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**Holes in the Family: Exploring Black African Parents'
HIV Education to Young People in the Absence of
Extended Family in New Zealand**

A thesis presented in partial fulfilment of the requirements
for the degree of Master of Philosophy

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ABSTRACT

HIV and AIDS is a serious public health issue in New Zealand. As with other communities Black Africans may be exposed to HIV. There is a need to explore ways of reducing HIV exposure to this community. This study sought to generate information that could help in addressing the associated risk. Currently, such information is sparse in New Zealand scholarly work.

Black African parents who settled in New Zealand face challenges when communicating HIV and sexual health messages to young family members. This is because, in many African communities, it is taboo for parents to discuss sexual matters with their teenage children. It is the responsibility of extended family members, aunties and uncles. However, advancements in other information sources have challenged the relevance and place for uncles and aunties in the mentoring of young people around sexual topics in the Black African Diaspora. The researcher used secondary data sources and explored how parents are bridging this gap in their families.

The main findings from the present study showed that the dynamics in many African family structures have changed as a result of migration and settlement in New Zealand. There have been changes in values which have seen more young people taking up the host culture while a majority of the parents have retained their culture. The perception among some African community members that New Zealand is a low-risk country in terms of HIV transmission has contributed to complacency as regards adopting safer sexual behaviour. Parents are reluctant to have, and avoid, direct communication about sex with their children. Culture and religion have a strong influence on the Black African community beliefs around sex education. Sexual topics are still considered sensitive. African migrants bring strengths and resilience to New Zealand.

The recommendations from this research include the need for HIV and AIDS Health Promoters to explore ways of increasing their relationship with religious leaders and further research into ways to develop the skills and confidence of parents around sex education.

ABBREVIATIONS

ABD African Black Diaspora

MSM Men who have sex with Men

ECDC Centre for European Disease Control

NZAF New Zealand Aids Foundation

MELAA Middle Eastern, Latin American and African

HRC Health Research Council

HIV Human Immune Virus

AIDS Acquired Immune Deficiency Syndrome

NZ New Zealand

KAP Knowledge Attitudes and Practices

UNAIDS United Nations Programme on HIV and AIDS

UK United Kingdom

CDC Centre for Disease Control

ACB African Caribbean and Black

SSA Sub-Saharan Africa

US United States

USA United States of America

IRCA Immigration Reform Control ACT

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CHAPTER ONE

INTRODUCTION

HIV and AIDS is a serious public health issue in New Zealand. The estimated number of people currently living with HIV in New Zealand is 2000. The total cost of HIV treatment to New Zealand government is 23 million dollars per annum. As numbers continue to grow this figure is expected to increase (New Zealand Aids Foundation [NZAF], 2013). The total number of Africans diagnosed with HIV from January 2006 to March 2012 in New Zealand is 205, which is 17% of all people diagnosed with HIV in New Zealand during that period (Dickson, Henrickson, & Mhlanga, 2012).

Africans are the second largest ethnic group infected with HIV in New Zealand (NZAF, 2012). For the period 1996-2009, 10% of all reported HIV cases in New Zealand were in people of African descent. Young Black Africans constitute the majority of the African population in New Zealand. From the 2006 census data, 54.4% of the Black African community were between the ages of 15 and 44 years (Statistics NZ, 2014).

Unlike elder Black Africans who received HIV and AIDS education overseas prior to migration and settlement, young Black Africans are growing up in New Zealand where HIV is not as serious an epidemic as in Africa; yet the risk of infection is still present. There is a need to study and implement innovative ways of education on HIV that can be made available to young Black Africans to reduce risk exposure and to aid prevention.

Recent research has identified young people as being at greater risk of HIV due to inadequate information and education, particularly among young Black male Africans (Henrickson, Dickson, Mhlanga, & Ludlam, 2013). Ways to reduce this risk have not been fully identified, hence the need for this present research.

Black African parents settled in New Zealand face challenges when communicating HIV and sexual health messages to young family members. This is because, in many African cultures it is a taboo for parents to discuss sexual matters with their teenaged or unmarried children (Aggleton & Parker, 2010). In many African communities this special role is the responsibility of extended family members including aunties, uncles and peers (Odek, 2006). In the Black African Diaspora in New Zealand the extended family is not available and parents are left to carry out this responsibility, perhaps against their own strong cultural beliefs and upbringing.

This study explores how parents are attempting to bridge this gap in the sexual education of their children and how parents are coping with conveying HIV information and awareness to the young people in their families and communities.

Research questions

Three questions arise from existing studies, and drive this thesis project:

- What is the impact of migration on African family structures and communication patterns on matters of sexuality within Black African community?
- What are the perceptions of HIV risk in the Black African community?
- What are the attitudes of African parents towards responsibility for sex education to their children in the absence of traditional extended family educators in New Zealand?

Objectives

This research is designed to facilitate the achievement of the following objectives:

- To investigate the challenges faced when communicating HIV and AIDS information and education between parents and young Black African people;

- To describe the extent of gaps created by the absence of traditional extended family educators such as aunties and uncles and the strategies parents use in solving this issue; and
- To describe the knowledge, attitudes and practices (KAP) about HIV risk among young Black Africans in New Zealand.

Study justification

Migration and settlement in a new country may contribute to the modification of cultural practices which create inter-generational contradictions between older African migrants and younger age groups (Attias-Donfut, Cook, & Hoffman, 2012). There is a critical need to explore how these contradictions can be resolved to enable young people to receive quality HIV and AIDS and sexual health information and education.

This study is important because it seeks to bring about new insights to an understanding of innovative strategies that new settler parents can use to share education around HIV and AIDS. Currently such information is sparse in New Zealand scholarly work. I therefore intend to address this gap in knowledge.

My interest in this study is that I have worked with various communities in Zimbabwe implementing interventions that addressed the escalating HIV pandemic which was decimating villages around that country. Similarly, in New Zealand, I have worked with African communities as part of a research project to understand better, the risks and impact of HIV on African communities. I am passionate about promoting positive health outcomes for vulnerable groups and I see this study as crucial in generating new knowledge on how African parents can be supported in educating their sons and daughters about HIV and AIDS in a new culture.

Research focus

The United Nations Programme on HIV and AIDS (UNAIDS) estimates that, globally, 2.1 million new infections were diagnosed in 2013. Of the 35 million people living with HIV in the world, 19 million do not know their HIV status. In 2013, 240,000 children were newly infected with HIV globally which is much cause for concern for governments around the world. Adolescent girls and young women account for one in four new HIV infections in Sub-Saharan Africa (SSA) (UNAIDS, 2014). HIV and AIDS remains a major public health issue globally, including New Zealand.

The focus of this study is on Black Africans in New Zealand and Black Africans in New Zealand who migrated from Sub-Saharan Africa (SSA). Communities originating in SSA were chosen because there are clear similarities in the HIV prevalence rates and patterns in New Zealand and those in Sub-Saharan countries from where a significant proportion of Africans in New Zealand originated. For example, Birukila (2013) in her study in New Zealand found that heterosexual spread of HIV in the African community remains more likely than in many other communities in New Zealand since the prevalence of HIV among Africans is likely to be higher than in the general population. This reflects the higher prevalence in their countries of origin in SSA (Birukila, 2013).

Birukila (2013) also found that the risk factors such as low rates of condom use; multiple sexual partners including concurrent partnerships; low HIV risk perception; frequent travels to their countries of origin; previous sexually transmitted infection (STI) diagnosis; late HIV diagnosis; lack of in-depth knowledge about HIV/AIDS; and discrimination and stigma that have driven the epidemic in SSA are also present in New Zealand among the Black African Community (Birukila, 2013).

Another reason for focusing on SSA is the fact that the majority of Africans who have been diagnosed with HIV in New Zealand (96% of the men and 91% of the women) are believed to have been infected in Africa, although there is evidence to support other claims that some Africans are being infected in New Zealand (Dickson & Davidson, 2006). In other parts of

the Black African Diaspora such as the United Kingdom, USA, and Australia, the same pattern of infection has been observed with a higher incidence of heterosexually acquired HIV among Sub-Saharan Africans than the local heterosexual population (Birukila, 2013). Focusing on communities from SSA in this study may generate more relevant knowledge that can assist in prevention programme design as the study will be more aligned to the experiences of a significant population who are the future targets and potential beneficiaries of the recommendations from this study.

Background

HIV and Africans in Europe

Migrant populations represent a significant proportion of reported cases of HIV and AIDS in Europe. Higher HIV prevalence among some groups of migrants than among the general population is attributed to epidemiological patterns in countries of origin and to increased vulnerability in countries of destination (European Centre for Disease Prevention and Control, 2011). Increased vulnerability to HIV among migrants and ethnic minorities is due to a range of social, economic, cultural and legal factors. Groups identified as most vulnerable to HIV include migrant women, and ethnic minority men who have sex with men (European Centre for Disease Prevention and Control, 2011).

A study in the United Kingdom (UK) commissioned by the Health Protection Agency reported that a quarter of Black African adults report a spouse/partner living abroad (MAYISHA 11 Collaborative Group, 2005). Trans-national living arrangements can involve leaving children behind in the country of origin, and geographical distance makes communication about HIV between family members difficult. The study also found that there is a tendency for first-generation migrants from Africa to have a strong attachment to values such as family dignity, and respect for the authority of men. African women may be particularly subjected to domestic violence in households where these values are followed. (MAYISHA 11 Collaborative Group, 2005). These values reduce the ability of African women to negotiate for safer sex such as condom use in marriage if they feel vulnerable to HIV infection because the men still hold all the power of decision making in the family.

As in many other communities, open discussion of sexuality in public or in mixed social settings is a taboo for most African people (Department of Health & Trust, 2004). Many African parents tend not to offer information about sex to their children because since children are not expected to be sexually active, this is against their culture; this responsibility is passed (formally or informally) to other family adults (Chinouya & O'Keefe, 2008) or to peers. Young Africans in the UK find there is often contradiction between the silence at home, sex education at school, and the sexual messages in British public media (Camden Primary Care Trust, 2007). A study in Camden, UK reported that both African men and women often subscribe to patriarchal values about sex, where behaviours in men are accepted and even when they would be unacceptable for women. Boys are expected to be strong. The community places fewer controls on boys yet they place high moral standards on girls (Camden Primary Care Trust, 2007). The boys may have more freedom to engage in sexual activity because the community seems to condone such behaviour. This places the boys at risk of HIV infection.

UK data for HIV and young people

Short relationships and frequent partner changes were seen as contributing to the high exposure of African youth to HIV in England (Dodds et al., 2007). These data show us that the younger generation in the African community in England is more vulnerable and more at risk of HIV infection than the older age groups. In the present study I intent to focus on young African migrants in New Zealand and find out, among other things, whether similar risks exist and the likely factors that fuel HIV transmission in the younger age groups. When examining age and HIV-prevention needs, Dodds et al. (2007) found four needs' indicators that showed greatest need in the youngest group: problems getting condoms; not feeling in control of HIV transmission (both for those who tested HIV positive and for those who were not tested positive); and motivation to avoid re-infection among young people with diagnosed HIV.

HIV among Black African young people in North America

In Canada, Black African communities experience similar challenges related to HIV exposure and transmission. In 2009, African Caribbean and Black (ACB) people represented an estimated 19% of people living with HIV in Ontario with a relative rate of heterosexually acquired HIV that was 24 times higher than among others infected heterosexually. Estimates suggest that the proportion of new HIV infections among people from HIV-endemic countries will likely continue to increase as it has over the past 20 years (African and Caribbean Council on HIV/AIDS in Ontario, 2013).

The work by the African and Caribbean Council on HIV/AIDS among Black African communities in Canada concluded that understanding factors such as age, religious beliefs and cultural influences of ACB people, whether first-, second- or third-generation Canadians, affects the abilities to provide specific HIV and AIDS services. (African and Caribbean Council on HIV/AIDS in Ontario, 2013). Particularly vulnerable are children who were born and are living with HIV/AIDS, and children who have been orphaned as a result of AIDS (European Centre for Disease Prevention and Control, 2009).

HIV in New Zealand African communities

As was stated earlier, Africans are the second-largest ethnic group infected with HIV in New Zealand (NZAF, 2012). Young Black Africans constitute the majority of the African population in New Zealand. There are divergent views as to the factors that have fuelled the increase in HIV infections in New Zealand between 2000 and 2005, when the number of people diagnosed with HIV doubled, although historically, increases in HIV have been attributed to MSM in New Zealand.

The social and psychological contexts in which people live are also important to consider in HIV prevention in New Zealand. A health needs assessment of Middle Eastern, Latin American and African (MELAA) people living in the Auckland region of New Zealand found that African and Latin American people may not be accessing, or engaging effectively with, community/primary health service providers on sexual health matters because of

limited knowledge about available services and the stigma associated with accessing such services within the African and wider community (Perumal, 2011). The assessment also discovered that African communities have a high prevalence of HIV infection and most of the young people from these communities (African and Middle Eastern) have a poor knowledge of sexual health.

The foregoing background data show us that, despite global efforts to prevent HIV infection, the disease is still a serious public health concern in different parts of the world, including New Zealand. The African migrants in the Diaspora, particularly young people, are more vulnerable to infection due to inadequate knowledge, risky behaviours and high HIV-prevalence rates in the countries they migrated from. This thesis is set out in five chapters. Chapter Two comprises a literature review of other studies and bodies of information around the subject of Black African, HIV and sex education in Diaspora communities in New Zealand and abroad. Chapter Three describes the methods used to collect and analyse data for this thesis. Chapter Four reports on the key findings of the study focus groups held among various African community migrants across New Zealand. Chapter Five is a discussion of the findings as they relate to material gathered through the literature review described in Chapter Two. The connections between the thesis research questions and the findings are also explored in this chapter. Chapter Six covers the conclusions and recommendations that resulted from this thesis.

