

AUT Refugee Research SymposiumConference 2015

TOPIC: Challenges of health promotion within NZ's
African communities

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VENUE: AUT, Akoranga Campus, Auckland

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Research Procedures or Methods

■ Participants

- **20 Community Leaders (10 Akld, 4 Hmltn & 6 Wgtn)**
- 60% Refugee Background
- 40% Migrant Background
- **10 Service Providers (5 Akld, 3 Hmltn & 2 Wgtn)**
- **5 DHBs (3 Akld, 1 Hmltn & 1 Wgtn)**
- **4 Refugee Background Orgs**
- **1 Migrant Background Org**

- **Focus Group-** One in Auckland (60% Refugee Background)

Topic: *The challenges of health promotion within the African communities in New Zealand*

■ **Methodology:**

1. Phenomenological and
2. Ethno-methodology

■ **Results:**

1. African communities' understanding of the concept of public health
2. African communities' access to health services
3. Language barrier as a main challenge to accessing health promotion
4. Spirituality and traditional beliefs of African health consumers
5. Lack of understanding of the cultural context of African communities by health practitioners
6. Racism and discrimination within the health sector
7. Housing issues as a challenge to the promotion of health within African communities
8. HIV and AIDS related-Stigma as a challenge to the promotion of health within the African communities

■ **Conclusion:**

1. The study revealed that the above eight were the main health promotion challenges faced by the New Zealand-based African communities.
2. The international literature review supported the evidence given by participants

Understanding the Concept of Public Health

- **African Concept: " fat" Perceived as Rich Coupled (Lack of Physical Exercises)**
- Appointment System
- **No Prescriptions of Antibiotics and Injections**
- Waiting List and Time Delays at Emergency Hospitals
- **Lack of Employer-assisted Medical Aid Schemes**
- **Lack of Medical Check-ups**
- **Local Health Professionals not Familiar with African Tropical Diseases**
- Lack of Consultation by Service Providers
- NGOs/ Government Departments Creating Dependency Syndrome
- Types of Different Food and Environment and Lack of Physical Activities



Access to Health Services

- **Prohibitive General Practitioners (GPs) Consultation Fees**
- **Work versus Visiting a General Practitioner**
- **Referral System**
- Immigration Legal Status- 2 yr policy
- Waiting List for Surgery or Specialists
- **Community Members not Knowing Existing Services: Respite Services**
- Difficulties in Securing Community Funding
- **Lack of Information on New Zealand Public Health System**



Language Barrier as a Main Challenge to Accessing

- English Language as a Communication Barrier
- Difficulty to Communicate with Health Professionals
- Use of Young Children as Interpreters: Confidentiality & culturally wrong
- Fear of Community-Gossiping: Use of community interpreters
- Suspicion: Confidential Information Passed on to Other Government Departments
- Community Members Uncomfortable to Use Strangers as Interpreters
- Possible Loss of Essential Meaning When Using Interpreters
- Lack of Information in African Languages



Spirituality and Traditional Beliefs

- **Strong Belief in God**
- **God's Spiritual Healing Powers: Chronic Diseases Diabetes and HIV/AIDS**
- **African "Holy Water"**
- Ancestors and the "Spiritual World"
- **African Traditional Medicine and Spirituality**
- Psychological Effects: Self-fulfilling Prophecy-A Matter of Believing and Having Faith
- **Principle of "Sankofa"-Relationship between, the Present, the Morrow and the Future**
- **"Evil Eye" Concept**
- Religion: A tool to Oppress Women
- Integrating ATM with New Zealand Mainstream Public Health System



Cultural Context :Lack of Understanding by Health Practitioners

- **Understanding and Appreciating One's Culture-Cultural labels: Stereotyping**
- **Lack of Respect for other Cultures: Arrogance and Negative Attitude**
- **Non-involvement of Those Who Know the Cultural**
- **Cultural Shock: Physiological Effects**
- **Sensitive Health Issues: Gynaecological Matters**
- Cultural Ambiguity – “Sore all over”
- **Power Dynamics: Health Professional and Patient**
- Africans: More Secretive Than Others- Personal health matters
- Cultural Differences: Direct Talk on Terminal Medical Conditions of Relatives
- Cultural Gestures and Body Languages
- **Mono-Cultural Vs Collectivism Philosophical Approach**
- **Culture and Counselling**
- Culture and Religion
- Cultural Taboos: Women Walking Club/ Physical Exer
- Conflict: Circumcision Practices
- **Male Dominance over Women**



Racism and Discrimination (R& D) within the Health Sector

- **R & B: Based on Skin Colour and Appearance: A Key Health Promotion Challenges**
- **Racist Attitudes and Tendencies by Health Professionals towards African Patients**
- Hospital Queue Jumpers
- Inhumane Treatment: Use of a Stick by a Medical Doctor
- Dehumanising Treatment: Medical Doctors “Holding and Blocking” Nose - Bad Odour
- Institutionalized Racism and discrimination in New Zealand Health System
- **African Accent**
- False Perception on Health Service in Africa
- New Zealand Health Professionals’ Lack of Exposure: Stereotyping and Under-estimating health Care Systems in Africa
- Misleading Information about the Goodness of New Zealand verses the Reality on the Ground
- **Belief that Africans Live in Holes and Trees in Africa**
- **R & D: Experienced by African Health Professionals from Local Kiwis**
- Unfriendly Attitude by General Practitioners: Absence of Family Doctor
- Racism and Discrimination: Employment Issues



Housing Issues

- Wet, Dirty and Dumpy Houses
- Ghettoized Settlement
- Smaller Houses



HIV and AIDS Related-Stigma

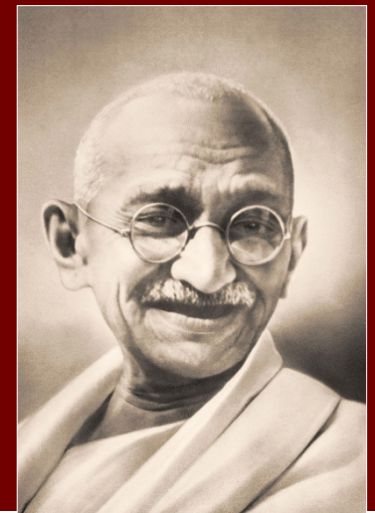
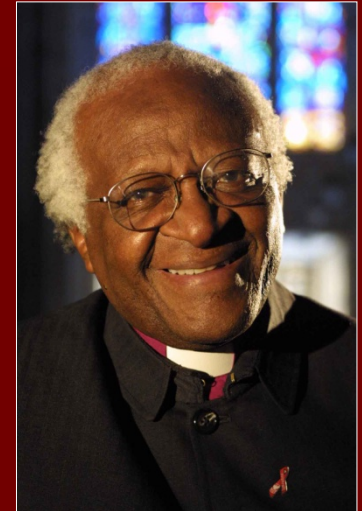
- HIV and AIDS related-Stigma
- HIV/AIDS Associated with Shame and Promiscuity
- Churches Playing a Pivotal Role
- Targeting Africans with Jail Terms



Acknowledgement

- Dr Love M Chile – Supervisor
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- The African Communities in NZ
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- My family

My Inspirational Heroes



My Inspirational Heroines: I have A Dream....

