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## **NPL TO TRAIN MORE AFRICAN HIV WORKERS**

**NPL will train more African HIV prevention workers in response to growing demand.**

NPL has committed to providing a full training course in Leeds during 2007-08, after successfully piloting four training modules in the city. Next year, NPL will run full training courses in Leeds and London, and hope to pilot four modules at another centre outside London.

During 2006-07, NPL has offered its first HIV Skills Development Training Course for African HIV prevention workers, a full eight-modules, on behalf of the National African HIV Prevention Programme (NAHIP).

Through the programme,

NPL has found a demand for increased knowledge, skills and understanding from new and existing African HIV prevention workers to support their work with these communities. The training sessions in Leeds and London received a high number of applicants, and participants.

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## NPL TO TRAIN MORE AFRICAN HIV WORKERS

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NPL believes that further spread of HIV infections in African communities in the UK can be reduced by African HIV prevention workers if they have a knowledge and understanding of religious, economic, social and cultural issues, in addition to knowledge about HIV.

HIV prevalence among Africans in the UK remains relatively high. Black Africans form a larger proportion of persons infected than other black and minority ethnic (BME) groups. The recent HIV/AIDS report (HPA 2006) shows 3.6% Black Africans (aged 15 to 59) are living with HIV, compared to 0.3% Black Caribbeans and 0.03% Indians/Pakistanis/Bangladeshis and 0.08% Whites.

Many Africans become infected in the UK. The report shows a 279% increase (from 48 in 2000 to 182 in 2005) of Black Africans contracting the virus in the country. The number of heterosexual Black Africans contracting the virus from Africa is coming down, though it's still high. But more heterosexual Africans could become infected, as a growing number of infected BME heterosexuals expand heterosexual HIV transmission chains within BME communities.

Multiple complex factors drive HIV infections among Black African communities in the UK. Presenting late for diagnosis, refusing an offered HIV test, problems with immigration status, dispersal under the asylum

seeker and refugee policy, rising HIV prevalence in countries of origin are some drivers.

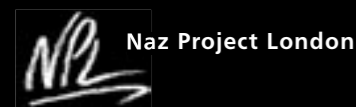
For more information, see NPL and NAHIP websites, or contact Fletcher Phiri on 02087411879 / email: phiri@naz.org.uk

Fletcher Phiri



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## THE 60 SECOND INTERVIEW

**Jazz Degun began working with NPL as a volunteer in 1999. He is now coordinating the Project's involvement with Pride 2007**



*NPL: What's your current volunteer role at NPL?*

Jazz: My current volunteer role is as coordinator for NPL's presence at Pride 2007 in London, which takes place Saturday 30 June. We were absent from the Pride

Parade last year, so I want our presence this summer to be striking, and inclusive of our respective communities. It's a challenge, especially as there are so many matters to be taken into consideration, such as the needs of each community. But the challenge is one that NPL can easily meet.

*NPL: What's unique about volunteering with NPL?*

Jazz: The diverse communities you work with, the depth of involvement in the various initiatives, and the support you receive from everyone at NPL. It's a unique experience and extremely rewarding too.

*NPL: What key changes have you seen in NPL?*

Jazz: Ever since I joined NPL as a volunteer in 1998, I have seen

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## THE 60 SECOND INTERVIEW

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many changes take place. The most significant was the radical overhaul and restructuring that the organisation underwent in the past 6 years.

*NPL: What's been the highlight of your experience with NPL so far?*

Jazz: Appearing on stage at the Pride Rally in Trafalgar Square in 2005, and addressing the crowd. That was the same day as the 'Live 8' concert, and an amazing atmosphere pervaded central London that afternoon – beyond words!"

*NPL: What's your dream for NPL in five years from now?*

Jazz: I'd love to see NPL more

recognised as a leading sexual health charity on par with the mainstream organisations. It would also be good to see NPL continue its expansion with other BME communities that could benefit from its wealth of experience, services and resources.

*NPL: What has been your proudest moment ever?*

Jazz: Appearing on the cover of the Pink Paper for Pride 2004 – I later heard it was the first time a South Asian person had featured on the cover of a mainstream gay magazine. I have always wanted a greater representation of LGBT BME communities in the British media, and this was definitely a

step in the right direction."