CHAPTER TWO

LITERATURE REVIEW

This literature review considers studies from around the world including NZ, UK, US and Africa. The various HIV prevalence rates from these different countries provide an idea of the impact of the disease and its risk factors. More importantly for this study, it also shows how young African people and their families settled in the Diaspora are affected. The literature review will also compare various studies and their explanations for the HIV situations in young Africans including exploring the impact of culture and African traditions with regards to HIV prevention, education and communication. Research on migration and settlement in other countries and the factors that influence why African families migrate will be also explored. Overall, the main aim of the review is to consider the literature on young Africans in New Zealand and the Diaspora in order to understand to what extent HIV affects young Black Africans and how the problem can be mitigated to reduce HIV risk.

Impact of migration on African families

Africa has the largest number of refugees per head in the world (Sales, 2007). This observation is supported by a study of African migrants in France (Attias-Donfut et al., 2012). The three major types of migration status involve labour migrants, family migrants and refugees. Many factors account for the reasons Africans migrate and settle in other countries away from their homelands on the African continent. Many have moved to Europe, North America (especially Canada and the US), Middle Eastern nations, and recently, Asia. Takyi argues that Africans who have left the continent were driven away by the post- colonial problems that many nations experienced after gaining independence (Takyi, 2011). The main problems identified included wars, economic crises, and underperforming financial systems as well as a shortage of basic social services such as health and education. These factors acted as push factors forcing Africans to migrate.

There are also pull factors identified in the literature that accounted for the considerable volumes of Africans moving to the US particularly between 1988 and 1990 such as the

Immigration and Reform Control Act of 1986 (IRCA) that legalised the status of undocumented immigrants, and the 1990 Immigration and Nationality Act that introduced the ‘Diversity lottery’ option. This policy change made moving to the US by Africans much easier than in previous decades and has had a big impact on attracting migrants from Africa during that period (Kent, 2007). Studies have shown that migration affects family stability for both internal and international migration. A study in New Zealand stated that many families have been fragmented by migration to New Zealand, and relatives who would traditionally provide sex education are no longer available (Henrickson et al., 2013). The present study explores the various strategies that can be used to enable parents to provide appropriate sex education to their children to cover the gap left by absent traditional educators.

Migration tends to breakdown family ties in a context where the migrants are unable to reunite with their children and other family members as often is the case with international migration. As a result, there may be significant emotional costs of migration for children left behind. Unfortunately, very few studies from SSA have examined how migration affects the emotional, educational, and other aspects of social development of children in the SSA region and thus reduces their family incomes; this then increases their risk of falling into poverty. Takyi (2011) argued that migration affects family cohesion in that the traditional and historical relationships that existed between generations in many African societies are undermined by migratory pressures which disrupt extended family support systems. The ongoing economic difficulties in some of the SSA countries as well as increasing Westernisation and adoption of foreign cultures has placed an enormous strain on African families in Africa and the Diaspora.

African migrants who moved to and settled in new countries have been found to be at greater risk of HIV transmission than host populations in their new country of settlement (Chinouya & O’Keefe, 2008). These researchers argue that it is because, as they migrate, they also bring with them some cultural practices and traditions which influence the way they interact with and access health services, particularly HIV-prevention messages and health promotion services. The same research (Chinouya & O’Keefe, 2008) found that the only way HIV messages can be effectively passed to the vulnerable population was to identify those

traditions and practices that the migrants were ready and willing to participate in as a way through which health promotion could be mainstreamed in culturally safe environments such as community gatherings and celebrations. These practices need to be planned and executed with full consultation, participation and partnership with the African community. This reinvention of African traditions appealed successfully to the Zimbabwean community in Luton (Chinouya & O’Keefe, 2008).

A United Nations report showed that migrants and mobile populations are at particularly high risk of HIV infection all over the world because of the barriers they face as they settle in new countries. These barriers include being marginalized and lacking access to social services such as health, education, employment and experiencing social exclusion. The report further stated that the needs of migrant populations are not fully understood in some of the high-income countries they settle in, especially migrants from countries with high HIV prevalence. In these circumstances African migrants are disproportionately affected by HIV compared to the rest of the population (United Nations, 2014).

African family structures, roles and responsibilities

Family structures and relationships affect communication patterns within Black African families. Busy lifestyles and work demands affect family communication and relationships. Parents in the African Diaspora have limited time to spend with their children. Fuller (2008) found that Black Africans in the Diaspora work very hard to support families left behind in Africa, taking away time from their own family and children because families in Africa depend on their financial support for survival (Fuller, 2008). This lack of time affects communication and relationships as parents are not around all the time to build rapport with their children for creating strong bonds that can facilitate open communication with young people.

Black Africans settled in the UK experience the same expectations of sending remittances to support dependents in their countries of origin (Camden Primary Care Trust, 2007). These responsibilities for family overseas coincide with supporting dependants in the UK which

puts the African migrants under significant financial pressure. This financial pressure is also common among Sudanese in Australia (Hebbani, Obijiofor, & Bristed, 2012) and Ghanaians in USA (Coe, 2014). This financial pressure among Black African migrants and refugees is compounded because they also face challenges in getting suitable employment due to a number of factors that include: a lack of work experience relevant to the host environment; low acceptance of overseas qualifications by employers in the host country; and language difficulties and discrimination (Deng & Pienaar, 2011).

Even highly qualified migrants seek work in low-paying, unskilled jobs where they have to work long hours to compensate for the low pay. This prevents them having quality time with their spouses and children. There is thus limited opportunity for parents to interact with their children to create an open environment where they are comfortable to discuss sensitive issues like sexual topics or passing information about HIV and AIDS.

Ghanaians in the US have gone to the extent of sending back their children to their countries of origin for schooling there due to the time demands and cost of raising children (Coe, 2014). Some of the Ghanaians were found to believe that education in the country of origin is better as it follows the culture of the family and protects their children from what they perceived to be unfavourable American ways of life such as an illicit drug use culture, early sexual activity before marriage and a perceived lack of respect for elders by children growing up in America.

Transient families scattered across the world are thus a common feature of Black migrant families in the Diaspora. This suggests that the mere absence of aunts and uncles is not the only reason young people in the African Black Diaspora have limited knowledge about HIV and AIDS. Parents themselves are busy earning a living in a highly stressful and time-constrained environment and they have limited time to spend with their children (Deng & Pienaar, 2011). Fuller (2008), based on her work in West African countries that included Senegal and Gambia, states that in Africa the family is the key unit. While individuals are important, it is the family itself that is at the centre of life. Respect for the elderly is highly

valued. Women are also expected to play a central role in keeping the family going but they are, in most cases, not acknowledged for this important role. Even though women work really hard in the home, in the fields, markets and shops there is not much credit given to them (Fuller, 2008).

Fuller also identified five key roles of an African family:

- The family is the basic institution where members learn socially approved as well as disapproved behaviours.
- The role behaviour learned in the family becomes the mode and prototype for the role behaviour required in other institutions.
- The individual's behaviour is easily visible to the family, the family can evaluate with accuracy that behaviour and act as a source of pressure on the individual either to adjust or change.
- It is through the family that society is able to elicit from the individual his necessary contribution to society.
- One of the tasks the family still proudly performs for its members is the maintenance of the health of the members through the provision of food, shelter, clothing and the family is a primary source of care for ailing persons.

It is interesting to note that, even after settlement in the African Black Diaspora, the beliefs and norms around the family unit, roles and responsibilities have not changed, particularly among first-generation African migrants. A study of the acculturation processes for Sudanese refugees in Australia revealed that the family structure is hierarchical with clear gendered roles between fathers and mothers and children. Men are the heads of households while mothers play the role of caregiving for the children (Hebbani et al., 2012). The refugee fathers were found to have the view that they are the heads of the household and are in charge of control and discipline in the home including regulating the behaviour of all children. One participant from this study revealed that, while he felt that his younger children were under his control, he experienced problems in controlling older adolescents as many had proof of

identify which gave them freedom to purchase alcohol (Hebbani et al., 2012). One of the parents involved in the study by Hebbani et al. had this to say:

If I can put [underlying problems with youth] in one word, it is a clash of cultures. So when two cultures come together you can expect, you know eruption of something. So our culture is different from the western culture, so obviously they fall into you know, problems. Like you said before, socializing, hanging out with people, you know. Like bringing boyfriends or girlfriends to your house, and trying to cozy up or something. This is unacceptable in our society. So sometimes it creates tension between the young people and parents. (Hebbani et al., 2012, p. 8)

Sudanese families in both Africa and Australia still uphold strong family structures based on cultural and traditional beliefs where the men are the heads of the household and women are there to look after children and care for the home. Men uphold a public image while women's roles are more private inside the home (Hebbani et al., 2012). Migrating to Australia and being in a culture and society that is quite egalitarian has resulted in significant changes to rules and responsibilities for members of many Sudanese families. Many Sudanese men may feel their traditional role as the bread-winner and head of household is diminished if they fail to get a job in Australia. Unemployment, therefore, results in feelings of reduced status within the family unit. In contrast, Sudanese women might gain status by receiving monetary assistance through the government, or by taking advantage of education and subsequent employment opportunities. However, the study also found that, in Australia, the female is often responsible for taking the children to and from school due to a lack of extended family. These changes in gender roles are a source of tension within the family unit and result in a lack of clarity in communicating with children. Hebbani also further argues that strict gender roles in the country of origin causes acculturation challenges to new African migrants especially the Sudanese:

Coming from a culture with rigid and traditional gender rules, Sudanese former refugees now face acculturation challenges due to resistance from within their family unit and something exclusion from the host country. While daughters are the moral measuring strict in Sudanese culture, they are expected to be chaste and help family in carrying out domestic roles, whereas boys are expected to stay out of trouble and become responsible future heads of the family. Such intergenerational conflict is becoming more prevalent in the Sudanese community and this creates significant disharmony and unhappiness for all members of the family. When parents are able to successfully operationalise their expected gender roles and responsibilities interpersonal and intergenerational conflict can be minimized within the family unit resulting in an amenable acculturation experience. (Hebbani et al., 2012, p. 12)

Similar experiences have been noted among UK-based Black African migrants as regards the socialisation of boys and girls in relation to sexual matters. Both African men and women often subscribe to patriarchal values about sex, accepting (or rewarding) in men behaviours for which women would be scolded or castigated. Expectations of strong independent men and protected dependent women often result in boys being left to their own devices in terms of sexual exploration, while girls were frequently given prohibitive and negative messages about sex (Camden Primary Care Trust, 2007). This divergence in values and attitudes of the two (or more) generations leaves both male and female parents feeling devalued and their authority in dispute, which can lead to significant tensions within the family.

Research by Kent among Ghanaians in the USA showed that some African migrant parents would prefer their children to adhere to their traditional culture and they put measures in place to minimize their children's contact with the host culture (Kent, 2007). Coe also studied migrant families from Ghana settled in the USA. He argues that the process of migration and settlement in a new country comes with new ways of living and culture which the new migrants find difficult to adopt (Coe, 2014). There is thus no immediate assimilation into the new culture. At the same time, their children who would have been born in their home countries and were still young when the family migrated will be more open to the new culture. From this work, Coe concluded that as a result of their migration experience, Ghanaians immigrants engage in a nationalisation of parenting practices by emphasising hard and fast boundaries between America and Ghana. These ways of speaking about family are shared within their social networks, helping others make sense of the new culture and lifestyle. These are shared through various migrant networks where people try to seek meaning to the new challenges and understandings of the cultural differences with their home culture. Coe concludes that there is no immediate adoption of host culture upon arrival although it has been observed that older and young generations embrace host culture at different paces with the younger being faster than the older family members.

The above studies around family structures suggest that busy lifestyles and the demands for extra income to sustain remittances to support family back in Africa have resulted in African

migrants spending more time away from their families which may have had some impact on communication with their children particularly related to HIV and sex education. The family remains a key unit for the African people both in Africa and the Diaspora and important life issues are moulded around the family. For some African families the roles of family members have changed after settlement including the role of bread-winners. Culture and lifestyles are also changing as African migrants settle in the host countries with young people embracing change much faster than adults. In some instances this has been a source of tension in families.

Culture and intergenerational conflict

The African family in the Diaspora is confronted by intergenerational conflicts which result from younger family members adapting faster to the new culture than adults. This exposure to a new culture can lead to immigrant parents losing confidence in their parenting approach and orientation especially when they leave behind the social structures that sustain their values, beliefs and strategies (Deng & Pienaar, 2011). Deng also found that the issues facing Sudanese families in terms of parenting include: changes to family power structures; a perceived lack of respect by children; challenges to parents' disciplinary practices; changes in roles for mothers and fathers and a lack of support for solo parents. Parents acknowledge that moving to a new country and culture has often led to their children losing their mother tongues and cultural values (Deng & Pienaar, 2011).

One major challenge for parents was coping with their children's growing familiarity and absorption of the dominant culture and their adoption of values different to those of their parents and African community. This frequently led to conflicts and struggles between parents and children, made worse by identity crisis, as they all tried to adjust to the new environment (Deng & Pienaar, 2011). Due to their commitments to many other things, Sudanese parents had less time to interact with their children. Deng also found that some of the parents suggested that they needed to spend more time with their children, filling the gaps in the areas their children identified, including adequate quality time for recreational and social communication as parents are often too busy with work and other demands. The lack of strong bonds within the Black African families may be the possible cause of the

difficulties parents have when it comes to communicating HIV sexual health messages to teenagers. The absence of uncles and aunties may not be the sole barrier to communication.

One of the major influences on communication patterns between family members within the Black African Diaspora is intergenerational differences in attitudes and responses to changes of culture and norms as a result of settling in a new country. Various studies have shown that, while the young generation is much more open to change and more willing to adapt to the new environment, the older generation is often resistant to new norms and values. The older family members are keen to retain cultural and traditional beliefs from home countries. As the young people are committed to embrace change and at times openly defy the authority of the parents this becomes a major source of conflict in the family unit (Attias-Donfut et al., 2012).

