



Marwa Minnesota African Women's Association

African Immigrant & Refugee HIV/AIDS Knowledge, Awareness, and Prevention Practice Survey, Minnesota, 2002-2003

Report



"When a lion enters your village, you must
raise the alarm loudly". ~ African proverb

Acknowledgements

Our thanks to those who carried out this rather difficult and sensitive survey in the Twin Cities Areas: the Cameroonian, Nigerian, Ghanaian, 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:

- Bush Foundation
- Carolyn Foundation
- Fingerhut Family Foundation
- McKnight Foundation
- Minneapolis Foundation
- Otto Bremer Foundation
- Sheltering Arms Foundation
- Women's Foundation of Minnesota
- United Way Twin Cities.

Written by:

Bankole Olatosi, Graduate Student, Public Health, University of Minnesota

For more information about this survey, contact:

Minnesota African Women's Association, MAWA
2507 Fremont Ave. N., Suite 211
Minneapolis, MN 55411
Phone: 612/529-9267, ext. 3302
Fax: 612/529-4743
Website: www.mawanet.org
Email: mawa0302@yahoo.com

Executive Director:

Nyango Melissa Nambangi



MAWA Minnesota African Women's Association

TABLE OF CONTENTS

1. Overview of the project

- 1.0 Introduction and methods
- 1.1 African people living in Minnesota
- 1.2 Background to the research
- 1.3 Aims of the research
- 1.4 Methodology and research design
- 1.5 Content of the report

2. Description of the Adult/Youth sample

- 2.1 Gender
- 2.2 Age
- 2.3 Country of origin
- 2.4 Language spoken
- 2.5 Immigration status
- 2.6 Employment status

3. Opinions/knowledge/attitudes/beliefs in the African community about HIV/AIDS

- 3.1 Perception of disease (myths and realities)
- 3.2 Condom use
- 3.4 Sexual History
- 3.5 Stigma issues
- 3.6 Acceptable and culturally appropriate ways for receiving HIV/AIDS information

4. Conclusion

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)¹** 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 Minnesota². 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.

Number of Cases and Rates (per 100,000 persons) of HIV Infection* by Race/Ethnicity† – Minnesota, 2003

Race/Ethnicity	Cases	%	Rate
White, non-Hispanic	116	44%	2.7
Black, African-American	53	20%	31.6
Black, African-born	55	21%	110-156 ^{††}
Hispanic	26	10%	18.1
American Indian	7	3%	8.6
Asian/Pacific Islander	7	3%	4.2
Other [^]	2	1%	X
Total	266	100%	5.4

* HIV or AIDS at first diagnosis; 2000 U.S. Census Data used for rate calculations.
† "African-born" refers to Blacks who reported an African country of birth; "African American" refers to all other Blacks. Cases with unknown race are excluded.
†† Accurate population estimates for African-born persons and MSM (any race) living in Minnesota are unavailable – anecdotal (50,000) and 2000 US Census data (35,188) were used to create the range of rates reported for African-born.
^ Other = Multi-racial persons or persons with unknown race
Data Source: Minnesota HIV/AIDS Surveillance System
HIV/AIDS in Minnesota: Annual Review

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 population³ and the parents of an additional 11% were born in other countries⁴. 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,^{5,6} 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

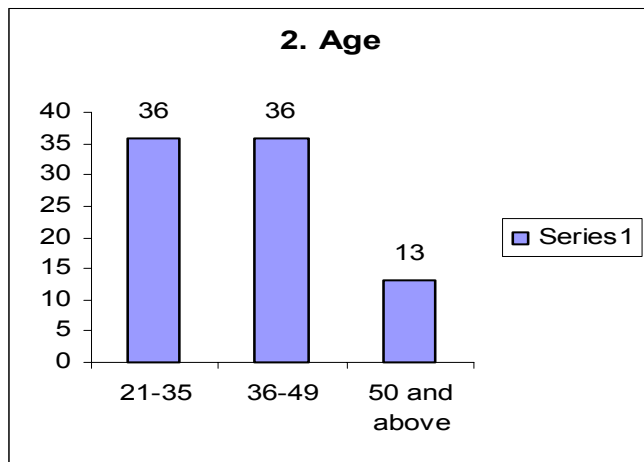


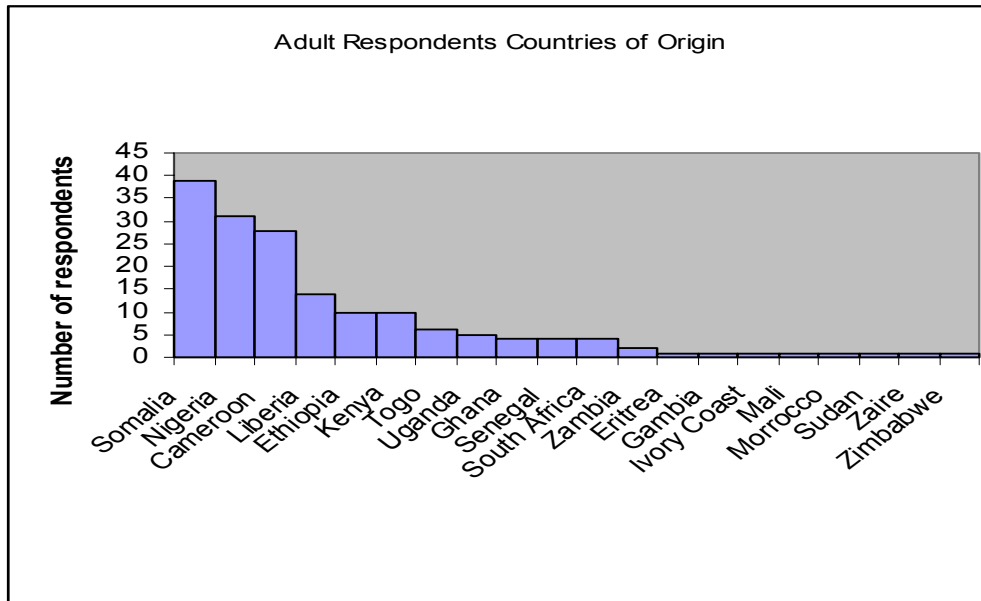
Fig 2.0

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.

Fig 2.1



NUMBER & PERCENT OF SURVEY RESPONDENTS

Somalia	59	32%
Nigeria	31	17%
Cameroon	28	15%
Liberia	14	8%
Ethiopia	10	5%
Kenya	10	5%
Togo	6	3%
Uganda	5	3%
Ghana	4	2%
Senegal	4	2%
South Africa	4	2%
Zambia	2	1%
Eritrea	1	1%
Gambia	1	1%
Ivory Coast	1	1%
Mali	1	1%
Morocco	1	1%

Sudan	1	1%
Zaire	1	1%
Zimbabwe	1	1%

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.

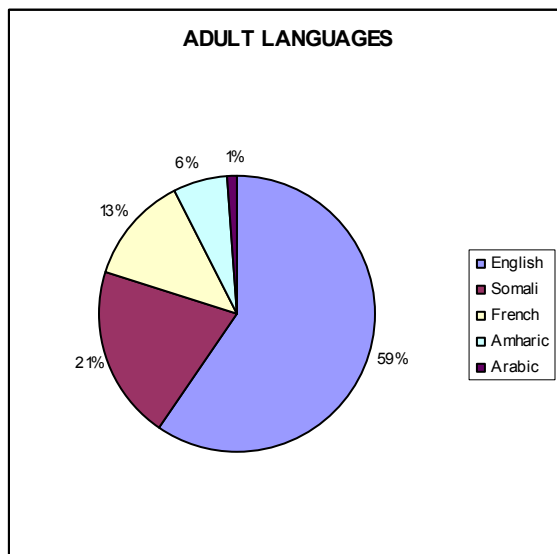


Fig 2.3

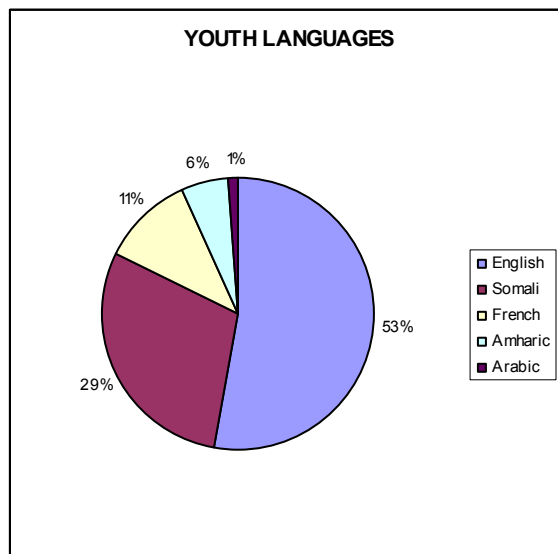


Fig 2.4

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.

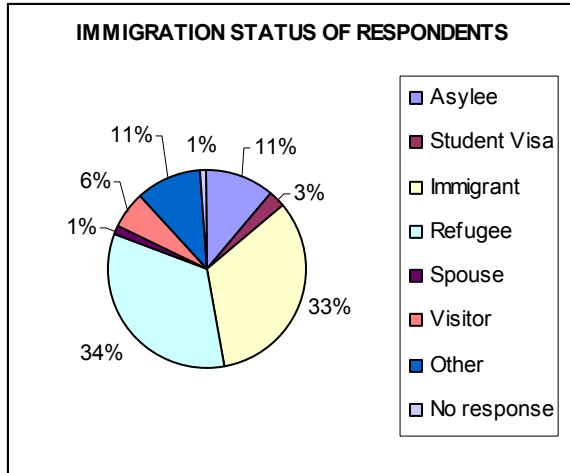


Fig 2.5

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.

