"When a lion enters your village, you must raise the alarm loudly". ~ African proverb
Our thanks to those who carried out this rather difficult and sensitive survey in the Twin Cities Areas: the Cameroonian, Nigerian, Ghananian, Ethiopian, Eritrean, Ugandan, Somali, Liberian, Sudanese, Kenyan, South African, Tanzanian youth and adults who administered and responded to this survey. Thanks also to Lauren Greenberg and Sophie Dalsimer, our wonderful Macalester interns who did the graphs for this report. And finally to Banky, for writing it out.

Our thanks also go to our funders for helping MAWA’s programs take life and grow:

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- Otto Bremer Foundation
- Sheltering Arms Foundation
- Women’s Foundation of Minnesota
- United Way Twin Cities.

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REPORT

1.0 INTRODUCTION

MAWA is a Pan-Africanist based organization which promotes the health and well-being of African refugees especially immigrant women and their families in the Twin Cities of Minneapolis and St. Paul through research, education, advocacy and programming.

AFRICAN PEOPLE LIVING IN MINNESOTA

The 2000 US census data reported (35,188) Africans living in Minnesota in the year 2000. This figure though is highly disputed due to various problems (literacy, documentation etc) which may have resulted in the under-estimation of the number of Africans living in Minnesota. It is estimated that about double this number live in state of Minnesota.

Over the past few years there has been an alarming increase in the infection rates of HIV within the African population in Minnesota. This trend has become more alarming because African females have become over represented in surveillance statistics recorded for the state.

As at December 31st 2003, 4,895 persons were presumed to be alive and living with HIV/AIDS in Minnesota. Africans sadly though had 55 cases, but had prevalence rates of 110-156 as reported by the Minnesota department of health. This is shown below in figure 1.

Figure 1.0
It has also been suggested that a complex set of factors may reduce or enhance immigrant populations’ HIV risk compared with that of native-born populations. Foreign-born individuals make up more than 10% of the US population⁴ and the parents of an additional 11% were born in other countries⁵. These immigrants often concentrate in urban HIV epicenters. Despite these realities, efforts to describe the distribution of the US HIV epidemic have largely ignored differences by birth country. Research among many immigrant groups has shown deficiencies in HIV/AIDS knowledge, lack of access to health care,⁶ and delays in accessing HIV-related testing and care.

1.2 BACKGROUND TO THE RESEARCH

MAWA in response to the growing concern over the exploding HIV infection rates among Africans living in Minnesota decided to conduct an HIV/AIDS information, education and communication survey for Africans living in Minnesota. It was designed both to gather information from African people about HIV and also provide information to them.

The qualitative study arose from the dearth of reliable information of studies on Africans on the issue of HIV/AIDS in Minnesota. In fact little is known about the beliefs of Africans with regards to the disease in Minnesota. Few qualitative studies if any have been conducted among this group of individuals for an understanding of what prevention interventions may be best to reach them and how to make such acceptable and appropriate for the intended audience.

Finally it was recognized that with the current increases in rates of HIV infection among the African population, it would be critical to have baseline information about the perceptions and beliefs of this population with regards to HIV/AIDS.

1.3 AIMS OF THE SURVEY

Recognizing that there is a direct relationship between knowledge, beliefs, attitudes and practices to the spread of HIV/AIDS within the African community, this project was designed with one major aim:

- To determine the current HIV/AIDS information levels and the prevention/awareness intervention needs of African people that would be most acceptable to Africans living in Minnesota.

Since very little is known about the actual challenges faced by African people with HIV living in the UK, we took a broad approach to the study design. We also made sure this was done within two major categories namely Adults and youths.

We asked sufficient questions to describe the demographic profile of the sample and their experience with HIV and the needs in their lives.
We also asked a range of questions regarding their previous experiences with their migration to the US and Minnesota in particular. In summary the questionnaire covered:

- Demographic profiles
- Myths and beliefs about AIDS
- Levels of HIV/AIDS information knowledge
- Protection and existence of barriers to protection against AHIV/AIDS
- Sexual History
- Perceived need for knowledge concerning HIV/AIDS
- Preferences for future methods of receiving anti-HIV treatments information
- Other HIV/AIDS health promotion needs.

1.4 METHODOLOGY AND RESEARCH

The study was community-based and used an action research methodology. The simple questionnaire survey methodology was utilized. Questionnaires were developed and these were administered. African community members were recruited as interviewers for the study and their only input in the process was to help clarify any areas not easily understood by the respondents. The respondents were then allowed to fill out the questionnaires and were given the opportunity of refusing to answer questions they did not feel comfortable with.

A total of 86 adults (29 –males, 57-females) and 76 youths (42 males, 34 females) fully responded to the survey, while 21 provided partial responses to give a total of 183.

They were each contacted individually and had an interviewer explain the purpose of the survey to them before it was administered. Confidentiality was also assured during this process and the respondents were once again reminded not to identify themselves by in any way on the questionnaire.

We intended to recruit 200 people from the African community for this survey but we could only reach a total of 162 people who fully responded to all the survey questions. This represents an 81 % response rate for the survey.

1.5 CONTENT OF THE REPORT

This is a report on the key findings of the survey. The next chapter describes the broad characteristics of the respondents we surveyed. The third chapter looks at their responses and experiences on HIV/AIDS and sexuality issues. Conclusions are made in the fourth chapter.
CHAPTER TWO

2.0 DESCRIPTION OF THE SAMPLE
The sample was drawn randomly from the African Population resident in the Twin metropolitan cities of Minnesota.

This chapter describes the sample using ten key variables: gender; age; marital status; country of origin; language spoken; comfort level reading and writing English; number of family members living with them; how they migrated to the US; religion; and work status. We compare the samples across these characteristics and, where possible, with what else is known of the population.

2.1 GENDER
The adult sample population was two-thirds female (66%, n= 57) and one third male (34%, n=29) while the youth sample population was almost evenly distributed female (45%, n=34) and one third male (55%, n=42).

2.2 AGE
Adult respondents were asked in which of the following age ranges they belonged. (21-35, 36-49 and 50 and above)

ADULT RESPONDENTS DISTRIBUTION BY AGE

![Bar chart](image)

Fig 2.0

Most of the respondents surveyed were found to be within the age range of 21-49 which usually represents the actively productive groups of Africans.
2.3 COUNTRY OF ORIGIN
Respondents were asked the open-ended question *what is your county of origin?* This captures the distribution of the respondents based on country of origin. Together the respondents listed 26 African countries. The figure below showed the 20 countries represented from where all our respondents were sampled. 32% of all respondents were Somalis, 17% were Nigerians, and Cameroonians were 15% while the remaining 56% were distributed across 17 other countries.

