

“Migrants from *over there*” or “racial minority *here*”?
Sexual networks and prevention practices among Sub-Saharan African migrants living in France

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Introduction

Migrants from Sub-Saharan Africa bear a disproportionate burden of HIV infections in Europe (Del Amo, Pérez-Cachafeiro et al. 2009). Although the majority of them became infected in their country of origin due to the HIV endemic situation over there, an increasing proportion of infections occur after migration (Burns, Arthur et al. 2009). And this is particularly true in France (Cazein, Lot et al. 2010).

Given this transformation of the epidemic patterns, it becomes crucial to understand the social conditions of the epidemic spread in these populations. Previous studies have shown that the majority of Sub-Saharan African migrants had sexual partners born in the same country and that, moreover, condom use is lower with sexual partners from their own country (Gras, Weide et al. 1999; Wiggers, de Wit et al. 2003; van Veen, Kramer et al. 2009). The existing literature focuses on groups defined by their national origin (Nigerian, Ghanaian ...), and often uses the terms "migrants" and "minorities" interchangeably. However, these two terms refer to very specific issues, the former referring primarily to a change in socio-cultural context, and the latter to a shared experience of being generally regarded as black and African.

Adopting a minority perspective enables us to analyse the sexual networks and preventive practices of Sub-Saharan African migrants taking into account not only their migratory paths but also their living conditions in the country of arrival. In France, Sub-Saharan African migrant populations experience discrimination in accessing housing and employment, which results in phenomena of residential segregation in deprived areas and professional segmentation in devalued industries (Insee 2005; Pan Ké Shon 2009; Safi 2009). These processes of segregation and segmentation may contribute to limiting the possibilities of meeting a sexual partner from other origins; places where people live and work are indeed places where they tend to meet and form relationships with potential partners. Building on previous researches which found that condom use shows a positive correlation with social distance between partners (Bajos 1997; Gras, Weide et al. 1999), we consider

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the partner's origin as a marker of distance in the relationship. Here, we characterised origin according to both migration criteria (same country of birth or not) and minority status (being part of the African minority or not).

The purpose of this research is to give an insight into the epidemic dynamic among these populations. We describe the sexual networks of Sub-Saharan African migrants living in France and analyse how preventive practices – condom use – are organised within these sexual networks. We support the idea that the articulation of the structural level of sexual networks and the individual/relational level of preventive practices can ultimately account for the impact of social conditions on the spread of the epidemic in these populations.

Data and methods

Analyses are based on a French survey carried out in 2005 among 973 women and 901 men born in a Sub-Saharan African country, living in Paris and its surrounding, and aged 18-49. This survey was performed by the *Inpes (Institut National de Prévention et d'Éducation à la Santé)* which purpose was to characterise the level of knowledge of HIV/AIDS in Sub-Saharan African populations in France through their attitudes and opinions towards HIV/AIDS and condoms, their perception of risk and disease, and their risk adaptation practices. Respondents were asked about their sociodemographics characteristics and their partners' ones. They were also asked about their sexual activity and their prevention practices over the past twelve months.

To describe patterns of sexual mixing, we consider both migration criteria and minority status, as defined previously. In this perspective, we identify three distinct situations: partner born in the same Sub-Saharan African country as the respondent (no mixing); partner born in a different Sub-Saharan African country (intra-African mixing), and partner born outside Sub-Saharan Africa (extra-African mixing; usually the partner was born in France).

First, we describe respondent's relationship to identify whether they were with a partner from their own country or not (no mixing vs. mixing) and whether they were with a partner from Sub-Saharan Africa or not (intra-African mixing vs. extra-African mixing). Then, we focus on condom use to examine prevention practices. The use of multivariate analyses allows us to determine the influence of partner's origin on condom use while controlling for other relevant factors such as socio-demographic characteristics or age gap between partners. For all these analyses, distinctions are made by gender and cohabitation status (cohabiting or not cohabiting relationship).

Results and discussion

Sexual mixing - *ie* being with a partner from a different country - is common (50% of men and 47% of women; NS). However, this mixing is reduced in cohabiting relationships. In relationships synonymous with commitment and a certain social visibility, the expectations of the family circle and

their possible disapproval play a major role both in the choice of partner and in the desire of maintaining the relationship (Laumann, Gagnon et al. 1994). Furthermore, a significant proportion of mixed relationships involve partners originating from different Sub-Saharan African countries. Apart from cultural affinities, this intra-African segregation of sexual networks is likely to be favoured by the living conditions of these populations in France. The discrimination experienced by these populations in terms of access to housing and jobs contributes to the creation of African social networks no longer based only on the criterion of the country of origin (Quiminal and Timera 2002; Ndiaye 2008). These networks, which represent areas of solidarity and sociability, can also become areas for meeting partners. Although previous researches have shown that most migrants from Sub-Saharan Africa found their sexual partners among people coming from the same country (Gras, Weide et al. 1999; van Veen, Kramer et al. 2009), these results do provide evidence of the existence of African sexual networks, over and beyond national origin.

In cohabiting relationships, condom use is high, taking into consideration that usually the pressure for condom use is high at the start of a relationship or in casual relationships (Bajos 1997). Though high, condom use is not necessarily sufficient to control the spread of HIV/AIDS in these populations given that most people have Sub-Saharan African partners. In non-cohabiting relationships, characterised by a lower level of commitment as well as lower social visibility, condom use is more frequent, testifying to the greater legitimacy of the issues surrounding condom use in casual relationships.

Coherent with other studies (Gras, Weide et al. 1999; Gras, van Benthem et al. 2001; Wiggers, de Wit et al. 2003), our analyses show that condom use varies according to the partner's country of origin. However, it would seem that, here again, there are different processes at work depending on which boundaries are involved, namely migratory or minority boundaries. Lower condom use with sexual partners from the same country appears to be partly connected to the characteristics of these relationships. Men whose partner is coming from the same country do, in fact, have larger age gaps with their partner and are in longer-lasting relationships than those whose partner is from a different country, and these are the characteristics that mainly affect condom use. However, other interpretations must be found when it comes to the lower condom use observed among women with Sub-Saharan African partner. This leads us to put forward an alternative hypothesis. The categorising of Sub-Saharan African migrants as an at-risk group – in lay as well as in scientific discourse – may contribute to the creation of mutual perceptions among these migrants and their partners, especially when the latter are not of Sub-Saharan African origin. In other words, if women report more frequent condom use with partners born outside Sub-Saharan Africa, this is perhaps because their partners perceive these women to be at risk and suggest – or insist on – the use of condoms.

Building on previous researches showing a positive correlation between condom use and social distance between partners, the lower condom use among people, according to whether they came from Sub-Saharan Africa or not, could therefore be interpreted as an indicator of the boundaries between social groups, defined as much by minority boundaries as by migration ones.

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