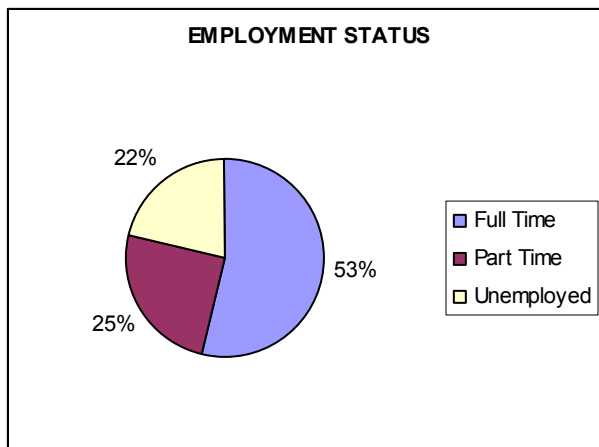


Fig 2.6

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%).

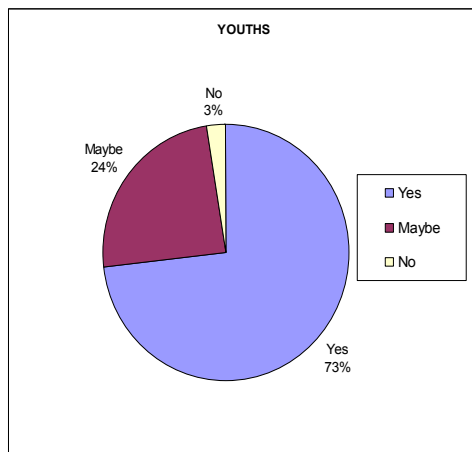


Fig 3.01

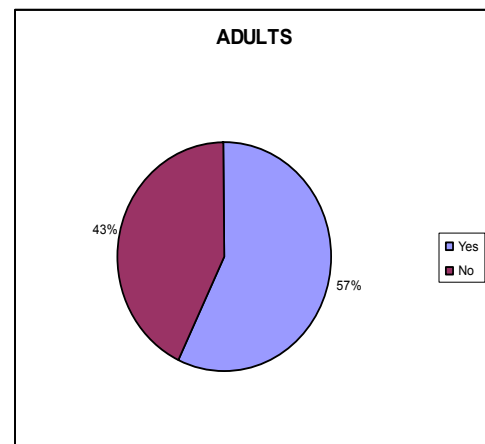


Fig 3.02

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?”

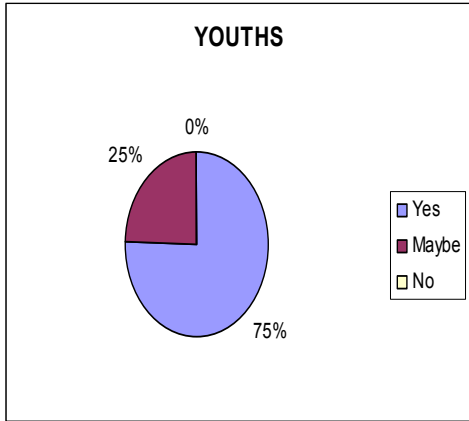


Fig 3.03

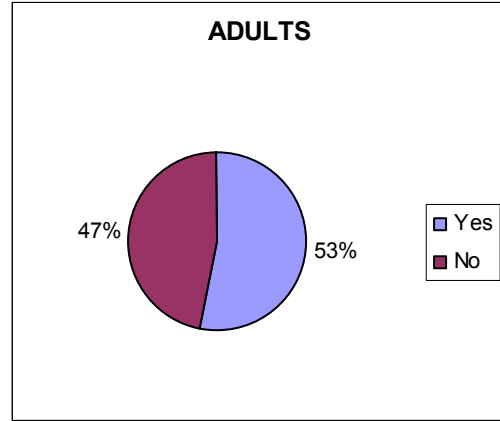


Fig 3.04

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”?

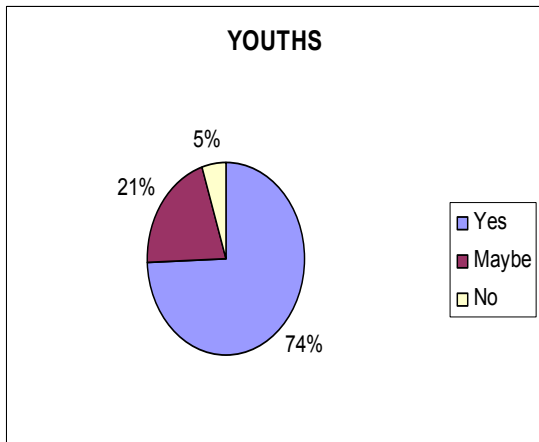


Fig 3.05

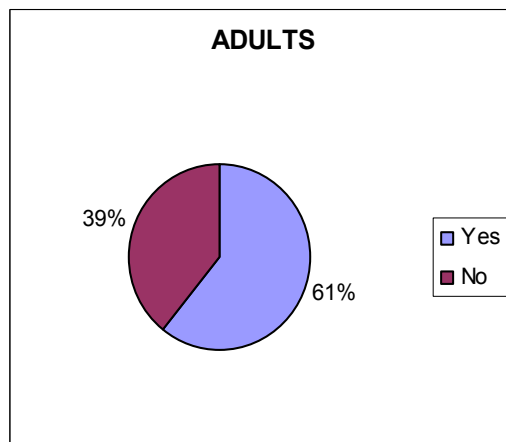


Fig 3.06

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.

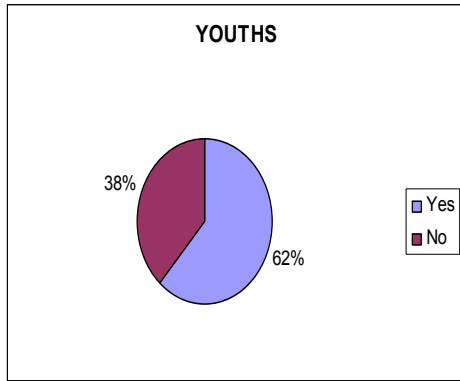


Fig 3.07

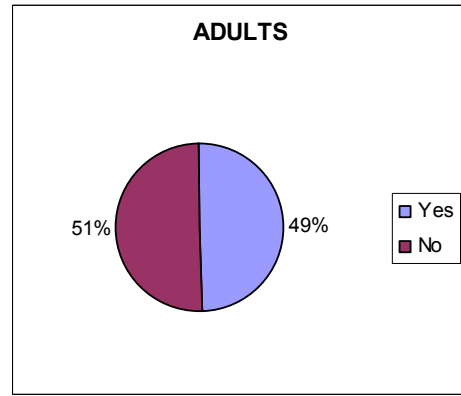


Fig 3.08

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?

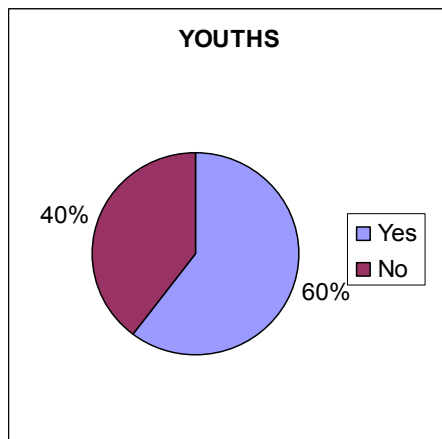


Fig 3.09

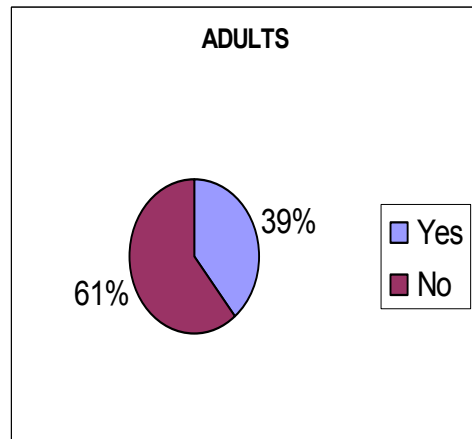


Fig 3.10

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?”

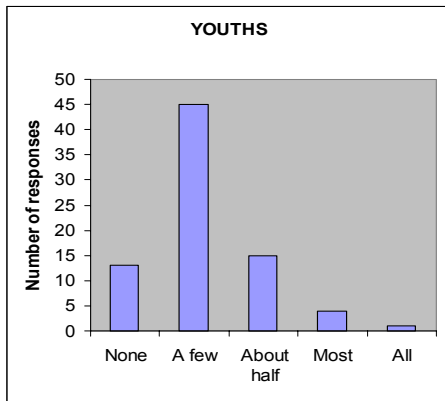


Fig 3.11

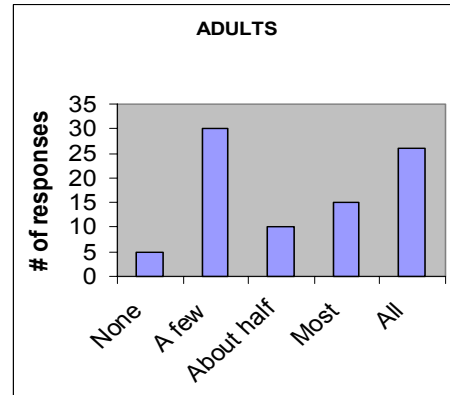


Fig 3.12

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

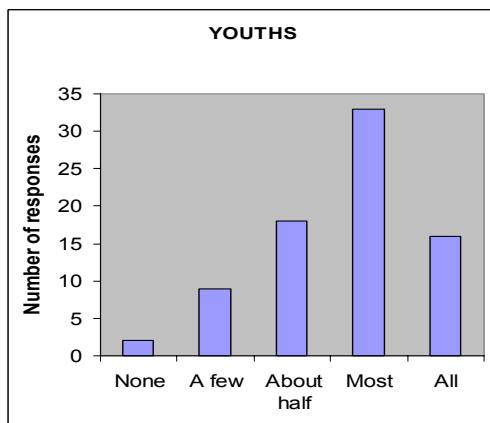


Fig 3.13

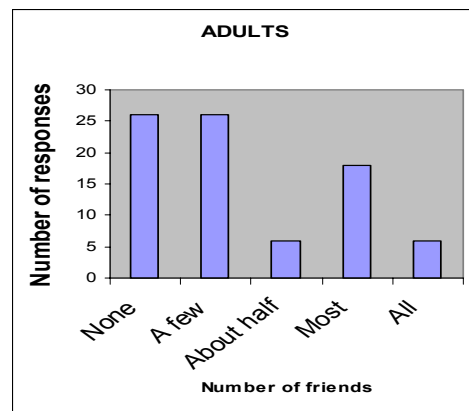


Fig 3.14

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?”

