

# **Cultural Identity and Health Promotion: Assessing a Health Education Program Targeting African Immigrants in France**

by

Guy-Lucien S. Whembolua, Ph.D.  
Department of Africana Studies, University of Cincinnati

Donaldson F. Conserve, Ph.D.  
School of Global Public Health, University of North Carolina

&

Daudet Ilunga Tshiswaka, M.S.  
Department of Kinesiology and Community Health,  
University of Illinois at Urbana-Champaign

## **Abstract**

The number of African immigrants from Africa south of the Sahara residing in continental France has been steadily rising in the past decades. In 2008, the “Toi-meme tu sais!” campaign, a short program initiated by the French health Ministry and the French National Institute of Prevention and Health Education targeting the health of Africans living in France was launched. The first season consisted of five web episodes that combined entertainment and health messages. Each episode focused on a specific health issue (malaria, emergency birth control, accidents, HIV stigma, nutrition) and were accessible on the campaign website. Using the PEN-3 model of cultural sensitivity as an analytical framework for a generative method or rhetorical criticism, the objective of this study is to assess the use of the quality or state of being African or of having African origins throughout the messages presented in the first season of the “Toi-meme tu sais!” (‘You know yourself!’) webserie. Results of the study revealed that positive, existential and negative factors were associated with the use of African identity and health. Future interventions targeting African immigrants residing in France should work to address these factors, as they are necessary to support health equity in the French post-colonial context.

## Background

The number of African immigrants from Sub-Saharan countries residing in continental France has been steadily rising from an estimate of 20,000 individuals in 1962 to approximately 570,000 individuals in 2004 (CEPED, 2009). In recent years, a decrease in the flow of entries has been observed with an estimated 83,606 Africans entering France in 2007 (CEPED, 2009). The specific health needs of African immigrants in continental France have been highlighted in several studies (Sargent, 2006; Douine, Bouchaud, Moro, Baubet, & Taïeb 2012). African immigrants returning to their country of origin in areas endemic to visit friends and relatives (VFR) represent the main risk group for imported malaria (Bouchaud, Cot, Kony, Durand, Schiemann, Palaimazava, Coulaud, Le Bras, & Deloron 2005; Develoux, Le Loup, Dautheville, Belkadi, Magne, Lassel, Bonnard & Pialoux 2012). Regarding reproductive health strategies, this group also face important challenges as they seek to manage their African-based expectations in the context of immigration and health politics (Sargent, 2006). Immigrants in France, especially from West African countries, are also highly affected by HIV/AIDS; which remains a shameful illness in most African communities (Douine et al., 2012). Like their counterparts in the US, African immigrants in France face considerable barriers in maintaining a healthy African diet (CERIN, 2004; Venters & Gany 2011). Moreover, as residents in continental France, they face the high home and leisure injuries (HLI) rate existent in their host country (Chatelus & Th  lot, 2011).

Although audience-specific education interventions have been demonstrated to be more efficient, very few public health campaigns targeting African immigrants have been recorded (Maibach & Parrot, 1995; Kline, 2007). Reasons listed for the scarcity of work on and with this population commonly include the lack of epidemiological data as well as the French public discourse difficulties to address issues related to African postcolonial migrations (Aina & Cytrynowicz, 2004; Keaton, 2013). In 1999, the first report focusing on foreign populations residing in France was published. This report revealed that there was a higher HIV prevalence among individuals of African descent (Institut de Veille Sanitaire, 1999). In 2008, a public health campaign called “Toi-meme tu sais!” was launched by INPES (the French National Institute of Prevention and Health Education) to promote positive health seeking practices among African immigrants living in France.

Values, beliefs and practices of the intended audiences have now been identified as an essential part of the message content. Effective interventions should therefore be culturally sensitive to these values and situated within the appropriate cultural frameworks rather than the Western so-called scientific culture (Airhihenbuwa, 1995; USDHHS, 2000).

