

## I. Summary

The Multicultural AIDS Coalition (MAC) – Africans For Improved Access (AFIA) Program submits *In Our House: An African Story Video* (IOH) to the American Public Health Association's (APHA) 5<sup>th</sup> Annual Film Festival. Built on the traditional African art of storytelling, IOH is a 25 minute health communication tool depicting a Sub-Saharan African (SSA) immigrant family's journey in dealing with HIV/AIDS in the United States. It is complemented by a 12-module cognitive and behavior change curriculum. IOH provides HIV prevention and education, but also explores real and perceived barriers which have made Sub-Saharan Africans susceptible to HIV/AIDS infection in the United States. It also serves as a training video for providers on cultural sensitivity towards SSAs as it refers to engaging SSAs into HIV services.

## II. Organization Overview

Started in 1988, the mission of the Multicultural AIDS Coalition (MAC) is to mobilize communities of color to end the HIV/AIDS epidemic. MAC accomplishes its mission by implementing culturally appropriate interventions, offering education about the impact of STDS, HIV and Hepatitis, building coalitions between community institutions and the health and social service field, and mobilizing the community to take action.

Recognizing the diversity within communities of color, MAC has population-specific programs that provide culturally and linguistically appropriate services to Black men who have sex with men (MSM), Sub-Saharan Africans (SSAs), African-American women, Latinos living with HIV, and the Black faith community. MAC's SSA program, the Africans For Improved Access (AFIA) Program, is the first program in Massachusetts specifically focusing on providing HIV prevention and education services to Sub-Saharan African immigrants and refugees living in Massachusetts. The AFIA program provides individual, group, and community services: (a) *Street Outreach*: Weekly visits and distribution of HIV prevention materials to places Sub-Saharan Africans frequently congregate (b) *Pamozi*: HIV positive prevention, education and support group for SSAs living with HIV (c) *Safety Net Parties*: HIV prevention and education group sessions to SSA men and women at high risk for HIV infection (d) *Health System Navigation*: Engage SSAs to conduct outreach to peers and facilitate access to health services (e) *Technical Assistance and Capacity Building*: Trainings for SSA organizations on organizational and program development; and cultural competency trainings for providers who serve SSAs, and (f) *Community Education & Mobilization*: Partners with over 25 SSA grassroots associations to provide culturally sensitive HIV prevention and education services at SSA-specific community events.

## III. Intended Audience

For the past several years, Massachusetts has seen a significant increase in HIV infection among Sub-Saharan Africans. According to Massachusetts Department of Public Health (MDPH), within the three-year period 2003 to 2005, 50% of new diagnoses among blacks are non-US born. Of these, 36% are Sub-Saharan Africans (SSAs)<sup>1</sup>. SSAs are often disconnected from primary medical care because they are unaware of available services, leery of seeking services, or perceive economic stability as taking priority over seeking health care. They struggle with cultural differences and language barriers when acculturating into Western society. Cultural customs, such as female circumcision and polygamy (though it is practiced

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<sup>1</sup> Massachusetts Department of Public Health – HIV/AIDS Bureau, “*An Added Burden: The Impact of the HIV/AIDS Epidemic on Communities of Color in Massachusetts*”, December 1, 2007.

in secrecy in the US), are prevalent risky behaviors within several African communities. Limited or lack of insurance adds to low usage of preventive health care. The most detrimental factor among SSAs is stigma. There is a perception among most SSAs that only people who have engaged in unacceptable sexual behavior or drug use become infected. Often, cultural and religious values dictate sex, homosexuality, drug-use, and HIV/AIDS as taboo topics; therefore, families seldom discuss safe sex and educate themselves about HIV. Stigma also affects HIV-positive individuals. After a person tests positive, he or she faces many difficult decisions that include how to enter and adhere to care and whether to disclose HIV status to family members and healthcare providers. Some have been disowned by their families after disclosing as being HIV positive.

#### **IV. Formative and Summative Evaluation**

In an effort to address these complex barriers MAC began working with the Black HIV/AIDS Coalition (BHAC) – SSA Task Force to develop a culturally appropriate HIV prevention and education video targeting the SSA community in Massachusetts that brings to the forefront the cultural issues associated with discussing, being tested and treated for HIV/AIDS. The SSA task force formed under BHAC, consisted of SSAs from different countries infected with and affected by HIV/AIDS. Part of the group's responsibility was to assist in developing, implementing, and evaluating MAC's prevention and education services for SSAs.

It was decided to develop and produce a film because of the African traditional art of storytelling. As a central component to communication, storytelling draws on the collective wisdom and experiences of a community reinforcing their history, values and ways of life, thus having social and ethical importance. Creating an HIV film was also seen as an ideal way of outreaching to SSAs of limited literacy.

For six (6) months, MAC convened a standing focus group. The group consisted of MAC staff who reflected the community, members of the SSA task force, and the film production consultants. The group was engaged in a community participatory approach to identify script themes, write the script, set the scene and direct the film. The process began by identifying the commonalities among the SSA community as it relates to cultural values and attitudes towards HIV/AIDS and related topics. Also, themes represented beneficial information that SSAs will be able to use to access health services, as well as, build awareness of HIV/AIDS within their community. These themes would be used by the consultant to structure a draft of the script. Themes and some underlying topics included:

- Culture: Gender bias, Taboos towards homosexuality, Work ethics, Importance of Marriage, and Facts about Africa
- Prevention: Condom use, HIV testing, and ABC model
- Communication: Not talking to youth about sex and Confidentiality
- Living with HIV/AIDS: Process of disclosure, Progression of HIV/AIDS, Denial, and Isolation
- Care & Resources: Available resources, Mental health services, Support groups, Government sponsored programs, and Domestic violence
- Transmission: Facts about HIV/AIDS

After 6 weeks, the consultant presented the first draft of the script to focus group members. Participants provided recommendations to be included in the second draft. After two

additional focus groups, participants stated that the script accurately detailed the different values held in the SSA cultural versus Western culture, promoted discussions about homosexuality in the SSAs community, provided beneficial information on HIV and HIV services, showed challenges for SSAs living with HIV, and overall, encouraged the SSA community to begin talking about HIV.