![Bar Chart: Adult Respondents Countries of Origin](image)

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Respondents</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somalia</td>
<td>59</td>
<td>32%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>31</td>
<td>17%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>28</td>
<td>15%</td>
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<tr>
<td>Liberia</td>
<td>14</td>
<td>8%</td>
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<tr>
<td>Ethiopia</td>
<td>10</td>
<td>5%</td>
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<tr>
<td>Kenya</td>
<td>10</td>
<td>5%</td>
</tr>
<tr>
<td>Togo</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td>Uganda</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Ghana</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Senegal</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>South Africa</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Zambia</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Gambia</td>
<td>1</td>
<td>1%</td>
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<tr>
<td>Ivory Coast</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Mali</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Morrocco</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>
2.4 LANGUAGES SPOKEN
Respondents were given a list of common African languages to chose from and also enjoined to indicate their native language if not found on the list. In both the adult and youth groups, English was the major language spoken (adults-59%, youths-53%) while Somali was the next commonly spoken language.

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Sudan</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Zaire</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

2.5 IMMIGRATION STATUS OF RESPONDENTS
Most of the respondents surveyed for this study were either immigrants or refugees constituting (70%) of the people surveyed. By this immigration status results, it is likely that these two groups constitute the largest percentage of Africans living in the state. Please note however that no attempt was made to verify the accuracy of their status.
2.6 Employment status.
Remarkably more than half of the adult respondents surveyed had full time employment (53%) while a significant proportion was either underemployed or unemployed.

While we wished to compare this with national or state data, this was not readily available as most data on employment were usually statewide or national in nature with little or no delineation for Africans.
CHAPTER THREE
3.0 Opinions/knowledge/attitudes/beliefs in the African community about HIV/AIDS

The preceding chapter described the sample using a number of standard demographic variables. This chapter looks at their knowledge, attitude and practices with regards to HIV/AIDS and how it varies by the demographic characteristics previously described.

3.1 Perception of disease (myths and realities)
For most of the responses here, the respondents were separated into two categories namely adults and youths.

3.11 Respondents were asked could you start a conversation about condoms with your wife, husband, boyfriend, or girlfriend. For the youths 73% answered yes while for the adults a lesser percentage answered yes (57%).

This suggests that young Africans seemed more comfortable discussing condom use with their partners.

3.12 Respondents were asked “Could you talk about AIDS with your spouse, boyfriend/girlfriend?
Again the trend continues with 75% of young Africans answering yes to this question compared with 53% of Adults suggesting a more open attitude towards discussing such issues with partners.

3.13. Respondents were asked “Could you start a conversation about condoms with your friends”?

76% of African youths responded yes to this compared to adults of whom only 61% answered yes.
3.2 Conversation with children or parents on sex.
Respondents were asked if they were youths, “Have you ever talked w/ your parent/s or the adult/s you live w/ about sex”? While the adults were asked “Have you ever talked with your children or the young relatives you live with about sex? This was to give an opportunity to compare both answers and crosslink them.

Fig 3.07

Fig 3.08

From these responses with 62% for youths and 49% for adults, it suggests that while youths are looking for opportunities to discuss with their parents, the adults do not wish to discuss such issues with their children or are not comfortable discussing such.

3.3 Conversation on use of condoms between adults and youths.
The youth respondents were asked “Have you ever talked w/ your parents or the adults you live with about using condoms? While the adults were asked the question “Have you ever talked with your children or young relatives about using condoms?

Fig 3.09

Fig 3.10
The trend shown in the earlier question continues and becomes more striking here with a decrease in the percentage decrease in both the youths (60%) and a more striking difference for adults at 39%.

### 3.4 Condom myths and beliefs

Both groups of respondents were asked “How many of your African friends think that condoms are too much trouble to use?

![YOUTHS](Fig 3.11) ![ADULTS](Fig 3.12)

Striking differences in trend here can be noticed here as shown for the youths who said that only a few fall into the category who believe condom use is too much trouble, while for adults the response trend was towards more people feeling condom use was too much trouble.

This question can be compared to the next question which is “How many of your African friends do you think use condoms when they have sex, whose results are presented in figs 3.13 and 3.14 below

![YOUTHS](Fig 3.13) ![ADULTS](Fig 3.14)

In line with their earlier responses, most African youths suggested that most youths would use condoms as a protection during sex, while for the adults none to a few was the major answer.
3.5 Substance abuse influence on risky behaviors
Respondents were asked the question “How many of your African friends do you think have had sex without a condom because they were drunk”

![YOUTHS](Fig 3.15)
![ADULTS](Fig 3.16)

A few youths were suggested to have sex with condom as a protective measure while being drunk, but interestingly the adults answer ranged between a few to all as major categories.

3.6 Risky sexual behavior
Respondents were asked the question “Would you refuse to have sex without a condom?"

![YOUTHS](Fig 3.16)
![ADULTS](Fig 3.17)

Just over half (56%) of youths interviewed said they would definitely use a condom during sex, while for adults almost half said they would definitely not (46%).
3.7 Sexual activity
Respondents were asked the question “In the past 2 months, how many people have you had sex with”?

![YOUTHS](image)

For the youths, the question had an addendum, how many people had you had sex with, to which 48% answered none while 43% said at least one person. For the adults, there was a striking difference here with 67% saying they had sex with at least three people in the past two months.

3.8 HIV/AIDS information preferences
Respondents were asked what acceptable and culturally appropriate ways for receiving HIV/AIDS information they would prefer?

![YOUTHS](image)

![ADULTS](image)

Youths preferred brochures, then radio and pamphlets in that order as their best modes for receiving HIV/AIDS information. Adults’ preferences were radio, pamphlets and brochures in that order.
3.9 HIV/AIDS information presentation

Respondents were asked who they would prefer to talk to them about HIV/AIDS.

Both groups of respondents chose health personnel as their number one choice for whom to talk to them about HIV/AIDS.
A large number of adults would be willing to attend meetings or support groups on HIV/AIDS, and health care issues generally. Childcare and language barrier issues were identified as the most important barriers to attending such functions.
92-94% of youth respondents were willing to attend either health care meetings or HIV/AIDS meetings. Only 10% however responded to knowing someone living with HIV in their community.
CONCLUSION: What does this mean for HIV/AIDS programs and interventions?

Today the increasing population of African people with HIV is the most complex challenge posed by HIV and AIDS in Minnesota, a challenge to which an answer is yet to be provided. This report seeks to begin the process of describing and understanding the reality of everyday life for African people with HIV resident in Minnesota. This should help commissioners, policy makers and health promotion practitioners to invest in, and deliver more appropriate and higher quality information. These stakeholders have not waited for research to agitate them into action, nor should they have especially with the trends being recorded by the state health department. But we gladly make this data available for their use so they can begin to consider the ways in which they fund and organize future interventions.

The findings of this study have strengthened reasons to be concerned about HIV/AIDS for local populations of African immigrants in Minnesota. Of further concern are the high levels of incorrect information and risky behavior among some survey respondents. It is interesting to see immediately that while 67% of adult respondents surveyed had at least three sexual partners in the past two months, they were the least likely to use condoms as protection during sex (see fig 3.14).

