Non-Refugee African Immigrants: Nigerians, the Hidden population in the study of HIV Infection in Houston, Texas

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Abstract

In the study of HIV/AIDS in the United States (US) and many industrialized countries, little attention is paid to the group of African immigrants who are non-refugees. The study of HIV/AIDS in the US revealed that the African Americans/US-Born Blacks bears the highest mortality and mobility burden of HIV infection and deaths. African American (AAs) group consist of many other subgroups whose root can be traced to Africa, such as the Blacks from Island countries and blacks from Africa who migrated to the US. Little is known in terms of surveillance data and rate of HIV infection among the non-US Born Blacks from sub-Saharan African countries. The study purpose was to explore the role of the NAIs in the spread of HIV infection. To achieve this, 13 individuals between the ages of 18-49 were purposefully selected for a face-to-face interview with the researcher using semi-structured open-ended interview questions that explored the participants’ knowledge, attitude and sexual practices. More than 90% of the participants identified with having experience of polygamy and that unprotected sex can result in HIV infection. Even though most of the participants admitted coming from a culture of polygamy, they were able to report negative feelings toward the practice of polygamy and the desire to maintain monogamy relationship.

Key Words: HIV infection, African Americans, Sexual Mixing, Multiple sexual relationships, Unprotected sex,

Introduction

Despite many gains made in the reduction of morbidity and mortality rate of HIV/AIDS globally and in the United States, certain regions of the world, such as sub-Sahara Africa and the North Americas continue to represent regions with highest burden of HIV/AIDS. Nigeria and United States are countries that still struggles with certain groups within its general populations with high rate of HIV infection. In Nigeria, sex workers, females, young people between the ages of 15-24 appears to carry the highest burden of new HIV infections (NACA, 2015), (UNIAIDS 2016). In the U.S., African Americans/Blacks (AAs) accounts for the largest proportion of HIV infection when compared to other races at 44% (CDC, 2016). Among the AA populations are several subgroups including African Immigrants (AIs) (refugees and non-refugees). Even though HIV/AIDS studies are beginning to emerge among the refugee AIs while scanty HIV studies exist on non-refugee AIs, little attention had been paid to the contributions of the AIs, a subgroup of the AAs in the study of HIV infections. The AIs can be distinctly recognized as the Refugee African Immigrants (RAIs) and the Non-Refugee African Immigrants (NRAIs) due to differences in immigration experiences (Capps, McCabe, & Fix, 2012). Lack of HIV studies in the US with the NRAIs created a study gap among the AAs. To have deeper understanding of HIV infection among the AAs, exploring the perspectives of individuals who migrated to the US from Nigeria is
pertinent. Nigeria is the second country with the largest HIV epidemic in the world and with highest cases of new HIV infection at 60% in sub-Saharan Africa while many are unaware of their HIV status (NACA, 2015), (UNIAIDS, 2016). Cross transmission of HIV disease is possible with sexual mixing of individuals across borders and between individuals with different characteristics. Due to increase in migration of Nigerians to the US, a study specifically targeting this sub-group within the AA population may reveal new knowledge of possible cross transmission.

In studies examining the association between international mobility and cross-border transmission (CBT) of diseases such as Ebola, Dixon and Schafer (2014), Otu et al. (2017) explained how an individual who became infected with Ebola Virus Disease (EVD) in Liberia singularly travelled across the border to Nigeria and exposed 20 individuals to the EVD. The Liberian, therefore became an index figure (someone that fingers are pointed at) for transmitting EVD across the border to Nigeria. Other infectious diseases like sexuality transmitted disease also often find its way across the border when travelers engage in unprotected sexual relationships with sex workers. Cabada, Echevarria, Seas, and Gotuzzo (2009) found more than 43% of 88 young Peruvians research participants who had admitted having sexual relationships with foreigners, sex workers, and other Peruvians with an STD diagnosis. Out of the 88 Peruvians, 28% admitted having sexual contacts with foreign and Peruvian partners. Suk et al. (2014), Wang et al. (2015), in their studies reiterated role of international mobility in the transmission of infectious diseases.