## Theoretical Framework: The Pen-3 Model

---

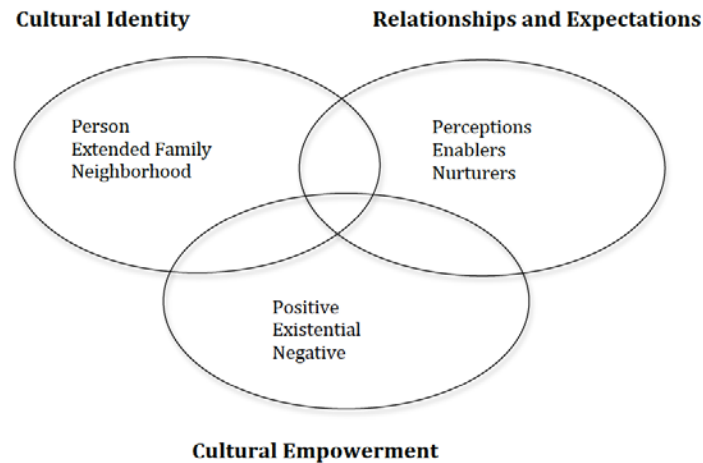


Figure 1. The PEN-3 cultural Model

---

One model that has been at the forefront of understanding the influence of culture in general and cultural sensitivity in particular on health is the PEN-3 cultural model (see Figure 1) (Iwelunmor, Newsome & Airhihenbuwa, 2014). Developed by Airhihenbuwa (1989), the model places culture at the core of the development, implementation and evaluation of successful public health interventions (Airhihenbuwa & Webster, 2004; Airhihenbuwa, 2007). He described that to centralize culture in health interventions, three domains of health beliefs and behavior should be taken into account: (1) Cultural Identity, (2) Relationships and Expectations, and (3) Cultural Empowerment. Each domain includes three factors that form the acronym PEN; Person, Extended Family, Neighborhood (for the Cultural Identity domain); Perceptions, Enablers, and Nurturers (for the Relationships and Expectation domain); Positive, Existential and Negative (for the Cultural Empowerment domain). The Cultural Identity domain focuses on the intervention points of entry, which may occur at the level of persons, extended family members, or neighborhoods. The relationships and expectation domain highlights perceptions about the health issues, and structural resources that discourage or promote effective health-seeking practices. With the Cultural Empowerment domain, health issues are investigated first by identifying practices that are positive, and highlighting values that are existential and have no harmful health consequences before identifying negative practices that serve as barriers.

To date, the PEN-3 cultural model has been used to address issues associated with HIV, malaria, nutrition, health maintenance, cancer and other issues providing the understanding of the cultural contexts surrounding behavioral patterns (Kline, 2007; Barbara & Krass, 2013; James, 2004; Okoror, Belue, Zungu, Adam & Airhihenbuwa, 2014; Sofolohan & Airhihenbuwa, 2012). The objective of this study is to determine whether positive, existential and/or negative factors were associated with the use of African identity (Africanity) throughout the messages presented in the “Toi-meme tu sais!” (You know yourself) campaign developed specifically for African immigrant audiences. Using the PEN-3 model of cultural sensitivity as an analytical framework for a generative method or rhetorical criticism (Airhihenbuwa & Webster, 2004), this study discusses the rationales for actual messages used in this health promotion intervention.

## Method

Rhetorical criticism was selected for this analysis. This qualitative discourse analysis tool provides an understanding of the implication of particular choice for inducing cooperation (Brock, Scott & Chesebro, 1990; Foss, 1996; Kline, 2003). As a tool, it helps the critic to identify the speaker or producer rhetorical choices and its possible implications in light of relevant information about the social context surrounding an audience or the audience per se (Kline, 2007). Because it does not claim to meet the standards of replicability and/or generalizability, it allows scholars to challenge the obvious thinking about what a text means and promotes identifiable understandings of the messages (Kline, 2007).