In the new environment, the young people do not see the parents as role models or sources of knowledge and advice. This belief undermines the ability of the parents to give advice on life matters including imparting information on sexual and HIV matters. While other studies have attributed the lack of communication on sexual matters to the absence of aunties and uncles, from the foregoing discourse it is apparent that these extended family members are not any different from the parents as they belong to the same generation with which the young people have differences of opinion and values (Hebbani et al., 2012). Intergenerational conflicts could be the main cause of low knowledge levels on HIV among young people.

African culture, youth love, relationships and sex

Research in Africa done by Abigail Harrison among South African youths showed that there is an expectation that love relationships are not acceptable for young people, and sex before marriage is not allowed by the cultures and traditions of some of the South African people (Aggleton & Parker, 2010). Due to the diversity of cultures across Africa it may not be appropriate to generalise these observations to all African people. Young people who get involved in love relations experience significant pressure to keep the relationships hidden from adults in their own families and wider community. There was reportedly more pressure for this on young women than on boys.

However, young girls still became involved with boys using different techniques to conceal the relationships. The responsibility to keep the relationship a secret rests with the girl. Hiding relationships from adults was another strategy to accommodate social expectations particularly for teenage women who experienced enormous anxiety about relationships being discovered. Boyfriends from school or other communities were desirable since the girls' families would not recognize them. Hidden relationships for girls, and even for boys, are common phenomena in many African cultures (Aggleton & Parker, 2010). However, there is more pressure upon the girls to remain virgins and keep relationships secret than on boys. Young people were able to articulate a clear moral framework where abstinence from sex until marriage is the recommended ideal standard for African young people. In this situation sexual expression is found to be legitimate only in relationships approved by the community (Aggleton & Parker, 2010).

Other research on African youth sexualities has similarly noted the importance of abstinence as an acceptable behavior (Wamoyi, Wight, Plummer, Mshana, & Ross, 2010). Yet, where sexual activities are hidden, young women are placed at risk, both of HIV and of unwanted sexual attention including coercion. Young people's approaches to relationships and HIV prevention was found to suffer from dilemmas such as the pressure to keep relationships secret yet needing to buy protective devices for safer sex. Instead of a viable prevention method such as condoms, the expectation of abstinence itself placed young people at risk,

because they still went ahead and had sex without condoms while at the same time the community saw them as not involved with relationships. The dilemma is, for a girl, being in a secretive love affair yet being able to obtain condoms in public places without raising the suspicions of the community. In these situations the girls gave higher priority to concealing their relationships from adults than to practising safer sex, thereby placing them at more risk of contracting HIV.

Importantly, the findings from this study highlight the absence of a constructive and positive discourse surrounding sexuality and prevention even in Africa, let alone in the Diaspora. Most young South Africans are informed about HIV and AIDS and about condoms as a prevention strategy. At the same time, cultural approaches to HIV prevention have achieved prominence, emphasising abstinence and virginity testing among other methods. Haram further argues that, rather than educating and preparing young people for sexual lives, these “strict sexuality prohibitions reinforce gender inequality, and young people have been left alone to make sense of these competing discourses” (Haram, 2005, p. 84).

Other research recommends interventions to address the social context of sexual risk, focusing on ways to alter social norms that contribute to sexually risky behaviours (Wellings et al., 2006). In rural South Africa it was found that broad-based sexuality education could challenge harmful social norms and promote greater openness around sexuality. These researchers strongly argue that sexual activity will never be safe as long as young people are told that sexual expression is bad, dangerous and wrong or where it remains hidden. In addition, there are enormous gaps in HIV-prevention policies. This South African study also reinforced the position that young people need accurate information about sexuality to ensure better preparation for sexual life and healthy relationships.

Research in Lesotho showed that young girls are socialised into their future sexual norms through engaging in games with older girls acting as mentors because, in Lesotho custom, there is strict prohibition against discussing sexual matters by a woman who has borne children with one who has not. Where such a barrier is created by discourse taboos and where

mothers advocate a sexual morality of marital fidelity which is at variance with their own conduct, it is unlikely that a girl can obtain sexual information and advice from her own mother. Thus, it is particularly significant that these mother–baby relations have developed as a way in which a fictive mother can provide what a biological mother cannot (Suggs & Miracle, 1993, p. 343).

This Lesotho study also found that a girl's own mother can rarely give realistic advice or protection because of traditional prohibitions on sexual discussions between parents and their children. In these situations mothers encouraged their daughters to avoid premarital sex and emphasised the community disapproval of open love affairs between boys and girls (Suggs & Miracle, 1993). The above findings are consistent with findings from a study in Botswana where it was reported that, when a girl attains her first menstruation, if she is from a more traditional family, the girl will be taken to her mother's sister or to her maternal grandmother so that she is advised about what to do in line with approved cultural rituals. In Botswana culture a mother would not discuss such things with their daughter. This role is performed by other adult members of the extended family (Aggleton & Parker, 2010). Interestingly, the impact of culture on communication on sexual issues does not only affect those living in Africa but also families who have migrated and settled in Europe. A study by the European Centre for Disease Prevention and Control (2009) revealed that cultural attitudes, religious beliefs, taboos, fear of discrimination and limited knowledge of HIV within migrant communities were highlighted as factors that increase vulnerability.

Recent research in South Africa calls for interventions to address the social context of sexual risk, focusing on ways to alter social norms that contribute to sexually risky behaviours such as condoning of multiple sex partners by men (Wellings et al., 2006). In rural South Africa, broad-based sexuality education could also challenge harmful social norms and religious beliefs as well as promote greater openness around sexuality. This research also found enormous gaps in HIV prevention related to low access to accurate information around sexual health and the risks of HIV and sexually transmitted diseases (STI). They concluded that young people need accurate information about sexuality to ensure better preparation for sexual life and healthy relationships.

Contemporary sources of information for African adolescents

While traditionally, the major source of information for African young people was the family unit and extended family, where sensitive issues like love and relationships were concerned, nowadays things have changed. In both Africa and the Diaspora, new sources of information have emerged through the education system, mass media, and technological sources like the internet. These have had profound impact on how, where and when young people get information related to love and relationships as well as to sexual and reproductive health. The education system, including school teachers and media (radio, television and magazines), are among the most popular information sources (Kalipeni, Craddock, Oppong, & Ghosh, 2004).

Kalipeni et al. (2004) discovered that parents and extended family members are still sources, but are used to a smaller degree. A study Kalipeni et al. completed among Kenyan high school boys and girls discovered that parents are the least common source of information about sexual issues. The advancements in other information sources have challenged the relevance and place for uncles and aunties in the mentoring of young people. This, therefore, brings into question the validity of the assertion that the absence of uncles and aunties in the African Diaspora is the sole reason for why young people are at increased risk to HIV due to lack of information sources within the family unit. In Africa, the uncles and aunties are still available but young people use them much less often compared to other sources of information. The presence or absence of uncles and aunties in the Black African Diaspora might not make much difference, as was seen in a study carried out among high school students in Kenya which aimed at identifying strategies for prevention of sexual transmission of HIV and Aids among adolescents (Kalipeni et al., 2004). The students were asked to name the main sources from which they got their HIV information: their choices, in descending order of importance, were radio, teachers, and magazines. The majority of the students (81% of the girls and 70% of the boys) had talked to their peers about HIV and AIDS which highlighted the importance of peer education in disseminating HIV information. The research also found that, in most cases, the boys and girls talked about HIV with peers and relatives of their own sex (not the opposite sex), a probable reflection of African traditional culture whereby members of the opposite sex rarely discuss sex with each other. For the girls the people they talked to most were sisters and female cousins (Kalipeni et al., 2004). These

findings are important to my own study as they challenge my original assumption: that the absence of extended family was the reason for a lack of sex education among Black African young people in New Zealand.

Other recent research showed that the media, not parents or extended family, are the major sources of information for African migrants about HIV and Aids in both Africa and in the Diaspora. A study conducted among Ethiopian and Eritrean refugees in California found that, regardless of the country in which participants learned about HIV, the media contributed significantly as a source for HIV information (ranging as a source from 49% to 71%, depending on the specific type of media); additionally, information from health care professionals (41%), family members (38%) or school (57%) contributed significantly as sources for HIV knowledge (Mitha, Yirsaligh, Cherner, McCutchan, & Langford, 2009).

It is also interesting to note that, although teachers were cited as one of the commonest sources of HIV and AIDS information, respondents indicated that they discussed HIV mostly with their peers. This implies that they received most of their information from teachers (and other sources) and discussed it among themselves. Many of the teachers expressed discomfort in teaching students about sex and HIV and AIDS. They attributed this reluctance to African traditional practices which bar elders from talking to youth about sex except under certain conditions approved by the community such as initiation ceremonies and rites of passage. This study also revealed that the influence of peers is strong among adolescents. The researchers found an association between being sexually active and associating with boys or girls who are sexually active. Adolescents who associated with non-sexually-active peers were more likely to be sexually abstinent than those whose peers were involved in sexual activity (Mitha et al., 2009).

The results of another study (on cultural challenges and sex education on Kenya's Mageta Island) reiterated the difficulties teachers faced when educating their students on sex. The study showed that teachers provided the least amount of sex education (at 1%) while community-based organisations provided 60%. Hospitals provided 18% while mass media (radio, newspapers and radio) covered 9% (Odek, 2006). Similarly, most parents stated that

they felt uneasy discussing HIV and AIDS or any sexual matters with their children. However, parents still talked to their children about HIV and AIDS. On the contrary, 70% of girls and 44% of boys stated that they had talked with their parents about HIV and AIDS. Nonetheless, findings from both the survey and focus groups in this Kenyan study showed that parents were neither the initial, nor the main, source of HIV information for their children. I would argue that the mere absence of uncles and aunties in the African Diaspora is not the sole reason why young Africans have limited knowledge about HIV. Even where these extended family members exist in the countries of origin, boys and girls have not accessed any information through them as shown by the research findings described above.

Religion

John Mbiti, a renowned African scholar, defined culture in the African context:

Every people have a culture and culture is changing all the time, whether slowly or rapidly. The word culture covers many things such as the way people live, behave and act and their physical as well as intellectual achievements. Among other things culture shows itself for example in religion, ethics, morals and philosophy, in the customs and institutions of the people. All these cultural expressions influence and shape the life of each individual in his society and in these the individual makes a cultural contribution to his community through participating in its life and in some cases through creative work (Mbiti, 1991, p. 8). There is wide diversity of cultural heritage among the different African communities around the continent although there are also some similar aspects. Examples of similarities include round houses, the keeping of cattle, goats sheep and growing maize as staple food. Polygamy is common in the majority of African societies. (Mbiti, 1991, p. 8)

Religion is an important feature in the lives of Black African migrants. A study in New Zealand which looked at the demography of Africans revealed that the majority included religion as a common practice, with 55.5% identifying as Christians and 30.5% as Muslim (Dickson et al., 2012). This same study also found that members of the Black African community participated in religious activities on a regular basis with 60% saying they attend services once a week and 8% attending daily (Dickson et al., 2012). In the Black African Diaspora, religion has become much more than just catering for the spiritual needs of the members, but it has also become a social network which, in addition, offers psychological support to its members (Sergeant, 2014). Religion is an institution that has become the custodian of moral values especially concerning love and relationships.

The key message in most religious settings in the African Diaspora emphasizes chastity and abstinence for young people. Falling in love, and having sex for people of non-marriageable age is discouraged by religious leaders and by the congregation (Henrickson et al., 2013). There is also no open discussion about these issues as mostly they are not viewed as negotiable issues. The young people just have to follow and abide by the tradition. Thus, parents who have a strong religious background find it challenging to raise these topics with their teenagers as the expectation is that sex and relationships are only for married people. This, therefore, may mean that, even if other extended family members like uncles and aunts are available, they would still not discuss love and relationships with the teenagers as this is against religious teachings and beliefs. Until the religious leaders take ownership of open speech about sexual health issues, it remains hard to influence young people who have a strong religious background.

Culture and religion have some influence on sexual behaviour and beliefs that Black African communities have around this subject. Jackson argued that:

the influence of culture and religion on sexual behaviour is complex at both individual and societal levels, at [the] individual level many, many men and women publicly endorse the strict moral norms of their religion or culture while, at the same time, privately behaving quite differently. Sex is said to be the area of human experience most lied about. (Jackson, 2000, p. 134)

Jackson also found that, to some extent, religion can be used as a tool to share HIV prevention messages as the religious institutions already have in place messages that address sexual behaviour among young people. However, these messages are centered on abstinence and may not include messages on safer sex practices like use of condoms or contraceptives as such things are seen as going against most religious doctrines. A common belief which is promoted by Christianity, Islam and African traditional religion alike is acceptance of sex only within marriage (Jackson, 2000). However, it is also clear from Jackson's work that there is not much flexibility as to what messages can be shared around HIV because religious organisations across the board promote abstinence before marriage as the main strategy for HIV prevention.

Jackson's work in Africa also showed that some African cultural beliefs had a negative impact on community such as where the beliefs and practices endorse high-risk behaviours, particularly by men, for example, polygamy and practice of dry sex (a preference for a dry, tight vagina during sexual encounter). Other common myths that increase HIV risk include the belief that the first sexual act with a new lover cannot result in pregnancy or that married women do not have HIV because they are considered to be well behaved women (Jackson, 2000).

Religious prohibitions against sex education and condom use

Some religions in Africa oppose prevention messages and programmes such as condom use in favour of promoting abstinence and no sex before marriage for all people. They spread the message that condoms are not safe. They also take the view that promoting condom use could be misconstrued as an act of condoning immoral behaviour (Jackson, 2000). This reveals the underlying reason for their opposition. A Black African Community consultation on HIV prevention in New South Wales, Australia, showed that, despite cultural diversity among Black African migrant groups in Australia, one common feature was they all shared common religious and cultural beliefs (Sergeant, 2014).