This research is fundamentally qualitative in nature and so it obviously does not answer every question or even address all issues. However it is the beginning of a process of describing and understanding the lives of a large population of Africans with regards to HIV/AIDS while living in the US. We hope it will lay the groundwork for further more detailed research. Contrary to popular belief, African people are not particularly hard to reach nor are they substantially unwilling to participate in this kind of research exercise provided it is with a genuine goal of making their lives better. We have streamlined some of the responses to make this report as short as possible, but we still have some responses that can be utilized effectively in deciphering behaviors and response of Africans to HIV/AIDS issues here in Minnesota.

Clearly more education, testing and care services are required to deal with a very culturally diverse and sensitive population. The value attached by both group of respondents to those working as health care personnel shows the importance of the healthcare sector. The people are willing to learn, talk about their issues and fears provided it is done with the right tools and atmosphere.

We accept also that there are limitations to this study, but we also wish to point out that this study was undertaken out of genuine concern with regards to what exactly is happening in this population. We thus worked hard to at least put forward some information on a topic for which there is little or no data available.
REFERENCES

1. US Census Board 2000 census data
2. Data Source: Minnesota HIV/AIDS Surveillance system
Hi. My name is --------. I am conducting this survey on behalf of MAWA – Minnesota African Women’s Association. The purpose of this survey is to find out what Africans in Minnesota know about HIV/AIDS, what they need to know, what cultural messages we should use to make HIV/AIDS awareness and prevention more meaningful to Africans in Minnesota. At the end of this survey, MAWA will produce and distribute the results to African organizations and other organizations that serve Africans and Africans themselves so that they can better understand why AIDS is killing so many Africans and how we can do our best to prevent the spread of AIDS. Do you have any questions before we start?

NB. Some concerns will be confidentiality. Answer: Absolute confidentiality. No one’s name will be mentioned in the report.
Thank you for taking the time to respond to this survey which is being conducted by MAWA. The purpose of this survey is to help us prepare culturally appropriate HIV/AIDS educational material for Africans in the Twin Cities. Some of the questions are very personal and a bit intrusive, but we hope you answer each of them. This is all very confidential information. We are interested in learning more about your thoughts, opinions, knowledge of and concerns about HIV/AIDS. We ask for your age just for demographic purposes and for your African country of origin just to make sure that the opinion of people from every African nation is represented in this work. Thanks again.

Please remember:
- Do not put your name on this form
- Your answers are private. We will not tell anyone what you write
- Please, take your time and answer carefully.
- You can check the spaces next to the answer you want or circle the response.

Put the sticker with your ID number on the envelope below our address. Thank you.

1a. SEX:
Please check one.
Male ___________1 Female ______________2

1b. When were you born?
Month ___________/ Date ________________/ year ___________ (Do not put today’s date!)

1c. What is your country of origin? ____________________________________________

1d. What kind of visa did you use to come to the United States of America?
Please check all that apply to you.
Immigrant ___ Refugee ___ Asylee ___ Visitor ___ Spouse ___ Other ___
1e. What is your current occupation?
   Please check all that apply to you.

   Student _____ Part-time work ___  Fulltime work ___  Unemployed ___

1f. Do you live with your parent/s?

   Please check one below:

   a. I live with both of my parents _______
   b. I live with my mother only ___________
   c. I live with my father only ___________
   d. I live with other relatives/guardian ______
   e. I live with my boyfriend _______
   f. I live with my girlfriend _______
   h. I live with my spouse _______
   i. I live by myself _______
   j. I live with roommates _______

1g. What language is spoken most in your home?

   Check ONE below.

   English ____________
   Pidgin English_________
   Creole/Krio ___________
   French _______________
   Somali _______________
   Arabic _______________
   Swahili ____________
   Nuer ________________
   Wolof _______________
   Dinka _______________

   My native language _______ What is your native language? ____________________

2b. How comfortable are you in speaking and reading English?

   All the ___       Most of ___     About half of ___  Some of ___        Almost none ___
   Time      the time          the time         of the time

2c. How many family members or other people live in your home?

   Write number in space below.
   _____________ people live in my house.
Below are some statements about AIDS also known in parts of Africa as the SLIM disease.

If you don’t know the answer, check the space after “Don’t Know”. Remember, we are very interested in what you think.

For each question, check the space for the answer you think is correct.

3a. Only people who look sick can spread the AIDS virus.
   True ___    False ___    Don’t know ___

3b. Condoms reduce the risk of getting the AIDS virus.
   True ___    False ___    Don’t know ___

3c. A person can get the AIDS virus even if he or she has sexual intercourse just one time without a condom.
   True ___    False ___    Don’t know ___

3d. A person can get AIDS by touching or hugging someone with AIDS.
   True ___    False ___    Don’t know ___

3e. Most people who have the AIDS virus show signs of being sick right away
   True ___    False ___    Don’t know ___

3f. You can get AIDS by having anal sex without a condom.
   True ___    False ___    Don’t know ___

3g. You can get AIDS by being bitten by a mosquito that has bitten someone with AIDS.
   True ___    False ___    Don’t know ___

3h. Only people who have sexual intercourse with gay people get AIDS.
   True ___    False ___    Don’t know ___

3i. You can get AIDS from kissing someone who has AIDS.
   True ___    False ___    Don’t know ___
3j. You can get AIDS by having sexual intercourse with someone who has shared drug needles.

   True ___   False ___   Don’t know ___

3k. You can get AIDS by using the same injection/needle as the patient before you (as we sometimes do in our hospitals back home).

   True ___   False ___   Don’t know ___

3l. Birth control pills protect a woman from getting the AIDS virus.

   True ___   False ___   Don’t know ___

3m. You can get AIDS by using the same tattoo needle as someone who has AIDS.

   True ___   False ___   Don’t know ___

3n. You can get AIDS because of a curse or witchcraft.

   True ___   False ___   Don’t know ___

3o. You can cure AIDS by having sex with a virgin.

   True ___   False ___   Don’t know ___

3p. You can prevent AIDS by having sex with a virgin.

   True ___   False ___   Don’t know ___

4. Should Africans be talking more about AIDS?

   Yes ______   Maybe ___   No ___   Don’t Know ___

4a. Could you start a conversation about condoms with your boyfriend/girlfriend?

   Yes ______   Maybe ___   No ___

4b. Could you talk about AIDS with your friends?

   Yes ______   Maybe ___   No ___

4c. Could you talk about AIDS with your boyfriend/girlfriend?

   Yes ______   Maybe ___   No ___
4d. Could you talk about diseases you could get from having sex with your boyfriend/girlfriend?

Yes _____  Maybe ___  No ___

4e. Could you start a conversation about condoms with your friends?

Yes _____  Maybe ___  No ___

4f. Could you tell your boyfriend/girlfriend that you don’t want to make out with him/her?

Yes _____  Maybe ___  No ___

4g. Could you tell your boyfriend/girlfriend that you don’t want to have sex with him/her?