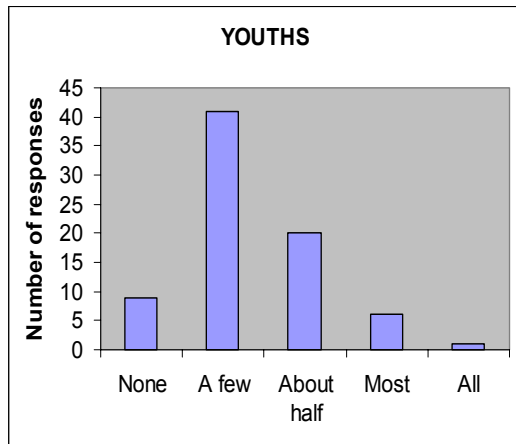


Fig 3.15

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.

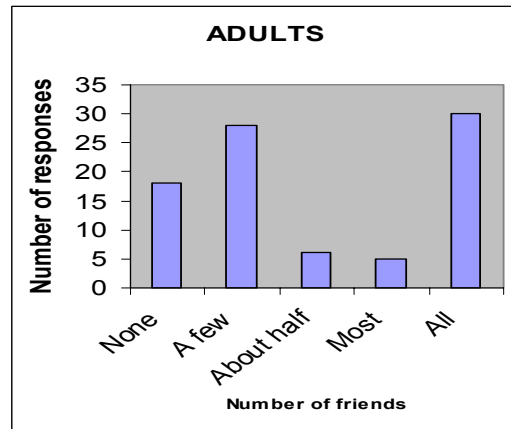


Fig 3.16

3.6 Risky sexual behavior

Respondents were asked the question “Would you refuse to have sex without a condom?”

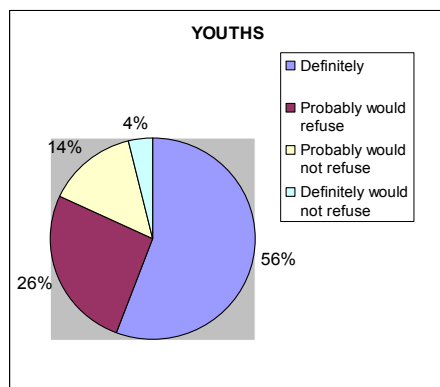


Fig 3.16

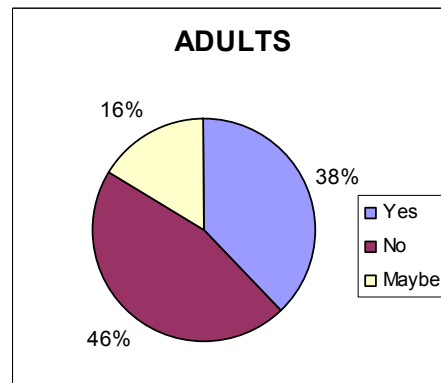


Fig 3.17

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”?

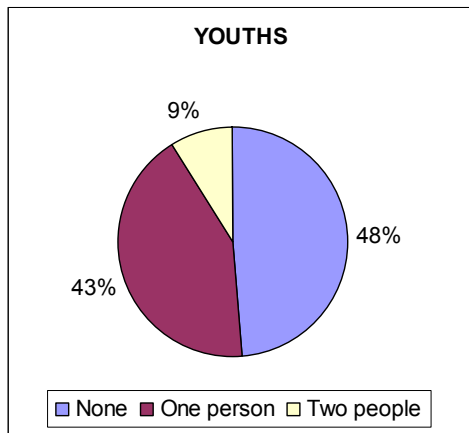


Fig 3.18

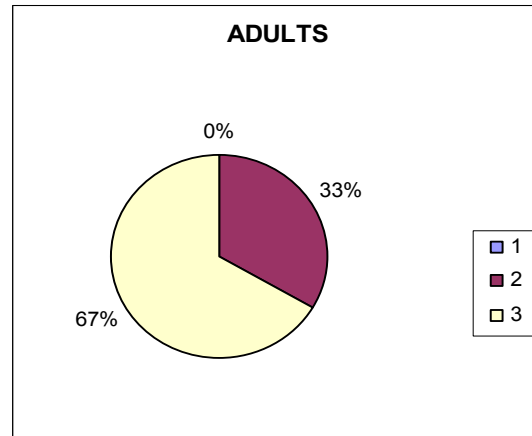


Fig 3.19

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?

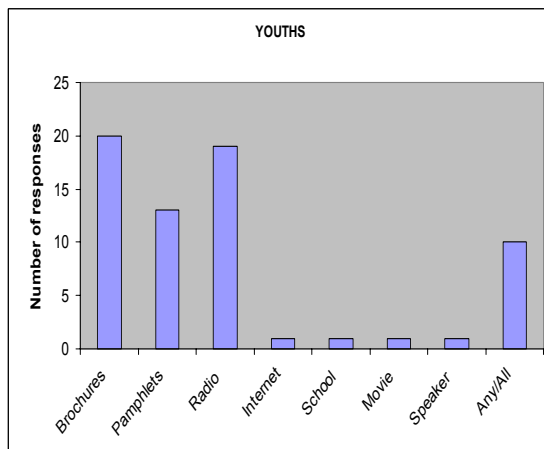


Fig 3.20

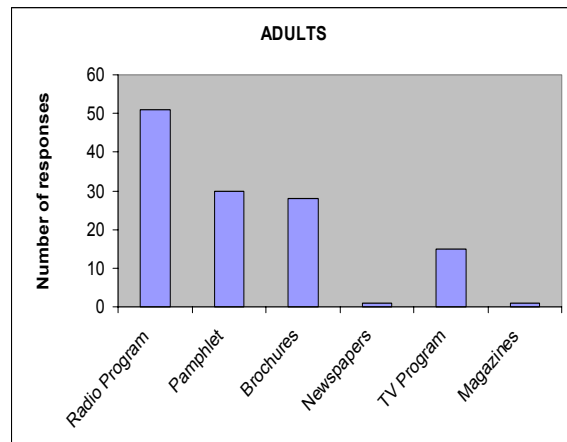


Fig 3.21

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.

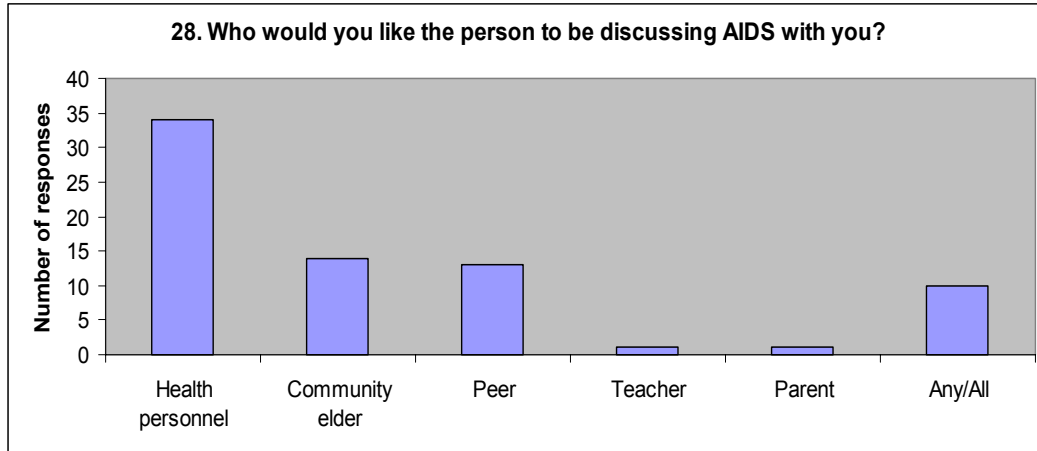


Fig 3.22

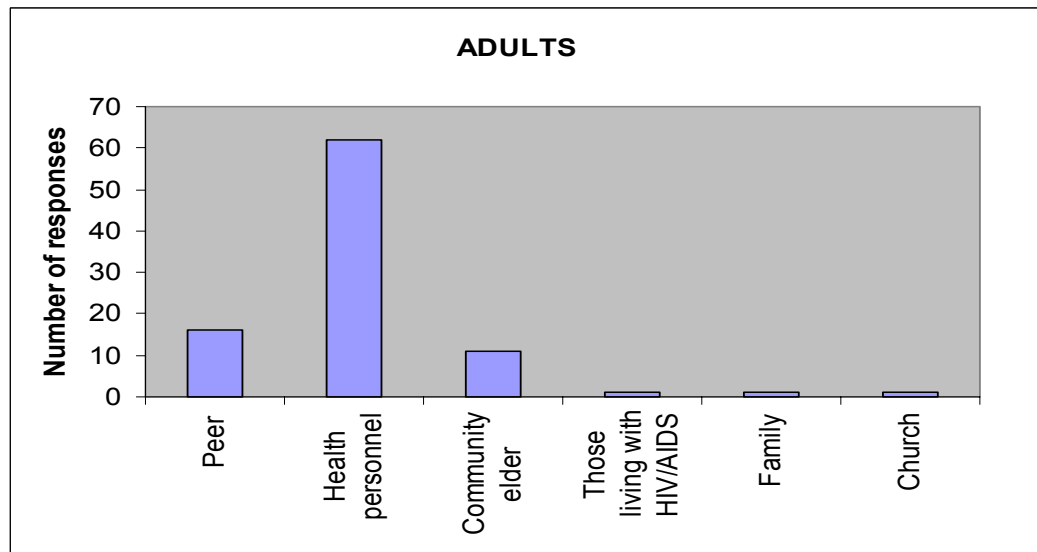


Fig 3.23

Both groups of respondents chose health personnel as their number one choice for whom to talk to them about HIV/AIDS.