The investigators who are fluent in French and English transcribed the episodes and translated them into English. The investigators used a generative approach to rhetorical criticism met and shared their analysis of transcripts. The analysis included creating a brief summary of each episode, capturing the participants’ key points as well as describing and interpreting the experience as a whole. At subsequent meetings, the investigators discussed the various themes that emerged from the initial analyses, as well as to the coding of selected data into each theme. The investigators met five times during the data analysis process. The authors found the PEN-3 model to be the best option because of its ability to effectively examine the claims and concepts presented in the series. The PEN-3 domains were then used to thematize the broad representations in order to identify the way the web episodes implicated African cultural values and expectations.

The “Toi-meme tu sais!” campaign was a short program initiated by the health Ministry and INPES in 2008 targeting the health of Africans living in France. The first season of the fiction consisted of five web episodes that combined entertainment and health messages. Each episodes focused on a specific health issue (malaria, emergency birth control, accidents, HIV stigma, nutrition) and were accessible on the campaign website (TMTS website). These episodes were intended to have different goals. Some of the episodes were more informative, while others were more humorous.

Here is a synopsis of the episodes:

<b>Episode #</b>	<b>Topic</b>	<b>Summary</b>
<b>1</b>	<b>Malaria</b>	This episode shows an Ivorian man ('Blaise') living in France and who has decided to return to the Ivory Coast for a visit. We see him discussing with his wife ('Aminata') malaria prevention pills. We also see him receiving advices from his neighbors and the character of 'Alioune', a local African doctor.
<b>2</b>	<b>Emergency Birth Control</b>	This episode features a young African couple ('Aissa' and 'Amadou') facing an important dilemma regarding contraception.
<b>3</b>	<b>Home Accidents</b>	In this episode, one can see many of (the previously introduced) characters, a Caucasian family and two North African young women. All of the characters are having dinner together while a child enters an empty room and finds an open window.
<b>4</b>	<b>HIV Stigma</b>	The main character in this episode is a young Senegalese mother named Lisa, living with HIV/AIDS. Upon finding out that his wife is HIV positive, her husband kicks her out of the house.
<b>5</b>	<b>Nutrition</b>	This episode features no main character. It focuses on the community as a whole and discusses and solves a problem faced by them all. It shows an entire community of mothers participating in a single mothers association meeting created by one the character ('Aminata'). During the meeting they discuss healthy eating.

Figure 2. 'Toi-Meme Tu sais!' episode synopsis

## Results

In postcolonial France, African identity is an important entity and its use in public health campaign warrants better understanding.

### The Positive Factors Associated With African Identity

#### The Malaria Episode

The overall goal of this campaign was to highlight risky health choices and deliver prevention advices. Most of the episodes focused on individual behavior (INPES website). To appeal to the targeted public, the series featured attractive characters that African immigrants can identify with. The Ivorian character, Blaise, embodies the emphasis on individual responsibility. He lives in France and has decided to return to the Ivory Coast for a visit. Blaise is an African man and strongly identifies with his African values. His cultural identity is central to the episode, as he believes that his identity as an African is enough to protect him from getting malaria. He states that *'Malaria cannot get to me. I was born there! I grew up there!'*

His identity is also expressed in his use of Nouchi (A language used in Ivory Coast by mixing French and other Ivorian languages). His wife character, Aminata (an African woman) cautions him to take malaria prevention pills before and after his trip. She gives a message of caution:

*'By the way, you'll need to watch out for Malaria!'*

*'Do you remember my cousin Abdoulaye? When he went home, he didn't take his treatment. When he came back, fever got to him. He waited to see the physician. He almost past away!'*

The renegotiation of African identity in continental France is well illustrated by Aminata's words