*NPL: Any big regrets?*

Jazz: Seeing the MASALA group closed at the end of last year. I set up MASALA in 1999 to provide a social and support group in central London for young gay and bisexual South Asian men. Central London proved to be far more popular than the drop-in at NPL, and so Dost was also moved to central London. But then many Masala members started to attend Dost instead. In time, needs changed and Masala no longer attracted the same numbers. However, Dost is certainly enjoying strong popularity. And long may that last.

## SOUTH ASIAN MEN SAY GOODBYE TO MASALA

**NPL has closed the MASALA group, as more South Asian men opt for the DOST support network**

MASALA, the social support group for 16 to 26-year-old South Asian men who have sex with men (MSM), held its last monthly meeting in December 2006.

Set up in August 1998 by Jasvir Degun, the first youth group was called Dost Youth. It held a first meeting in December 1998. But after a couple of meetings, Jasvir conducted a lengthy survey and re-launched it as MASALA.

The first MASALA meeting was held on 5 December 1999, and it was a huge success, with over 40 people attending. Since the venue could not handle the Asian Invasion, the second meeting was moved to the Soho Health Centre. It remained there for the duration of its existence.

The first two years saw the attendance average about 20 people per meeting. As members got older they graduated to Dost, a similar support group but without any age limits. The last couple of years saw a significant decline in MASALA members and larger numbers began coming to Dost. The younger men felt they had more to gain by socialising in a bigger group and with older members. After another lengthy consultation, and with the agreement of current members, MASALA held its final monthly meeting last December.

MASALA members will look back fondly on annual trips to the London Lesbian and Gay Film Festival, Pride marches, involvement with Raat Ki Rani (the NPL radio show on Spectrum 558 AM which ran from 2000 to

2001) and group trips to Brighton and Manchester. They will recall interviews with the media, including Time Out and the BBC, and the gay press.

A big party is planned later this year to say farewell to MASALA. Talks are also underway to see if MASALA might revive to meet up quarterly, just so the younger members have a place to meet and explore issues they might not want to bring to Dost.

Ibrahim Ismail



## PEER EDUCATORS GRADUATION: PHOTO DIARY



Group photo



Jason graduates



Group photo



Jasmine and Malisa celebrate



Claudine and Mom



Sheila graduates

## NPL NEEDS FUNDING FOR PORTUGUESE SPEAKERS

**NPL is struggling to raise HIV funds for Portuguese-speakers due to inadequate official information**



NPL needs support to help a growing number of Portuguese-speakers infected with HIV, some of them with nowhere else to turn. NPL has observed an increase of 30% in Portuguese-speaking heterosexuals affected by HIV, and a growing number accessing its services. NPL has worked with Brazilians, Angolans and Mozambicans since 1996.

But NPL faces a funding hurdle in its efforts to assist the Portuguese-speakers. If their sexual health is a low priority for government funders that may be because official information is not available about the size of the communities. Insecure immigration status is a complicating factor for some.

Sonia Rodrigues, an Angolan, was fearful after her diagnosis, and needed support in Portuguese. "When I was first diagnosed with

HIV, I thought I was going to die and leave my two daughters alone in the world. I was very depressed and didn't have anyone to talk to. I was offered counselling by the clinic but as English is my second language, I wasn't able to understand, and felt even more depressed."

Sonia could not turn to her family. "There is a lot of ignorance and discrimination in Africa about HIV, and I felt it was better not to disclose it to my family, afraid of their judgement. The health advisors in the clinic told me about Naz Vidas and asked if I wanted to contact them for some support in Portuguese. I plucked up the courage and gave them a call."

NPL helped Sonia to rebuild her life. "Things started to change in my life since that call. I received a lot of support in my own language and started to feel stronger about myself. I joined their support group and met lots of other people going through the same experience. It helped me to build my life again."

A Brazilian client, Artur Goncalves, might have died without help in Portuguese. "When I came to London from Brazil I brought some anti-retroviral medication with me which lasted for about 3 months. When it finished, I went without medication for about 6 months and started to get really unwell. I wasn't registered in any clinic because I couldn't speak English and didn't know if the clinic would accept me."