Yes _____  Maybe ___  No ___

4h. Could you tell your girlfriend/boyfriend to stop touching you sexually?

Yes _____  Maybe ___  No ___

These questions are about you and your parent/s or the adult/s you live with.

5a. Have you ever talked with your parent/s or the adult/s you live with about sex?

Yes ___  No ___

5b. Have you ever talked with your parent/s or the adult/s you live with about AIDS?

Yes ___  No ___

5c. Have you ever talked with your parents or the adult/s you live with about pregnancy?

Yes ___  No ___

5d. Have you ever talked with your parent/s or the adult/s you live with about using condoms?

Yes ___  No ___
How comfortable do you feel talking about each of these topics with your parent/s or the adult/s whom you live with?

Please check ONLY ONE box for each topic below.

6a. How comfortable do you feel talking with your parents or the adults you live with about sex?
very comfortable ___ somewhat comfortable ___ somewhat uncomfortable ___ very uncomfortable ___

6b. How comfortable do you feel talking with your parents or the adults you live with about diseases you can get from having sex?
very comfortable ___ somewhat comfortable ___ somewhat uncomfortable ___ very uncomfortable ___

6c. How comfortable do you feel talking with your parents or the adults you live with about AIDS?
very comfortable ___ somewhat comfortable ___ somewhat uncomfortable ___ very uncomfortable ___

6d. How comfortable do you feel talking with your parents or the adults you live with about pregnancy?
very comfortable ___ somewhat comfortable ___ somewhat uncomfortable ___ very uncomfortable ___

6e. How comfortable do you feel talking with your parents or the adults you live with about using condoms?
very comfortable ___ somewhat comfortable ___ somewhat uncomfortable ___ very uncomfortable ___

Please check the box that shows how worried you are about the following things.

7a. How worried are you that you might get AIDS?
Not at all worried somewhat worried very worried.

7b. How worried are you that you might get a disease from having sex?
Not at all worried somewhat worried very worried.
7c. How worried are you that you might get pregnant if you are a girl, or that you might get a girl pregnant if you are a boy?
Not at all worried somewhat worried very worried.

We are interested in your thoughts about what your friends and peers think and do.

8a. How many of your African friends think that condoms are too much trouble to use?
None ___ A few ___ About half ___ Most ___ All ___

8b. How many of your African friends do you think have had sexual intercourse?
None ___ A few ___ About half ___ Most ___ All ___

8c. How many of your African friends do you think use condoms when they have sex?
None ___ A few ___ About half ___ Most ___ All ___

8d. How many of your African friends do you think have had sexual intercourse without a condom because they were high from drinking alcohol?
None ___ A few ___ About half ___ Most ___ All ___

8e. How many of your African friends do you think have had sexual intercourse without a condom because they were high from using drugs like marijuana (weed).
None ___ A few ___ About half ___ Most ___ All ___

Please check the 3 places where you have learned the most about AIDS.
If you have learned about AIDS from 1 or 2 places, just check those places.

9. Please check up to 3 places.
a. School __________ b. Television __________ c. Radio __________ d. Doctors __________ e. Church __________ f. Newspapers or magazines ______ g. Friends __________ h. Parents or adult relatives _______ i. Sisters, brothers or teenage relatives ______ j. pamphlets or flyers ________ k. billboards __________ l. Other (what?) __________________________________________
Please check ONLY ONE BOX for each question.

10a. What do you think are the chances that you will get AIDS someday?
No chance at all ___ Might happen ___ Very likely to happen ___

10b. What do you think are the chances that you will get a disease that you can get from having sex?
No chance at all ___ Might happen ___ Very likely to happen ___

10c. What do you think are the chances that you will get pregnant or get a girl pregnant before you are married?
No chance at all ___ Might happen ___ Very likely to happen ___

Please check the box that best describes what you would do. Please think about how you would handle these situations. If you’ve never had intercourse, just tell us what you would do.

11a. I would refuse to have sexual intercourse without a condom.
Definitely ___ Probably would refuse ___ I probably would not refuse ___ I definitely would not refuse.

11b. I would insist on using a condom even if my partner didn’t want to.
Definitely ___ Probably would refuse ___ I probably would not refuse ___ I definitely would not refuse.

12a. If the person I was about to have sex with suggested using a condom, I would feel like that person cared about me.
I definitely would ___ I probably would ___ I probably would not ___ I definitely would not ___

12b. If the person I was about to have sex with suggested using a condom, I would feel less worried.
I definitely would ___ I probably would ___ I probably would not ___ I definitely would not ___

12c. I would respect my partner if he or she suggested using a condom.
Definitely ___ Probably ___ Probably would not ___ Definitely would not ___
Please check the box that best describes how you feel. If you have never had sexual intercourse, tell us how you think you would feel.

13a. It would really bother me to stop having sexual intercourse to put on a condom.

Definitely ___  Probably ___  Probably would not ___  Definitely would not ___

13b. Condoms would be too much trouble to use.

Definitely ___  Probably ___  Probably would not ___  Definitely would not ___

13c. It would not feel as good to use a condom during sexual intercourse.

Definitely ___  Probably ___  Probably would not ___  Definitely would not ___

13d. I would be embarrassed to buy condoms.

Definitely ___  Probably ___  Probably would not ___  Definitely would not ___

Now we would like to know what you think is true about condoms. You may have used them before or maybe not, but tell us what you think.

14a. Condoms break easily.

Yes ___  No ___  Maybe ___  Sometimes ___

14b. If you choose to have sexual intercourse, using condoms correctly is the best way to prevent getting the AIDS virus and other diseases you can get from having sex.

Yes ___  No ___  Maybe ___  Sometimes ___

14c. Condoms slip off easily.

Yes ___  No ___  Maybe ___  Sometimes ___

14d. People who carry condoms have sex with a lot of people.

Yes ___  No ___  Maybe ___  Sometimes ___
Please check the box that best describes what you would do in these situations. Think about the situation and then tell us what you would do. If you have never had sexual intercourse, or if you are not planning to have sexual intercourse right away, tell us what you think you would do.

15a. I’m worried about catching AIDS so I would be sure to use a condom **even in the heat of the moment**.

___ I definitely would       ___ I probably would       ___ I probably would not       ___ I definitely would not

15b. If I didn’t have a condom, I would have sexual intercourse anyway.

___ I definitely would       ___ I probably would       ___ I probably would not       ___ I definitely would not

15c. I would use a condom even if I were drunk or high.

___ I definitely would       ___ I probably would       ___ I probably would not       ___ I definitely would not

15d. How often do you use a condom when having sexual intercourse or if you are girl, how often does the guy use a condom when you are having sexual intercourse?.

I have never had sexual intercourse ______
Always ____________
More than half the time ___
About half the time ___
Less than half the time ___
Never ___

15e. Did you or the other person use a condom (rubber) the last time you had sexual intercourse?
Please check only one space.