*'You are African when it suits you!'*

#### The Emergency Birth Control Episode

The skit shows a young couple of two African teenagers facing an important dilemma; they feared that Aissa may be at risk of unwanted pregnancy due to unprotected sexual intercourse. Their identity is introduced to us by their names: Aissa and Amadou (two common West African names). They are uninformed about the steps of attaining PLAN B (French emergency birth control pill). This episode shows responsible adults informing and educating Aissa and Amadou separately. Aminata asks Aissa

*'You didn't use a condom?'*

Alioune, the doctor provides Amadou information regarding emergency birth control:

*'The best would be for Aissa to take emergency birth control! Both of you should come see me this afternoon'*

In his response to a question whether Amadou should come with his girlfriend, Dr. Alioune response's refers to an African cultural icon:

*Off course, you too! You are not going bring Didier Drogba!*  
(Referring to the International Ivorian Football star)

The traditional value of respect for elders is shown through the discussion between Aminata and Amadou. She reminds him:

*'You are playing the man but do you know who changed your diapers? It smelled bad.'*

### **The Home Accident Episode**

No specific character is shown leading the storyline while many play a role in this video. The diversity of African identities is represented by the addition of two young women from North African descent in addition to the West African characters introduced in the first two episodes (Dr. Alioune and Aminata) and a Caucasian couple. All of the characters are having dinner together and seem to be enjoying each other's company. Aminata, the mother figure and main nurturer in this campaign is then seen giving instructions on how to avoid an accident;

*'Stepping platforms should not be exposed near an open window or balcony'*

Moreover, an anonymous African man is shown as another nurturer that finds and grabs the young boy after he almost fell out of the window. He is then shown kissing him and calming him down.

### **The HIV Stigma Episode**

The main character is a young Senegalese woman named Lisa. She is a wife and a mother living with HIV/AIDS. No possible explanation is given on how she contracted the disease. When speaking to Dr. Alioune, Lisa tells him how she met Aminata and disclosed her HIV status to her.

*'She never judged me'*

She then found comfort in her association 'Meres Solidaires' (Fellowship of Mothers). Aminata not only offers help to the women of the neighborhood but she also passes information regarding health messages.

*'Talking to a sick person does not make you sick!'*

Aminata gives a speech at one of the meetings about HIV/AIDS. She goes on to say that a woman with HIV/AIDS is a sister in need of support.

*'What kind of life are we living to reject our sister because she has HIV!'*

The episode concludes with Lisa's cousin and her husband stating that Lisa is now invited into their home and with information regarding HIV transmission given by the hairdresser character, Khadiatou (also a common West African first name), Dr. Alioune and Lisa's husband.

*'HIV infected individuals do not need pity, they need our respect!'*

### **The Nutrition Episode**

A meeting organized by the characters Dr. Alioune and Aminata is shown taking place. It focuses on healthy eating and different individuals exchange on their perception of each of them considered healthy eating. The characters Dr. Alioune and Aminata plea with everyone to stop using unhealthy ingredients without blaming African meals in general.

*'It's not our native cooking that is accused (of being unhealthy).  
We just have to be careful with oil and salt'*

One of the participants explain to him her understanding of African cuisine:

*'People should not leave hungry, it should be hearty, stick to the body!'*

### **The Existential Factors Associated With African Identity**

#### **The Malaria Episode**

The relationship immigrants have with their homeland is explained by Blaise's words:



*'I miss home too much, the family, I miss everything. My dad tells me you never come to see us. This year at least, I can go see them with my eyes!*

The intermittent journey between African culture and the host country culture seems to take a toll:

*'When I go home, I am a foreigner! When I am here, I am a foreigner! I have my buttocks between two chairs! It has been 15 years since I am in this country and still people ask me to assimilate. How am I going to assimilate?*

Blaise words are put in parallel with the ones of a West Indian friend who feels similarly when he goes to Martinique.