Artur found NPL on the internet. "I got so sick and depressed that I decided to look for help on the internet and came across Naz Vidas website in Portuguese.

I decided to give them a call and was offered emotional and practical support with registering at a HIV clinic. My CD4 was 84 and I was immediately sent to a hospital where I remained for three weeks."

Now Artur is healthy again. "My CD4 today is 640 and I am very healthy. I nearly died, though. Naz Vidas saved my life!"

Jose Resinente

## NPL HOSTS POLICE 'SURGERY' FOR LATINOS

**NPL has hosted a first police surgery to encourage Latinos to report crime in confidence**

NPL hosted the first police 'surgery' for members of Spanish and Portuguese-speaking communities to build their confidence in reporting crime. The surgery was coordinated by NPL's Carlos Corredor.

NPL expects the event to result in increased reporting of crime by members of the Spanish and Portuguese-speaking communities. It could reduce fear of crime; increase trust towards statutory organisations; and increase understanding of policing issues in London. It should also improve relations between statutory organisations and community organisations, and result in the community feeling valued.

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## NPL HOSTS POLICE 'SURGERY' FOR LATINOS

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Large Spanish and Portuguese-speaking communities live, work and socialise in London. Partner agencies say few members of the communities report crime or interact with the police – usually due to their fear of arrest and deportation by the police and authorities.

Police surgeries, NPL expects, will help to establish links that

encompass the wider Latin American community in London. The forums will provide the Spanish and Portuguese-speaking communities with an opportunity to confidently approach the Metropolitan Police Service for advice and support.

For more info, contact Carlos Corredor on 020 8741 1879 or [carlos@naz.org.uk](mailto:carlos@naz.org.uk).



## NPL FINDS BANGLADESHIS IN NEED OF INFORMATION

**NPL provided sexual health workshops for Bangladeshi women, calling for men to be involved next time**

NPL and Bangladeshi women addressed critical sexual health matters at a recent series of 10 workshops at three Community Centres in Camden. The project aimed to increase understanding of sexual health among 60 Bangladeshi women, and enable them to make more informed choices. NPL used its experience to deliver the sessions in a culturally sensitive manner.

NPL expected the workshops to increase sexual health awareness among the women, inform and encourage access to sexual health services, and provide appropriate resources. Information, education and skills, as NPL knows, can empower women from Black and minority ethnic communities to reduce the risks of acquiring sexually transmitted infections. Sexual health information enables women to communicate well with their partners, and is a basic human right.

### WOMEN LEFT TO EDUCATE

The Bangladeshi women talked

at length about the challenges of children and sexual health information. Most of the mothers had three children, with an average age of 12. Some had left sexual health education to schools, shied away from children's questions or given evasive answers. Some said their children were grown so it was late to start talking to them, especially the boys. Some said young girls, in particular, needed sexual health knowledge.

"My thirteen year old boy recently asked how babies are born," said one woman. "I panicked first but then I thought I had to tell him something and said that it is through tummy surgery. I know I have not given him the right answer, but I did not expect him to ask me such a question."

Many of the Bangladeshi women were saddled with the responsibility to inform their children about sexual health. Socio-cultural norms that ascribe

reproductive responsibilities entirely to women, and effectively exclude men from parenting and nurturing roles, have placed a psychological burden on mothers who lack the knowledge and skills to inform their children about sexual health. They raised their children as they learned to from their mothers, and did not provide clear information about body changes.

The women's attitudes to sexual health would constrain their ability to negotiate safer sex, or to access appropriate services. In some communities that NPL works with, female identity is rooted strongly in religion, family and community relations. This may dictate that women and girls should be naive and passive about sex. Such gender norms can foster denial, fear and myths. They may also inhibit women's sexual pleasure, linking it only to their duty to fulfil a husband's sexual desire or a requirement to have children.

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## NPL FINDS BANGLADESHIS IN NEED OF INFORMATION

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"I know that now I can wear a femidom before sex," said one woman. "But with my husband, it's usually so sudden, and I don't even have time to think – let alone get ready'.

