



The East African Health Study in Toronto (EAST) Factsheet

The East African Health Study in Toronto (EAST), a community-academic partnership, was the first Canadian large-scale survey of African communities from countries where HIV is endemic. Conducted between 2004 and 2008, EAST was conceived in response to the lack of population-based data necessary to assess HIV-related issues in these communities and to assist in the development of intervention programs and strategies.

The purpose of EAST was to examine HIV/AIDS issues and concerns in the context of general health issues and behaviour present in five East African communities. This cross-sectional survey covered an extensive range of HIV and health-related issues such as immigration and mobility, social support, attitudes and beliefs, screening and testing, health conditions, risk behaviour, and health care utilization. Data were collected between 2004 and 2006, with 456 participants (230 women and 226 men) interviewed in the Greater Toronto Area (GTA). There were 100 participants from each the Ethiopian, Kenyan, and Somali communities, 101 from the Ugandan community, and 55 from the Tanzanian community. Over three-quarters of the participants provided a saliva sample for HIV screening.

SOCIO-DEMOGRAPHICS, IMMIGRATION, AND SOCIAL SUPPORT



- The average age of the participants was 34.5 (range 16-71). The population was highly educated with almost three-quarters ever attending either college or university. The median annual personal income was approximately \$22,000.
- Almost all participants (93%) were born in East Africa, although there was high mobility in almost half of the population before locating to Canada. The average time in Canada was 10 years. Since arrival, 43% of participants have travelled back to sub-Saharan Africa. The majority of participants (83%) currently had permanent immigration status and 12% were refugees or refugee claimants.
- The majority of participants were in a relationship, with 41% married/common law and a quarter reporting a boyfriend/girlfriend. Most (84%) of those in a relationship had a partner from an African country and 5% from a Caribbean country. Almost one-fifth had partners living outside of Canada.
- Almost three-quarters of the sample had at least one family member, and 94% had at least one close friend, in the GTA. Over one-third of participants spent all or most of their time with members from their community and 61% spent some of their time with community members.

HIV AND OTHER HEALTH-RELATED KNOWLEDGE, ATTITUDES AND BELIEFS



- Two-thirds of the sample felt that HIV/AIDS was a problem in their community in Toronto, with 41% of participants citing it as a major problem.
- Participants generally felt they were not at risk for HIV; over half felt they were at no risk for contracting HIV and one-third felt they were at low risk. The average perceived personal risk increased with number of sexual partners over the participant's lifetime and was higher for those who reported concurrent sex partners.
- The majority of participants said they would obtain health or HIV-related information from a professional health or social services advisor, followed by the internet and other self-help sources. Almost all participants knew at least one place to access condoms.
- Overall, knowledge about HIV and HIV transmission was high; however, some participants were unaware whether there is a cure for HIV and that HIV cannot be transmitted through sharing utensils or a mosquito bite. Knowledge of mother-to-child transmission was low, with only half knowing that HIV could be transmitted through breastfeeding.
- The majority (68%) of participants reported they knew at least one HIV-positive person in their home country or Toronto's East African community, with 40% reporting an HIV-positive family member.
- Overall, HIV-related stigma was relatively low; however, over half reported they would not eat in a restaurant where the cook was HIV positive, one-third would want it to be kept secret if a family member was HIV positive, and almost one-quarter would not want their child in a classroom with an HIV-positive child. Those who knew someone living with HIV gave fewer stigmatizing responses and stigma decreased as number of HIV-positive people known increased. Participants who provided fewer stigmatizing answers also had higher HIV knowledge scores and higher levels of perceived risk.
- Most participants reported that if they became infected they would disclose their HIV status to a family member and current/previous sexual partner. Almost all felt that people who are diagnosed with HIV should tell their previous sexual partners. Of the 12 people who self-reported as being HIV positive, five (42%) had not disclosed their HIV status to anyone.

HIV AND HEALTH-RELATED RISK



SEXUAL BEHAVIOUR

- Most (91%) participants reported ever having sex and the average age of first intercourse was 18.5. Over half had less than 5 sexual partners in their lifetime and 15% reported one partner; 9% reported 20 or more partners. Only 5% reported at least one same sex partner in their lifetime.
- Almost three-quarters of participants reported having sex in the previous year. Among those, 71% reported having only one regular sexual partner in the last year. Almost one-fifth had two or more partners in the previous year, and 14% reported concurrent sex partners; 11 of those reported that their regular sex partner also had concurrent sex partners. The majority (84%) had a sex partner in the previous year who was born in Africa.

- Men generally reported higher levels of sexually activity. Men started having sexual intercourse at a lower age, were more likely to have ever had sex, and to have more lifetime sexual partners. More men than women reported sex in the previous year, two or more partners in the previous year, non-regular sexual partners, and concurrent sexual partners.

CONDOM USE IN PREVIOUS YEAR

- Condom use with regular sexual partners was low, with 44% never using condoms and 29% not consistently using condoms. Condom use with casual partners was higher, with only 18% reporting not using condoms on at least one occasion. Fewer women than men used condoms all of the time.
- Being with a regular partner was the most frequently (92%) reported reason for not using condoms on the last occasion. Half reported they did not use condoms because they felt their partner did not have HIV/AIDS.