Several researchers have found evidence of CBT of HIV and other STDs in different geographical locations and with different populations across the world. CBT of HIV infection is aided when individuals with differing characteristics including age, sexual orientation, ethnicity, or geographical locations from sexual relationships in what is known as sexual-mixing. Mariscano Ludie, and Bajos (2013) study with 1874 AIs residing in Paris found the existence of sexual activities beyond the national origins and evidence of sexual mixing between migrants from low HIV prevalence and high HIV prevalence countries. Ford, Sohn, and Lepkowski (2002) found adolescents ages 13-17 engaging in sexual mixing with multiple partners and with older age groups. As individuals with differing characteristics or from different geographical locations engage in unprotected sexual relationships, there is the tendency for individuals to become a conduit through which infectious diseases are transmitted.

Tao et al. (2013) explored the phenomenon of individuals becoming the population through which HIV or other infectious diseases are transmitted when bisexual individuals have sex with men and women. Even though Bom et al. (2013) found no connection between sexual mixing as a precursor for becoming a bridge population in the study of transmission of Chlamydia trachomatis, other studies mostly agree that when sexual mixing occurs, individuals involved do become a bridge population in the transmission of STDs (Mariscano et al, 2013; Rai et al., 2014). According to van Veen et al. (2009), more than 40% of the immigrants recruited for the study admitted to having sex with other ethnicities and indigenous groups. Because sexual mixing appears to be a vehicle for transmission of STIs among indigenous groups and between different ethnicities, a look at the sexual lifestyle of the NAIs in Houston, Texas is necessary to explore possible sexual-mixing with other ethnicity groups.

In several studies across the world, it has been established that some of the risk factors for contracting HIV are having unprotected sex, engaging in multiple sexual relationships and delayed HIV testing (Frye et al., 2013; Gaiter et al., 2013). WHO (2015), CDC (2015c) emphasized that having unprotected sex with an HIV/AIDS infected person as one of the primary sources of contracting HIV among others. When individuals engage in unprotected sex with multiple
partners, the risk of contracting HIV infection increases (Frye et al., 2013). Bellan et al. (2013) found that the practice of engaging in concurrent sexual relationships also helps to explain the high prevalence rate of HIV infections in Africa.

In spite of the individual risk factor of engaging in multiple sex partnering behavior, some individuals in African communities regard multiple sexual partnering or engaging in extramarital affairs as normal (see Asare, Bernard, Rojas-Guyler & Wang, 2013; Batta Box, 2013; Reniers & Tfaily, 2012; Uchudi, Magadi, & Mostazir, 2012). This sort of belief may undermine the prevention of HIV infection services. Engaging in extramarital or multiple sex partnering relationships behavior is common in African communities according to studies conducted among various African ethnic groups (see Bellan et al., 2013; Mah & Halperin, 2010). Merrigan et al. (2015) found that multiple sexual partnering and unprotected sexual practices are the highest risk factors for contracting HIV infection. Dias, Marques, Gama, and Martins (2014), in a cross-sectional research with 1187 immigrants in Lisbon, found that 38% of the participants had more than two sexual partners, about 16% had occasional sexual partners, while 64% were having unprotected sex. In response to the identification of unprotected sex as an individual risk factor for contracting HIV, WHO (2015) emphasized the promotion of condom use. Ugarte, Hogberg, Valladares, and Essen (2013) found more than half of the respondents disliked using condoms when engaged in sexual conduct with multiple partners. Ugarte et al. (2013) noted this sort of behavior as being conducive to the spread of HIV in Nicaragua. It is with this knowledge that individual risk factors such as engaging in multiple sex relationships and use of condoms among a segment of the NRAIs, the NAIs, living in Houston, Texas, is being explored.

**Method**

This qualitative study used a phenomenology approach. The IBM provided the framework. Thirteen participants were purposefully recruited in the city of Houston in Texas between February and March, 2017 for the study. A face-to-face interview in location of choice such as in public library, church, and participants’ house were conducted. The study protocol was reviewed and approved by the institutional review board (IRB). Inclusion criteria was self-identification as Nigerian born immigrant or Child of Nigerian immigrant who had visited or lived in Nigeria in the last five to ten years. Participants were recruited with screening questionnaire to exclude protected group. The researcher used multiple variation sampling technique to allow for selection of participants from diverse settings, gender, etc. (Table 1). Participants aged 18-49 were grouped into different clusters to allow for diversity of representation in Table 1 using maximum variation model.