### WOMEN INFORMED

The women were initially very embarrassed, and engaged little with the topic. They talked only when directly asked, and took the information and leaflets provided. The trainer was apprehensive about how the next session would go.

The women, however, returned and participated more actively. They began to learn and enjoy the session. Some said they were more aware of sexually transmitted infections (STIs), and alerted to the risks of contracting them.

The women enjoyed the final session most, which was perhaps more relevant to them on a daily basis. They were intrigued by the femidom. They had never heard of it before. They were informed about male sterilisation, which they mistakenly thought would affect male performance.

The workshops would have been more effective if men had participated, or if similar workshops had been held for a men's group. For a healthier family life, Bangladeshi men could increase their share of the responsibility of accessing information on sexual health. Without their involvement, and no matter how far the women are empowered, many issues will not be addressed.

Bisrat Yigletu

## NPL DEVELOPING BLACK MSM SERVICES

**NPL is initiating work with young and new migrant African and Afro-Caribbean men who have sex with men**

The last time NPL developed a new stream of work with a new community was about a decade ago. So, while NPL continues to prioritise and expand services with existing target communities, there was a general feeling that it was time to reach out to a new community. With assistance from the Cranfield Trust, NPL therefore conducted a survey of key stakeholders. NPL also reviewed the existing evidence base. As a result, a decision was taken to initiate a new workstream aimed at African and Afro-Caribbean men who have sex with men.

Recent Health Protection Agency data indicates that:

- BME and MSM diagnosed late for HIV are ten times more likely to die within a year of diagnosis than those of higher CD4 counts.
- BME MSM represent 11% of HIV infections, probably underestimated, mainly acquired in the UK: 51% Other/mixed, 24% Black Caribbean, 16% Black

African, 6.8% Indian/Pakistani/Bangladeshi.

- Previously undiagnosed HIV prevalence was highest among MSM born in the Caribbean (8.9%, and Central/South America (5.9%).
- Just over 20% of syphilis cases diagnosed in London in 2005 were among BME communities, the majority from Black communities: 22% from oral sex, 78% of which were MSM.
- In 2005, the highest levels of previously undiagnosed HIV infection were among men 35-44 years; the biggest decrease was among Caribbean-born MSM, although prevalence in this group remains the highest.

NPL recently held a focus group with Black MSM community leaders. A key concern raised was ensuring that Black MSM had equitable access to health services. As a specialist BME sexual health provider, NPL's

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## NPL DEVELOPING BLACK MSM SERVICES

priority for young people and its history of successful working with new migrant communities was highlighted. As a result, the group strongly supported developing a new NPL workstream on the sexual health of young and new migrant Black MSM.

Once again with help from Cranfield Trust, NPL will now proceed to develop a business plan and income generation strategy for this new work. The hope is that service will begin some time later this year.

# GAY PRIDE MARCH 2007

**Saturday  
30 June 2007**

## NPL DIARY

**SUPPORT GROUPS FOR PEOPLE LIVING WITH HIV**  
**020 8741 1879**

**GRUPO AMIGOS (NAZ LATINA):**  
Spanish-speaking Latin Americans. *Contact Carlos.*

**GRUPO VIDA (NAZ VIDAS):**  
Portuguese speakers. *Contact Jose.*

**MONSOON:**  
South Asians. *Contact Khaiser.*

**MALEDA:**  
Ethiopians & Amharic speakers. *Contact Bisrat.*

**BASHERO-KHER:**  
Somalis. *Contact Mohamud.*

**AL FAJAR:**  
Muslims. *Contact Khaiser.*

**SEXUAL HEALTH PROMOTION SUPPORT GROUPS**  
**020 8741 1879**

**DOST:**  
South Asian, Middle Eastern and North African gay, bisexual and men who have sex with men. *Contact Ibrahim.*

**KISS:**  
South Asian, Middle Eastern and North African lesbian, bisexual and questioning women. *Contact Parminder.*

**HILAC:**  
Somali gay, bisexual and men who have sex with men. *Contact Mohamud.*



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