I have never had sexual intercourse ______________________
Yes ______________ No. ______________

The next set of questions are only about the past two months.
16a. In the past 2 months, how many different people have you had sexual intercourse with?

Please check only one space.

I have not had sexual intercourse in the past 2 months _______________________
I have had sexual intercourse with one person in the past 2 months _______________________
I have had sexual intercourse in two people in the past 2 months _______________________
I have had sexual intercourse with 3 people in the past 2 months _______________________
I have had sexual intercourse with 4 people in the past 2 months _______________________

16b. In the past 2 months, how often have you or your sex partner/s used a condom when you had sexual intercourse?

Please check only one space.

I have not had sexual intercourse in the past 2 months _______________________
Always _______________________
More than half the time ___
About half the time ___
Less than half the time ___
Never. ___

17. In the last 2 months, have you used any of the following methods to pregnancy?

If you haven’t had sexual intercourse in the last two months, leave these blank.

Condoms     Yes     No
Birth control pills
Spermicidal cream or jelly
Vaginal sponge
Diaphragm
Withdrawal method
Sexual intercourse with no method of birth control
18a. If you have ever tried alcohol, how young were you when you had your first drink (not just a sip or a taste)?
Please write that age in the space below

I have never had more than a sip or taste of alcohol ________________________________

I was ____________ years old the first time I drank alcohol.
18b. How often do you drink?

Please check only one space.

All the time ____________.
Sometimes. ____________
None ____________.

19. Do you believe traditional healers can cure AIDS?
Yes ___ No ___

Thanks again. Please fold the questionnaire and put in the envelope provided. The interviewer will now give you a final page to complete. Thanks for your patience.
Thank you very much for your responses. The following questions are to help us find the best format to present this information.

i. When MAWA prepares this material about HIV/AIDS, how would you like to receive the information? (e.g., brochures, pamphlets, radio program, etc.)

_______________________________________________________________________

ii. Who would you like to be the person discussing AIDS with you? (e.g. peer, health personnel, community elder)

________________________________________________________________________

iii. What individual or groups would you prefer for discussing HIV/AIDS? Check ONLY One

One-on-one with educator ______________
Girls Only Group ______________________
Boys Only Group ______________________
Both boys and girls group ______________
Adult women and Girls Group ___________
Adult Men and boys Group _____________
Both women and men, girls and boys group __________

iv. Would you attend meetings/support groups about AIDS?
Yes ___  No ___

If no, what are some of the reasons that might hinder you from attending such an event? – (list many including child care concerns, work hours lost, embarrassment, etc.)

________________________________________________________________________

iv. Would you attend meetings/community groups about health?
Yes ___  No ___

If no, what are some of the reasons that might hinder you from attending such an event? – (list many including child care concerns, work hours lost, etc.)

Do you know anyone in your community who has HIV/AIDS? Yes _____ No ___
Now the following is just for your information.

Do you know no HIV/AIDS patient is reported to immigration? Yes ____ No ____

Do you know AIDS patients can receive treatment even if they do not have insurance? Yes ___ No ___

Do you know that any AIDS patient, even if those who are here illegally, you can receive treatment? Yes ___ No ___

Do you know that the earlier you are diagnosed with HIV, the sooner you can start receiving treatment and live longer? Yes ____ No ____

Do you know that only latex condoms are the best kind for preventing AIDS? Yes ___ No ___

Did you know that the HIV virus that causes AIDS is transmitted through blood, semen, vaginal fluid and breast milk? Yes ___ No ___.

Well, now you know. Thank you for participating in our survey. Please fold this last page also and put in the envelope the interviewer supplied you. Seal the envelope and hand it to the interviewer. Thanks again.
Who gets HIV/AIDS

Every one can become infected with HIV/AIDS if they do not practice prevention: old people, young people, virgins, babies, everybody. HIV/AIDS is like the rain that does not recognize anyone as a friend: it drenches all equally. HIV does not discriminate. Many people fear revealing that they have AIDS because they know that there are people out there who would discriminate against them and stigmatize them. This is wrong. We all need to learn how to live with people who have AIDS. And remember: the log in the woodpile does not laugh at the one in the fire. It could be you tomorrow.

Facts in Africa

2.3 million people are living with HIV/AIDS in Africa. Everyday, 6000 die from AIDS. In the year 2000, there were 16 million African AIDS orphans, there will be 28 million in 2010: www.cnn.com/2000/HEALTH/AIDS/07/13/aidsoorphans/index.html

Senegal and Uganda have the most success in containing the spread of AIDS. Uganda, which was formerly the country with the highest incidence of AIDS is now the world success story: in 1993, 1.5 million Ugandans were affected by AIDS, 800,000 of them have died leaving 1.7 million orphans. But Ugandans have learned and are practicing prevention especially using condoms and reducing the number of sexual partners.

Origin of AIDS

The story of the origin of AIDS has changed quite often over the past few decades: from a virus that was created in a lab to a homosexual/gay disease to Africa. This has angered many Africans so much that they chose to ignore it and argue about its origin. People in a burning house must not stop to argue. The origin of AIDS matters little now as we all, Africans and non-Africans alike, are vulnerable to HIV/AIDS. It is not who you are, but what you do that puts you at risk.

What is important to note in this brochure is that there has been a great increase in HIV/AIDS cases among African communities living in Minnesota, and 53% of HIV/AIDS cases among Africans in Minnesota are men and 47% are women - www.health.state.mn.us

Drums are never beaten without reason.

When a lion comes into your village, you must raise the alarm loudly. This is what we did in Uganda; we took it seriously and we achieved good results. AIDS can be prevented as it is transmitted through a few known ways. If we raise awareness sufficiently, it will stop.

— Ugandan President Yoweri Museveni

The Rwandan Government agrees that the “sexual behavior of men currently contributes substantially to the spread of HIV/AIDS in Rwanda and around the world.

Engaging men as partners in fighting HIV/AIDS is one of the surest ways to change the course of the epidemic, according to UNAIDS. That is why UNAIDS has chosen ‘Men Make a Difference’ as the theme of this year’s global campaign.

On a world-wide scale, women between the ages of 15 and 24 account for half of new HIV infections... It is estimated that 55% of all HIV positive adults in Sub-Saharan Africa are women. Teenage girls are infected at a rate 5 times greater than their male counterparts.

The reason for these numbers are seen in the unequal relationships between women and men, especially when it comes to sexuality. Violence against and abuse of women and girls is the most eye-catching example. Rape is widespread, and in South Africa, elder AIDS infected men are reported to mass rape younger, non-infected women, believing this will cure them from the disease. Violence against women can also take less overt forms. Young girls often have sexual relationships with “sugar daddies” who coerce them to have sex in exchange for gifts and favors. Such unequal relationships also have great consequences for women, in terms of their risk of infection.