GENERAL QUESTIONS ADULTS

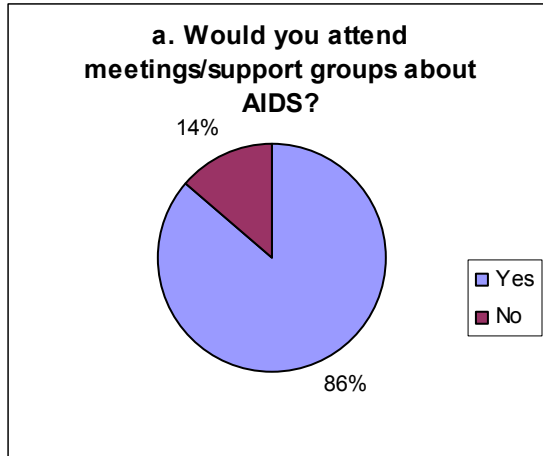


Fig 3.24

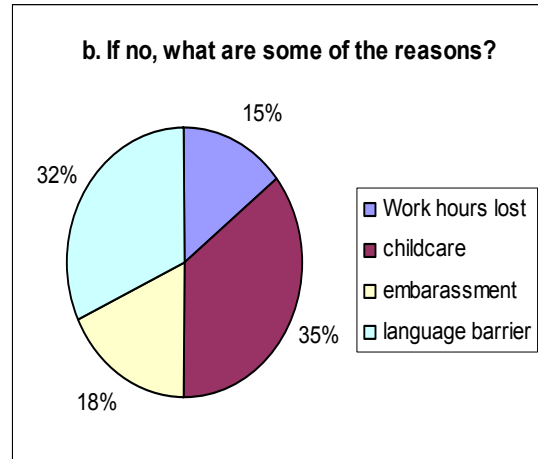


Fig 3.25

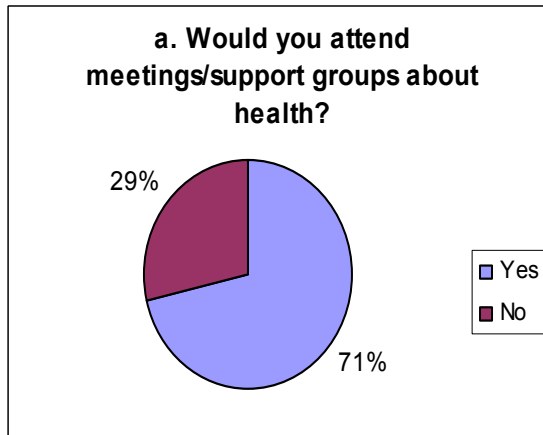


Fig 3.26

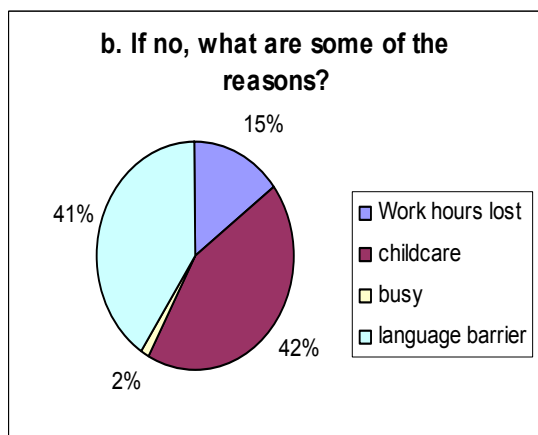


Fig 3.27

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.

GENERAL QUESTIONS YOUTHS

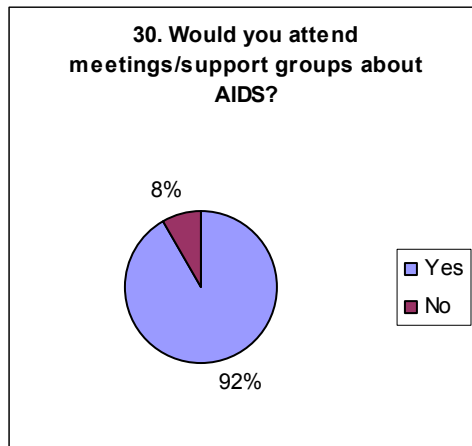


Fig 3.28

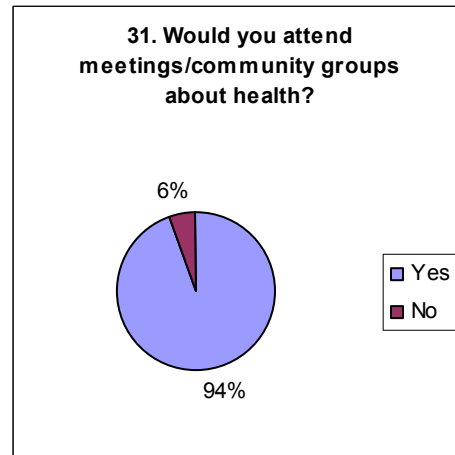


Fig 3.29

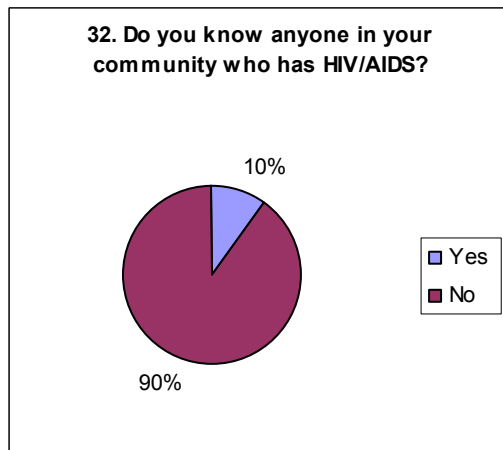


Fig 3.30.

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
3. *Lollock L.* The Foreign-Born Population in the United States: March 2000. Washington, DC: US Census Bureau; January 2001. Current Population Reports: P20-534.
4. *Borjas G.* Heaven's Door: Immigration Policy and the American Economy. Princeton, NJ: Princeton University Press; 1999.
5. *Loue S, Oppenheim S.* Immigration and HIV infection: a pilot study. *AIDS Educ Prev.* 1994;6:74-80
6. *Thamer M, Richard C, Casebeer AW, Ray NF.* Health insurance coverage among foreign-born US residents: the impact of race, ethnicity, and length of residence. *Am J Public Health.* 1997; 87:96-102.

MINNESOTA AFRICAN WOMEN'S ASSOCIATION
- MAWA -

**HIV/AIDS Information, Education and Communication Survey for Africans
in Minnesota**

Questionnaire - Youth

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.

MINNESOTA AFRICAN WOMEN'S ASSOCIATION
- MAWA -

**HIV/AIDS Information, Education and Communication Survey for Africans in
Minnesota**

Questionnaire - Youth

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 _____ 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.



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

*Text: Nyango Ndinge Nembang
Illustrations: Genevieve Roudane, 2003
Funding: New American Collaborative, Wilder Foundation and Otto Bremer Foundation*

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/aids.orphans/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.

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 may 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: afrol news – www.afrol.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 dago* 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?

MAWA, Minnesota African Women's Association
 2507 Fremont Avenue North, Suite 215
 Minneapolis, MN 55411
 612-529-9267, x 3302 Fax: 612-529-4743
 Mawa0302@yahoo.com • www.mawanet.org



Mawa

Minnesota African Women's Association



*When a lion comes into your village,
 you must raise the alarm loudly.*

Culturally Appropriate HIV/AIDS Education for Africans in Minnesota

if nothing touches the palm leaves, they do not rustle. That is why we, Africans, who do not talk about sex and HIV/AIDS, now must talk about it. AIDS is killing Africans in large numbers. About six thousand (6000) Africans die everyday from AIDS. Here in Minnesota, 335 Africans are living with AIDS; 65 new cases were diagnosed in 2002 and six African countries rank as the most affected here in Minnesota. We, Africans, have to start taking HIV/AIDS seriously. *A fly that has no one to advise it, follows the corpse into the grave.* African presidents have declared war on AIDS: it is that serious. *When a vine entwines your roof, it is time to cut it down.* The vine has entwined our roof: we must cut it down.

What is HIV and AIDS?

HIV is the short form for *Human Immunodeficiency 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 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.**

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 some one 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.

Qui est atteint du VIH/SIDA?

Tout le monde peut être infecté du VIH/SIDA s'il ne pratique pas la prévention : personnes âgées, jeunes, vierges, enfants, tout le monde. *Le VIH/SIDA est semblable à la pluie qui n'a point d'amis. Elle mouille tout le monde de façon égale. Le VIH ne fait pas de discrimination.* Plusieurs personnes craignent de révéler qu'elles sont atteintes du SIDA parce qu'elles savent qu'il y a des gens qui les discriminent et les stigmatisent. Cela ne pas vrai. Nous avons tout besoin d'apprendre comment vivre avec les personnes atteintes du SIDA. Et rappelez-vous de ceci : *Le bois dans le fagot ne se moque pas de celui dans les flammes.* Il pourrait s'agir de vous demain.



Origine du SIDA

L'histoire de l'origine du SIDA a change bien souvent au cours de ces dernières décades: 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 discutent de son origine. Les personnes se trouvant dans une maison enflammée 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 ne pas qui tu es, mais c'est ce que tu fais qui te 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.