Research by Sergeant (2014) among Australian African communities identified some common cultural practices around sex and sexual health that were valued and followed by the community. These included the following:

- religious taboos related to sexuality which may not correspond to actual behaviour;
 - in many African communities open discussion of sex is not acceptable, or can only take place in groups separated by gender;
 - health issues are often considered the responsibility of women rather than men;
 - HIV and sexual health education literature which contains explicit sexual content and references to practices such as oral or anal sex may be deemed offensive or irrelevant.
- (Sergeant, 2014, p. 3)

Other cultural issues that were highlighted in the AFAO (Sergeant, 2014) report as contributing to HIV risk, particularly for African women, included:

- arranged marriages;
- payment of dowry/bride price (which places obligations on women);
- women's difficulty negotiating safe sex;
- the practice of men having another wife whom they visit in Africa;
- cultural constraints around condom use, for example believing that condoms are evidence of sexual activity; and
- associating condom use with immorality and infidelity in a relationship – people are thus reluctant to collect free condoms from public events (see Sergeant, 2014, p. 33).

Despite the differences in religion in African societies today there is a combination of Christian, Islamic and African traditional indigenous religion, values and traditions; there is a strong bond between religion and culture in most African societies in Africa and even abroad in African Diaspora communities (Reid, 2003). For example, in Latin America, African churches have evolved through a process that retains significant aspects of indigenous faith and cultural practice. Reid further pointed out that:

as indigenous Christianity evolved in Africa, the African independent church would retain aspects of tradition and belief. Images of Jesus as a leader, the Holy Spirit, and the idea of faith healing, for example, allowed many Africans to integrate aspects of their own spirituality into the new faith. African ideas of community, ancestor worship, and revelation continue to persist in the independent church traditions. (Reid, 2003, p. 89)

Before colonisation, African traditional religion was the dominant faith in African societies. This changed when Christianity and Islam were introduced to the continent. These new religions spread fast across Africa partly due to the fact that Africans found them attractive because they included elements that were similar to the African traditional religion – Christianity and African religion have many features which do not conflict. It is upon those that Christianity seems to be building its rapid spread in Africa (Reid, 2003, p. 89).

There are many morals and ethics in Christian doctrine and practice which Africans find to be similar to their own traditional morals, e.g., the importance of extended family. The Christian church also included those who have died and those who still live, which is similar to African traditional beliefs. Christian teachings about helping the poor, the sick, hungry and oppressed touches the heart of African religion (Mbiti, 1991). All these common factors have fuelled the widespread accommodation of Christianity and Islam by Black Africans who previously practised African traditional religion. This commonality also meant the people did not have to abandon African traditional religion completely but had a choice of practising the three religions, alongside each other.

Examining the existing knowledge around African culture and religion is important for this research project as one of the key research questions concerns finding out the impact culture has had on HIV risk in African communities both in Africa and in African Diaspora communities. As this literature review has shown, religion and culture are intertwined within African lifestyles. Christianity, African traditional religion and Islam contain strong beliefs and practices around sexuality for their members which influence their sexual behaviours.

Conclusion

This literature review has shown that the settlement of Black Africans in non-African countries where HIV is a problem exposes young African people to risk of infection due to their lack of knowledge. Africans tend not to talk to young people openly about sexual issues owing to strong religious and cultural considerations. Sexual attitudes and behaviours are heavily influenced by the different religions and culture. Christianity, African traditional religion and Islam all share common moral principles that discourage sex before marriage. All three religions do not encourage open discussion about sex. This has important implications for HIV prevention as there is therefore an information gap between what adults know about HIV and what they can pass on to their children. Migration and economic pressures have emerged as factors that increase the vulnerability of Africans in the Diaspora to HIV infection. The literature review has also compared African-dwelling and Diaspora

communities. Although there are numerous studies that have looked at African migrants and family structures, there appears to be scarce literature about this subject specifically for New Zealand. This research is necessary to bridge this information gap by coming up with strategies that can be adopted within African communities to empower parents with techniques that increase the knowledge of young people in matters of sexuality even in the absence of traditional educators like uncles and aunties from the extended family.

CHAPTER THREE

METHODOLOGY

This study utilized secondary data sets from the 2012-2013 AfricaNZ Health Research Project (n.d), where, aside from my coordination and administration responsibilities, I was also a member of the leadership of this project. I chose to use secondary data because African new settlers are difficult to reach and that this existing data set was the best available to answer my research questions, which are:

- What is the impact of migration on African family structures and communication patterns on matters of sexuality within Black African community?
- What are the perceptions of HIV risk in the African community?
- What are the attitudes of African parents towards responsibility for sex education to their children in the absence of traditional extended family educators in New Zealand?

The use of the data set from the AfricaNZ HIV research project was the best way to respond to my research questions because this secondary data set also contained all the components covered in my research question and sub-questions including experiences of migration to New Zealand, the perceptions of HIV risk and access to sex education by young Black Africans. The data were collected using a sound and robust methodology which involved participation of the African community leadership at every stage of the study from determining the need for the research through to planning the actual survey elements and data-collection tools and promotion of participation by African community. Thus I am confident that the secondary data set I have used will generate reliable findings upon which I can base my conclusions and recommendations for future action to increase access to HIV and AIDS information and resources for young people in the Black African community.

In addition, I also opted to use secondary data to avoid carrying out another HIV study in the same community where other research had been done within a year of completion of the

previous project. I felt the community needed time to digest the reports from the AfricaNZ research before I ‘overloaded’ them again with something new. The close proximity to the AfricaNZ research would have probably discouraged participation by the community if I had tried to perform further data collection. A low-risk ethics notification approval was sought and secured before use of the secondary data sets.

In the AfricaNZ study, data were collected through both a quantitative survey and focus group discussions (Henrickson et al., 2013). The AfricaNZ study was a Health Research Council of New Zealand (HRC) funded study. In the AfricaNZ study there was not much opportunity to do an in-depth analysis of youth and family and migration-focused issues as this was not the major focus for that research. Therefore this study builds on and expands the existing work.

To enable an in-depth examination of the secondary data sets in relation to my research question I re-analysed the data from the first study. I coded and recoded the data several times using thematic coding and then identified the broad themes that related directly to my research questions. The coding was done manually on hard copies of the focus group transcripts from various focus groups interviews held with the African community members in Auckland, Wellington, Christchurch and Waikato. The themes identified formed the basis of the findings and recommendations of my study described in Chapters Four and Five of this report.

I also applied for approval to proceed with the research from Massey University Ethics Committee (see Appendix 1) through a low-risk notification application. Permission was granted in May 2014. Anonymity and confidentiality of the secondary data used has been maintained throughout my study.

The following is a description of the processes used at the time the primary data were collected.

African community leaders' involvement

The AfricaNZ study authors worked very closely with community advisors recruited nationally from Black African communities. There were two advisory groups: a general advisory group, which included 15 community and religious leaders and a second group, which comprised six Black Africans living with HIV (we acknowledge that there may have been people living with HIV in the general group, but if so, they did not disclose). These two advisory groups met in person three times over 18 months. They were also consulted electronically between those meetings. Advisors were paid an honorarium as well as travel costs for meeting attendance.

Data-collection phases

The original study was completed in two phases. The first six-month phase used existing data to develop an estimate of the currently resident population of Black Africans, the estimated number of Black Africans living with HIV in New Zealand, the estimated prevalence of HIV in those communities, and the number of Black Africans living with HIV currently under the care of a physician. This phase relied on publicly available datasets and direct correspondence with physicians who provide care for people living with HIV. The second phase used these estimates to develop a sampling frame for two second-phase arms. The first arm was an anonymous 64-question quantitative survey administered by project staff at African community events and gatherings. The second arm was a series of focus groups, which were recorded and transcribed. Survey questions were adapted from the UK Mayesha II (MAYISHA 11 Collaborative Group, 2005). and 'Bass Line' (Hickson et al., 2009) studies, and developed in close consultation with the New Zealand community advisory groups. Topic areas and specific questions were piloted with Black African community members prior to being finalised, and some adjustments were made in response to community feedback.

Ethical considerations

A full ethics review was carried out on the original project and approval was received in October, 2012. A convenience sample of participants was recruited into both arms of the second phase at community and sporting events, festivals and pageants, in churches, and at other community events in four centres showing the largest concentrations of Black Africans: Auckland, the Waikato (Hamilton), Wellington and Christchurch (Henrickson et al., 2013). Great care was taken to protect participant identities in both the quantitative and focus group arms of the study. Potential participants were approached by surveyors (most of whom were Black Africans) at community events, invited to participate; if they agreed, they then received a brief information sheet (which they could take away) with information about the study; a pre-addressed envelope; and a copy of the survey which they either completed, placed in the envelope and returned to the surveyors, or returned via Freepost to the project office. Almost all surveys were returned to the on-site surveyors. Survey team members estimate that between 1% and 5% of people who were approached for the survey declined to participate. A total of 703 analysable questionnaires were received.

Potential focus group participants received an information sheet explaining the project, and were invited to a focus group at a local venue if they were interested. Most focus group leaders were Black Africans who were conversant in at least one African language as well as English. Participants who were not entirely comfortable in English had a summary of the study and all their rights explained to them in their own languages. All groups but one were held in English, although in some groups there was on-going consultation and summaries in relevant languages for participants who were less confident in English; for instance, one group used its own simultaneous Somali language interpreter. One group was held exclusively in Arabic, and for that group a summary, supported by transcription of key points, was made by a project staff member who was an Arabic-speaker (Henrickson et al., 2013).

Participants' consent

Once the focus group convened, participants were fully 'consented', asked to sign a confidentiality agreement, and to choose a pseudonym for the purposes of the group; only

after pseudonyms were selected did audio recordings begin. Focus groups lasted about 90 minutes and were semi-structured. At the end of the focus group, and once the recording device was switched off, participants were given a \$20 grocery voucher in recognition of their time and contribution. Participants were then given a short demographic questionnaire which they were invited to complete anonymously, put in a blank envelope, and place in a box as they exited the room. No demographic information could be traced to any individual, and participants could deposit blank forms if they chose (only one did). Audio recordings were uploaded into password-protected 'cloud' storage, which was accessible only to the focus group leader, the paid transcribers, and the project researchers who carried out the analysis. Once the focus group leaders had reviewed and edited the transcripts for accuracy and clarification, their access was removed (Henrickson et al., 2013).

Other sources of data

There were two other sources of data to the original study. Firstly, a debriefing meeting was held with focus group leaders in Auckland, where most groups were held, to gain their insights about their experiences, and to gather the 'intangibles' that could not be captured on an audio recording. In addition, verbatim minutes of the two community advisory groups to this project, and in particular the advisory group that consisted of people living with HIV, were used as data. Participants in those groups authorized the inclusion of their anonymized remarks as data (Henrickson et al., 2013).

Limitations of the research

Although this research produced data and insights into the Black African community in New Zealand concerning HIV infection and prevention strategies particularly for young people, the research had, however, some limitations in the present study worth highlighting. African communities are very diverse and non-homogeneous groups. Although there are strong commonalities, each country has its own unique culture and traditions. There are also various religions and languages in the African community. Some members of the African community come to New Zealand as refugees fleeing war and conflict while others come as migrants

seeking opportunities and better living conditions. These two groups of Africans are from the same continent; however, they do not necessarily possess similar experience. All these diverse factors were taken into consideration and so, throughout the data analysis and reporting, generalizations were approached with great caution.

CHAPTER FOUR

FINDINGS

The research question for this study concerns finding out what impact (if any) migration has on African family structures and communication patterns on matters of a sexual nature within the Black African community in New Zealand. The study also addresses sub-questions about what the perceptions of HIV risk are among African community members as well as looking into what the attitudes of African parents are towards the issue of who should be responsible for giving sex education to their children in the absence of extended family members. A thematic analysis of the transcripts of the focus groups conducted with 131 Black African community members held in four cities in New Zealand found that relevant participant responses could generally be inductively classified into three main domains, namely: *The impact of migration on African family structures and communication patterns on matters of sexuality within the Black African community*; *Perceptions of HIV risk*; and *The attitudes of African parents towards responsibility for sex education to their children in the absence of traditional extended family educators in New Zealand* (see Figure 1):

Domain 1: The impact of migration

This first domain relates to ways by which migration has impacted on Black African families as they settled in New Zealand and describes some of the changes that have occurred as a result of this process. The main themes in this area were family stressors, impact on culture and African community strengths and resilience. Under these, subthemes were identified as shown in Figure 1 below.