**Table 1**

*Maximum Variation Grid Representing Participants*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Age Group 18-25 Male</th>
<th>Age Group 18-25 Female</th>
<th>Age Group 26-49 Male</th>
<th>Age Group 26-49 Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerian African Immigrants</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
The technique allowed for representation of individuals with diverse demographic characteristics such as gender, age, and migration type. About 16 participants were proposed but 13 participants eventually participated in the study after thorough screening. Participants were purposively selected from NAIs living in Houston/Harris County, Texas. To be eligible, potential participant must identify self as NAI or Child of NAI who have lived or visited Nigeria in the last 5-10 years. The recruitment took place outside various locations that NAIs can be found such as Nigerian African restaurants, Nigerian owned business houses, faith houses, and through chain referral. Participants were both male and female ages 18-49 with education ranging from high school to post-graduate level.

The study was guided by one overarching research question designed to be answered by three sub-questions:

*C-RQ:* What are the perceptions of NAIs living in Houston/Harris County, Texas regarding contracting HIV infections?

*SQ1:* What knowledge do the NAIs have about contracting HIV?

*SQ2:* What meaning do NAIs ascribe to the experience of multiple partnerships with regard to contracting HIV?

*SQ3:* What are the perceptions of safe sex such as the use of condoms in the prevention of HIV according to NAIs?

There were 17 open-ended semi-structured Interview Questions (IQs) for each Sub-question (SQ) formulated to gain deeper understanding of the overarching Central Research Question (C-RQ). The study of the NAIs used the IBM as the overarching theoretical framework to explore the knowledge, beliefs, perceptions, and attitudes on NAIs on HIV infection. Asare, et al. (2013) used the IBM to explore the sexual behavior of AIs in Ohio and found that HBM constructs significantly accounted for the discrepancy in condom use and monogamous behaviors. Michielsen, Chersich, Temmerman, Dooms, and Van Rossem (2012) also found HBM to be useful in predicting cognitive process of individuals’ behaviors on health-related issues such as tobacco use cessation, mammogram testing.

The HBM consist of six concepts that explore behavior: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Glanz, Rimer, & Viswanath et al., 2008). In-depth exploration of the phenomenon was achieved using the HBM framework to answer the overarching C-RQ through three sub-questions. The three sub-questions explored knowledge of HIV, meaning ascribed to multiple sexual relationships, and perception on use of condoms. The interview was face-to-face and was recorded on audio recorder using acronyms such as PPN (participant number) 1 through 13 to protect the participants’ identity and privacy. Informed consents were received after an extensive education of the participants about the study, the goal of the study, and their rights to withdraw from the study at any time. There were a total of 17 interview questions and NVivo 11 was used to analyzed the data after it had been transcribed and categorized.
Results

This study utilized the interpretative phenomenology approach in guiding the analysis of data collected inductively and in making sense of how the participants perceive HIV infection. The validity of the study was ensured with the use of member checking and comparisons of perspectives of other professionals with different points of view. For credibility, reasonable engagement was achieved. I used the observable domains to prepare interview questions for use in the face-to-face interview. The interviews were semi-structured intended to capture the beliefs of participants and attitudes toward sexual practices relating to HIV risk factors.

Table 2 reflected the participants’ characteristics such as age, gender, and educational background represented diversity of opinion.