Illustrations: Genvieve Roudane, 2003
Funding: New American Collaborative, Wilder Foundation and the Otto Bremer Foundation

Données en Afrique:

2.3 millions de personnes vivent avec le VIH/SIDA. Chaque jour 6000 meurent de SIDA. En l'an 2000, il y a eu 16 millions d'orphelins dus au SIDA, et il y'aura 28 millions en 2010 (www.cnn.com/2000/HEALTH/AIDS/07/13/aids.orphans/index.html)

Le Sénégal et l'Ouganda ont le plus de succès dans la lutte contre la transmission du SIDA. L'Ouganda,

précédemment le pays avec l'incidence la plus élevée est maintenant le succès mondial dans l'histoire : En 1993, 1.5 millions d'Ougandais étaient atteints, 800 000 sont morts, laissant 1.7 millions d'orphelins. Mais les Ougandais ont appris et pratiquent la prévention, surtout l'usage des préservatifs et la réduction du nombre des partenaires sexuels.

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

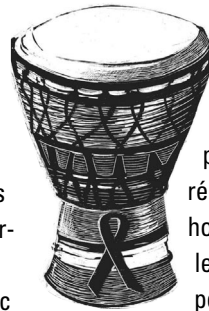
Et les Hommes font la Différence

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."*

Le gouvernement rwandais est d'accord avec le fait que "le comportement sexuel des hommes actuellement contribue et de façon substantielle à la transmission du VIH/SIDA au Rwanda et dans le monde."

L'engagement les hommes comme partenaires dans la lutte contre le VIH /SIDA est l'un des moyens sûrs de changer le cours de l'épidémie selon UNAIDS. C'est pourquoi l'UNAID a choisi "**Les Hommes Font la Différence**" comme le terme de campagne globale de cette année.

À l'échelle mondiale, les femmes âgées de 15 à 24 ans représentent la moitié des nouvelles infections VIH Il est estimé que 55% des adultes VIH positifs en Afrique sub-saharienne sont des femmes. Les filles adolescentes sont infectées à un taux cinq fois plus grand que les congénères males. La raison de ce taux



est s'explique par les relations inégales entre les hommes et les femmes surtout quand il s'agit de la sexualité. L'abus et la violence faits aux femmes et aux jeunes filles sont les exemples les plus frappants. Le viol est largement répandu. En Afrique du sud il est rapporté que, les hommes âgés atteints du SIDA violent en masse les jeunes femmes non-infectées croyant que cela peut les guérir de la maladie. La violence contre les femmes peut aussi prendre des formes moins prononcées. Les jeunes filles ont souvent des rapports sexuels avec des 'Papas gâteaux' qui les séduisent en échange de cadeaux et de faveurs. De telles relations inégales ont de grandes répercussions sur les femmes en termes des risques d'infection.

Les pratiques culturelles et les attitudes qui contribuent à la pandémie du SIDA comportent : La circoncision masculine, mutilation génitale féminine, héritage des veuves, nettoyage des morts, le tatouage cosmétique ou l'administration des portions magiques, la multiplicité des partenaires sexuels, polygamie perverse, des jeunes filles données en mariage à des hommes âgés ayant d'autres femmes.

Source: *afrol news* – www.afrol.com

Prévention *Celui qui est chassé ne craint point les épines..*



Il existe deux voies principales pour prévenir le VIH/SIDA- **ne pas avoir de rapports sexuels du tout ou utiliser un préservatif à chaque rapport.** Utiliser un préservatif que vous avez les rapports est la meilleure prévention possible.

Rappelez-vous de ceci : *le vent ne casse pas l'arbre qui se courbe.* Que vous aimiez les préservatifs ou pas n'est pas la question. *Quand la cadence du tambour change, les danseurs doivent suivre son rythme.* La danse du sexe a change, utiliser les préservatifs. *Celui qui est chassé ne craint point les épines.* Certaines personnes se plaignent du fait que le port des préservatifs les gêne. La patience est toujours rentable. *S'apprêter pour le voyage ne gâche le trajet.* Comme dit le Swahili ; *haraka haraka haina baraka:* La précipitation ne pas récompensée. Prenez le temps et utilisez les préservatifs à chaque fois. Gardez la tête froide et sauvez votre vie: l'alcool et les drogues altèrent le jugement. Garder la tête froide améliore vos chances pour une meilleure prévention.



Mythes

L'un des mythes les plus mortels assez répandu dans certaines régions d'Afrique maintenant et peut-être chez certains Africains ici au Minnesota dit qu'avoir les rapports sexuels avec une vierge guérit le SIDA. Cela n'est pas vrai. Il n'y a pas de traitement du SIDA. Cette idée a tellement enrage un ancien Président de la Zambie, Kenneth Kaunda, que ce dernier s'est exclamé: "Tu violes un enfant, croyant que cela va te 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 violeur,

si la vierge ou l'enfant a déjà le SIDA: D'autres complications surviendront aggravant sa maladie. Violer quelqu'un parce que l'on croit que cela traite le SIDA ou alors infecter délibérément d'autres parce que, comme certains l'ont dit auparavant, "je ne l'ai pas acheté au marché", est un meurtre. 24 Etats aux Etats-Unis poursuivront toute personne qui consciemment infecte d'autres avec le VIH/SIDA. Mettant la loi de cote, c'est une épée a double tranchants qui te blessera aussi. *Comme notre peuple le dit bien, celui qui urine dans le cours d'eau doit être averti, car l'un des ses parents pourrait boire de cette eau dans l'avenir.* Cela peut être ta sœur, ton frère, ton enfant, bref, le SIDA tourne. Il reviendra dans ta maison.

Retenez ceci

- Aucun patient atteint du VIH/SIDA n'est rapporté à l'immigration.
- Il existe maintenant des tests oraux disponibles.
- Le test est anonyme. Tous les tests sont confidentiels.
- Les patients VIH/SIDA peuvent recevoir les traitements même en l'absence d'assurance maladie.
- Tout patient sidéen, même ceux qui sont ici de façon illégale peuvent recevoir le traitement.
- Plutôt que d'être diagnostiqué avec le VIH, plutôt que vous commencent le traitement et plus longtemps vous pouvez vivre.
- Seuls les préservatifs en latex sont les meilleurs pour la prévention du SIDA.

Cette affaire du SIDA est dangereuse. Prétendre que cela n'existe pas ne nous aide pas: Sa kogolen be dogo comme le dit Bambara – le serpent cache grandit- l'éléphant grandit et devient adulte, que les gens le veuillent ou pas. Nous savons que ceci est des discussions que plusieurs d'entre nous n'apprécient pas. Mais nous devons en parler et pratiquer la prévention. Personne ne boit la sauce piquante à la hâte. Prenez votre temps, pensez-y et relisez cette brochure. Puis commencez à partager avec d'autres, commencez à pratiquer la prévention. Faites-le pour vous-même, pour vos enfants, pour votre famille, pour votre tribu, pour votre clan. 6000 Africains meurent chaque jour de SIDA. Si nous mourions tous, qui prendra soin des enfants?



Mawa

Minnesota African Women's Association



Lorsqu'un lion entre dans votre villages, sonnez fort 'alarme.

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

MAWA, Minnesota African Women's Association
2507 Fremont Avenue North, Suite 215
Minneapolis, MN 55411
612-529-9267, x 3302 Fax: 612-529-4743
Mawa0302@yahoo.com

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 mille (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. Mouches qui n'a point d'oreilles suit le cadavre dans la tombe. Les Présidents africains ont déclaré la guerre contre le SIDA. C'est si important. Lorsque la vigne entoure ton toit, il est temps de la couper. *La vigne a entouré 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'immunodéficiency acquise, en d'autres termes, lorsque le VIH vous attaque, votre système humain qui lutte contre la maladie devient altéré et ne peut plus se défendre contre les maladies ou infections. Ces maladies et infections desquelles vous vous rétablissiez 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 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 peuvent ne 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 atteints du VIH/SIDA que lorsque vous êtes testés 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.**

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, sécrétions vaginales, lait maternel, salive, larmes-voir www.cdc.gov/hiv/pubs/facts/transmission.htm pour plus de détails. Si vous êtes malades et avez besoin de transfusion sanguine aux Etats-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.

HIV/AIDS'n Eenyutu qabama?

Namni hundinuu yoo of-eeggachuu dhaa baatan HIV/AIDS'n qabamuu ni danda'u: namootni duulloman, namoonni dargaggoo ta'an, kan dubrummaan hin tuqamin, mucooliin, hundinuu. HIV/AIDS'n akka bokkaa isa fira jed-hee addaan hin baafnee ti. Hundumaa wal-qixa tortorsa. **HIV'n gosaan hin qoodu.** Namootni hedduun akka AIDS qaban ifa baasuu ni'sodaatu, sababni isaas namoonni isaaniin addaan qoodan akka jirani fi maqaa balleessan wan beekaniif. Kuni dogoggora. Hundi keenya namoota AIDS qaban waliin jiraachuu baruu nu barbaachisa. Amma illee yaadadhaa: gudeelchi hidhaa mukaa keessa jiru kan ibidda keessa jirutti hin kolfu. Boru sita'uu ni danda'a.



Jalqaba AIDS

Seenaan burqaa AIDS waggootii kurnan yartuu darban keessatti ala-baay-ee jijjiiramera:

vaayresii mana qorannaa keessatti uumamuu irraa hanga luuxii fi Afrikaatti. Kuni Afrikaanoota hedduu aarsee waay-ee burqaa isaa tii tuffatanii dhiisuu akka filatan godhe. *Namootni mana gubatu keessa jiran wal-loluu dhiisuun irra hin jiru.* Burqaan AIDS amma hedduu dhimma hinbaasu, waan amma hundi keenya, Afrikaanootni fi kan hin ta'inis haala wal-fakkaatuun balaa HIV/AIDS tiif saaxilamnee jirra. **Balaa irraan kan siga'u eenyumma kee utuu hin ta'in waan ati gootuu dha.**

Waraqaa gabaabduu kana keessaa hubachuun kan barbaachisu, hawaasota Afrikaa Minesootaa keessa jiraatan keessatti lakkoofsi namoota HIV/AIDS qaban hedduu gud-datee argamuu isaa ti; fi Afrikaanoota Minesootaa keessa jiraatan keessaa 53% (dhibba keessaa shantamii sadii) dhi-ira, akkasumas 47% (dhibba keessaa afurtamii torba) dubartii dha-www.health.state.mn.us.