*'When I go home, I get statements such as "You can't understand! You are not from here anymore!*

Another existential aspect is the strong sense of community as illustrated by the many neighbors Blaise converse with regarding the malaria prevention pills. They all give him sound advice and eventually get him to agree on the pills. He is advised to take the pills by his neighbors and Dr. Alioune. Alioune manages to dispel the idea that Africans are immune to malaria, which eventually leads him to agree to take the pills:

*'Just because you are taking anti-malaria pills does not mean that you are not African anymore!'*

### **The Emergency Birth Control Episode**

Illustrating the importance of the African community in the French context, two neighbors Aminata and Dr. Alioune, offer advice and comfort as they guide the young couple into making a life-changing choice. Aminata states

*'Love spoiled you!'*

Aminata even assisted Aissa in going to the pharmacy. The episode also features the use of two art forms currently popular in young African immigrants, a rap (performed by the character Amadou) and spoken word (performed by artist Delphine II).

### **The Home Accident Episode**

The child receives care from all of the community members, highlighting the strong community bond. The presence of additional parents and children at the dinner party gives the impression of a joyful and convivial atmosphere reinforcing notions associated with African culture.

### **The HIV Stigma Episode**

Lisa's identity as an African woman living with HIV/AIDS creates controversy within her surroundings. Her pregnant cousin refuses her a place to stay out of fear of transmitting HIV to her own children. She is unaware of the methods of transmitting HIV and feels that in order to protect her family, she must keep a distance from Lisa.

*'I have to protect my children!'*

During her speech in front of her association constituted of African women predominantly, Aminata laments and talks about today's dysfunctional community where individuals run away from those who need our help.

*'Fear has closed our hearts'*

### **The Nutrition Episode**

The identity of African immigrants is expressed through Dr. Alioune's character when he states regarding his parents:

*'I know the tears of my parents when they think about our country (of origin)'*  
and continues by stating:

*'I know people from far away but they now come from here!'*

During the meeting the discussion focused on the re-creation of traditional African dishes and their potential health risks. Dr. Alioune understand the role food plays in African immigrants' life:

*'When you leave your country, eating like back at home, it is one of the few things that is left (from our home country) in our lives'*

## **The Negative Factors Associated With African Identity**

### **The Malaria Episode**

Viewers can see Aminata trying to remind her husband of the importance of following his medicine regimen:

*'Don't joke with it! Take your medicine as soon as you leave and when you get back!'*

Her husband replies

*'You are too assimilated!'*

Blaise is influenced and also discouraged to take the pills due to many different forces. The way his fellow countrymen may perceive him is the main reason for not wanting to take the pills. He is reluctant to take any preventative pills because of his unwillingness to be viewed as a tourist stating:

*'When you are looking at me, do I look like a White man?'*

He does not want to face ridicule upon his return to Abidjan. He believes that since he is not White, he must be immune to malaria.

### **The Emergency Birth Control Episode**

No direct negative factors associated with African cultural identity can be seen in this episode besides some of the words spoken recited by Afro-French artist Delphine II:

*'Yesterday, you felts wings were growing out of you, now you feel miserable!'*

### **The Home Accident Episode**

This episode cautions against avoidable accidents relating to children. One of the young boys is hiding while playing hide and seek with his friends. While hidden in the closet, his mother who is unaware of his presence opens the window before leaving. The young boy hears a sound coming from outside and approaches the window to examine the noise. He is not aware of the possible danger of falling off of the balcony. The link between home accidents and African identity is not clearly shown in this episode.

## **The HIV Stigma Episode**

HIV stigmatization is shown through Lisa's eyes and the understanding of the disease her community members have (the African community). Lisa experiences isolation and believes that no one will understand what it feels like to live with HIV. Her best friend/hairdresser Khadiatou expresses her views on HIV without knowing that Lisa is living with HIV/AIDS. Khadiatou is shown lacking knowledge on the HIV mode of transmissions in her words

*'I will no longer braid anyone I believe has HIV!'*

She is shown arguing with her husband and swearing that she was never unfaithful to him. Upon finding out that his wife is HIV positive, Lisa's husband kicks her out of the house. She describes her HIV disclosure in these terms:

*'When I told my husband, it destroyed everything'*

Her husband's response is impulsive and violent:

*'You bring back HIV in this house and you pretend not to know how it get here?'*

Despite her request, he refused to be submitted to a test to establish his seropositivity. The African neighbors as well as the community members are ignorant about HIV mode of transmission. They are shown as very dismissive of Lisa and her situation out of fear of contracting aids.