Table 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Age Group</th>
<th>Marital Status</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPN01</td>
<td>Male</td>
<td>22</td>
<td>18-25</td>
<td>Single</td>
<td>Some College</td>
</tr>
<tr>
<td>PPN02</td>
<td>Female</td>
<td>44</td>
<td>26-49</td>
<td>Married</td>
<td>Post Graduate</td>
</tr>
<tr>
<td>PPN03</td>
<td>Male</td>
<td>18</td>
<td>18-25</td>
<td>Single</td>
<td>High School</td>
</tr>
<tr>
<td>PPN04</td>
<td>Female</td>
<td>38</td>
<td>26-49</td>
<td>Married</td>
<td>College</td>
</tr>
<tr>
<td>PPN05</td>
<td>Female</td>
<td>25</td>
<td>18-25</td>
<td>Single</td>
<td>Masters</td>
</tr>
<tr>
<td>PPN06</td>
<td>Female</td>
<td>38</td>
<td>26-49</td>
<td>Married</td>
<td>College</td>
</tr>
<tr>
<td>PPN07</td>
<td>Male</td>
<td>30</td>
<td>26-49</td>
<td>Married</td>
<td>College</td>
</tr>
<tr>
<td>PPN08</td>
<td>Female</td>
<td>25</td>
<td>18-25</td>
<td>Single</td>
<td>College</td>
</tr>
<tr>
<td>PPN09</td>
<td>Male</td>
<td>22</td>
<td>18-25</td>
<td>Single</td>
<td>Some College</td>
</tr>
<tr>
<td>PPN10</td>
<td>Male</td>
<td>25</td>
<td>18-25</td>
<td>Single</td>
<td>Associate Diploma</td>
</tr>
<tr>
<td>PPN11</td>
<td>Male</td>
<td>37</td>
<td>26-49</td>
<td>Single</td>
<td>Associate Diploma</td>
</tr>
<tr>
<td>PPN12</td>
<td>Female</td>
<td>19</td>
<td>18-25</td>
<td>Single</td>
<td>High School</td>
</tr>
<tr>
<td>PPN13</td>
<td>Female</td>
<td>22</td>
<td>18-25</td>
<td>Single</td>
<td>Some College</td>
</tr>
</tbody>
</table>

Note: PPN=Participant. Numeri figure=name of participants

Some of the themes that came out of the study included having high knowledge of HIV infection, contracting HIV through unprotected sex, sharp objects, negative feeling toward multiple sexual relationships, and uncomfortable feeling with use of condoms. Almost all the participants acknowledged having early knowledge of HIV infection (Table 2). Identification of casual unprotected sex as being risk factors of HIV contraction stood out as all the participants admitted that unprotected sex was dangerous (Table 2). Because the participants came from a culture where polygamy is practiced, SQ2 was explored using to explore participant’s experience with multiple sexual relationships and beliefs and practice of multiple sexual relationships. SQ3 explored beliefs about use of condoms.

Knowledge of HIV, Multiple Relationship, Condom Use

Table 3 revealed major themes that emerged from the administrations of 17 IQs that sought to explore the three SQs in this study. The analysis of participants’ response to the IQs revealed that almost 100% of the participants’ expressed clear knowledge of HIV infection--the symptoms and the risk factors. About 90% of the study participants acknowledged being exposed to the practice
of polygamy or multiple sexual relationship through families and friends (Table 3). Ninety percent of the participants expressed negative feelings toward engaging in multiple relationships (Table 3). A significant number of the participants acknowledge inconsistent use of condoms during sexual intercourse attributing the behavior to uncomfortable feelings and being married (Table 3). About 70% of the male participants acknowledge having unprotected sex (Table 3).

**Table 3**

*Themes found in Sub Questions and key findings*

<table>
<thead>
<tr>
<th>Responses and Themes</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub-Question 1</strong></td>
<td></td>
</tr>
<tr>
<td>Early Knowledge of HIV infection</td>
<td>100% of the participants were exposed to HIV/AIDS information early in life.</td>
</tr>
<tr>
<td>Casual Sex and Unprotected sex</td>
<td>All participants agreed that having casual or unprotected sex can lead to HIV infection.</td>
</tr>
<tr>
<td><strong>Sub-Question 2</strong></td>
<td></td>
</tr>
<tr>
<td>Multiple relationship is harmful</td>
<td>90% of participants reported negative feelings toward having multiple sexual partners or engaging in polygamy.</td>
</tr>
<tr>
<td>Participants' identification with polygamy</td>
<td>About 90% of the participants were exposed to the practice of polygamy/multiple sexual relationships in their lives through families or friends.</td>
</tr>
<tr>
<td><strong>Sub- Question 3</strong></td>
<td></td>
</tr>
<tr>
<td>Condoms for protection against STDs</td>
<td>Even though condoms may be uncomfortable, all the participants agreed that condom is the best in the prevention of STD/HIV.</td>
</tr>
<tr>
<td>Experience with unprotected sex</td>
<td>Compared to female at 29%, about 70% of male had unprotected sex.</td>
</tr>
</tbody>
</table>