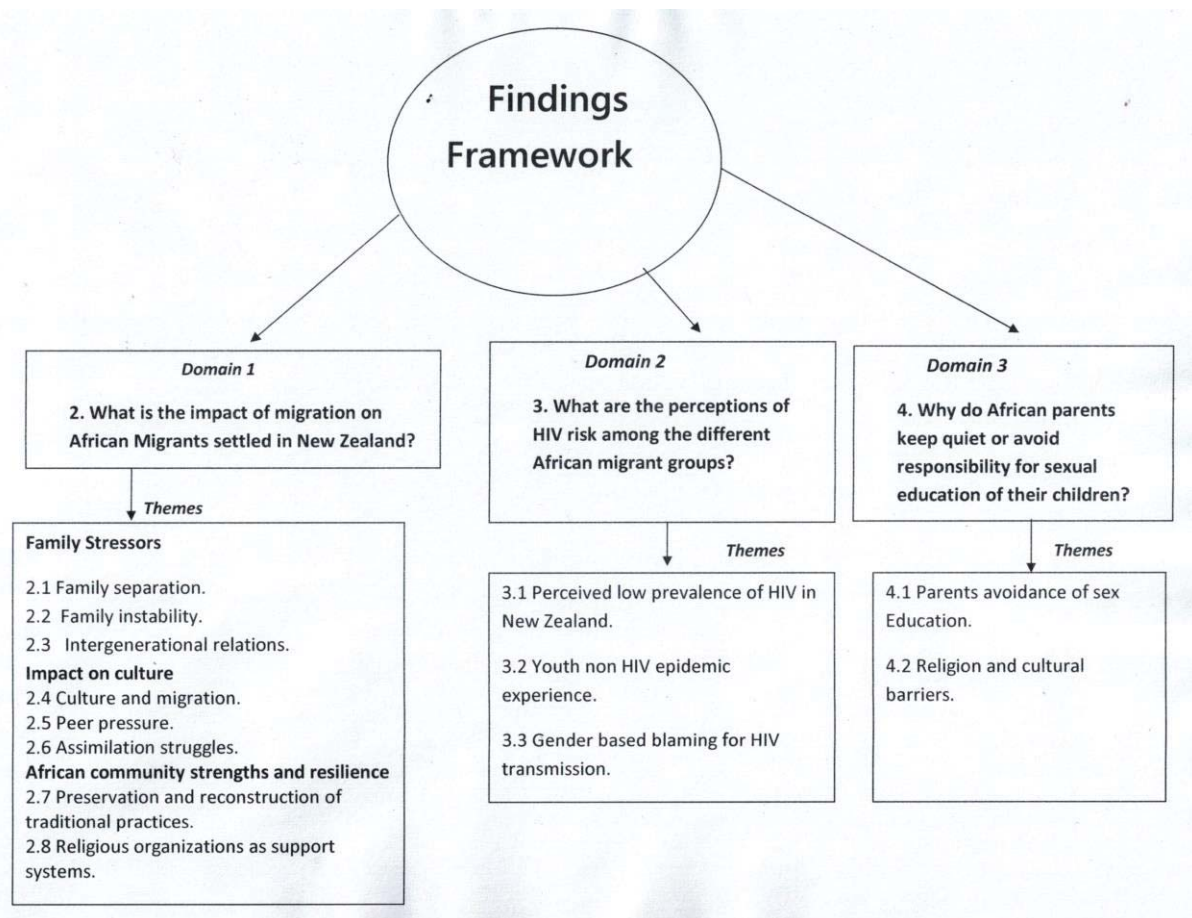
Domain 2: Perceptions of HIV risk

The second domain relates to how Black African community members view their risk to HIV infection. In this area the main themes were: perceived low prevalence of HIV in New Zealand; youth non-HIV epidemic experience; and gender-based blaming for HIV transmission (Figure 1).

Domain 3: Parents' avoidance of sex education responsibility

The third domain concerns the reactions of Black African parents towards the issue of who should be responsible for sex education for their children. The themes revealed within the domain are Parents' avoidance of sex education, and religious and cultural barriers (Figure1).

Figure 1. Findings report framework



Source: Designed by the author

These three domains represent the experiences, perceptions and attitudes of the African community members in relation to the risk of HIV among young Africans and prevention strategies to mitigate the risk. Within each sphere, the perspectives of youth and parents will be explored. A number of themes emerged from each domain and each theme will be described in more detail in the sections that follow. These themes include related sub-themes that elaborate on the main theme. The evidence to support of each theme will be provided drawing from quotes from the focus group participants' contributions and experiences shared during the course of the research.

Characteristics of the focus group participants

Before considering the findings from the focus groups held with African communities in New Zealand, it is important to understand the characteristics of the participants to give a detailed context to the findings that follow. Focus groups were held in four cities across New Zealand including Auckland, Wellington, Christchurch and Hamilton (Waikato). The participants comprised 76 female (58%) and 54 males (41%). One member did not identify a gender. The participants were also asked to voluntarily and anonymously complete a demographic sheet submitted in an envelope and dropped in a box as they exited. Analysis of these results found that 103 participants (78%) reported that they were heterosexual (defined as attracted to the opposite sex). Only two members claimed to be homosexual (defined as attracted to the same sex). The remaining 26 (20%) participants omitted to answer the question.

The focus group participants originated from various African countries as shown in Table 1 below.

Table 1: Focus group participants' country of origin

Country of origin	Number
Ethiopia	21 (18%)
Somalia	21 (18%)
Eritrea	15 (13%)
Zimbabwe	12 (10%)
South Sudan	8 (8%)
Democratic Republic of the Congo	6 (5%)
Ghana	6 (5%)
Sudan	5 (4%)
Zambia	5 (4%)
Nigeria	4 (3%)
Rwanda	3 (2%)
Kenya	2 (1%)
South Africa	2 (1%)
(UK) and United States (US)	1 (0.8%)
Congo	1 (0.8%)
Lesotho	1 (0.8%)
Burundi	1 (0.8%)
'Africa'	1 (0.8%)
Republic of the Congo	1 (0.8%)
Tanzania	1 (0.8%)
United Kingdom	1 (0.8%)
Total	118

Of all participants, 101 (77%) identified their HIV status as negative and three (2%) identified as positive. Sixteen people (12%) claimed not to know their HIV status and 11 participants did not respond. The geographical distribution of the 131 focus group participants is reflected in Table 2 below.

Table 2: Focus group participants by location

Region	Number of focus groups	Number of participants
Auckland	8	74
Waikato	2	8
Wellington	6	38
Canterbury	3	11
Total	23	131

Although two groups were designated for people living with HIV, there is a possibility of HIV-positive people having participated in the general focus groups because participants were free to choose which groups to participate in, irrespective of their HIV status. Focus group participants' mean duration of stay in New Zealand was 7.5 years with the newest group being Ethiopians at 2.5 years, while Somalis were the oldest group with a mean duration of 11.5 years.

The findings outlined in this section are presented in the three domains outlined above: impact of migration on African migrants settled in New Zealand; perceptions of HIV risk; and parents' views towards the responsibility for sex education to children. Nine sub-themes emerged from the focus groups that related to settlement and acculturation. These were: family separation; family instability; intergenerational relations; financial pressures; culture and migration; peer pressure; assimilation struggles; preservation and reconstruction of traditional practices; and religious organisations as support systems.

Domain 1: The impact of migration on African family structures and communication patterns on matters of sexuality within the Black African community.

Impact of migration on African migrants settled in New Zealand

Participants reported that Black African families in New Zealand faced problems when it came to educating their children about HIV. The parents did not discuss sexual matters with their children. Culture was cited as a contributing factor to this situation. Discussion of sexual matters was done by aunties and uncles, family friends and peers when the children are old enough to get married. This is also done when a child's behaviour is 'straying' and so the child needs to be shown the right way to conduct him/herself when it comes to sexual matters.

Influence of religion on sexual communication

Focus group participants were asked to share their views and experiences around religion and culture and its influence on sexual education and HIV and AIDS. This section is a description of the views captured from the focus group discussions. Data from the focus groups suggest that culture and religion are intertwined into the lives of Black African migrants in New Zealand. Both have an influence on community values and actions. Even members who might not necessarily be religious hold more or less commonly observed values as shown by the narratives from the participants below:

I think it's because of the religious backgrounds that we have or I don't like to say religious but uhm being Christian does kinda have that effect and having Christian parents and Christian values are the probably the building blocks of our values and core actions yeah. (Auckland female)

As well as I guess maybe how tradition uhm and religion kind of inter-twine in such cultures like African cultures coz I mean people might not necessarily go to church or consider themselves Christians but they sort of follow those values that I guess concern into tradition as well so, uhm they might not specifically go to church or whatever but they would live their lives kind of sort of like in some aspects according to those values and I think part of I don't even remember like a legal age for having sex coz in New Zealand once you're sixteen you're legal but I don't even I don't remember if we even have a legal age for that it's just what you do. (Auckland female)

Religious institutions within Black African communities include Christianity and Islam which promote strong messages that discourage sex before marriage. Sex education in schools is also opposed especially where condoms are distributed to children. Focus group participants voiced their preference for absolute abstinence for all unmarried people as demonstrated by the following participant's views:

Well, I think that's any form of education is good for the kids but of course uhm if the kids have sex education at school from what I understand, at school they are giving condoms, okay, so that's what they call sex education, yeah the content or what it would entail. I don't want people to come and end up giving our children condoms [in the church], yeah in the church because I'll be, I don't accept that even though we are talking about abstinence and sorry we're talking on abstinence, being faithful and condoms. The B and C do not apply, it is only A as far as I'm concerned because we stick to the bible, I know it's hard, I'm not saying it's easy but that is, others are never putting condoms in toilets so we are not a special group of people and we can do the same thing, all with self-control. How well we can educate our own kids to err on the side of caution. Of course when they [are] eighteen and want to marry, why not, marry early and have sex, that's not a problem so in terms of education, I'd like to know the contents yea but I think it's always welcome. (Auckland male)

This participant further implies that only after a child gets to eighteen years is it acceptable to engage in a sexual relationship but even then, only if they are married because this is what their faith demands. Some of the focus group data suggest a level of disparity between religious beliefs and actual practice whereby, while religious organisations may not speak publicly about sex education and HIV prevention, privately at home. Some members offer information to their children and even share information about condoms even though they oppose it within the more public church setting, as narrated by a focus group participant:

No, because once she did that she was a leader of the women's fellowship so she made it known to me that she was going out of her way coz this is something that she would say in a church yeah so she's just doing that. Yeah she made it quite clear, it's not something she would advocate in the church but it's something she'd do personally. (Auckland male)

The opposition to sex before marriage is based on culture and religion where believers do everything possible to avoid punishment that comes with breaking these rules in their religion:

Uh, well, totally we are against that because in our culture or our religion is an except or for a man or a woman to be intimate before marriage and after when that happens, there will they will there will be a punishment and they will go to hell because the religion says that its unacceptable. (Wellington female)

What I think is that because I'm a Christian I think it's better for you to wait until you get married because I got into the Bible. I'm a Christian. It's a sin. Sex before marriage is a sin. (Waikato female)

While faith members may have love relationships as young people, the relationships should never be physical such as involving sexual encounters as this is not approved either by religion or culture. One Wellington male participant emphasised this point when he said:

Well culturally and religiously, it's okay for men and woman or young people to meet and talk and have [a] relationship but that relationship has to be not physical relationship so other than that its unacceptable by our religion and or our culture as this group. (Wellington female)

When you say you have relationship before marriage, it's more we say only physical, you can't do sexually. So you can't call it, we say kind of kissing, that's kind of acceptable but we can't further than that before marriage. Especially Muslims are very, very strict on sexual intercourse before marriage. (Wellington male)

Data from focus groups also suggest that believers in the various religions within the Black African community feel it is important to abide by religious rules as non-compliance should be avoided as it is not easy to secure forgiveness since sexual activity should not occur in the first place as narrated by the participant below:

Well, well it shouldn't happen in [the] first place because we can't breach and say that this has to happen and then you do whatever you were not supposed to do, you do the forbidden, forbidden deed and then you say, 'Allah will forgive me', it doesn't work that way. You have, you shouldn't have to do it first place. (Wellington female)

For Black African migrants in New Zealand, churches have become more than just places of faith. They are social institutions where members access support for other social needs as shown by one of the Auckland focus group participants who said:

What I got from it is like you said the church becomes a central point as for us migrants because even if we know we leave our culture, our faith is still there.

So what hit me most is if a pastor is preaching, you just don't know who in the congregation has AIDS so when you're preaching to people, you might sometimes say it in a way that is bad so I think we need to be careful when talking about AIDS coz you don't know who you're talking to, the outside world have abandoned them. Church is our last hope so even though is not any fault of theirs they have not disclosed it, we have to talk as if anyone could have it. We don't say, 'don't do this, don't go sleep around and have AIDS' you know, otherwise they would say, 'why am I even here as I'm already dead?' So when I'm talking to these kids, I have to be careful because I don't know what their status is like. (Auckland male)

This participant is also saying the church is playing another role where they are offering psychological support to African community members who are infected by HIV. These quotes seem to suggest that the church is also dealing with stigma reduction by accommodating people living with HIV.

Religion also has an influence on the major decisions that its followers make, such as marriage, where people's parents may prefer their sons and daughters to marry members of their own faith:

Well, I'll try to advise my daughter not to marry this person because we not the same race, we not the same religion. I'll try to make her understand that it's not good idea to marry this person but if she insists to marry him and falls in love with him, then I can't do anything. I will let her have her way because I can't kill her or I can't beat her up. I can't avoid the situation. (Wellington female)

Religious organisations in Black African communities also have some influence on people's perceptions and attitudes towards condom use, even for married couples. Condoms are not accepted in the various religious settings as narrated by some focus group participants:

Condoms, I think they are safe when having sex but if you are married you can't introduce a condom in the house, especially in our culture, that is a no, no, no. But if someone knows that is just having fun, not married and you just want to have fun, then. (Waikato female)

There's not much we can say because it's not acceptable in that society but still there are some people who use condoms and if there is [indecipherable] if the doctor says there is some harms for the mother to have more babies they will accept it otherwise culturally they don't believe. (Wellington male)

Culturally it's not accepted to say you gonna limit the number of your family because you can't feed them. Culturally and religiously they believe that it's the God who look after anyone who come to this world. So it's not [indecipherable] to think of the person who is coming to this world. (Wellington male)

Participants also mentioned some stigma associated with being seen to be using contraceptives such as condoms, more so if you are a young, unmarried person. An expectation within religious organisations is that one is abstinent and therefore being seen in possession of condoms can be construed as evidence for intending sexual activity.

Even contraceptives, you still kind of associate that with married people right, like birth control type thing not so much with younger people coz it's really drummed into them the best contraceptive is abstinence kind of thing. (Auckland female)

These three participants seem to be saying condoms are not acceptable in any circumstances apart from where a doctor has recommended them to avoid risk to a mother who might get pregnant and has already had enough babies. Focus group participants reported there is a 'silence' in the religious organisations around HIV and AIDS. This is a subject not usually discussed by the congregations. The following are experiences of some participants:

Not at all. In churches not all people are open about it but in churches they rarely talk about it. In church they rarely talk about it. But in some churches, if they find out if there's someone that's HIV, some churches they do help but it's not something that they really talk about in the church. No, I've never heard about that in churches. (Waikato female)

So yeah and as far as HIV, talking about HIV in particular, no, I can't remember. (Waikato female)

From the above findings, we see that culture and religion have an impact on Black African community behaviours and attitudes around sexuality. Values are centered on morality and strict adherence to the rules of the religious faiths which, in most cases, promote abstinence as the main tool for HIV prevention. Other things like the use of condoms and open dialogue about sex are discouraged across the board including followers of Christianity, Islam and African traditional religion. There also appears to be a lack of open communication around sexual issues because of morality influences which discourage such dialogue, especially in

religious settings. These sentiments from the focus group participants are important as they serve to answer my research question on the influence of culture, religion and migration on communication around sex education and HIV information sharing between parents and their children. What has clearly emerged is that religion and culture play major roles in decision making by Black African communities on matters of a sexual nature.