Illustrations: Genvieve Roudane, 2003
Funding: New American Collaborative, Wilder Foundation and Otto Bremer Foundation

Dhugaa Afrikaa keessa jiru

Afrikaa keessa uummatni miliyoona 2.3'tti lakkawamu HIV/AIDS'n qabamee waliin jiraataa jiru. Guyyaa guyyaatti 6000 tu AIDS'n du'u. Bara 2000 keessa, ijoollee abbaa fi haadha hin qabne miliyoona 16'tu jiru turan; bar 2010'tti miliyoona 28'tu jiraatu: www.cnn.com/2000/HEALTH/AIDS/07/13/aids.orphans/index.html/ irratti ilaali HEALTH. Senegaal fi Ugaandaan AIDS'n akka hin babal'anne gochuu irratti irra guddaatti kan miilkaawanii dha. Ugaandaan, biyya irra guddaatti AIDS'n keessatti babal'achaa ture yommuu

Sababa Malee Dibbeen Gonkumaa Hin Rukutamu

Yeroo leenci ganda kee keessa dhufu, sagalee bil-bila keetii ol-kaasuu qabda. Ugaandaa keessatti kana goonee; akka dubbii hamaatti fudhannee milkii irratti arganne. AIDS'n karaa beekamoo lakkoofsaan muraasa ta'aniin waan daddarbuuf jecha of-irraa ittisuun ni danda'ama. Yoo gahaatti dammaqiinsa ol-kaafne, ni dhaabbata.

— Prezidaantii Ugaandaa Yowerii Museveenii

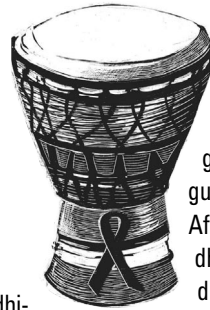
Mootummaan Ruwaandaa amalli qunnamtii saalaa dhi-irotaa biyya lafaa guutuu keessatti HIV/AIDS babali'isuu irratti gahee guddaa xabataa akka jiru ittu walii-gala.

Lola HIV/AIDS irratti geggeeffamu keessatti dhiirri hirmaattota akka ta'an gochuun karaa haala adeemsa balaa dhukkuba kanaa jijjiiruuf mirkanaawoo ta'an keessaa isa tokko dha, akka UNAIDS'tti. Kana waan ta'eef UNAIDS duula bara addunyaa guutuu keessatti godhamuuf mata duree **"dhiironni garaagarummaa ni fidu"** kan jedhu kan filateef.

Sadarkaa guutuu idil-addunyaatti, dubartoonni umriin isaanii waggaa 15 hanga 24 gidduu jiran namoota akka haaraatti HIV dhaan qabaman keessaa walakkaatti lakkaawamu. Namoota guguddoo biyyoota kibba Sahaaraa Afiikaa /Sub Saharan Africa/ keessa jiran keessaa dhib-bantaan 55 (55%) dubartoota akka ta'an tilmaameera.

Shamarran wagoota kurna keessa jiran dargaggoota umrii akkasii irra caalaa marraa 5 HIV/AIDS'n gaaga'amanii jiru.

Sababa lakkoofsa kanaa kan ta'e wal-gituu dhabuu



walitti-dhufeenya dubartootaa fi dhiirootaa ti; keessaa iyyuu walitti-dhufeenya saalaa ilaalchisee.

Goolii fi roorroon dubartootaa fi shamarran irra ga'u fakkeenya ija-banachiisaa ta'ee dha. Humnaan gudeeduun bal'inaan jira; Kibba Afrikaatti /South Africa/ immoo, namooti guguddoon AIDS'n qabaman, dhukkuba kana irraa nufayyisa jedhanii amanuu dhaan durboota umriin isaaniin gadii kan dhukkuba kanaan hinqabamin humnaan gudeeduun gabaafamee jira. Gooliin dubartoota irra ga'u haala akkana ifaa hin ta'iniinis ni ta'a. Shamarran ijoollee ta'an yeroo baay'ee namoota "abbaa shukaaraa" ta'aniin kennaa fi gochaa adda addaa tiin gowwomsamanii qunnamtii saalaa waliin godhu. Wal-qunnamtiin wal-hin gitne akkasii waan dubartoota irra ga'uuf deemu irratti gahee guddaa qaba, balaa dhukkuba kanaan qabamuu keessatti.

Gochaaleen aadaa fi hooda irratti hundaawanii babal'ina AIDS tiif gumaachan: Dhaqna-qabuu dhiiraa, dhaqna muruu dubartii, gursummeetii dhaaluu, reeffa qulqulleessuu, bareedinaaf tumachuu ykn bareedinaaf of tottolchuu, baay'ina lakkoofsa namoota wal-qunnamtii saalaa waliin godhanii, garmalee dubartii hedduu fuud-huu, fi ijoollee durbaa xixinnoo namoota gudguddoo niitoota biraa qabanitti eerumsiisuu.

Maddi Oduu: afrol news – www.afrol.com

Ittisa

Namni kophee qabu qoree hin sodaatu.



HIV/AIDS of-irraa ittisuu dhaaf karaa jajjabduu lama qofa tu jira – gonkumaa qunnamtii saalaa godhuu dhiisuu, ykn yeroo qunnamtii saalaa gootuu hundumaa kondomii laastikiitti fayaadamuu. Kondomii laastikiitti yeroo qunnamtii saalaa gootu hundumaa keewwachuun of-irraa ittisuuf carraa ati qabdu keessa isa irra guddaa dha. Yaadadhu: muka dabu qileensi hin cabsu. Dubbiin kondomii jaalachuu fi dhiisuu kee miti. Sagaleen dibbee yeroo jijjiiramu sirbitootni dhawaata isaa duukaa bu'uu qabu. Sirbi qunnamtii saalaa jijjiiramee jira, kondomiitti fayyadami. Namni kophee qabu qoree hin sodaatu. Namoonni tokko tokko kondomii keewwachuun akka isaan jeequ dubbatu. Obsi gadheen hin jiru. Qophii gochuun adeemsa hin balleessu. Akka warri Swaahilii jedhu: Haraka haraka haina baraka: Ariifadhu ariifad-huun eebba hin qabu. Yeroo fudhadhuu tii yeroo hundumaa kondomii keewwadhu. Sammuu qulqulluutti eeggadhuu tii lubbuu kee olfadhu: Alkoolii fi surrati murtii hubu. Sammuu qulqullu-utti eeggachuun carraa dhukkuba kana of-irraa ittisuuf carraqu kee tii siif fooyyeessa.



Dhara akka dhugaatti dhi-haatu /Sheekkoo/

Sheekkoon du'aaf nama kennu, kan amma Afrikaa keessatti babal'atee jiruu fi tarii namoonni Afrikaa addana Minnesotaa keessa jiran tokko tokkos itti amanana, wal-qunnamtii saalaa durba waliin qabaachuun AIDS irraa nama fayyisa isa jedhuu dha. KUNI DHARA. WANNI AIDS IRRAA NAMA FAYYISU HINJIRU. Yaadni kuni duratti Prezidaantii Zaambiyaa kan ture Kenneth Kaavundaa haalaan aarsee akkana jedhe: "Nu fayyisa jettanii amanuu dhaan mucaa tokko humnaan gudeeddu. Kun maraatummaa attamii tii?" Durba tokko ykn mucaa tokko wajjin qunnamtii saalaa gochuun nama badiin AIDS'n qabamuu irra ga'e kan biraa uumuu dha. Sanyiin bisingaa moofaa fi haaraan walumatti baabura daakuutti nam'uu dha. Dhugaadhumatti, haalli nama humnaan gudeedu sanatti irra caalaa badaa ta'uu ni mala,

yoo durbi ykn mucaan sun dursitee/dursee AIDS qabaate: dhukkuba isaa irra hamaa gochuu dhaan haala wal-xaxaa keessa isa galchuu ni danda'a.

Sababa AIDS irraa nafayyisa jette amantiif ykn osoo beektuu nama biraatti dabarsuuf, akka duraan jedhametti, "ani gabaa keessaa hin bitne", jechuun kan humnaan gudeeddu yoo ta'e, kun nama ajjeesuu dha. Kutaaleen US 24 nama utuu beekuu HIV/AIDS nama qabsiisutti ni roorrisu. Seera qofa utuu hin ta'in, billaa qara lamaa ta'ee sihumaan iyyuu kan si miidhuu dha. Akka namoonni keenya jedhan: *namni laga yaa'utti fincaa'u akeekkachiifamuu qaba, sababni isaas firri isaa ykn ishee kam iyyuu gara fuula duraatti laga sana irraa dhuuguu waan maluuf.* AIDS'n naannawee wal-ga'a: obboleetti kee, obboleessa kee, mucaa kee ta'uu ni mala: Naannawee mana keetti dhufa.

Yaadadhu!

- Namni HIV/AIDS'n qabame tokko iyyuu immigreshniitti hin gabaafamu.
- Yeroo ammaa carraan karaa afaaniin ilaalamu ni jira
- Osoo eenyummaan 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 qabachuun kee qoratamee yoo beekame daftee tajaajila fayyaa argachuu jalqabuu fi yeroo dheeraa jiraachuu ni dan deessa.
- Kondomii laastikii qofatu AIDS of-irraa ittisuuf irra caalaa gaarii dha.

Dhimmi AIDS dhaa balaa-qabeessa. Akka waan hinjirree fakkeessuun nu-hin-gargaaru. *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'een keenya kan hin feene akka ta'e ni beekna. Haa ta'u malee waayee isaa dubbachuu fi of-irraa ittisuuf carraaquu nu barbaachisa. Namni kam iyyuu shorbaa mixmixaa ariitii dhaan hin dhugu; yeroo kee fudhadhu, waayee kanaa itti yaadi, waraqa kanas irra deebi'ii dubbisi. Achiin booda namoota biraatti himuu jalqabi, of-irraa ittisuu hojii irra olchuu jalqabii. Ofii kee tiif godhi, ijoollee keetiif jecha godhi, maatii kee tiif jecha godhi, gosa kee tiif jecha godhi, qomoo keetiif jecha godhi Afrikaanoota 6000 tu guyyaa guyyaatti sababa AIDS tiif du'u. Hundi keenya du'aaf yoo of- laanne eenyutu ijoollee keenya guddisaa?