*Note: Participants (N=13)*

**HIV Knowledge**

Three major variables were explored to understand the perspectives of the NAIs in this study: beliefs about HIV Infection, attitudes toward multiple relationships, and sexual practices. On the issue of HIV infection, most of the participants had early knowledge of HIV back in Nigeria as early as elementary school. Seven of the participants identified stage 1 of HIV infection. PPN12 was of the view that:
“So they might usually easily contract like flu, and the cough, and the cold, and things of the sort and eventually if the disease progress they can experience organ failure something of that sort.”

The description of AIDS by PPN10 struck a familiar cord of shared language used in communicating across Nigeria regardless of formal education called the “broken English.” The participant recalled a public campaign message in Nigeria in reaction to the death of a famous activist/musician who purported died of AIDS by saying,

“The son of that musician Femi Kuti, it’s a big whole sign board in Ibadan where I grew up says “AIDS NA AIDS E NO DEY SHOW FOR FACE.”

**Multiple Sexual Partner**

Experience of multiple sex partner being one of the major risk factors of HIV infection exposure was explored with the participants who happened to have been exposed to the culture of polygamy in Nigeria. Exploring experience of multiple partner with the participants was meant to observe the sexual beliefs and behavior of the participants. Eight IQs were used to explore this phenomenon. Table 4 illustrate the major themes deduced from the use of the IQs:

**Table 4**

**Experience with Culture of Polygamy and Multiple Sex Partners**

<table>
<thead>
<tr>
<th>Themes</th>
<th>No. of Participants’ Response</th>
<th>% of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution of Religion to the practice of multiple sex partners</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>Double standard on issue of multiple sexual partners</td>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>I'm from Africa and African men believe in multiple relationships</td>
<td>18</td>
<td>17%</td>
</tr>
<tr>
<td>I abstain from sex when not with my sex partner</td>
<td>13</td>
<td>10%</td>
</tr>
<tr>
<td>Multiple sex partners as risk factor for STDs</td>
<td>9</td>
<td>12%</td>
</tr>
<tr>
<td>Polygamy or multiple relationship does more damage than good</td>
<td>30</td>
<td>34%</td>
</tr>
<tr>
<td>Positive feelings toward engagement in one sex partner relationship</td>
<td>13</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Note:* Participants (N=13) could provide more than one answer.

Two dominant religions practiced by Nigerians are Christianity and Islam, hence participants were purposively selected to represent both faiths. Five participants stated how their faith had helped
to shape their outlook toward polygamy and multiple sexual partners. PPN10, a male, claimed that as a Christian it was not right for him to have multiple partners. PPN06 and PPN08, both female, admitted that some Muslims do practice polygamy because it was one of the core beliefs of Islamic religion, however Muslim participants separated themselves from such practice. According to PPN08 (Muslim):

"I don’t think it’s good really because though Islam teaches we can have more than a wife, but it is stated clearly you have to be, I don’t know, your affection for your wives should be equal which is not possible. We are only human. That condition is there so that people will not go into it because nobody can do that, but people just don’t look at that part. They only look at the part that you can take more than one wife."

The participants also responded to inequality of treatment of women in the culture of polygamy as they pointed out that the society tends to be more receptive to a man having multiple sexual partners. PPN02 (female), stated:

“My understanding that a man is allowed to have more than one wife. He can have multiple wives and African culture encourages men sleeping around virtually.”

PPN04, female, equally expressed the double standard of the treatment of male versus female in the society on issue of multiple relationships:

“Most especially in our African culture, man, the culture will say you can have more than one wife. So I don’t see the… so if it is good a man should have more than one wife, a woman should have more than one husband.”

PPN12, a female, affirmed the belief that men seemed to receive preferential treatment when it comes to the issue of multiple sex partners:

“I do believe that my culture specifically…, does actually, you know, men having multiple partners, they see that as the subtle norm.”

