Title: Exploring barriers to consistent condom use among sub-Saharan African young immigrants in Switzerland.

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Abstract

No study to date has focused on barriers to condom use specifically among young immigrants to Europe from sub-Saharan Africa. Based on a qualitative study in sociology, this paper explores generational differences in barriers to condom use between first-generation immigrants (born in Africa and arrived in Switzerland after age 10) and second-generation immigrants (born in Switzerland to two native parents or arrived in Switzerland before age 10). Results are based on in-depth, semistructured individual interviews conducted with 47 young women and men aged 18 to 25 to understand how individual, relational, and cultural dimensions influence sexual socialization and practices. Six main barriers to consistent condom use were identified: reduced pleasure perception, commitment and trust, family-transmitted sexual norms and parental control, lack of accurate knowledge on HIV transmission, lack of awareness about HIV in Switzerland, and gender inequalities. The three first barriers concerned both generations of immigrants, whereas the three last revealed generational differences. These findings can help sexual health providers identify social causes for young sub-Saharan immigrants not using condoms. The findings also highlight the necessity of offering accurate, accessible, and adapted information to all young immigrants, as well as the particular importance of addressing families' lack of discussions about sex, understanding the sexual norms transmitted by parents, and taking into consideration cultural differences among young people born in immigration countries.

Keywords: condom use, sub-Saharan young immigrants, barriers, sexual socialization

Introduction

HIV/AIDS affects sub-Saharan African immigrants living in Europe disproportionately compared to European and other immigrants (Barrett & Mulugeta, 2010; Desgrées du Loû et al., 2015; Van Veen et al., 2011). In 2015, 29 747 new HIV diagnoses were reported in Europe. Information on country of origin is available for 25 785 cases. Of these, 9347 (37%) were immigrants and 3768 (15%) from sub-Saharan Africa (European Centre for Disease Prevention and Control, 2015). In Switzerland, 27% of new HIV infections through heterosexual intercourse reported to the Federal Office of Public Health (FOPH) involved immigrants of sub-Saharan origin; notably, these immigrants account only for 1% of the resident population (Ruggia, Bize, & Dubois-Arber, 2013). Although most of these infections occurred in the high-endemic countries of origin, recent epidemiological analyses suggest that an increasing proportion of immigrants acquired HIV after arriving in Europe (Alvarez-del Arco et al., 2017). This might be a result of "African sexual networks" (Marsicano, Lydié, & Bajos, 2013, p. 819), meaning that sub-Saharan immigrants tend to have sex with people within their own social network. Such findings highlight the need to better understand post-migration HIV acquisition and to improve HIV prevention in this population. This need is particularly acute among young immigrants from sub-Saharan Africa—no study to date has focused specifically on the risky behaviors concerning them.

The present qualitative study explores individual, relational, and cultural barriers to condom use between first-generation immigrants (FGIs, born in Africa and arrived in Switzerland after the age of 10) and second-generation immigrants (SGIs, born in Switzerland to two native parents or arrived in Switzerland before the age of 10).

Consistent condom use is currently the most efficient method for preventing HIV transmission during sexual intercourse (FOPH, 2010), defined as specific social practices that include acts, relationships, and meanings (Gagnon & Simon, 1973). Thus, sexual partners, as well as relational and cultural dimensions, play an important role in behaviors related to condom use (Hargreaves et al., 2009; Noar, Carlyle, & Cole, 2006; Zukoski, Harvey, & Branch, 2009). Among barriers to condom use reported in previous studies on sub-Saharan immigrants are gender inequality (Sarkar, 2008) and cultural factors. Because women perceive a cultural expectation to not to discuss sexuality, they find it difficult to negotiate safe-sex practices (Barrett & Mulugeta, 2010).

Methods

In-depth, semistructured individual interviews (Kaufmann, 1996) were conducted with 47 individuals of sub-Saharan origin between the ages of 18 and 25 who were living in Switzerland. Of interviewees, 24 were FGIs and 23 were SGIs. The president of an ethics committee at Lausanne University Hospital granted research approval.

Individuals who met the defined criteria were recruited through contacts in the migration and sexual health fields, African associations, and the snowball technique (Browne, 2005).

Interviews were audio recorded, transcribed, and coded in NVivo 10 (QSR International 10). Data were analyzed according to grounded theory research (Glaser & Strauss, 1967), using an inductive approach and constant comparative method for coding. Intermediate analyses were conducted in order to let categories and properties emerge. With further data collection, emerging categories were refined and new ones added. Analysis continued until theoretical saturation was reached (Corbin & Strauss, 2008).

Study limitations include that the qualitative findings are not representative and potential bias, including selection and social desirability bias, due to recruitment strategies (e.g., intermediate social and professional networks, snowball technique).

Results

Six main barriers to consistent condom use were identified. The first three barriers did not reveal generational differences between FGIs and SGIs, while the three last barriers did.