Mawa

Minnesota African Women's Association
Waldaa Dubartoota Afrikaa Minnesootaa

(Oromo)



Yeroo leenci ganda kee keessa dhufu, sagalee bilbila kee tii olkaasuu qabda

Haala aadaa wajjiin wal-simateen Barnoota HIV/AIDS irratti Afrikaanoota Minnesootaa tiif Qophaa'e

MAWA, Minnesota African Women's Association
MAWA Waldaa Dubartoota Afrikaa Minnesootaa
2507 Fremont Avenue North, Suite 215
Minneapolis, MN 55411
612-529-9267, x 3302 Fax: 612-529-4743
Mawa0302@yahoo.com

Yoo waan tokko baallan meexxi hin tuqne, baallan hin shakaksan. Kanaafi nuti uummatni Afrikaa, warri waayee qunnamtii saalaa fi HIV/AIDS hin dubbanne, amma waayee isaa dubbachuun kan nu irra jiraatu. AIDS'n (Eedsiin) uummata Afrikaa lakkoofsaan guddaa ajjeesaa jira. Addana Minnesootaa keessatti, namootni Afrikaa 335 AIDS wajjin jiraataa jiru; bara 2002 keessa namootni AIDS qaban harawaan 65 bira ga'amani kan jiran yommuu ta'u, Minnesootaa keessatti biyyootni 6 hedduu kan tuqamani dha. Nuti Afrikaanootni, HIV/AIDS akka hamaatti fudhachuu jalqabuutu nu irra jira. *Titiisni kan ishee gorsu hin qabne, reeffa duukaa owaala senti.* Prezidaantootni Afrikaa AIDS irratti duula labsanii jiru; amma kanatti jaba dha. *Yeroo wayniin gubbaa manaatti maramu, muramuun yeroo isaa ti.* Waynichi gubbaa mana keenyaatti marameejira: kutuu tu nu irra jira.

HIV fi AIDS'n maalii dha?

HIV'n jechootni '*Human Immuno-deficiency Virus*' jedhaman gabaabaatti kan ittiin waamamanii dha. Vaayresiiin kun kan AIDS fidanii dha. AIDS'n '*Acquired Immuno-deficiency Syndrome*' irraa kan dhufe yommu ta'u, hiikni isaa yommuu vaayresiiin HIV si waraantu, qaama kee keessaa wanni dhukkubaa fi tortora sirraa ittisu hubamuu dhaan sana booda dhukkubaa fi tortora oolchuu dadhaba. Dhukkuboonni fi tortori duratti irraa fayyuu dandeessu turte amma si ajjeesuu ni danda'u, hangam takka cimaa fi dardara yoo taate illee: *akka leenca dulloomee titiisni illee mo'attuu taata.*

Namni tokko attamitti HIV/AIDS'n qabamaa?

HIV'n kan siqabuu danda'u qunnamtii saalaa gochuu dhaan ykn, nama dursee vaayresii sana qabuu waliin walitti bu'insa dhiigaa fi dhiigaa gochuu dhaani. Nama qabamee jiru baruu hin dandeessu yoo qoratamaniiru ta'ee, sana iyyuu yoo sitti himani malee Namootni HIV qaban akka qaban beekuu dhiisuu ni malu, sababni isaas fayya- qabeessa waan fakkaataniif akkasumas dhukkubbiin waan itti hindhaga'amneef. Yoo dhuma illee fayya- qabeessaa fakkaatani dhukkubbiin itti hin dhaga'amne illee dhukkubbiin itti dhaga'amu isaaniin dura waggootii dheeraaf namoota biraatti dabarsuu ni danda'u. Kan ati HIV/AIDS qabaachuu kee baruu dandeessu dhimma sanaaf yoo qoratamte ykn. Mallattoon

mil'achuu yommuu jalqabuu dha. Baay'een mallattoo dhukkuba kanaa dhukkubbootuma haaraa hin taane kan akka ho'ina qaamaa fi garaa kaasaa ti. Namootni HIV/AIDS qaban dawaa fudhachaa jiru yoo ta'e illee sitti dabarsuu ni danda'u. AIDS qabaachuu kee kan sitti himuu danda'u doktora qofa. HIV/AIDS dhaaf **KITTIBAATIIN HIN-JIRU. AIDS irraa WAAN NAMA FAYYISUU HINJIRU.** Qorichootni namoota AIDS qabaniif kennaman yeroo dheeraaf akka jiraatan isaan gargaaru fi foyyeesuuf malee isaan hin fayyisu. **HIV/AIDS of irraa eeguu qofaatu meeshaa dha.**

HIV/AIDS'n attamitti daddarba? HIV'n karaa itti darbuu danda'u 3 tu jira:

- Nama HIV/AIDS qabu waliin karaa buqushee, munnee ykn afaanii qunnamtii saalaa gochuu
- Lilnee coraa jalaa namni biraan itti dhimma ba'etti fayyadamuu.
- Haadha irraa gara mucaa isheetiitti yeroo ulfaa ykn da'umsaa fi harma hosisuu.

Dhugaatti, HIV'n furdina garaa garaa tiin dhiiga, dhalcha, dangala'aa buqushee, aannan harmaa, hancufa, fi imimaan kessatti ni argama – bal'inatti: www.cdc.gov/hiv/pubs/facts/transmission.htm ilaali. Yoo si dhukkuba ta'ee dhiiga nama biraa fudhachuun United States keessatti sibaarbaachise, hin sodaatin: dhigni gumaachame hundi HIV tiif qoratamee fi namootni HIV/AIDS qabanis United States keessatti dhiiga gumaachuu waan hin dandeenyeef.

Yuu ku dhacaa HIV/AIDS:

Qofka da' kasta wuu ku dhici karaa haddii ayan ka hortagin. *Waa sida roob aan saaxiib aqoon, dadkana si siman ah u wada qooya. HIV dad takoor mayaqaan.* Dad badan ayaa ka baqa in loom aqoonsado in ay yihiin dad cudurkaas qaba. Waana arrin khaldan. *Qoriga qoryaha lagubayo ku jira ma qoslo. Adigaba berri waa ay kugu dhici kartaa.*

Asalkii AIDS



Sheekada meesha uu ka yimid AIDS way is bedelaysay tobanaankii sano e tegey. Waa cudur lagu abuuray sheybaar ragga isu galmooda (Qowmuluud)

oo Afrika loo daray. Arrintan waxay ka xanaajisay Afrikan badan oo goostay in ay iska dhegatiraan ama ka doodaan asalkiisii. *Dadka ku jira guryaha gubanaya waa in ayan doodda joojin.* Asalkii AIDS in yar ayaa laga og yahay hadda, laakin afrikaan ahow ama ha ahaanin waad u nugushahay HIV/AIDS. **Ma ahan cidada aad tahay ee waxa weeye maxaad samaysay ee khatar ku galin kara.**

Waxa muhimka ah ee al doonayo in lagu xuso warqadan waa sida weyn ee uuugu kordhaya dadka Afrikaan ka ah ee Minnesota ku nool. Ragga 53% ayaa lagu hayaa , dumarkana 47% ayaa qaba- www.health.state.mn.us

Illustrations: Genvieve Roudane, 2003
Funding: New American Collaborative, Wilder Foundation

Xaqiiqada Afrikaanka

2.3 milyan dadka Afrika ah ayaa qaba HIV/AIDS. Maalin walba waxaa AIDS u dhinta 6000. Sanadkii 2000 waxaa jiray 16 milyan agoon AIDS ah, waxaana lo maleeyaa in ay noqon doonaan 28 milyan sanadka 2010. www.cnn.com/2000/health/aids/07/13/aidsorphans/index.html

Senegal iyo Uganda ayaa ugu guul sareeyay ku guulaysashada faafinta cudurka AIDS. Uganda oo hore

u ahayd waddanka ugu AIDS badnmaa adduunka ayaa hadda ah wadanka ugu guusha sareeya adduunka. Sanadkii 1993 waxa AIDS uu saameeyay 1.5 milyan, waxaana u dhintay 800.000 waxayna ka tageen 1.7 milyan agoon. Laakin Uganda waxay baratay sida looga hor tago iyadoo la yareeyay isu galmoodka dadka aan is qabin.

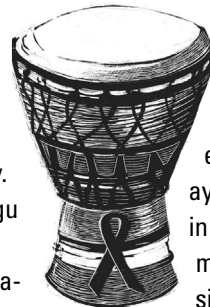
Durbaan sabab la'aan looma garaaco

Madaxweynaha Uganda Yoweri Museveni: *Markii libaax xaafadda yimaado waa in aad kor u qaadid qaylo dhaanta.* Tani waa arrintii aannu ka samaynay Uganda; ma aanan

dhayalsan natiijo fiican baannuna ka gaarnay. AIDS waxaa looga hortagi karaa iyado la isugu gudbiyo dhowr dariiqo oo la yaqaano. Haddii aannu si kalsooni leh taxadar galino wuu istaagi doonaa.

Dawladda Rwanda waxay ku heshiisay in "Dabecadda galmoodka ragga wuxuu in badan soo kordhiyay faafidda HIV/AIDS ee Rwanda iyo adduunka.

Ka soo qayb galinta ragga ladagaalanka HIV/AIDS waa mid ka mid ah dhabaha lagu bedeli karo cudur faafidan, tixraaca UNAIDS. Waana sababta UNAIDS ay u doorteen halkudheega '**Ninka ayaa isbedel samayn kara**' ee ololaha ladagaalanka caalamiga ah ee sanadkan.