Once completed, the video was launched in the community. Participants found the video useful in facilitating discussions about HIV/AIDS in the SSA community. Hence, MAC decided to incorporate the tool into existing prevention and education services funded by the Massachusetts Department of Public Health (MDPH) – HIV/AIDS Bureau (HAB). As a standing objective, MAC's SSA program, Africans For Improved Access (AFIA), implements IOH as a one session group and community level intervention with individuals living with HIV and at-risk for HIV. Overall, after participating in the one time session individuals were more likely to engage in AFIA's HIV/AIDS prevention and education services and access primary care services. Confirmed referrals were made to AFIA's group level intervention focused on increasing women's health literacy in body anatomy, safe sex practices, STIs, and HIV testing. Also, participants were engaged in individual level interventions, such as HIV testing and health assessments, which include positive prevention, harm reduction, and skill-building. More than 400 SSAs are reached yearly.

The development and production of the IOH video was supported by the Office of Minority Health (OMH). To supplement the video, MAC was also funded by the Centers for Disease Control and Prevention (CDC) to develop a discussion guide.

In 2007, MAC/AFIA was funded by the MDPH-HAB to update the IOH video and enhance the discussion guide into a curriculum. The goal of the video expanded to a cognitive and behavioral change group intervention that can be used universally to reduce HIV-related stigma among SSA immigrants and refugees. Again, MAC was committed to ensuring the process was community-driven and incorporated the knowledge of the community. MAC held a focus group with SSA community members to receive recommendations regarding editing of the video and adding cultural specific consideration for the complementary curriculum. Editing recommendations from the group included:

- Keeping the scene about homosexuality because SSAs need to recognize that same-sex relationships exist in the community. Concern was raised that this scene may not be effective with faith-based groups and may in fact cause participants to be shut off from the other content of the training.
- Keeping the scene that discusses birth control pills, however the video-clip could lead an audience member to believe that birth control pills do not prevent pregnancy. The curriculum will provide clarification.
- Deleting the scene where a stranger knocks on the door. It was specifically used for training providers on SSA culture and the SSA value on hospitality. Since the IOH curriculum will be geared toward a SSA audience, this was no longer a crucial component.
- Re-shooting the scene that provided HIV testing information. It contained some outdated information and messages that are not consistent with the harm reduction framework. Also, rapid testing methods were not included.
- Including a scene of Chinua going through a HIV counseling and testing session.

- Re-shooting the scene with the HIV case manager. A lot of information was given, which could be covered in the curriculum. Some messages were not consistent with MDPH-sponsored messages regarding harm reduction or risk of HIV re-infection.

In evaluating the impact of the IOH video and curriculum, MAC's Africans For Improved Access (AFIA) program held three (3) focus groups. It was important to evaluate the effectiveness of the intervention according to sub-populations – African women, African men, and African youth. At the end of each session, participants also gave feedback on the video and curriculum activities.

Overall, participants appreciated the realistic nature of the video and appreciated the way it addresses the myths about HIV in the SSA community. Also, participants commented on how sensitive, at times taboo topics, such as HIV/AIDS, teen pregnancy, condoms, and homosexuality were introduced in a culturally appropriate manner.

Twenty (20) youth participated in the African youth focus group. Although the video sparked discussion about intergenerational communication, teen pregnancy, and cultural identity, it was decided that the current curriculum is not youth-friendly. Youth did not identify with some of the interactive exercises that built on the discussions from the video. However, youth still felt that the session was effective and emphasized learning more about HIV testing options and the difference between HIV-1 and HIV-2. Several youth concluded a need to be more reflective of their own risky behaviors and expressed motivation to get tested.

Similar outcomes were found in the African men and women's focus groups. Eleven (11) African women participated in the women's focus group. Fifteen (15) African men participated in the men's focus group. Individuals represented Nigeria, Somalia, Uganda, Ivory Coast, Liberia, Kenya, Ghana, and Rwanda. Participants expressed a need "to do something." This included educating others about HIV/AIDS, consciously being more empathetic towards SSAs living with HIV, and to continue discussions in the community about areas SSAs are afraid to talk about, such as the secrecy of HIV, homosexuality, and teen pregnancy.

## **V. Conclusion**

The *In Our House: An African Story* video continues to be used in MAC's programming targeting Sub-Saharan Africans. IOH is directly aligned with Health People 2010 Health Communication Objective 11-3, "Increase the proportion of health communication activities that include research and evaluation." It is a communication tool developed through a community participatory approach to engage SSAs in discussion about HIV and move SSAs through a process of increasing knowledge, developing skills, and taking action. As more providers and community members are exposed to the IOH video and acknowledge it as an effective culturally appropriate HIV prevention and education tool, the intention is to seek additional funding to implement a more rigorous evaluation on a national level.

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