## **The Nutrition Episode**

Community members are seen expressing the view that in order to be closer to their homeland in Africa they must cook like they know:

*'Leave my salt alone! I am cooking like my mother and my grandmother! That's how we cook back home! Salt has never killed anyone!'*

They do not see a problem with the way they cook their food, nor do they see it as a hazard to their health. One of women at the roundtable states:

*'Cooking without peanut butter? Do you want my husband to leave me? That is what gives me, my curves? I do not want to have the buttocks of a White woman, if not my husband will have a mistress'*

Several barriers contributing to unhealthy eating in the community healthy are listed such as lack of financial means and the need to recreate high sodium and organic African dishes.

## **Discussion**

To our knowledge, this is one of the first studies to examine the use of African cultural identity in a public health campaign targeting African immigrants residing in France. Numerous studies used the PEN-3 model as tool of analysis to interpret the themes used as they relate to health (White, Garces, Bandura, McGuire & Scarinci, 2012) but in a French context, Africanity cannot be separated from historical and social factors associated with that context (Ndiaye, 2008). Results of this study show that an attempt at cultural representation was made and that cultural empowerment occurred. Moreover, it generated important insights on how the notion of Africanity in a French context can be used in positive, existential or negative connotation. This campaign clearly built itself on previous research findings suggesting that positively emphasizing ethnic identity in a public health campaign promote positive health choices (Iwelunwor et al., 2014; Nyembezi, Resnicow, Ruiter, van den Borne, Sifunda, Funani & Reddy, 2014).

Although this INPES-created campaign clearly targets African immigrants residing in France with a goal to ‘help them take care of their own health’ (INPES, 2014), several aspects seem to support a specific idea about the health practices of African people living in France. The postcolonial notion of Africa as a site of the source of several health barriers and ‘primitiveness’ with respect to health was often invoked (Hountondji, 2002). The dichotomy of imperialism and colonialism has characterized the postcolonial era in such a way that it misleads how people understand African health-related matters (Bleakley, Brice, & Bligh, 2008). This misconception obscured many barriers to health care among the African community of France. For example, a barrier such as a lack of resources or education is portrayed without explanation generating an image of the African immigrants in general that is distorted. Several episodes also depict the characters’ identity and country of origins as obstacles to health care but they portray neither the challenges that some immigrants face due to being undocumented nor the social construction of illegitimacy and underservingness that affects their ability to fully benefit from the State Medical Aid (AME). Through ethnographic fieldwork in two grassroots health associations serving undocumented immigrants in Paris, and a review of legislative debates and published reports on healthcare access for undocumented immigrants in France, Larchanché (2012) illustrates how the interaction between social stigmatization, precarious living conditions, and the climate of fear and suspicion produced from restrictive immigration policies prevent undocumented immigrants’ access to health care and minimizes the immigrants’ sense of entitlement to such rights.

In another case, the use of African identity in regard to malaria rendered obscure information with respect to conflicting scientific data that links immunity and malaria among African immigrants (Bouchaud et al. 2005, Develoux et al., 2012). Although the series used convincing tactics to attract and inform African communities, some of the health messages included hidden attacks at the African culture.

This first season of the 'Toi-meme tu sais!' campaign makes ample use of African culture and identity to deliver health messages. In certain episodes (HIV and Malaria), important African values were portrayed with good intentions and the utmost respect; community bonds and giving support to one another were seen in numerous episodes. Humor, music, and character names were also suitably used to accurately portray Africans living in the French context.