OTHER HIV-RELATED RISK

- Over three-quarters of men and almost one-quarter of women have been circumcised.
- Of the 6% of participants who reported receiving a blood transfusion or blood product, the majority had at least one transfusion in East Africa. Twelve percent reported at least one surgery in East Africa. Thirteen people had scarification marks, all were done in East Africa.

SUBSTANCE USE

- Over one-third had never had a drink of alcohol. Most (81%) participants drank less than 2-3 times a month or never and 29% reported drinking 5 or more drinks on at least one occasion in the previous year. Women drank less often and consumed less alcohol than men.
- Although only 11% of the sample currently smoked cigarettes daily, over one fifth reported ever smoking daily. More men than women reported ever smoking daily.
- One-quarter of the sample reported ever using illicit drugs (marijuana and chat were most commonly reported), with half reporting use in the previous year; 5% reported ever using drugs on a weekly basis. There was no injection drug use reported. More men than women reported ever using drugs.

HIV POSITIVITY, SEXUALLY TRANSMITTED INFECTIONS, AND OTHER HEALTH CONDITIONS

- Based on saliva antibody test results, it is estimated that HIV prevalence within these communities ranges between 0.03% and 3.7%. Almost all of the HIV-positive participants thought they had been infected through heterosexual sex.
- Of the sample, 11% reported ever being diagnosed with a sexually transmitted infection (STI), with more men than women reporting ever having an STI. The odds of having an STI increased with the number of lifetime partners.

- The majority (91%) of participants felt their health in the previous year was excellent, very good, or good. Almost half reported living with a chronic condition at the time they were interviewed. Smokers and those reporting drug use reported poorer general health and were more likely to have a chronic condition.

HEALTH CARE UTILIZATION, SCREENING, AND UNMET NEED

- The majority (87%) reported they had a family doctor and 93% had contact with at least one health care professional in the previous year. More women than men saw a general practitioner in the previous year.
- In the previous three years, almost all (96%) reported having a physical check-up. While 70% of female participants had a Pap smear in the previous three years, nearly a quarter have never had one; of those, over half reported ever having sex.
- Over one-quarter of participants felt there had been a time in the previous year when they needed health care but did not receive it. Women were more likely than men to report an unmet need. Of those who reported an unmet need almost one-quarter felt their need was urgent.
- Individuals who did not have a family doctor, those in poorer health, younger participants, and newer immigrants were more likely to report an unmet need. The two most reported reasons for not accessing care when needed were 'waiting time too long' and 'too busy to go'. One-third reported cost as a barrier.

HIV TESTING

TESTING HISTORY AND BEHAVIOUR

- The majority (75%) of participants had been tested for HIV with an average of 2.8 tests per person. More men than women reported ever having been tested.
- Participants who had not had sex were less likely to have been tested for HIV and the likelihood of having been tested for HIV increased with the number of sexual partners over a participant's lifetime. Those who reported a previous STI were also more likely to have been tested for HIV.
- Almost two-thirds of those tested had been tested as part of the immigration process, with more men reporting this than women. One-fifth of participants had been recommended to test by a physician; more women than men received a doctor's recommendation.
- On average, 3.1 years had passed since participants had their last HIV test; women tested more recently than men. Most (83%) had their most recent test in Canada.
- The majority (60%) of those tested had their most recent test based on a suggestion or requirement. Seventeen percent tested to ensure they were HIV negative so they could have sex without a condom, and 15% thought they might have been exposed to HIV through sexual activity.
- The majority (85%) of non-testers reported they did not test because they felt healthy, while 81% did not think they were at risk. Over two-thirds had never thought about getting tested. Over half said they

would consider testing if they thought they may have been exposed to HIV through sexual activity, and 21% would test if they or their partner experienced symptoms.

TESTING AND KNOWLEDGE AND BELIEFS

- Almost all (94%) participants felt it was very important for people to know their HIV status through testing. However, there was some misinformation concerning HIV testing in Canada. Almost one-third did not agree that, or did not know if, the results of an HIV test would be kept confidential. Almost three quarters did not know about anonymous testing, and 16% did not know where to get an HIV test.
- In general, people who provided fewer stigmatizing responses were more likely to have ever tested for HIV and had tested more times and more recently. Also, participants who had tested for HIV had higher HIV knowledge scores and higher levels of perceived risk.
- Participants who knew an HIV-positive person either in Toronto's East African community or in their home country were more likely to test.

CONTRIBUTIONS

EAST has made contributions in several key areas: the generation of new research knowledge, provision of a platform on which to base programs, services, and policy decisions, and the building of research capacity through community engagement and sharing of methodological 'lessons learned'. These data provide new descriptive information that can be used to examine how social determinants such as employment, income, housing, and social support affect health and health service access. Data on mobility and interaction with country and community of origin provide information on potential risk and health behaviour patterns in the communities after immigration to Canada.

The EAST report is a readily available resource that can be used by service providers, community members, funders, and others interested in the development and implementation of effective programs and services for African communities.

For the full EAST Report please visit:

www.srchiv.ca

www.accho.ca

www.whiwh.com

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Acknowledgements

Special thanks to study participants and all of the interviewers, community working groups, and recruiters who helped to make the study a success. The study was funded by the Ontario HIV Treatment Network (OHTN) and Public Health Agency of Canada (PHAC). The factsheet and community forum was funded by the Canadian Institutes for Health Research (CIHR). French translation of this fact sheet was supported by the CIHR Social Research Centre in HIV Prevention (SRC).