PPN09 further buttressed the point that even though none of the participants believe or practice polygamy, they have mostly come from a culture of polygamy. Seventy-three per-cent (73%) of the sexually active participants responded “no” to having multiple sexual relationships while 27% responded “yes” to having multiple sexual relationships. PPN11 answered in the negative to having more than one sex partner with a statement like this:

“At a time, No. I just have not had sex with multiple women at the same time.”

On the other hand, PPN9 stated,

“Yes, there was a time when I was in school. I had some other girls at the same time.”

PPN5 and PPN 12 stated having abstained from sex altogether and have never had any sexual experience. These were the discordant cases in the exploration of participant’s behavior in relation to multiple sexual relationships. Even though most of the participants admitted to having only one sex partner at a time, further exploration of their practices revealed evidence of sexual-mixing (Figure 1).
**Sexual-mixing**

Some of the ethnicities of the participants that the participants had sexual relationships with were Whites, African American, Hispanics, Nigerians the Virgin Island (Figure 1). This is an evidence of sexual mixing with outside networks away from the participants’ immediate network.

![Racial/Ethnicity of Sex Partners](image)

- 39% African American
- 33% White
- 17% Virgin Island
- 11% Hispanic
- 11% Nigerian
- 0% Other African Countries

*Figure 1:* Racial/ethnicities of sex partners by participants.

Thirty-nine percent of the participants admitted sleeping with Nigerians only, 33% had sexual relationship with AAs, 17% with Whites, and 11% slept with individuals from Hispanic ethnicity. There was no admission of having any sexual contact with persons from the Virgin Islands or other African countries. PPN03 admitted having had sexual relationships with White and AA while PPN07 admitted to a sexual relationships with Nigerians, AAs, and Hispanics. PPN10 expressed having sexual relationships with AAs, Hispanic descent, and White. Some of the participants only admitted having sexual experience with Nigerians.

**Condom Use**

Unprotected sex is another major risk factor in contracting HIV infection. The study participants’ beliefs and practices were also explored. Table 4 revealed some of the major themes deduced from IQs used in exploring SQ3:

**Table 5**

*Participants' attitude toward Use of Condom*
Most of the participants had identified unprotected sex as one of the primary sources of contracting HIV. Exploration of the participants’ behavior on use of condoms in the last five years resulted in the admission of the participants of being inconsistent in the use of condoms. Figure 2 illustrated participants’ responses to the IQs on use of condoms. Among the 13 participants, three females admitted that they had not had sex in five years representing 27% of the participants. Eighteen percent male and 9% female have had sex with protection. Those that have had unprotected sex in the last five years were represented by 82% male and 64% female.

![Condom Use in the last five years](image)

**Figure 2**: Responses to use of condoms in the last five years

Vehemently, PPN01 (Male-Single), PPN08 (Female-Single), and PPN11 (Male-Single) stated never having sex without protection:

“I haven’t had sex without protection. I don’t have sex without protection.”
However, at one point or the other PPN02 (Female-Married), PPN03 (Male-Single), PPN04 (Female-Married), PPN06 (Female-Married), PPN07 (Male-Married), PPN09 (Male-Single), and PPN10 (Male-Single) all reported having had unprotected sex with their sex partners in the last five years. Seven Participants (four male and three female) admitted having sex without condoms (Figure 2). Four of the participants were married, and one was single. Among the married participants, one married female participant (PPN6) admitted having unprotected sex with another partner other than the spouse. Other married male and female participants (PPN02, PPN04, PPN07) admitted having unprotected sex with their spouses alone. PPN4 stated the reason why she engaged in unprotected sex:

“I have a son. He will soon be five by May. I just have eight months old baby. So I had sex for reproduction. With my husband, yes, I only protect to space our kids.”

PPN03, PPN09, and PPN10 were single. They expressed having unprotected sex in the last five years. PPN10 admitted:

“Yes, it has happened couple of years I guess. And I, I guess I didn’t have condoms with me.”

From the above description, there are equal numbers of married and single participants that admitted having unprotected sex. The only discordant case among the married participants was PPN6 that had another sexual partner. Three participants expressed use of condoms, two male, and one female. PPN01 (Male-Single) stated:

“That’s never occurred in my life, I never had sex without protection.”