Despite the results demonstrating that this campaign was popular and appreciated among African immigrants (INPES, 2014), one limitation of this study may be the lack of specific corroboration. Audience feedback about this campaign and its messages could help inform and design future interventions to address health issues in African immigrant populations residing in postcolonial France. Also, a comparison between a visual/text-centered methods and audience-centered methods could identify important differences in perception amongst public health/Africanist researchers and African audiences in general.

This campaign demonstrated that health communication towards African immigrants in the French context using Africinity without stigmatizing is possible. However, one may regret that more practical information was not provided. Future interventions targeting African immigrants residing in France should work to address these factors, as they are necessary to support health equity in the French postcolonial context.

## References

- Aina Stanojevich, Elodie, and Judith Cytrynowicz. "Les Enjeux de la Communication en Direction des Populations Migrantes." *Transcriptase* 114 (2004)
- Airhihenbuwa, O Collins. "Perspectives on AIDS in Africa: Strategies for Prevention and Control." *AIDS education and Prevention: Official Publication of the International Society for AIDS Education* 1.1 (1989): 57–69.
- Airhihenbuwa, O, Collins, and J DeWitt Webster. "Culture and African Contexts of HIV/AIDS Prevention, Care and Support." *SAHARA J: journal of Social Aspects of HIV/AIDS Research Alliance / SAHARA , Human Sciences Research Council* 1.1 (2004): 4–13.
- Airhihenbuwa, O. Collins. *Health and Culture: Beyond the Western Paradigm*. SAGE, 1995.
- Barbara, Sarah, and Ines Krass. "Self Management of Type 2 Diabetes by Maltese Immigrants in Australia: Can Community Pharmacies Play a Supporting Role?" *The International Journal of Pharmacy Practice* 21.5 (2013): 305–313.
- Bleakley, Alan, Julie Brice, and John Bligh. "Thinking the Post-Colonial in Medical Education." *Medical Education* 42 3 (2008): 266-70.
- Bouchaud, Olivier et al. "Do African Immigrants Living in France Have Long-Term Malarial Immunity?" *The American Journal of Tropical Medicine and Hygiene* 72.1 (2005): 21–25..
- Brock, L. Bernard, Robert Lee Scott, and James W. Chesebro. *Methods of Rhetorical Criticism: A Twentieth-Century Perspective*. 3rd ed. Detroit: Wayne State University Press, 1990.
- Centre de Recherche et d'Information Nutritionnelles. *L'alimentation des Africains en France*. 2004, Alimentation et Précarité, 3 May 2014. <<http://www.crin.org>>.
- CEPED. 2009. *Les Africains subsahariens vivant en France*. < <http://www.ceped.org/fr/publications-ressources/working-papers-du-ceped/article/les-africains-subsahariens-vivant>
- Chatelus, Anne-Laure, and Bertrand Thélot. "Home and Leisure Injuries among Fifth-Grade School Children in 2004-2005." *Santé Publique (Vandoeuvre-lès-Nancy, France)* 23.3 (2011): 183–193.