Cultural & behavioral practices that contribute to the AIDS pandemic include: Male circumcision, female genital mutilation, Widow inheritance, death-cleansing, cosmetic tattooing or administration of charms, multiplicity of sex partners, pervasive polygamy, and little girls given to marriage to old men with other wives.

Source: afol news – www.afol.com

Prevention

He who has shoes does not fear thorns.

There are only two major ways to prevent HIV/AIDS – don’t have sex at all or use a latex condom every time you have sex. Using a latex condom every time you have sex is the biggest chance of prevention that you have. Remember: The wind does not break a tree that bends.

Whether you like condoms or not is not the issue. When the drumbeat changes, the dancers must follow its rhythm. The dance of sex has changed, use condoms. He who has shoes does not fear thorns. Some people complain that it disturbs them to put on condoms. There is no bad patience. Making preparations does not spoil the trip. As the Swahili say: Haraka haraka haina baraka: Hurry hurry has no blessings. Take the time and use condoms every time. Keep a clear head and save your life: Alcohol and drugs impair judgment. Keeping a clear head improves your chances of practicing prevention.

Myths

One of the most deadly myths, which is rampant in some parts of Africa now and maybe some Africans here in Minnesota also believe it, is that having sex with a virgin cures AIDS. THIS IS A LIE. THERE IS NO CURE FOR AIDS. This idea so enraged former President of Zambia, Kenneth Kaunda, that he exclaimed: “You rape a child believing this will heal you. What madness is this?” Having sex with a virgin or a child just creates another AIDS victim. Old and new millet seeds end up in the same mill. Actually, it may be worse for the rapist if that virgin or child already has AIDS: further complications will arise making the disease worse for him.

Raping someone because you believe it will cure AIDS or deliberately infecting others because, as some have...
said before, “I did not buy it in the market”, is murder. 24 States in the US will persecute anyone who knowingly infects others with HIV/AIDS. Besides the law, it is a double edged sword that will hurt you too. As our people say: a person who urinates in a stream should be warned because any of his or her relatives may drink from that stream in future. It may be your sister, your brother, your child, AIDS goes around: it will come back to your house.

Remember!

• No HIV/AIDS patient is reported to immigration.
• There are now oral tests available.
• You can also be tested anonymously. All tests are confidential.
• HIV/AIDS patients can receive treatment even if they do not have health insurance.
• Any AIDS patient, even those who are here illegally, can receive treatment.
• The earlier you are diagnosed with HIV, the sooner you can start receiving treatment and live longer.
• Only latex condoms are the best kind for preventing AIDS.

This AIDS business is dangerous. Pretending it does not exist will not help us: Sa kogolen be dogo as the Bambara say – the hidden snake grows big – le serpent qui est caché s’agrandisse. The elephant grows and becomes an adult whether people like it or not. We know this is a discussion many of us do not like. But we need to talk about it and practice prevention.

No one drinks hot pepper soup in a hurry: take your time, think about this and read this brochure again. Then start telling others, start practicing prevention. Do it for yourself, do it for your children, do it for your family, do it for your tribe, do it for your clan. 6000 Africans die everyday from AIDS. If we all allow ourselves to die, who will take care of the children?

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Culturally Appropriate HIV/AIDS Education for Africans in Minnesota

What is HIV and AIDS?

HIV is the short form for Human Immodeficiency virus. This is the virus that causes AIDS. AIDS stands for Acquired Immunodeficiency Syndrome which means that when the HIV virus attacks you, your immune system that fights disease becomes damaged and can no longer fight off disease or infection. These diseases and infections from which you could recover before can now kill you no matter how strong or young you were: you become like an old lion that even flies can attack.

How is HIV spread?

The are 3 common ways by which HIV is spread:

• By having sex with someone who has HIV/AIDS, either through the vagina, anus or oral sex.
• By using a hypodermic needle (injection) that someone who has HIV/AIDS has used.
• From a mother with HIV/AIDS to her baby during pregnancy or childbirth and through breastfeeding.

Actually, HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears - see: www.cdc.gov/hiv/pubs/facts/transmission.htm for more details. If you are ill and need a blood transfusion in the United States, do not be afraid: all donated blood is tested for HIV and people who have HIV/AIDS are not allowed to give blood in the United States.

How does one get HIV/AIDS?

You get HIV by having sex or blood-to-blood contact with an infected person. You cannot know who is an infected person unless they have been tested and only if they tell you. People who have HIV might not know that they have it because they look healthy and do not feel sick. Even though they feel and look healthy, they can still infect others for years before they start feeling sick. You will only know that you have HIV/AIDS when you are tested for it or when the symptoms begin to appear. Many of the symptoms look like those of common illnesses like fever and diarrhea. A person with HIV/AIDS can still infect you even if they are taking medications. ONLY A DOCTOR CAN TELL YOU IF YOU HAVE AIDS.

There is NO VACCINE for HIV/AIDS. There is NO CURE for AIDS. The medicines that are given to people with AIDS help them to live longer and healthier lives but do not cure them. The only weapon against HIV/AIDS is prevention.

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Origine du SIDA

L’histoire de l’origine du SIDA a changé bien souvent au cours de ces dernières décennies : d’un virus qui a été créé dans un laboratoire, d’une maladie homosexuelle à l’Afrique. Cette dernière a suscité la colère de plusieurs Africains au point qu’ils choisissent d’ignorer et discuter de son origine. Les personnes se trouvant dans une maison enfumée ne doivent pas s’arrêter de discuter. L’origine du SIDA a peu d’importance maintenant, car nous tous, Africains comme non-Africains sont vulnérables au VIH/SIDA. C’est ce qui nous a tous, mais c’est ce que tu fais qui met à risque.

Ce qui est important de noter dans cette brochure, c’est qu’il y a eu une augmentation des cas de VIH/SIDA dans les communautés africaines, vivant au Minnesota, 53% de ces cas sont des hommes, et 47%, des femmes. www.health.state.mn.us.

On n’entend pas les sons de tambours sans raison.

Le Président ougandais, Yoweri Museveni : “Lorsqu’un lion entre dans votre village, sonnez fort l’alarme. Voilà ce que nous avons fait en Ouganda; nous l’avons pris au sérieux, et avons obtenu de bons résultats. Le SIDA peut être prévenu car il est transmis par quelques moyens bien connus. Si nous sommes suffisamment avertis, cela s’arrêtera.”

Les pratiques culturelles et les attitudes qui contribuent ont la pandémie du SIDA comportent : La circoncision masculine, mutilation génitale féminine, héritage des partenaires sexuels, polygamie perverse, des jeunes filles données en mariage à des hommes âgés ayant d’autres femmes.