Participant PPN11 (Male-Single), also expressed never having sex without protection. PPN8 (Female-Single) said: “Aaah, I’ve not had sex without protection.”

PPN05(female-Single), PPN12(Female-Single), and PPN13(female-Single) all stated they have not had sex in the last five years. Overall, figure 3 provided the percentages of female and male experience with unprotected sex. Seven participants had unprotected sex, three had protected sex, and three had abstained from sex in the last five years (Figure 3). Looking at Figure 3 more male reported having unprotected sex than female.

![Experience with unprotected sex](image)

**Figure 3:** Experience of unprotected sex by gender
**Feelings about Use of Condoms**

To understand some of the challenges that may be associated with the use of condoms, use of IQs produced themes of uncomfortable feeling when using condoms and the dislike of use of condoms by men. Some of the participants believed that condom does not guarantee absolute protection against sexually transmitted diseases like the HIV or protect against pregnancy, but it was better than not having any form of protection. Almost all the four married participants believed that they only need to use condoms to prevent pregnancy. Somehow, some of the participants reported ambivalence in using condoms with their sexual partners.

According to PPN04 (female-matched), use of condom deprive the user of total enjoyment during sexual intercourse as she stated,

“Well, let me state this, there is this saying ... that when you lick the sweet with the wrapper it’s not going to be sweet, you have to lose the wrapper to get to the sweet, ... So many people are against condom because of that feeling, they want the skin to skin stuff ...contact, ... At times, men too complain that they want that feeling.”

PPN04(married female):

“At times the condom may not be very tender. If the woman is dry and all that, so the bruises and other thing that will make the woman not to feel like.”

PPN06(married female):

“all the men I’ve met, they liked to do it direct. They don’t like to use condom.”

“You know like some men, most men like it real, you know, ... they don’t like to use condom. So they will tell you they’ve used it but when the, when you are in the middle of the intercourse, when the thing is hot, before you know, they’ve removed it and you don’t know. You too, you are busy moaning and this that. Later you now see the thing has been thrown away.”

**Answering the C-RQ:**

**C-RQ: What are the perceptions of the NAIIs living in Houston/Harris County, Texas regarding contracting HIV infections?**

The responses garnered from the participants with the use of the three SQs revealed some critical themes on the attitudes and behaviors of the participants toward contracting HIV. The main themes that came out of the three SQs showed that all the participants have adequate knowledge of HIV infection and the risk factors. Most of the participants, having voiced being exposed to the practice of polygamy culture, also expressed the awareness that engaging in multiple sexual relationships does more harm than good in terms of the effect on the family. The analysis of the data, however, revealed that some of the participants were engaged in multiple sexual relationships. The study group expressed the understanding that having unprotected sex can make a person vulnerable toward contracting HIV. Even though most of the participants expressed the thought that condom is the best tool for protection against HIV, the behavior toward condom use appears to contradict the belief voiced by some of the study group as more male and female participants engaged in unprotected sex.
SQ1: What knowledge do NAIs have about contracting HIV?

Most of the participants revealed that they had been directly exposed to knowledge of HIV infections when they were young through public announcements, classroom education, and physically observing someone who has AIDS. According to the participants, HIV can be contracted through having unprotected sex, having multiple sexual partners, the blood of an infected person, sharp objects and sharing a needle, mother to child, travel, and same sex practices. All the participants, male and female, expressed that having casual sex, especially if unprotected, can expose individuals to HIV infection. The participants confirmed that HIV that unless an individual is HIV tested, it may not be visibly recognizable. Surprisingly, few of the participants, that is, three out of thirteen, believed that having multiple sexual partners contributes to contracting HIV. Some believed that contracting HIV is a death sentence. These findings suggest that participants have basic knowledge of the risk factors for HIV infection.

SQ2: What meaning do NAIs ascribe to the experience of multiple partnerships with regard to contracting HIV?