Family stressors

A. Family separation

Some Black African participants narrated during the focus groups that their families experienced problems as a result of partners living apart due to seeking greener pastures and for many other reasons. One spouse may be in New Zealand, with or without the children, and the other one are left in the home country for various reasons cited during the focus group discussions.

I'm talking as a single parent with two children who are in a foreign country... so for me, I can give an example for women who have come here and their husbands are back home or for young women who have come here and they have their fiancé or steady boyfriends back home. (Auckland female)

The separated family experienced difficulty in guiding their children through the teenage phase. The focus groups revealed that there are single parents staying alone in New Zealand while their spouses are living in Africa for tertiary study and employment. Some participants felt the separation of families contribute to the disintegration of the families and breakdown of marriages.

That causes a lot of things, marriage could [break] up – they could end up separating or someone could end up having a [relationship and] bringing on this chaotic situation in the home. (Auckland female)

The absence of extended family has created a gap in knowledge transfer between young people and adults, particularly parents. Participants pointed out that, in Africa, extended family members are available to help young people understand and cope with life issues including sexual education. The absence of these members in New Zealand poses real challenges for parents.

...and so without any other sort of danger sign to check you, you continue, so you have a free society now, as back home aunties, and even the family system there. Back home at least you have aunties, uncles, brothers people who easily talk to you and prompt you back here, you are free, you are by yourself and so no one else talks to you, no one tries to prompt you as to what you are doing. (Auckland male)

The difficulties in uniting the families have resulted in people having extramarital affairs and ending up in divorces:

I mean it's one of the causes of separation. Divorce in this country is having the highest divorce rates ...people have left spouses, one spouse is in this country, the other in that country and they can't be allowed to be together so as a result marriages are breaking up, children are being brought up by some other children so it's really a problem now. (Auckland female)

Children coming from a family where parents are separated experience many problems. The children might be in New Zealand with only one parent and that parent is now supposed to communicate directly with the children on sexual matters which they find challenging culturally, as narrated by focus group participants.

I think looking at many Africans that are, especially here in New Zealand, they are young, fairly young people. Back home culturally discussing things about sex with your children is sort of taboo but here we don't have those aunties and grandmothers and I think we should be able to tell our own children rather than (not addressing the issue) – and just being able to speak up and talk to our children. I talk to my kids. I tell them. I talk to my son and I tell him about sex and it's not okay. Luckily the teacher also helps but I think we should – I don't think the government can organise actually an organisation. I think we should be brave enough and leave the cultural traditions back home and just am able to make sure we educate our own children around what's appropriate about sex. (Auckland female)

African parents in some instances are stepping in to play the role of absent extended family members. They are putting their traditional beliefs aside as they realise that their children are being exposed to sexual behaviour at an early age from their peers.

For me, it's more about the change that has come about because we are far away from home. I have got a fourteen year old daughter. Traditionally she would be going to her aunties to talk about things like all these sexual things. Myself as a mother, I wouldn't really be involved in that but since coming over here we've left the aunties behind and the children are becoming more and more exposed at an earlier age. Myself, as a Mum I have to put aside the tradition and start

talking, going out of my way to talk to the children. It's a big change from how I was brought up, that side of my life, the sexual and everything was introduced to me through my aunties but now I have to do it for my own children. (Auckland female)

In order to bring up knowledgeable and responsible children and also avoid contracting HIV infection, parents have to take the role of aunties, uncles and grandmothers and educate their children about their sexuality. Participants commented that this is a cultural tradition that needs to be reconstructed:

I think here in New Zealand we are sort of a small society, I think it's the responsibility of the parents, the Mum for the girls, the Dad for the boys, to educate their children, or if you have close friends you can sort of discuss, ask them to discuss the topic with your children. But I don't know whether there are places where you can get this information [indecipherable] from African perspective. (Auckland female)

The dialogue between parents and children suggested by the above participants where the dads now have to talk to boys and mothers with girls apparently poses a challenge to African parents. There was also an acknowledgement by focus group participants that the need for dialogue about sexual health should be a community-wide issue which even the community associations should address as part of their meetings and events.

Yes, Zimbabwe Association, yes. Those other things, I think that in those meetings people should target talking about those because I've heard of young girls from our own country who have come here and they've gotten pregnant while just at high school and I think if those issues could be talked about at those Zimbabwe Association meetings and have someone who can speak up and educate parents and educate the young people, I think that will be beneficial. I think we need to take it on it as Africans and educate ourselves and try to undo the culture and traditions that we've come with. (Auckland female)

B. Family instability

Family instability is a source of difficulty, particularly for some African women who have been abandoned and who have to struggle with parenting without family support. These family break-ups are having a negative impact on African teenagers as the single parents lack the capacity to guide them alone. Also because of the unstable situation, such rebellious behaviour will be a way of coping with the situation at home.

We talk that people must be married before they have sex and they must not have sex outside of marriage and they mustn't sleep around but people are not taught how to be safe and some of the issues that lead to those behaviours are not

getting counselled. You know what I mean? Because I think sometimes we find that people are driven to this behaviour because of other reasons, it's not just because they want to sleep around or want to have lots of – of course people enjoy sex but sometimes divorce or parental break-ups circumstances can drive people to behave this way. That's my view. (Christchurch male)

Here the participant is also saying there seems to be an assumption among African community members that young people have sex before marriage because they enjoy it. He suggests that the community might not be addressing some of the other social problems facing young people, particularly those from families where parents are separated. He says this point is missed by parents who just talk about discouraging sex but do not talk about protection. There is a counseling gap to support these young people which could be affecting their sexual behaviours.

Family instability and domestic problems are experienced by some Black African families in New Zealand. Participants expressed strong sentiments about the negative impact these were having on families. One participant expressed concern that HIV infection will even cross over to other ethnicities as sexual affairs are not confined to one cultural group.

It's not a good thing. Even back home it happens [infidelity] but you find it brings a lot of tension for people, fighting, it's not good. It's worse when it's done here in New Zealand because you don't have support from the family and it can be really destructive. (Auckland female)

African men, the majority of them are promiscuous and I think that has destroyed families and that has led to people having HIV, having Aids and I don't believe, especially at this age of time when everyone knows the impact that Aids brings to people, I don't believe it should be happening. I believe that people should be faithful and honest with their partners and at least be honest. (Auckland female)

My view is the same. Infidelity does have disastrous consequences. Homes have been broken, lives have been lost, children become orphaned, all those bad things happen and it all starts from somebody just not being honest and it's quite sad really. (Auckland female)

I just feel like I think if it's in the community it will be a big problem because people are now having multiple sex partners and with that and our population as well, we are sort of like very, very small so it would end up infecting a lot of people. It's not just like people are sticking to Africans or people are sticking to Zimbabweans, people are going into other cultures as well so yeah, it's a big thing. I think it's a big thing. (Waikato female)

We can see from these statements that families where conflict exists face communication breakdown leading to loss of control and effective role model for young family members. This, in turn, affects the ability of parents to pass on education to children about general issues and sensitive topics became even harder to share as there is no rapport in the family.

C. Intergenerational relations

Black African parents experience intergenerational differences in beliefs and practices with their teenage children who are growing up in New Zealand. In many aspects of life the young people are adopting the host culture at a much faster rate than the older family members. This has become a source of frustration for the parents who feel they are losing control while the younger members feel they are not allowed to enjoy their new rights.

The reality of the life we live as teenagers and the young people or young adults that have been raised in (this) society, their views are different from ours. We may as parents or adults try to bring our values, our Christian values, our cultural values, but the reality of the life our children are living now is totally different. (Auckland female)

The above quote shows there has been a change of culture among the young African people and their new values are in contrast to those of their parents. Religion and culture are no longer the main things for young people who are now taking on the culture values of the host society. The older generation complained of a lack of respect among young African people growing up in New Zealand towards their elders. The desire to assimilate has affected relations between the young and the older family members leading to conflicts in the family. African parents complained about the loss of respect among the young generation towards elders at home and in the community. The elders foresee the erosion of African values as young people assimilate into the host culture.

I think there have been changes in the way our children – and I'm talking around teenagers – in the way they are growing up, and the respect aspect I think is deteriorating. I think for an African parent it is a big challenge to raise a teenager here 'cos the values are changing, the values are different and our young people, being teenagers and young people, they want to assimilate the kind of life which is here and sometimes they go to a level where they don't put themselves safe. So for me that kind of [change is not safe], yeah. (Auckland female)

The older generation also found it challenging to control children because of the high emphasis in New Zealand about children's rights. Some parents expressed fear that this emphasis on rights is responsible for the problems faced by young people. Parents feel disempowered because the law gives children more rights than they would have in their home countries, and the children know their rights, and they assert them. Parents feel that, because of this emphasis, children can be disrespectful to their elders. In Africa this is when uncles or aunties would step in to intervene and that intervention would address the situation and bring a change in the behaviour.

There's this thing about rights, children's rights, it's even difficult to explain to your child because of these rights, they have a right to do this, a right to do this, you lose control of your children and the law is behind them and yet you know really you should be just disciplining them somehow. So yes, there have been changes really. I think the children are given a lot of rights. (Auckland female)

Even if your father and mother are here, if you here as a young boy, a young girl, by the time you are sixteen, seventeen, eighteen, you're aware that from that age you are entitled to a lot of freedom, you start becoming rebellious and that is where it goes and over here, boyfriend, girlfriend and sex is, no one even thinks about it twice, it's so normal. (Auckland male)

The Auckland male participant above is talking about more than just children's rights. He is pointing out that the African parents here in New Zealand no longer may physically discipline the children as they used to in their home country. There is an apparent dislike of the rights the law gives to children as parents feel powerless and unable to do anything to guide the children, not just in sexual matters, but all aspects of family life. There is also a fear expressed in the focus groups where older family members foresee the loss of African identity if the young generation continues to abandon the advice of African elders in New Zealand.

Eh, eh, another thing I can add is finally, African identity will disappear because what we trying to do is done by the old people, adult people but you find that your children born from here, they don't care, they don't care which means in the future I don't know if that identity will stay there. (Auckland male)

Intergenerational conflicts are straining relationships within families which, in turn, even affect other areas such as communication around health issues. Respect between family members is weakened. Because of the communication breakdown, some parents are now just

observing and not taking action any more to guide the children, especially teenagers. They feel that they are not able to do anything about the problem.

So we'll try as African parents in Africa to curb or to prevent you from it as much as possible. But we are not saying it's fool proof. But here, from the age of what fifteen or sixteen, it...you virtually lose your hand, you cannot do anything so we are looking... from that point of view, we are not saying that it's a utopian system in Africa and then it is chaotic here. (Auckland male)

One focus group participant said they disliked the behaviour of African teenagers in New Zealand to the extent that they are even considering going back to live in Africa once they complete their studies or secure a better life overseas.

So the most, the biggest reason that brought us here is looking for better life ... we know we come here to get life, we understand that but on the other hand if you look at how people behave, I don't know, I don't like it, maybe me I am stuck with our culture, where I know our kids should take orders from their parents if they don't, this is no good,... they should understand but this is not obvious here you know. The kids are very liberal, yeah extremely free you know so I didn't like it, didn't like it. According to me, once I get a better life, studies, I can go back home, if I can find something interesting to do there to contribute in my country's development. (Auckland male)

Impact on culture

A. Culture and migration

Cultural beliefs and practices are changing as a result of Black African families settling in New Zealand. There is adaptation of host culture aspects and retention of culture from home countries. For example, views about sexual relations between people of African origin and other ethnicities have changed for some African migrants. One participant thought relationships with other races was not appropriate when she was still in Africa but, after migrating to New Zealand, she now thinks it is okay to have a relationship with a person from another race.

For me it has changed when I came here but before when I was back home I just met someone from my own was the best thing to do but when I came here, then I just started seeing the world differently. Now I'm here I think it's [relationships with non-Africans] okay but before, no, no. (Waikato female)

In as far as the attitudes of Africans here, I think to a certain extent they have changed and refined, especially when you look at the younger generation, there is a great tendency for them to freely engage in relationships with different races and not see it is an issue. (Christchurch male)

Another thing that has changed after migration in the view of other participants in the focus groups is the open love relationships among young African people in New Zealand whereas in Africa such relationships are not very common or, where they do occur, they are secretive and hidden from adults.

Even though there are some hidden stories going around but culturally you can't. Here is publically having girlfriend is just accepted. (Wellington male)

In Africa there are serious consequences for a girl who has an open relationship before marriage as society does not approve of such behaviour. Being intimate with a boyfriend might result in the girl not being able to get a husband in future years. There is shame and stigma attached to such behaviour in African culture.

Whereas there if you have girlfriend and if she have a boyfriend the [chances] of getting husband is very low because you will be considered as someone who is bad in the community because she was doing such a shame doing some kind of sexual stuff without marriage. (Wellington male)

In contrast, in New Zealand, girls have the freedom to have relationships as they wish. The society accepts that, even though African parents are still struggling to accept this new reality. Girls in New Zealand have more freedom to move out of home and stay alone when they turn 14 as narrated by one parent in the focus groups:

Girls can get out of the family, they can live by themselves when they are fourteen or fifteen. In terms of Africa that's different. (Wellington male)

Migration and settlement in New Zealand has even changed the strong cultural and religious beliefs that Black Africans had on arrival to New Zealand, particularly the younger generation who now see life from a different perspective, largely influenced by the host culture.