- Develoux, M et al. "Malaria among Immigrants, Experience of a Parisian Hospital (2006-2010)." *Bulletin de la Société de pathologie exotique* (1990) 105.2 (2012): 95–102.
- Douine, Maylis et al. "Representations and Illness Narratives in Migrants HIV-Patients Originating from West Africa." *Presse médicale* (Paris, France: 1983) 41.4 (2012): e204–212.
- Foss, S, -January 1. *Rhetorical Criticism: Exploration and Practice*. 4th ed. Waveland Pr Inc. 2008.
- Hountondji, J. Paulin. "Knowledge Appropriation in a Post-Colonial Context." *Indigenous Knowledge and the Integration of Knowledge Systems. Towards a Philosophy of Articulation*. Claremont: New Africa Books. 2002
- INPES. « Toi-Même Tu Sais », La Série TV Sur La Prévention Lancement de La Saison 3 Qui Signe Le Retour de Vos Héros Préférés. 7 June 2014. <<http://www.inpes.org>>
- Toi Meme Tu Sais. N. p. Film. <<http://www.inpes.org>> (need director's name?)
- Institut de Veille Sanitaire. *Situation Du Sida Dans La Population Étrangère Domiciliée En France*. Saint Maurice, France: , 1999.
- Iwelunmor, Juliet, Valerie Newsome, and Collins O. Airhihenbuwa. "Framing the Impact of Culture on Health: A Systematic Review of the PEN-3 Cultural Model and Its Application in Public Health Research and Interventions." *Ethnicity & health* 19.1 (2014): 20–46.
- James, Delores. "Factors Influencing Food Choices, Dietary Intake, and Nutrition-Related Attitudes among African Americans: Application of a Culturally Sensitive Model." *Ethnicity & Health* 9.4 (2004): 349–367.
- Keaton, Trica Danielle. "Racial Profiling and the 'French Exception.'" *French Cultural Studies* 24.2 (2013): 231–242.
- Kline, N. Kimberly. "Cultural Sensitivity and Health Promotion: Assessing Breast Cancer Education Pamphlets Designed for African American Women." *Health communication* 21.1 (2007): 85–96..
- Kline, N. Kimberly. *Popular Media and Health: Images, Effects, and Institutions*. Handbook of Health Communication. NJ: Mahwah, 2003.
- Larchanché, Stéphanie. "Intangible Obstacles: Health Implications of Stigmatization, Structural Violence, and Fear among Undocumented Immigrants in France." *Social science & medicine* (1982) 74.6 (2012): 858–863.



- Larchanché,Stephanie. Et al. “Les Enjeux de la Contraception Chez les Femmes Migrantes Originaires d’Afrique de l’Ouest.” Agence Régionale de Santé d’Ile-de-France. (2012)
- Maibach, W. Edward, and Roxanne Louiselle Parrott. *Designing Health Messages: Approaches from Communication Theory and Public Health Practice*. 1st ed. Thousand Oaks, California: SAGE Publications, Inc, 1995.
- Ndiaye, Pap, and Marie Ndiaye. *La Condition Noire : Essai sur une Minorité Française*. Paris: Calmann-Lévy, 2008.
- Nyembezi, Anam et al. “The Association Between Ethnic Identity and Condom Use Among Young Men in the Eastern Cape Province, South Africa.” *Archives of Sexual Behavior* (2014).
- Okoror, Titilayo A et al. “HIV Positive Women’s Perceptions of Stigma in Health Care Settings in Western Cape, South Africa.” *Health Care for Women International* 35.1 (2014): 27–49.
- Sargent, Carolyn, and Dennis Cordell. “Polygamy, Disrupted Reproduction, and the State: Malian Migrants in Paris, France.” *Social Science & Medicine* (1982) 56.9 (2003): 1961–1972.
- Sargent, F. Carolyn. “Reproductive Strategies and Islamic Discourse.” *Medical Anthropology Quarterly* 20.1 (2006): 31–49.
- Sofolahan, Yewande A, and Collins O Airhihenbuwa. “Cultural Expectations and Reproductive Desires: Experiences of South African Women Living with HIV/AIDS (WLHA).” *Health Care for Women International* 34.3-4 (2013): 263–280.
- U.S. Department of Health and Human Services, Centers for Disease Control. “Healthy People - Healthy People 2000.” 18 June 2014. <<http://www.cdc.gov/healthypeople/>>
- Venters, Homer, and Francesca Gany. “African Immigrant Health.” *Journal of Immigrant and Minority Health / Center for Minority Public Health* 13.2 (2011): 333–344.
- White, Kari et al. “Design and Evaluation of a Theory-Based, Culturally Relevant Outreach Model for Breast and Cervical Cancer Screening for Latina Immigrants.” *Ethnicity & disease* 22.3 (2012): 274–280.