Eleven of the participants reported having knowledge or experience of polygamy either in their families or through their friends. About 80% of the participants readily admitted coming from Africa where African men believe in having multiple sexual partners. All the participants expressed negative feelings toward having more than one sexual partner. Participants described negative outcomes for couples and children involved in polygamy and risk of HIV infection when individuals engage in multiple sexual relationships. Some of the women expressed feelings of double standard treatment of women on issues of multiple sexual relationships. According to most of the female participants, Nigerian society accepts the practice of men having more than one sexual partner or marrying more than one wife, but women are restricted and stigmatized when found to be involved in multiple sexual relationships. Some of the participants also revealed that practice of multiple sexual relationships could expose persons to HIV or STDs. Due to their experience and exposure to the adverse outcome of the practice of polygamy, all the participants revealed that their experience had taught them to engage only in monogamy relationship. Subsequently, the response rate of 73% of the participants to one of the IQs revealed that they were not involved in multiple sexual relationships while 27% affirmed engaging in multiple sexual relationships at a point in their lives during the last five years. Some of the participants also admitted having sex partners from diverse racial/ethnicity other than with Nigerians. Having sex outside the NAIs’ immediate sexual network proves to be an evidence of sexual mixing as found in 67% of the study participants. In general, participants’ view the engagement in multiple-sexual relationship as detrimental to those involved.

SQ3: What are the perceptions of safe sex such as the use of condoms in the prevention of HIV according to NAIs?

Most of the participants voiced having unpleasant experiences when attempting to use condoms with their partners ranging from deprivation of pleasure, condoms bursting, sex partner’s uncooperative attitude, and the issue of trust. Some of the married and single participants expressed that they have had sex without condoms with their sex partners in the last five years. Some participants who are single, however, expressed using condoms during sexual intercourse. Some of the participants expressed strong feelings against the use of condoms. They attributed
their reluctance in using condoms to uncomfortable feeling and that condoms may not always be reliable as it may burst during sexual intercourse. Female participants reported that the use of condoms is a major problem with their men as they do not like to use condoms. Some of the participants expressed that trust may be a reason why they would or would not use a condom.

According to the study group, some participants stated that they would question the motive behind their sex partners offering them condoms during sexual engagement before they agree to use the condom. Some of the participants stated that they may ignore the offer to use condom by their sex partners especially if married or had been in a long-term relationship with the sex partners. Most of the married participants' perceived use of condoms as a form of birth control rather than for prevention of HIV/STDs. Most of the participants' acclaimed condom is good for protection against STDs and HIV especially if the person is involved in multiple sexual relationships. The findings on the use of condoms makes me to conclude that there are evidences of inconsistent use of condoms in about 64% of the participants.

**Conclusion**

The findings of this study revealed that more than 78% of the participants lived in Nigeria (a high prevalent HIV country) before migrating to the US. Due to the absence of war in Nigerian, the participants do have the opportunity to visit Nigeria at will. With the admission of about 61% of the study group of being involved in sexual mixing, this group may unknowingly become a bridge population for the spread of HIV if they engage in unprotected sex while visiting Nigeria. If the group continue to believe that use of condoms is for birth control or for use with sex partners that they considered promiscuous, there is the possibility for increased number of HIV infection in the Nigerian population in Houston, Texas.

Most of the findings in the study with the NAIs are consistent with the existing literature on HIV/AIDS in the US. However, a study with this sub-group added new knowledge about a growing population among the AIs in the US who seems to be missing in the study of HIV infection. Few studies that existed on HIV/AIDS focused on Refugee AIs but not with non-Refugee AIs. Other studies conducted on HIV/AIDS with AIs also tend to lump all AIs together, i.e., Refugee and non-Refugee African Immigrants. With new data showing a continuous upsurge in the population of AIs in the US making up about 5% of total US population (Pew Research Center, 2017), it is only pertinent that researchers and health care providers start to pay attention to this new surge of immigrants in the US. According to the Pew Research Center (2017), AIs are residing in large numbers in Texas. The concentration of AIs in large numbers in a location is an opportunity for researchers to approach this group for a similar study in the geographical areas where large numbers of AIs are found. A follow-up research study on HIV/AIDS with this population to consider the group's perception on HIV testing and what they would consider as most effective ways to disseminate prevention messages in their communities will be a good expedition for future study. This study has opened the door for further research with this population especially with the non-refugee African Immigrants in the US on the topic of HIV/AIDS.

**References**


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