The reality of the life we live in the teenagers and the young people or young adults that have been raised in [this] society, their views are different from ours. We may as parents or adults try to bring our values, our Christian values, our cultural values but the reality of the life our children are living now is totally different. (Auckland female)

I think there has been not particularly for me but just speaking, I think there have been changes in the way our children – and I'm talking around teenagers, in the way they are growing up and the respect aspect I think is deteriorating. I think

for an African parent it is a big challenge to raise a teenager here 'cos the values are changing, the values are different and our young people, being teenagers and young people, they want to assimilate the kind of life which is here and sometimes they go to a level where they don't put themselves safe. (Auckland female)

One major motivation for African migrants to adapt to the host culture is seeking acceptance from the host community to make settlement comfortable.

I think I agree with him largely. We sort of, we quickly want to be accepted. We want to be accepted into the society and so in that haste to be accepted, we leave many things, we leave many things behind because we want to be like them. People arrive from day one even want to change their accents to sound like them, you understand, so all these things are there, because you want to be accepted [undecipherable], definitely you follow them, things you don't do back home naturally, you do here, your father is not here, your mother is not here, is very easy to do these things. (Auckland male)

B. Peer pressure

Peer pressure on young Africans to have sex is another factor that has driven the change of culture after migration. There are societal expectations of early sexual debuts that influence young people to have sex to become acceptable to their peers. The focus group participants thought that peer pressure could be addressed by parents being more open about discussing sexual matters with their children so that the children are made aware of the risks involved with premarital sex. This would avoid a situation where children get the wrong information from their peers in a society where early sexual experience seems to be the norm.

I can say, especially as being Africans we are very strict but we should be able to look at it, our children are growing up in a society where when you are seventeen sometimes it can be embarrassing to say you haven't had sex so we need to prepare our children, tell them the truth about what we value and encourage them but at the same time being open minded. (Auckland female)

There are parents who have embraced the changes in culture and see them as positive and to be encouraged among the wider African community. According to one participant, there are positive aspects of the host culture worth adopting and discussing with their children:

I suppose as parents here overseas, you really need to change, to do a lot of changes. Things are not the same. We are not in Africa anymore and I suppose you could find the good things about what they do here and adopt those and try to discuss it with your kids. (Auckland female)

African community strengths and resilience

In spite of the stressors and pressures experienced by African migrants in New Zealand after settlement, the community has also shown great resilience and strengths. These include:

- The ability to adjust to new lifestyles;
- Continuation of cultural and traditional practices from home countries;
- Families coping as well as they can in the absence of extended family support;
- The existence of strong viable community associations and African network groups; and
- Religious organisations providing social support systems to African migrants.

These sub-themes will be explored below.

Ability to adjust to new lifestyles

Some African parents have made some bold moves to ensure the safety of their children by even doing things they would not normally do in Africa. They have realized the need to protect their children from sexual health problems such as pregnancy and have taken action to mitigate the risks:

...in the past of I've met parents, parents who had younger children and I'm talking about eleven, ten plus okay and the parents are willing, I mean the parents are working in medical area, even pharmacy, parents are willing to put their kids on the pill because, if they don't they'll still go and sleep around, and this and even asking which one is the best to offer the children you know, to me even though I said it's not an acceptable age but the system allows sex, I mean sex is everywhere, you know I mean is we see it on the TV, its everywhere you see sex so I think that uhmuhm with our like from what [Respondent 1] was saying uhm even though its hidden back home and everyone else said , I think it helps all of us coz we're also boys. (Auckland male)

There have been successful adaptations and acceptance of host culture lifestyles among African migrants without completely changing their own and also becoming more tolerant of diversity, as pointed out by the following participant's comment:

So it's a bit shocking for me and once I started driving taxi I saw two young girls, they came inside and you know, Friday and Saturday night, they start kissing each other and I was watching them in the mirror. I was just nearly shaking and I wanted to tell them to get out of my taxi but the law doesn't allow me, I would lose my licence so anyhow I just took them home. While they were talking I ignored them even talking to them but now, as time passed, at least I'm understanding and when I say understanding I'm totally against [indecipherable] but if they want to live that kind of life, it's not up to me to judge them and it's not up to me to bring them to accountability. It's up to God, God will judge them, what's accepted for me is just to be my own life the way I think is proper and right. (Wellington male)

Preservation, continuation and reconstruction of traditional practices from home countries

Africans have shown resilience by being able to continue some of the traditional practices from their home countries despite the pressures of needing to adapt to the host culture, for example, male circumcision as narrated by the following conversation from one focus group:

Facilitator (F): *Do we think this is continuing or it's something which, after we come here, we think we left back in Africa or is something which we [continue] to see*

Respondent (R): *Well when male circumcision, I think it's acceptable. People still practise it, locally most people although they here want to keep that, that culture*

R: *Cause if you're not circumcised, is also something yeah*

F: *Stigma*

R: *Male circumcision I don't think female circumcision is ever practised here among the migrants, African migrants here but male that is not female, and I think we will still maintain it, yes, yes*

R: *Because I think, it also less chance of getting diseases if you are circumcised, yes, yes because the long day the virus cannot stay....*

R: *In order to hide. (Auckland male and Group Facilitator)*

Another example cited around circumcision is when a parent had one performed on a child but they were not happy with it so they are planning to take the son back to the home country to have it properly done. This indicates the importance attached to these traditional practices by African community parents.

R: *No. I find it different because when I had my boy we were looking everywhere to circumcise him and they said they give us like when he would be like from a month old but back home it would[be]eight days*

A: *Eight days yes, okay. So the difference is you have to wait until eight years old?*

R: *And is different from the way we do it back home than the way they do it here. Because I still want to go and do it back home*

A: *So it hasn't been done as yet?*

R: *They've done it here but it's not the way we do it. So we have to do him back home*

A: *So was it done at a hospital?*

R: *Yeah, but back home we traditional. (Waikato female)*

Some African migrants have to go back to home countries to get married in order to ensure that they keep their culture and pass it on to their own children including the languages from back home.

For example for us who came here when we are already grown up, anyway we like our country, we like our culture, for example, last year went home to get married, to bring my wife over here, that's why I wanted to keep my culture, you know. I want to speak my language; I want my children to speak my language. That's why I chose to go back to get married over there and they bring someone from my own culture. So, which, I think most of African here, they have got the same, the same idea or the same, umh, what can I say? (Auckland male)

Focus groups have shown that not all African families have succumbed to migration stressors and pressures. Stories shared during focus groups showed that, despite the challenges facing African migrants, some families are coping well in the new country, although living under different family arrangements.

Probably, I would imagine, that was a while ago so it is quite different but people are more fascinated than anything. Everyone thinks you can dance (laughter) so it was there is the fact that [indcipherable] okay there's only like three black people in school but it wasn't wholly negative coz I fit in school-wise than fit in church-wise that grade but coz I had immediate family around me didn't seem that yeah I was still with the same family I was with back home so in that sense because that's still there, umh a lot of the changes that are around are not doing so much strenuous. Or someone who come here by themselves, it would make a bit of a difference but because the family that I was with there is the family I was with here, there's that sense of continuity yeah. (Auckland female)

This participant felt being accepted and appreciated for being African and the cultural abilities in the community like being able to dance. The participant has also been able to fit in well into community networks like those in schools and churches.

Existence of strong viable community associations and African network groups

Within African communities there are deliberate efforts to keep the community together and organise events to meet with other Africans. This is done to preserve identity and facilitate a connected community. An example shared by a participant is how they organise a party:

Yeah okay so when we organise the party, we invite our African brothers and sisters first. So it means we are, we try to keep ourselves together. (Auckland male)

Religious organisations providing social support systems for African community

Churches in African communities in New Zealand provide a central point for community support and in some instances have gone to the extent of playing the role of the extended family or village support which is absent in New Zealand. A focus group participant had this to say:

Back in Africa, every child belongs to the village, aunties are there uncles are there, brothers and cousinsin fact, in my language, we don't have a word for cousin, your uncle's son is your brother, just like your own brother, we don't have the word for cousin you know so sometimes when you look at the sort of life here, you might say maybe the role of the church is almost like a centre of getting that kind identity, like a family setting. Yeah it's quite interesting.... (Auckland male)

What I got from it is like you said the church becomes a central point as for us migrants because even if we know we leave our culture, our faith is still there. So what hit me most is if a pastor is preaching, you just don't know who in the congregation has AIDS so when you're preaching to people, you might sometimes say it in a way that is bad so I think we need to be careful when talking about AIDS coz you don't know who you're talking to, the outside world have abandoned them. Church is our last hope so even though is not any fault of theirs they have not disclosed it, we have to talk as if anyone could have it. We don't say, don't do this, don't go sleep around and have AIDS you know, otherwise they would say, why am I even here as I'm already dead? So when I'm talking to these kids, I have to be careful because I don't know what their status is like. (Auckland male)

People trust churches as places to find marriage partners especially for the youth groups who identified churches as preferred places to find a date. African churches influence on the values of the African community in New Zealand appears highly significant. According to a

participant, the church provides the basis for major decisions of members of the African congregations:

I thinks it's because of the religious backgrounds that we have or I don't like to say religious but uhm being Christian does kinda have that effect and having Christian parents and Christian values are the probably the building blocks of our values and core actions yeah. (Auckland female)

Other African church members said they welcomed people living with HIV and would offer them unlimited support as they believe all people, irrespective of their HIV status, should be included in the church. They would also prefer not to disclose the identity of those living with HIV because of the fear of possible stigmatization by other church members.

I will see that if somebody has HIV and came to church, they are very welcome like anybody else, okay but I'd like to know them more in terms of like what we've said already, is I don't want someone who probably end up sleeping around and infecting other people. All those things I get through the person. I think that uhm, whatever help is even out there, I'll make sure they have the help. Whatever education is out there I'll make sure we have the right education so they're part of us, okay we are going to use our Christian values but what about values which will help them to also integrate, we make sure that they have access to everything so that they become just like one of us like I said earlier, somebody who has like HIV is just like one of us. . I don't think that if somebody has HIV and came to church I wouldn't want others to know in a sense because of the way we said already, it stigmatises. So I wouldn't like just let everyone know this person has HIV, we are not categorised people, we'll not stigmatise, otherwise they'll even not feel welcome so maybe. (Auckland male)

Domain 2: The perceptions of HIV risk in the Black African community.

Perceptions of HIV risk among the different African migrant groups

One of my research questions concerned the risk factors that drive HIV infection in the Black African community in New Zealand. In pursuit of this, participants were asked to share their views about the extent to which African communities might be exposed to HIV infection in order to gauge the perceived risk by the community itself. Three main sub-themes emerged from the responses by the participants. These are: *the perceived low risk of HIV in New Zealand; young people having not experienced the HIV epidemic before; and gender-based*

blaming for HIV transmission within Black African community. The subthemes are presented below.

Perceived low prevalence of HIV in New Zealand

Africans in the focus groups felt New Zealand is a low HIV-risk country compared to Africa. For some participants HIV is nothing serious to worry about especially after settling in a place perceived to be safe. The following conversation from one of the focus groups illustrates this point:

Participant: *Yeah, my reaction is this, me in my thought, I thought that uh maybe people came with HIV in this country*

Facilitator: *Right, yes*

P: *But what is surprising is that the rate of infection is going up so I believe that they brought in some people with the infection*

F: *Right*

P: *But I didn't know the rate of infections keep going on, that means we get new you know, new zero positive again*

F: *Yeah, we are getting new infections right*

P: *That is very bad*

F: *In this country, yes yeah in this country yes, yeah so that's what surprised you yeah?*

P: *Yeah how African people they keep getting infected in this country?*

F: *Yes, that's what is very surprising to me. (Auckland male)*

This conversation indicates that there is a perception that HIV infection is among people who got infected in Africa and any new infections are because of new African migrants arriving in New Zealand not from those already settled here. Participants were very surprised when informed otherwise:

That's what I have been talking about, people they came here they think there is no HIV so they come they do sex without protection, without a condom, without a control, maybe that's how they get infected. (Auckland male)

There were other participants who felt that there is no HIV in New Zealand, as seen in the following conversation:

P: *But as participant number 3 say, in this country, people don't care about condom, they think that there is no HIV in this country. Maybe that's why the rate of African people is keeping going up. Because once they get here, they think that there is no HIV in this country so they never protect themselves*

F: *Right*

P: *But back home, we know that HIV is a problem, you never trust anyone*

F: *Yes yes*

P: *So you always carry your condom in your pocket if you think you will get lucky, that kind you know, I'm telling the truth, you know*

F: *Oh yeah, yes yeah*

P: *You know, I have been through this, you know, at university you know, we keep them in our pocket, you will think you will be lucky that day you have to carry*

F: *Just in case*

P: *But in this country just in case in this country, when people get here they think there is no HIV in this country, maybe that's why the rate keeps going up. (Auckland male)*

This participant felt that people are letting their guard down and are no longer as vigilant as they were before migrating to New Zealand especially in terms of preparing themselves for safer sex (like carrying condoms even before one knows whether or not they can find a sexual partner for that particular day). This perception was corroborated by another participant who said being in New Zealand is like being someone who has moved from a dangerous situation (jungle) to a safe place where they see no more reason to be vigilant because the danger is no longer there.

