

Factors Effecting HIV/AIDS
Treatment and Prevention
Amongst Recent Immigrants
Living in Rural Centers

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Acknowledgments

- Participants
- My family
- The Canadian Institute of Health Research (CIHR)

Background

- Changing demographic pattern in Canada
- Recent immigrants health care issues:
HIV/AIDS treatment and prevention among recent immigrants living in small rural centers.

Research Purpose

- (a) Gather information on how and why recent immigrants living in small rural centers seek help to manage their HIV/AIDS and related problems, practice HIV/AIDS prevention, and deal with social stigma;
- (b) Identify intervention strategies that recent immigrants and health care providers perceive to be effective in meeting the needs of recent immigrants living with HIV/AIDS;
- (c) Identify intervention strategies that recent immigrants and health care providers perceive to be effective in promoting the use of HIV prevention activities (i.e. safer sexual practices, use of clean needles/syringes/rips in injection) and early detection (HIV testing) among recent immigrants.

Research Questions

- 1) How do recent immigrants seek help to manage their HIV/AIDS and related problems?
- 2) How do recent immigrants deal with social stigma and consequences of having HIV/AIDS?
- 3) What factors (barriers and facilitators) influence immigrants' use of HIV prevention activities and services?
- 4) What services and strategies could address HIV care and treatment among recent immigrants?
- 5) What intervention strategies could promote the use of HIV prevention activities and early detection among recent immigrants?

Research Team

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Theoretical Framework

- Ecological Conceptual Model
- Kleiman Explanatory Model

Research Design

- Exploratory qualitative
- Critical ethnography
- Data collection site
- Research participants:
 - Selection criteria for immigrant participants.
 - Selection criteria for health care and service providers.
- Developing trust and gaining access to immigrant participants
- Method of data collection: individual in-depth interview
 - 34 health care providers
 - 39 immigrant participants
- Data analysis

Findings

Barriers

- Social stigma
- Limited social support
- Educational level
- Economic factors
- Cultural myths
- Health care system limited resources
- Transient Population

Facilitating Factors

- Canadian health care system
- Collaboration among stakeholders
- Employer support
- Public health department

Barriers: Stigma

“My big fear is that if our African population was labeled as the people who were spreading HIV in our community, that would be a disaster. There would be so much intolerance...I would be very fearful of how they would be treated and how probably targeted they would be, and victimised, and I think that they would completely retreat. We would have no access to those people in terms of health seeking, and they probably wouldn't practice any of the prevention piece because they wouldn't want to maybe self identify, you know, for fear of even losing that little bit of social acceptance.”

Disease Stigma

“Mainly the bias associated with the disease, if you got HIV they automatically think something wrong with you morally... People not afraid talking about diabetic, people not afraid talking about hepatitis, but talking about HIV, it’s a sexually transmitted disease, then they think, they probably judge your character, look at you differently... If it is a man, they’re thinking homosexual, sometimes they think maybe IV drug abusers... Man is the cause of the problem... less detrimental to women, because they usually sees women as a victim... , probably she got it from the man.”

Confidentiality

“It just takes a tremendous amount of work dealing with their families and their loved ones, who do they disclose to, the fear, the stigmatization that goes around it. Living in a rural community is another challenge, because everybody knows everybody. And a lot of these immigrant populations are enclosed within the larger community. So they see a strange car pulling up to your house, every week for 3 to 4 weeks, and your neighbors want to know why, and so it is very difficult. Lots of times we’ll meet in public places just because it’s a little easier, a little more anonymous.”

Limited Social Support

Limited Family Support

“When you’re given a diagnosis of a terminal illness like HIV/AIDS, you need some support, you need somebody to be with you... one of the big things with our new Canadians is being away from family and the people that you might have ordinarily gone to for questions, my mum’s not here, my grandma’s not here, my aunties aren’t here. If I was at home, I would have all that support and I don’t have that support here.”

Limited Support from Employer

“I don’t think [name of work place] is particularly supportive to their employees. If you’re here today but gone tomorrow, I can get someone to fill your shoes...Hard place to work...They work there till their wrists or their shoulders or their back can’t do it anymore... no upward mobility, what you do today is what you’ll be doing in ten years.”

Low Educational Level

“Refugees that are coming to [name of place], the education level seems to be lower... Some people are completely illiterate... Many women don't even have literacy in their first language. There's no comprehension and ability to understand. So ignorant would probably be the biggest barrier.... Not even fully understanding what's happening, why it's happened or what steps to take.”

Economic Factors

“The living assistance that they get from the government is a very bare minimum.... you can’t even pay for the long distance phone unless you are taking money off from somewhere else. Maybe you’re not going to buy enough groceries, you will walk, won’t buy bus pass... as long as you’re not falling down sick, you’re going to just keep on working and not go see a doctor... So I’ve seen that people might have been in the community for several months even, and I’ve had some that just had never seen a doctor and were here for like 2 years Socioeconomic, most of them are very strapped in that area financially, they can’t afford to take days off work and go for help.”

