matter to misrepresent these data to point fingers at a vulnerable new migrant population, or to attempt to score political points by suggesting that this community does not have a place in New Zealand. Our community advisory groups 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. 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.

It is also worth noting that a number of policy and programmatic initiatives influence the number of Black Africans working and resident in New Zealand, health education and care, and social services to those communities. It is premature to draw conclusions or make recommendations from this Phase I report. We note, however that HIV testing for visitors, students and workers will inevitably have an impact on the number of HIV positive Africans seeking such visas in New Zealand, as was the intention of this policy.

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 they remain a community at risk and highly vulnerable to HIV. As a community entirely new to New Zealand and its health and social services infrastructure, Black Africans may not yet have the full benefit of health care, health education and social services in New Zealand. It is our intention to investigate these issues in Phase II of this project.

Research Plan for Phase 2

Our Phase 2 plan has been developed in consultation with our two community advisory groups, who have provided valuable input in its development. In Phase 2, following human ethics approval, we propose to recruit a sample of 1000 survey participants from the four major regions where Black African migrants and refugees appear to be most populous. This total will give us satisfactory confidence intervals for the statistical analysis by subgroup. From Tables 4 and 5 above we have proportionately adjusted the sample so that the four regions and age groups represent 100% of the sample. We propose to stratify the sample in the following way:

Table 12: Proposed sample stratification plan (N=1000)

Auckland	50% of sample (n=500)
Ages 16-29	n=220
30-44	205
>45	75
Waikato	17% of sample (n=170)
Ages 16-29	75
30-44	70
>45	26
Wellington	20% of sample (n=200)
Ages 16-29	88
30-44	82
>45	30
Canterbury	13% of sample (n=130)
Ages 16-29	57
30-44	53
>45	20
Total	1000

In addition to region and age, we will attempt to ensure that at least 55% of the sample will be made up of Black Africans identifying as Christian, and 30% will be Muslim.

A second part of Phase two will include sex-segregated focus groups made up of 8-10 participants. We propose to hold eight such groups (four male, four female) in Auckland (64-80 participants), two each (one male, one female) in the Waikato and Canterbury (16-20 participants each), and four (two male, two female) in Wellington (32-40 participants), for a total of 128-160 focus group participants. Every effort will be made to keep age groups,

religion and HIV serostatus in mind when recruiting for these focus groups, also keeping in mind, however, that qualitative data are designed to collect rich data to explore an issue rather than to represent a population. We will, of course, maintain the strictest confidentiality around participant information and serostatus, and anticipating holding separate focus group(s) for HIV positive participants. Relevant information obtained from the community advisory groups will be included in the analysis of the focus group data. The quantitative survey data and qualitative focus group data will be analysed separately then combined in a final summary report with recommendations.

Participants for Phase II will be recruited at African community events, fairs and celebrations, church and community organisations, tertiary educational institutions, AIDS service organisations, HIV clinical providers, and most importantly, through community networks, beginning with our two community advisory boards. Project staff have been building strong links with African community organisations during Phase I of the project in preparation for the implementation of Phase II

Quantitative arm questions

In Phase II we propose to develop *quantitative survey questions* in the following domains:

- Basic demographic information (Sex, age, where born, how long in New Zealand primary language/facility in English, religion, relationship status, sexual identity, HIV status)
- Knowledge— of HIV risk, effective prevention strategies
- Attitudes— about HIV and other STIs and need for prevention in New Zealand, and about people with HIV (to explore stigma)
- Behaviour— number of partners, ethnicity of partners, concurrency, condom use, HIV and other STI testing
- Beliefs—about HIV, people living with HIV, condom use, partner concurrency, testing, care and services in New Zealand

Where possible and useful, the *Mayesha II* (Sadler et al., 2005) and other studies carried out in the United Kingdom, will be kept in mind in order to be able to allow comparisons and contrasts with that study.

Qualitative arm questions

Focus groups domains are listed below:

Initial screening/sorting questions (to be used to allocate a consented participant into an appropriate focus group):

- Sex
- Age group
- Sexual identity, HIV status
- Primary language/Facility in English

In addition the following demographic information will be collected:

Where born

How long in New Zealand

Religion (Christian, Muslim, Other, None/Not stated)

Relationship status

Domains

Migration

- Differences between life in Africa and New Zealand
- Strength of connection with 'home'
- Satisfaction with migration decision, life in New Zealand

Sexual/Relationship behaviour

- Expectations of men, women (e.g., age at first sexual contact, number of partners)
- Attitudes to relationship (e.g., fidelity to one partner, partner concurrence)
- Attitudes to condoms (e.g., condom use, meaning of condoms), 'birth control'
- Attitudes to same-sex sexual behaviour/relationships
- Sex/Relationships with non-Africans
- Any of these attitudes changed since migration
- What traditional cultural practices related to sex do you continue in New Zealand/post-migration (e.g., circumcision, herbal enhancements for sex, etc.)

Attitudes about HIV

- How big a problem is HIV in African communities in New Zealand ? What do you think we should do about it?
- Where did/would you get your information about HIV
- Attitude to prevention education (abstinence, condom use, fidelity, other safer sex)
- Testing/testing acceptance (e.g., have ever tested, would test)
- Attitudes to people with HIV/ family members of people with HIV
- What is impact of an HIV diagnosis
- Disclosure of HIV status (including to family, and speaking out in public)
- Access to HIV-related health care, experiences and barriers to care

Religiosity/Spirituality

- How religious
- Attitudes of religious organisation (e.g., church, masjid) to people with HIV
- Attitude of religious organisation to sex, and to education about HIV

Human ethics review

If this report is approved by the Ministry of Health in a timely way, we plan to submit a full human ethics review application to the monthly Massey University Human Ethics Committee-Northern by 9 August, for review on 23 August 2012. Ethics approval will allow us to begin full implementation of Phase II following approval by the Ministry of Health.

Community partnerships and engagement

Although not a specific part of the contract or a goal of the project, it is our anticipation that our research engagement with African communities in New Zealand will enhance community partnerships and help build capacity in these already highly functioning and adaptive communities. The community advisory boards are places where African peoples develop engagement and negotiation skills, and build confidence to express their thoughts and priorities. The recruitment and training of African data collection staff will contribute to strengthening research skills and project management in African communities. For HIV positive Africans, the project is creating environments to enhance coping, manage stigma and consider the possibility of disclosure of their HIV by participating in community advisory boards and the sharing of the minutes of these boards. The project also raises awareness of HIV in the community, and the involvement with religious organisations and community associations means that more people will be empowered with information. Finally, research outcome will stimulate further the African communities to identify, debate and manage risky behaviours which will enable the community to enhance their capacity to improve their own health status.

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