Tirakoo caalami ah, haweenka da'doodu u dhexeyso 15 ilaa 24 waxay qabaan laba meelood meel HIV hadda la qaaday. Waxaana lagu qiyaasaa 55% dadka qaba HIV ee dhulka saxaraha ka hooseeya ee Afrika in ay yihiin haween. Gabdhaha barbaarta ah 5 jeer in ka badan bay qaadaan nimanka ay la kulmaan. Taas waxaa laga fahmayaa in ayan u sinayn xiriirka labka iyo dheddiga isu tagooda.

Xoog isticmaalidda iyo ku xad gudubka Haweenka iyo gabdhaha ayaa tusaale u ah kuwa durba ishu qabanayso. Kufsiga ayaa aad ugu faafay Koonfur afrika. Dadka waaweyn ee AIDS qaaday ayaa si xoog ah ku fidinaya iyagoo kufsanaya kuwa yaryar ee aan hore u qabin, iyagoo qaba in ay saan daawo u noqonayso. Gabdhaha yaryar ee odayaasha u taga si ay wax uga helaan ayaa iyaguna Ciribxumo iyo halis kulma.

Waxaa jira laba hab oo looga hortago HIV/AIDS-waxba ha u galmoon Ama

KA HORTAGGA

Kabo qabe kama baqo qodaxda



Waxaa jira laba hab oo looga hortago HIV/AIDS-Waxba ha u galmoon. Waxaa ilaahay subxaanahu Watacaala uu bani aadamka ku abuuray shahwo, hadaba waxaa loogu tala galay in qofku shahwadiisa uu ku guto meel munaasab ah. Lab iyo dheddigba waxay xaq u leeyihiin in ay shahwadooda gutaan laakin ay maraan hab xalaal ah. Hadaba ku ekoow gogoshaada xalaasha ah si aad naftaada iyo qoyskaaga u badbaadisid. Haddii aadan haysan meel xalaal ah iska adkayso oo ha u galmo tegin xaaraan si aadan u qaadin HIV/AIDS iyo cadaabka ilaahay oo ka sii daran.

Ceeb iyo mustaqbal xumana kuu sii wehliso. Waxaa kale oo looga hortagaa in aad iska hubisid qofka aad guursanaysid sida uu yahay. Ma yahay qof Allah kabaqaya oo la isku aamini karo ama soo baar inta aadan guursan oo aadan la aqal galin.



Khuraafaad

Kan ugu khatarsan khuraafaadka baahay ee Afrikaanka waxa weeye la galmood gabar bikro ah ayaa daaweeya AIDS. **TAN WAA NOLOL. DAAWO MA LEH AIDS.** Fikradan waxay ka caraysiisay Madaxweynihii hore ee Zambia, Kenneth Kaunda oo yiri "U kufsi ilmo loo qabo in lagu dawoobayo. Maweeyan waali ahayn taas?" La galmood ilmo ama bikro waxay kaliya oo abuurtaa AIDS kale. *Mirihii hore iyo kuwa hadda soo go'ay waxay ku wada shiidmaan makiinadda badarka shiidda.* Waxaa laga yaabaa in kufsaduhu dhib kala kulmo oo uu qofka la kufsaday hore u qabay AIDS. Waxaa laga yaabaa in ay arrintu ayba ka sii darto. Kufsi qof loo kufsado si loogu dawweeyo AIDS ama ula kac qof lagu daarto.Si

hadda ka hor qof u yiri “Anigu suuqa kama soo gadan”, Waa dil. 24 dawladdood oo ka tirsan Maraykanka waa la dacwayn karaa qof kasta oo ogaansho ugu gudbiya qof kale cudurka HIV/AIDS. Sharciga ka sokow waa seef laba af la’ ah oo adiga ku dilaysa. Sida ay dadkennu yiraahdaan “ Qofka ku kaadsha biyo mareen (tog) waana laga waaniyaa waayo waxaa laga yaabaa in ehelkiisu ka biyo cabaan togaas mustaqbalka. Waxay noqon kartaa walaashaa ama walaalkaama cunugaaga, AIDS waa wareegaa. Wuxuu ku soo noqonayaa gurigaaga.



Mawa

Minnesota African Women's Association

•Maskaxda ku hay:

- Looma gudbiyo akhbaarta HIV/AIDS xafiiska socdaalka (immigration).
- Su’aalo afka ah ma jiraan.
- Waxaa lagu baari karaa adoon magac lagu waydiin. Baaritaamada oo dhan waa sir lagu qarinyo.
- HIV/AIDS qofka qaba waa la dawaynayaa xataa haddii uusan haysan caymis caafimaad.
- Qof kasta oo qaba AIDS, xataa kuwa aan sharciga lahayn waa la dawaynayaa.
- Markaad horay ka jiratidba horay ayaad daawo ka bilaabi kartaa si aad u ladnaatid.
- Nooca Kondhomka ah ee “letex” ayaa ah Kan ugu fiican xagga kahor taga cudurka AIDS ka.

Cudurkan AIDS waa ganacsi khatar ah. Is hilmaansiin jiritankiisa daawaynta ma kaalmayso. Maska qarsoon wuu koraa. Maroodigu waa koraa wuuna waynaadaa ama rab ama ha rabin. *Waa arrin aanan ka hadlin laakin loo baahan yahay in laga wada hadlo si looga hortago.* Fudayd looma cabo maraq basbaas. *Waqtigaaga qaado, kana fakar oo warqadaan akhri.* Bilow la hadalka si looga hortago. *Naftaada u samee, caruurtaada u samee, qoyskaaga u samee, qabiilkaaga u samee. 6000 afrikaan ah ayaa maalin walba u dhinta AIDS. Haddii annu kuligeen oggolano in aa dhimano, yaa carruurteenna korinaya.*



MARKII LIBAAX XAAFADDA YIMAADO KOR U QAYLO DHAAMI

Culturally Appropriate HIV/AIDS Education for Africans in Minnesota (Somali)

MAWA, Minnesota African Women's Association
2507 Fremont Avenue North, Suite 215
Minneapolis, MN 55411
612-529-9267, x 3302 Fax: 612-529-4743
Mawa0302@yahoo.com

Haddii aan dabayl taaban geedka caw-baarka ma sharqamaan. Waa sababta haddii aany afrikaan anahay aanan uga hadlin cudurka AIDiska, ee waa in aan hadda ka hadalnaa cudurkaas dilayaa afrikaan badan. Maalin walba waxa ku dhinta ugu yaraan lix kun. Minnesota waxaa ku nool 355 Afrikaan ah oo qaba oo ay ka mid yihiin 65 laga helay sanadkii 2002. Lix wadan oo Afrikaan ah ayy ah dadka ugu badan cudurkan ee Minnesota. Waa in aanan dhayalsan cudurkan. Waa safar aan la iskula taliyeen oo ah meyd qabri loo sii wado. Madaxweynayaasha Afrika oo ku dhawaaqay dagaal lagu qaadayo AIDSKa:Waa arin aan la dhayalsan. Marka caleemuhu gurigaaga ku baxaan waa marka la jaro.

Waa maxay AIDS iyo HIV.

HIV waxaa laga soo gaabiyay *human immunodeficiency virus*. Cudurkan (virus) ayaa sababa cudurka AIDS. AIDS waxay u taagan tahay *Acquired Immunodeficiency Syndrome* oo ah marka cudurka HIV ku weeraro, difaaca jirkaaga ee la dagaalama cudurada ayaa dhaawac maya oo aan hadhow dib isaga difaaci karin cudurada iyo jeermiska. Cudurkan iyo Jeermiskan oo aad hore uga biskootay ayaa ku dili kara hadda si kasta oo aad xoog u leedahay ama aad u da’ yartahay. Waxaad la mid noqonaysaa libaax duqoobay oo xataa diqsi-ga aan iska difaaci karin.

Sidee qof ugu dhacaa HIV/AIDS

Waxaad HIV ku qaadi kartaa galmo ama dhiig ka qaadasho qof jiran. Ma ogaan kartid qof jiran ilaa la baaro ama uu kuu sheego. Dadka qaba cudurka isma ay oga oo waxay u qabaan in uu caafimaad qabo. Inkastoo ay u eg yihiin in ay caafimaad qabaan hadana waxay qaad siin karaan dadka. Waxaad ogaan kartaa in aad qabtid marka lagu baaro ama ay kugu bilowdaan calaamadihiisa. Calaadaha badankood waxay la mid yihiin kuwa

cudurada kale sida qandho ama shuban. Qofka qaba cudurkan wuu qaadiin karaa qof akel haddii xataa uu qaadanayo daawo. **IN AAD QABTID WAXAA KALIYA OO KUU SHEEGI KARA TAKHTARKA.**

Cudurkan ama jeermiskan **Talaal iyo daawo malahan.** Daawooyinka dadka cudurkan qaba la siiyo waxay qofka taraan cimri dheeraan iyo caafimaad kumeel gaar ah ee qofkii ma biskoonayo. **HUBKA KALIYA EE LAGULA DAGAALAMI KARO WAA KA HORTAG.**

Sidee cudurka u faafaa?

Saddex hab ayuu badanaa ku dfaafaa oo kala ah

1. In aad la galmooto qof qaba.
2. In aad irbad la isku duro wada isticmaashaan qof qaba.
3. Hooyo qabta oo ilmaheeda ugu gudbisay uurka, dhalmada ama naasnuujinta.

Sida caadiga ah HIV waxaa laga helaa noocyada kala cuf iyo tiro duwan ee ku jira dhiigga, shawada, dareeraha taranka haweenka, naas nuujinta, dhareerka iyo ilmada. Eeg www.cdc.gov/hiv/pubs/facts/transmission.htm si aad u heshid war bixin dheeraad ah. Haddii aad jiran tahay oo aad rabtid in lagugu shubo aadna joogtid maraykanka ha biqin waayo dhiigyada Maraykanka oo dhan waa la baaray oo dadka cudurkan aba looma oggola in ay dhiig bixiyaan.

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.



maawa Minnesota African Women's Association