Prévention

Ce qui est assez répandu dans certaines régions d’Afrique et peut-être chez certaines Africains ici au Minnesota dit qu’avoir les rapports sexuels avec une vierge guérira le SIDA. Cela n’est pas vrai. Il n’y a pas de traitement du SIDA. Cette idée a tenu le témoin enragé un ancien Président de la Zambie, Kenneth Kaunda, que ce dernier s’est exclamé : “Tu viules un enfant, croyant que cela va le guérir, quelle folie est-ce!” Avoir des rapports avec une vierge ou une enfant crée juste une autre victime du SIDA. Vieux et nouveaux grains finissent tous dans le même moulin. Actuellement, cela peut être pire pour le violier.
Si rien ne touche les feuilles de palmier, elles ne frémissent pas. C’est pourquoi nous, Africains qui ne parlons pas de sexe, et de SIDA/VIH, devons maintenant en parler. Le SIDA tue les Africains en grand nombre. Environ six milles (6000) Africains meurent chaque jour de SIDA. Ici au Minnesota, 335 Africains vivent avec le SIDA ; 65 nouveaux cas furent diagnostiqués en 2002 et six pays africains ont figure comme les pays les plus affectés ici au Minnesota. Nous Africains, devons prendre le VIH/SIDA au sérieux. Mouve qui n’a point d’oreilles suit le cadavre dans la tombe. Les Présidens africains ont déclare la guerre contre le SIDA. C’est si important. Lorsque la vigne entoure ton toit, il est temps de la couper. La vigne a entoure notre toit. Nous devons la couper.

Qu’est-ce que le VIH et le SIDA?
VIH est l’abréviation de Virus Immunodéficient Humain. C’est le virus qui cause le SIDA. Le terme SIDA signifie Syndrome d’immunodéficience acquise, en d’autres termes, lorsque le VIH vous attaque, votre système humain qui lutte contre la maladie devient altère et ne peut plus se défendre contre les maladies ou infections. Ces maladies et infections desquelles vous vous rétablissez auparavant peuvent maintenant vous tuer peu importe votre force ou votre jeunesse: vous devenez comme un vieux lion que même les mouches peuvent attaquer.

Comment se transmet le SIDA?
Il existe 3 moyens de transmissions
• Rapports sexuels avec des personnes atteintes du VIH/SIDA, par le vagin, anus, le sexe orale.
• L’utilisation de seringue hypodermique infectée.
• De la mère infectée à l’enfant pendant la grossesse, l’accouchement ou l’allaitement. Actuellement, le VIH est retrouvé en concentrations variées dans le sang, sperme, secrétions vaginales, lait maternel, salive, larmes-voir www.cdc.gov/hiv/pubs/facts/transmission.htm pour plus de détails. Si vous êtes malade et avez besoin de transfusion sanguine aux États-Unis, ne craignez rien: tout sang donne est testé pour le VIH et les personnes atteintes du VIH ne sont pas autorisées à donner du sang.

Comment s’infecter?
Par rapports sexuels ou contact sanguin avec une personne infectée. Vous ne pouvez savoir si une personne est infectée à moins qu’elle ait été testée ou qu’elle vous le dise. Les personnes vivant avec le VIH ne peuvent pas savoir qu’elles sont infectées parce qu’elles ont l’air sain et ne se sentent pas malades. Malgré cette sensation cette impression de bonne santé, elles peuvent infecter d’autres pendant les années avant de se sentir malades. Vous ne pouvez savoir si vous êtes atteint du VIH/SIDA que lorsque vous êtes testes ou que les symptômes commencent à se manifester. Plusieurs de ces symptômes ressemblent à des affections courantes telles que la diarrhée et la fièvre. Une personne atteinte du VIH/SIDA peut infecter même si elle est sous traitement. SEUL UN MEDECIN PEUT AFFIRMER QUE VOUS AVEZ LE SIDA.

IL N’EXISTE PAS DE VACCIN POUR LE VIH/SIDA. Il n’existe pas de traitement curatif du SIDA. Les médicaments donnent aux personnes infectées les aident à vivre mieux et plus longtemps mais ne les guérissent pas. LA SEULE ARME CONTRE LE VIH/SIDA EST LA PREVENTION.

Culturally Appropriaté HIV/AIDS Education for Africans in Minnesota (French)

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HIV/AIDS’n Eenyutu qabama?


Dhugaa Afrikaa keessa jiiru


Sababa Malee Dibbeen Gonkumaa Hin Rukutmuh


Ittisa


Jalqaba AIDS


vaareeyii man qooranmaa keessa uumumaar hanni hango xasmiis fi Afrikaa. Kunti Afrikaanoota hadduu aareex waa qoollu u qabnoona badan keessa qaabti al-abey ee jiru.

Namee: New American Collaborative, Wilder Foundation and Otto Bremer Foundation

Illustrations: Genview Roudame, 2003

Fund: New American Collaborative, Wilder Foundation and Otto Bremer Foundation

HIV/AIDS-n Eenyutu qabama?

Namni hunduun yioo of-eggachuu dha baaten HI...
yoo durbi ykn mucaan sun dursitee/dursee AIDS qabaate:

dhukkuba isaa irra hamaa gochuu dhaan haala wal-xaxaakeessa isa galchuu ni danda’a.


Yaadadhulu!
• Namni HIV/AIDS’n qabame tokko iyyuu immigreshnti hin gabaafamu.
• Yeroo amma carraan karaa afaaniin ilaalamu ni jira• Osoo eenyummaa kee hin beekaminis ilaalamuun ni danda’ama.• Qorannaan hundinuu icitii dhaan eegama.• Dhukkubsatooti HIV/AIDS inshuraansii fayyaa yoo hinqaban ta’e illee tajaajila fayyaa argachuu ni danda’u.
• Osoo hin turin HIV qabaachuu kee qoratamee yoo beekame daftee tajaajila fayyaa argachuu jalqabuu fi yeroo dheeraa jiraaachuu ni dandeessa.
• Kondomii laastikii qofatu AIDS of-irraa ittisuuf irra caalaa gaarii dha.


Sa kogolen be dogo akka warri Bambara jedhan – bofa dhokate tu ol-guddata – le serpent qui est cache s’agrandisse. Arbi guddatee gaheessa ta’a, namoonni yoo jaallatanis dhiisanis. Haasofni kuni baay’eenkeenya kan hin feene akka ta’e ni beekna. Haa ta’u maleee waayee isaa dubbachuu fi-oll irraa ittiisuf caarruugo nu bar-

Baay’een mallattoodhukkuba kanaa dhukkubootuma haaraa hin taane kan akka ho’ina qaamaa fi garraa kaasaa ti. Namoolti HIV/AIDS qaban dawan faadhuuchaa jiru yoo ta’ee illee sitti dabarsuuf ni danda’u. AIDS qabaachuu kee kan sitti himuu danda’u doktora qofa. HIV/AIDS dhaaf KITIBAATIN HIN-

Haal aadaa wajjiiin wal-simateen Barnoota HIV/AIDS iratti Afrikaanaa Mootoosaa tiif Qoppa’ee

HIV fi AIDS’n maalii dha?


HIV/AIDS of irraa eeguu qofaatu meeshaa dha.