Cultural Myths

“Lots of them have very heavy spiritual beliefs and they believe that God will cure them if they pray hard enough.... There’s the old myths that came that if you have sex with a virgin, if you’re a man, you’re gonna get rid of this disease It was in the newspapers in [name of country in Africa] that this [government official] had sex with somebody that was HIV positive but he said it was okay because he had a shower.”

Attitudes Toward Sexual Relationship and Gender

“In the continent of Africa... A man can go and marry as many times as he wants. A man can have an extramarital relationship. Most people still feel that they can have multiple partners, it's not a big deal. So men are sort of like, oh, you're okay but the stigma will go on the women. Whether even that problem's been brought to her by her husband, but the women will assume more of the shame than the man.”

Unequal power relationship: Male dominant

“We’re also dealing with cultures that are extremely male dominant, that poses a problem for really discordant relationships where women feel they have no choice but to obey what their partners tell them to do... So if their partner is positive and he says, no, I’m not gonna wear a condom, they’ll often times put up with that because they just think they don’t have a choice. So there’s that whole barrier that we deal with... How do you change generations of thinking?”

Health Care System Limited Resources

- Smaller centers have less resources

“The medical system is facing a lot of necessarily reduced funding... And that’s when you run up against transportation...you don’t have those face-to-face interpreters available as readily. So access to interpretation and translation is more of an issue in a smaller rural center ...Because they can’t read English, visual education and in their language are required. I haven’t seen anything related to HIV/AIDS and STD in different languages ... Public health resources are limited ... Physicians time is limited.”

Transient Population

“We have people who end up in communities. Their information doesn’t come through. They might have partners, maybe one partner had it (HIV) before but this person didn’t get the paperwork... There has been some question as to how the health care system responds to this issue, in that information doesn’t necessarily flow from the point of entry to where the person eventually ends up living, so often there may not be knowledge through the health authorities that someone is actually living here, and living with HIV/AIDS. So that’s another concern that has been consistently identified.”

Facilitating Factors

- **Health care is free and accessible to all**

“the greatest strength is, probably why they all came to Canada, and that is the free, accessibility of health care to everyone, independent of social status, race, or creed. As a practitioner, it’s really, really nice to be able to see a patient, not based on whether the patient has medical aid, and also I worked in Saskatchewan for a while, before coming here, and I do know that there is a lot easier access related to specialists assessment and things like CT scan as to compared to Saskatchewan. So that’s another strength here, so, I mean, if I had another patient to have a CT scan, depending on the urgency, I can have the CT scan on the same day or following day with out any worries. But that’s, I must say relies on the physician’s understanding of the system”

Efforts have been made to meet immigrants health care needs

- *Some improvements have been made, the communication line that they bought for the hospital... Very important to have the appropriate translation and access to that because of the many different languages and dialogues spoken here... We've seen doctors brought in from different countries with different language skills... The newcomer health care."*

Advantage of living in a small center

- *“People live in small town tend to be more compassionate... When you want to access help, small towns still easier compared to a big city... Less time waiting at the emergency ... Better accessibility to health care providers... If you want to have an x-ray done, blood work done, you can do everything on the same day, in a reasonable short period of time.”*

Collaboration among stakeholders

- *“I’m really impressed with the Southern Alberta Clinic, and the services for treatment and for HIV positive individuals. I’m really impressed with the arrangements and the provincial links for AIDS service organizations... We have a very good working relationship ... We’ve worked regularly with the public health nurses, the chief medical officer, corporate offices... we support each other.”*

Employer support

“We put out housing information, we have established relationships with landlords and property managers. We have a program which assists new people to find housing ... assisting them with a security deposit, cause it is quite expensive if you need to come up with first month’s rent and damage deposit... The health services help them whichever they got because we have registered nurses they help them as much as they can. We call the doctors to make an appointment and find them a new family doctor if they are new to the country... we recently recruit a doctor, a physiotherapist. ”

Public health department and nurses

“Public health, I think plays a role, they’re the initial counseling, the initial referrals, trying to get everything set up...[the public health nurse] support mothers during their pregnancy. She’s actually been their birth coach, then she follows them afterwards to ensure good support as well.”

Recommendations by Participants

Strategies to address HIV care and treatment

- Recruitment of health care providers
- Increase cultural competency
- Increase accessibility to health care services and information
- Create support groups
- Involve key community members and local employers
- Family centered care
- Development of trusting relationship

Strategies to promote HIV prevention activities and early detection

- Improvement of current health services
- Increase funding for new immigrants
- Treat HIV/AIDS as a chronic illness
- Immigrants education
- Immigration policy
- Partnership
- Research gap.

What's next?

- Disseminations of the research results
- Influence health care policy
- Changes in health care system
- Generating and implementing supportive strategies
- Evaluating and facilitating supportive health care strategies

Thank you for listening

Questions ??

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