Reduced pleasure perception

Both FGI and SGI female and male interviewees reported the belief that using condoms during sexual intercourse significantly reduced pleasure. However, men tended to emphasize more than women decreased pleasure in protected sexual intercourse. Many female interviewees insisted that male partners were reluctant to use condoms, and male interviewees confirmed this reluctance.

Commitment and trust

All interviewees who had already experienced long-term relationships reported having difficulty using condoms over time because of trust issues. According to them, showing trust to one’s partner might have two different meanings. First, it implies a belief that the partner is not infected; otherwise, he or she would be informed. Second, trust signals a belief that the partner is faithful, that he or she "*doesn't go look somewhere else.*" Thus, over time, abandoning condom use is expected and interpreted as a sign of trust and commitment in a relationship.

Family-transmitted sexual norms and parental control

Regardless of sex and generation, respondents reported any or very poor family discussions on sexuality. Interviewees invoked cultural and religious reasons to explain this lack of discussion. Parental expectations of virginity until marriage were reported by more female than male interviewees. Also, female interviewees encountered more difficulties buying condoms and having them on hand. Male interviewees reported that family transmitted less explicit sexual norms. Many male interviewees' parents did not talk about sexuality, although some others alerted their sons to the risk of getting a woman pregnant.

Lack of accurate knowledge on HIV transmission

Neither FGIs nor SGIs showed accurate knowledge about specific sexual practices such as unprotected vaginal sex with withdrawal prior to ejaculation, anal penetration in heterosexual relationships, and oral sex; however, lack of knowledge was more serious in young FGYIs. Before migrating, they were too young to access sexual education in their country. In Switzerland, they had difficulty accessing this knowledge as well, for linguistic, cultural, and social reasons, since they were not in the habit of talking about sexual issues.

Lack of awareness about HIV in Switzerland

Most interviewees did not show high awareness of the Swiss HIV epidemic. However, this lack of awareness was particularly severe among FGIs. The invisibility of AIDS made them feel that they were living in a safe environment with respect to HIV. If in their country of origin, they were able to infer that a person had AIDS from visible signs (e.g., weight loss, skin spots, general physical weakness), this is not the case in Switzerland. As a result, they deduced that AIDS did not exist anymore.

Gender inequalities

The gender inequality barrier concerned exclusively female interviewees, and more FGIs than SGIs. Some interviewees reported having been socialized in cultural contexts where only men made decisions about sexual issues. Male interviewees tended to confirm female interviewees' perception. Such male predominance makes it difficult for young women to negotiate condom use during sexual intercourse. The focus on male pleasure also hampered condom use.

Discussion

This study showed that some barriers to consistent condom use are common to FGIs and SGIs, whereas other barriers revealed generational differences. Common barriers to both generations of immigrants are reduced pleasure perception, commitment and trust, transmitted sexual norms, and parental control.

Findings on commitment, trust, and reduced pleasure perception with condom use are in line with those of previous studies. Being in a long-term relationship is associated with lower condom use (Marsicano et al., 2013), as is the belief that condom-protected intercourse is less pleasurable (Barrett & Mulugeta, 2010; Higgins & Wang, 2015). In deciding whether to use condoms, pleasure is a more important factor for men than for women (Randolph, Pinkerton, Bogart, Cecil, & Abramson, 2007), which indicates that how condom use affects perceptions of sexual pleasure is based on gender. Results on transmitted sexual norms and parental control complement recent studies on African immigrants (Marsicano et al., 2013; Maticka-Tyndale Kerr, Mihan, Mungwete, & ACBY Study Team, 2016). Gendered socialization in the family, traditional male sexual roles of dominance, religious precepts, and the sexual norm of virginity make buying and possessing condoms and negotiating their use more difficult for women.

Lack of accurate knowledge on HIV transmission, lack of awareness about HIV in Switzerland, and gender inequalities concern FGIs more than SGIs. Because of linguistic, cultural, and socioeconomic reasons, FGIs have difficulties accessing knowledge about sexual health in Switzerland and have the perception of living in a safe environment compared to the country of origin, thus making them more vulnerable to HIV risk. These findings are in contrast to those of the Beltzer, Lagarde, Wu Zhou, Vongmany, and Gremy (2005) study, in which sub-Saharan immigrants living in France showed deep knowledge and were strongly aware of HIV risks. One reason for this difference might be the age of our participants and the fact that they were at the beginning of their sexual trajectory. Finally, gender inequalities, also found in previous studies (e.g., Omorodion, Gbadebo, & Ishak, 2007; Sarkar, 2008), are stronger among SGIs than FGIs, because young women of the first generation tend to interpret their partner's roles and responsibilities according to sexual norms that they attribute to the culture of their parents.

These results are important for public health programs designed to reduce HIV infection among immigrants from sub-Saharan Africa, and they have implications for sexual health providers. Young women and men, especially FGIs, need to have more knowledge about HIV transmission and protection. Increasing both knowledge and women's power to negotiate preventive practices could be effective strategies for decreasing the risk of HIV among this young population.

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