HIV/AIDS’n attamitti daddarba?
• Namni HIV/AIDS qabame tokko iyyuu immigreshnti hin gabaafamu.
• Yeroo amma carraan karaa afaaniin ilaalamu ni jira• Osoo eenyummaa kee hin beekaminis ilaalamuun ni danda’ama.• Qorannaan hundinuu icitii dhaan eegama.• Dhukkubsatooti HIV/AIDS inshuraansii fayyaa yoo hinqaban ta’e illee tajaajila fayyaa argachuu ni danda’u.
• Osoo hin turin HIV qabaachuu kee qoratamee yoo beekame daftee tajaajila fayyaa argachuu jalqabuu fi yeroo dheeraa jiraaachuu ni dandeessa.
• Kondomii laastikii qofatu AIDS of-irraa ittisuuf irra caalaa gaarii dha.


Sa kogolen be dogo akka warri Bambara jedhan – bofa dhokate tu ol-guddata – le serpent qui est cache s’agrandisse. Arbi guddatee gaheessa ta’a, namoonni yoo jaallatanis dhiisanis. Haasofni kuni baay’eenkeenya kan hin feene akka ta’e ni beekna. Haa ta’u maleewaayee ... 6000 tu guyaa guyyaatti sababa AIDStiif du’u. Hundi keenya du’aaf yoo of-laanne eenyutu ijoolleekeenya guddisaa?


Yuu ku dhacaa HIV/AIDS:

Asalkii AIDS


Xaqiigada Afrikaanka


Sanadkii 1993 waxa AIDS uu saameeyay 1.5 maliyay, waaqanka u dhintay 800.000 waxaana ku tageen 1.7 maliyay aqoon. Laakiin Uganda waxay baratay sida looga hor tago iyadoo fayraa la yareeyay si galmooodka dadka aan is qoobiin. Senegal iyo Uganda ayaa ugu guul saareeyay ku guulaysashada faafinta cudurka AIDS. Uganda oo hor ahaay waddanka ugu AIDS badmaam aaddunka ayaa haddii aha waddanka ugu guusha sareeyay aaddunka. Sanadkii 1993 waxa AIDS uu saameeyay 1.5 maliyay, waaqanka u dhintay 800.000 waxaana ku tageen 1.7 maliyay aqoon. Laakiin Uganda waxay baratay sida looga hor tago iyadoo fayraa la yareeyay si galmooodka dadka aan is qoobiin.

Duraan sabab la’aan looma garacado


Kaan ugu halka kaalmo aadan ka uu dhexeeyay 15 ilaa 24 wuxu qabaan laba meelooc meel HIV haddii la qaadad. Waaqanka lagu qaybqaysaa 35% darfka aqooneysa HIV ee dhulka saxaraha ka hoo ee afrika in ay yihiin haween. Gabbadha barbaarta ah 5 jeer in ka badan bay qaadaan nimanka ay la kulmaan. Taas waxay la fahmo fayrada in ahaan ayaa ahaan oo ay ku yimaado qaatay.</doc>

Waa maxay AIDS iyo HIV.

HIV waxaaga laa soo qabooyay human immodeficiency virus. Cudurkan (virus) ayaa sababa cudurka AIDS. AIDS waxay u taagan tahay Acquired Immunodeficiency Syndrome oo ah marka cudurka HIV ku weeroar, difaaca jirkaaga ee la dagaalama cudurada ayaa dhaawac madaqay mida uu aan hadhow dib isaga difaaci karin cudurada iyo jeerkaa. Cudurkan iyo Jeerkaa ayaa oo aad hore uga biscootay ayaa ku dili kara hadda si kasta oo aad xoog u leedahay ama aad u da’ay tahay, Waxaad la mid noqonaysaa libaax duqoobooy oo xataa diiqiga aan iska difaaci karin.

Waa arrin aan la dabaationshada ee cudurka u faafaa?

1. In aad la galmooto qof qaba.
2. In aad irbad la isku duro wada isticmaashaan qof qaba.

Siidoo cudurka uu faa’adda? Sadaax hab ayaa badanayaa ku duuvaabo oo kala ah

1. In aad la galmoon maftuun.
2. In aad iibad si aad u qabto maftoobadda.

Sida caadiga ah HIV waxaaga laa loo heliyo noocyada haddii aad loo dhiigaga kala cuf iyo tiro duwan ee ku jira dhiggiga. Mawa, Minnesota African Women’s Association

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Waxaan ka hadlayaa cudurka adeegay ee cudurka u dhaqaynayaa in lagu qod doonto maalinta iyo cudurka u dhaqaynayaa in lagu qod doonto cudurkii AIDiska. Nolol ku dhiyaan la dhiyaan waxa uu soo kulaabo inaad gasayso macluumaad si uu dhaqaynayaa in la dhiyaan cudurka AIDiska.

Waa arrin aan la dhayalsan. Marka caalemmu huirigaaga waa baxaan waa marka la jaro.
About MAWA

About MAWA... with a mission of promoting the health and well being of African refugee and immigrant women, girls and their families, the Minnesota African Women's Association (MAWA) was created as a vehicle to empower African women and girls, many of whom are socially isolated and lack the necessary resources to connect, integrate, and seize opportunities as they settle in the Twin-Cities metropolitan area. MAWA’s four strategic priorities include: (1) Research & Education; (2) Community Building; (3) Advocacy; and (4) Programming. Examples of MAWA activities include:

- An HIV/AIDS awareness campaign targeting Africans and mainstream health care workers (surveyed 200+ African immigrants and created a culturally-appropriate educational brochure in 4 languages - English, French, Oromo & Somali)
- Facilitating workshops/presentations on a variety of topics including: "Overcoming cultural boundaries in working with African women, men and youth" in the legal, educational and health arenas.
- The African Women’s Network Breakfast series, a monthly discussion & education forum that brings together African and American women to discuss and take action
- AGILE-African Girls’ Initiative for Leadership and Empowerment - a social and skills-building program for African girls ages 8 - 18. The program holds at selected community sites and schools with large African female student populations
- African Video & Book Club - An entertaining and educational activity for clubs, organizations or groups. Host/Hostess and friends enjoy African snacks as they watch an African movie true to the culture followed by a discussion with African women. Choice include movies that talk about/illustrate African women’s issues or are simply entertaining.
- African Boutique - Another entertaining activity for clubs, organizations or groups. Host/Hostess and friends enjoy African snacks and have fun catching up as they shop together to support MAWA. Selections from MAWA include fantastic African art, crafts and clothes including batiks from Burkina Faso and Kenya, colorful Masai jewelry, Zulu baskets, Nigerian fans, paintings, and art prints, Senegalese cloth dolls and walking canes. All are genuine African goods

MAWA primarily serves African women and girls from across the African continent and secondarily serves mainstream organizations attempting to reach African females. Funded in large part by local foundations since its inception, MAWA is slowly diversifying its revenue base through income generating presentations, fundraising events and a growing individual contributor base.