Yeah I just like to add uhm if someone is in a jungle, they are very aware of danger so they are on their guard, when you take them out of that jungle suppose peoples like in Africa, you're very cautious coz they drum it in our ears on radio on tv, in everything so when people leave the environment like he said to change while he said they think they are safe because they are looking at the percentage they are like aaww what is they play with the numbers they think oh what are the chances I mean some countries in Africa is like possibly two out of five, three out of five but here they look at New Zealand population wise and say okay well, I'm out of that environment, now it's a bit safe and then coupled with the culture here which encourages this come to you know just moving around so when you add these two, the person is out there more and they are less cautious and then it's unfortunate for Africans because when you add those two where we are out there and which is which is not what possibly someone was more careful back home. Here he is probably thinking oh I'm out of this so why not so yeah. (Auckland male)

Another focus group participant said the feeling of having survived an environment with a high prevalence of HIV could be another reason why some African community members feel complacent especially in terms of practising safer sex like using condoms as they see themselves as victors in Africa and see no chance of getting infected in a low-infection country.

They don't have to say it's maybe okay because I am here so I survive HIV, no more HIV; I left HIV in Africa which is not correct. That's the first thing they have to put in their minds is, there is HIV all over the world. (Auckland male)

There is a belief that all migrants in New Zealand are screened for diseases, including HIV, and once a person is allowed to enter the country it means they are free of infection:

And then and then people may also mis-consider like that or maybe New Zealand is not an AIDS infected gay area and so they go about doing whatever they want to do thinking that well they're okay and they'll not even protect themselves because , or maybe AIDS doesn't exist here... (Auckland male)

Another conversation that shows there is a perception that the testing for immigration African migrants go through on arrival makes New Zealand safe is the discussion below:

Respondent: *We were all tested mentality*

Facilitator: *Do you think there are people like that in New Zealand?*

R: *I think in New Zealand it's more like that mentality that because you know how we get tested before you come so people tend to think oh you were tested so you're fine*

F: *You don't have it*

R: *If you have a PR you're fine you know, it's like uhm*

F: *PR meaning permanent residence?*

R: *Permanent residence and if you've even to come with a visa do you get, you get tested right?*

R: *Uhm we, it was it was when we came we don't have to do that it's kind of now yeah*

R: *They only started recently*

R: *Did they start recently? Oh well from my experience I thought oh okay well everyone who comes into the country would be tested for HIV and if there's nothing there, then that means that the people who are here, well fine you know, I mean their culture allows it. (Auckland female)*

The low-risk perception is leading some Africans into taking risky sexual behaviour exposing themselves to HIV infection through unprotected sex. This is compounded by consumption of alcohol which reduces their self-control as described by one participant:

And what I have seen personally when I go to visit the club, clubs or nightclub, or if I look at my most of my friends, they are really not responsible for their sexual relationships. You find that when they are drunk, it's this prostitute then that one and after wards, it will back to the African, fellow African. They don't control that point and something also they don't take care is that even people are not infected they knew there's some people some friends who can affected but they don't care and also something else I've seen for white people is that they don't even hear don't have to hear about condom. (Auckland male)

Even where people are aware of infected, African people within their circle of friends they still do not take HIV as a serious issue to be concerned about. From the above quote it is also apparent that, where casual sex occurs, protection like condoms is not used. Affordable clubbing in New Zealand makes it much easier for young people to go out, consume alcohol and have sex. The participants thought in New Zealand it might be easier to get a casual sex partner than back in Africa.

Yeah there is a, anyway there is a big difference. Life here and in developed country and life in developing country. It is a big difference you know. If you look at the issue economically you know, socially, you know, is it very different. Everything is built on freedom, you know. Economy, so if you don't have money in your pocket, you won't go to the [night] club. What you gonna do in the club if you don't have even \$5? But here everybody can afford it to go to the club, buy the food, buy the drink, so after the drink and the food you have to make yourself you know happy, that's where the sex comes, you know, and it's easier even the girls are free and free minded you know. They wanna make themselves happy. They eat, they drink after that it's sex, you know.... (Auckland male)

There appeared to be a belief that people of other races may not have HIV as do the African people. This belief is based on the low prevalence of HIV among, for example, white Africans. Once in New Zealand some focus group participants said members of the community might justify unprotected casual sex with white people because they feel they do not have HIV as is the common case in Africa:

Another thing about the white people, the African thought, they think that they are not sick. (Auckland male)

Yeah, yeah that's a very interesting point because back in Africa, I think, the white population has got a very low rate of infection so we say okay if whites back in Africa had a low rate we could we see whites here we are thinking they also have a very low rate. So normally we look careful, we you know, yes. (Auckland male)

Some parents encourage their children to go for other races, rather than African, thinking they are reducing their chances of HIV infection as they believe other races have less HIV infection.

I don't see why we should keep forcing our kids to be, uhm, you know, if you are marrying insisting on marrying in that small number which is so high, you know what I mean so for if you told me those numbers and my child came and said, I'm marrying some other. I'd ask, 'Are you love? Fine goes on.' Because if we insist on keeping it in the community, we will kill ourselves coz eventually these people, that that probably this will get them and your child will be with someone who has AIDS so in terms of these numbers I think yes, most people frown on inter-racial thing but hey if these are the numbers, we cannot go outside a new port, maybe we need to boil our perspective of certain things. That's all I think. (Auckland male)

In the New Zealand Black African community there are young people who were born in this country and there are those who migrated from Africa when they were very young. There is a feeling that these two categories of young people are more vulnerable than any other community members because they were too young to understand the HIV and Aids messages in Africa and, after migrating, they are confronted by a situation of silence. These youngsters are even at greater risk when they go back to visit Africa as they are oblivious to the risks of this deadly infection.

Young people need to be aware of this thing, there's some people who are born in New Zealand and people who came here, no, I don't think they know anything. I've got a sister, she came here when was six, now she is fourteen she never heard of anything called HIV Aids to be honest. But I don't know, she probably ends up getting back home in Africa if she's not aware of this thing. That's very hard for her, 'cos she don't know what's going on, she don't know – when people go for visiting after a while they just need to know what's going on. (Christchurch male)

According to the narrative of the above participant, HIV infection risk is greater for children who were born in New Zealand who have not heard about HIV, unlike children born overseas. There is concern among participants that this group of young Africans are more exposed to

HIV if they travel back to Africa because they are not aware of the risk. This quotation may also indicate the perception among some African community members that HIV risk is greater in Africa than in New Zealand. He is more worried about the risk of HIV for young people visiting Africa. Being in New Zealand and not knowing much about HIV is not as much of a concern as it is implied that the environment is safer and less there is less risk of exposure.

Some Africans still hold misconceptions about who gets HIV. One participant quoted a person who said 'skinny people' are the ones who can get HIV:

I remember one time we were sitting with like cousins that are like cousins of cousins and one of them was saying oh I'm too far to get HIV and I'm serious she was just like, its skinny people and she even looked at me and she's like its skinny people like you who get HIV, as far people don't get HIV and she was serious, and at the point I was, I think I was sixteen or fifteen and even at that point I was like, that's really dumb [group giggling], I already knew it but there are people who genuinely think that there's like little things like that can stop them from getting HIV. (Auckland female)

Some African men believe that non-African girls have no HIV and so there is no need for protection during sex:

Oh also the perception that it's all okay if she's not African and so that gets rid of any sort of HIV AIDS issues. (Auckland female)

The absence of widespread media advertisements and coverage of HIV in New Zealand is seen by some community members as an indication that HIV is not a serious problem in New Zealand:

I personally have never encountered such education. I think because it's not such a well, it's not perceived as like a massive epidemic, they don't tend to, I mean we, I've never seen an ad for it before but I have seen ads for like meningococcal vaccinations or whatever so it's not I guess considered, well in my perception, it's just like a normal person, it's not considered like a massive health risk that New Zealand is wanting to I guess fix but with people that I guess identify themselves specifically as homosexuals, maybe there's a little bit more education, I think they're probably, them and specifically Africans are probably the ones who I guess doctors would I guess maybe give more information to or communities would tick you off, well would tick me off as a element and it's not speaking to them but I suppose I've had lots of AIDS education back home. (Auckland female)

When I came here I just thought maybe it wasn't here. (Waikato female)

The youths observed that sex education in schools do not dwell much on HIV. Rather they emphasise other chronic conditions which gives the youths the impression that HIV is not something to worry about:

I think, sorry yeah it's just to kind of add on to that, the whole education thing, like even in sex education, you never get taught about HIV, you get taught about like STIs and how do you use a condom but never about HIV so in my experience. (Auckland female)

Youth lack HIV epidemic experience

Young people lack HIV epidemic experience and missed out on the HIV education adult Africans got while growing up in Africa:

Myself, I just feel like – I mean, because people are now educated. Like myself, we were educated about HIV whilst we were still young and we grew up knowing it so through education, education has helped me know what Aids is and what you should and what you shouldn't do because like what I said, you can't judge a book by its cover. You don't know what they are feeling inside. Unless if they are going around and intentionally infect other people, that's when you draw the... (Waikato female)

Other respondents felt there was more education for youths about HIV in Africa than in New Zealand and fear of breaking cultural rules make youths take precautions to reduce the risk of negative consequences of sexual contact like pre-marital pregnancy.

I don't know. I'm not sure about people who come through refugee and different place but if you come, I can tell you from my experience, if you come from Ethiopia you get lots of information about HIV. I've been educated in Ethiopia a lot and I've never done anything in New Zealand before I met you guys so most of the people are really aware of such things and I haven't seen many, like young Ethiopians getting pregnant 'cos of this culture. The family will probably abandon you if you do something wrong. So they just want to be, it's the family [indecipherable] and it's just the culture that they don't really do the pregnant thing. My girlfriend is scared, like days, so we have to use condom every time but I'm very happy to. (Christchurch male)

Other focus group participants thought HIV is an infection for people who are promiscuous and those who sleep around with many partners. They also thought married people are somewhat safer and have less risk for contracting HIV.

Gender-based blaming for HIV transmission

The focus groups showed that there is gender-based blaming for transmission of HIV infection among African new settlers. Women blamed men and men, in turn, blamed the environment and women and girls for spreading the infection. Women are accused of sleeping around to make ends meet:

Sorry, when we said we do it, it doesn't mean it is acceptable but that's what is done, okay. So, the women also do the same. I think, I don't think it's just from the men's side but I believe that women also some of them just sleep around because probably because somebody comes here assuming that she's come here, has had children, migrated here without a husband, has four or five children and is very difficult to maybe get by and somebody comes in her life okay maybe I'll help you but with money then of course. Maybe she has to pay in kind, so to through that they can have other men in their lives. It's possible with women. (Auckland male)

Other men blamed women who are not willing to use condoms for safer sex protection as part of the reason for HIV infection in the African community.

And condoms they say, we've got men condom and women condom and mostly the women one we don't talk about it. Women don't want to use it at all so mostly when it comes to condom, they blame the men but women can also use condom. So long they do it they need to use, you know, yeah. (Auckland male)

Women in the focus groups also accused men of not using condoms because they felt men are seen as the ones who have an upper hand when negotiating safer sex. Women felt a girl's suggestion to use a condom is less accepted by the men because the man is the dominant person, as illustrated in the conversation below:

F: Do you think girls are actually using condoms, do you think it's the girl's call to use a condom or they're able to negotiate sex with boys if they are having twenty partners?

R: I don't know, I think, I mean I've been imagine like the typical African man to be like yes, let's be careful and use a condom, if a girl suggested it, in my head they'll be like no and I guess that dominant voice is probably more pronounced in such situations. (Auckland female)

Some women said men tended to condone negative behaviour among boys such as having multiple sex partners yet condemn the same behaviour among girls who are blamed for spreading HIV infection in the community. Girls are expected to be virgins when they get married and that expectation is less emphasised for boys. As a result, girls have to be very

discreet about their sexual experience while boys boast about their conquests and this is acceptable as shown in the quotation below:

I think there's more of a uhm sense of uhm like aaaww he's, he's uhm he's more like men are more celebrated for having more experience sexually than women are. Women are kind of more respected for having less partners and men are more respected for having more partners so there's like that kind of like uhm like uh like kind of like a bumping into each other kind of thing where you have women to be under pressure to not have had sex and like you know coz I mean you're most likely uhm with losing your virginity, it's like it's the pressure is more on the women to keep her virginity and the girls to keep their virginity than it is for the boys because you can't tell if they've lost their virginity as opposed to a girl and at the same time then the boys get to pressurise the girls because they want to not lose their virginity later in life they kind of want to lose it earlier in life but then there's no girls who want to be known as promiscuous and you know slutty as some may think, uhm I think the thing that drives the high rates of HIV is the under like this like taboo tree on top of like it's like a taboo to talk about it or to be known as a girl who slept with like twenty guys or something like that, it's kind of like oh my goodness how could you, yeah you know, what kind of woman are you, that kind of thing but if it is a guy, he's more celebrated and thought of as oh man how did you do that, that's so cool kind of thing and therefore there's like girls who are who can be singled out or pulled to the side, those are the girls who tend to uhm be more lose I guess, like be made into those kind of things, I guess, yeah, so because of that hidden like taboo like oh every girl would like to think of themselves as a virgin and be thought of as a virgin but in reality not every girl is a virgin and not every girl has like kept themselves and a lot have gone through things that have happened to them and like promiscuous, being promiscuous and pretending like... (Auckland female)

Girls of non-African ethnicity were blamed by some African women for giving in to sexual demands much easier than do African girls. This means the African boys seem to go for the other races but later on come back to the African girls.

And I mean I remember having this conversation with somebody and they said oh, kind of give the impression that it was easier to get like someone of a western race, it's more likely that they'll sleep with you than a black girl so I guess [group laughs]. (Auckland female)

There was also a misconception where some African women felt African men have more chances of getting HIV than women. Men are seen as transmitters of infection more than women.

F: So the main thing is protecting you from infection and the next one is birth control?

R: Yeah, because men are – have a high chance risk of getting disease more than women so I think it's for disease, not for bed. (Waikato female)

Other men blamed themselves for the promiscuous behaviour experienced in the community such as multiple sex partners where men have sex with African women and have other affairs with other ethnicities:

Coz I think the people here are very promiscuous so you can have your African woman and have some other, etc. Yea okay. (Auckland male)

Other men said they just found women from other races hard to resist especially rich women who offer financial and material resources:

Yes, because uhm if you are a man and you are not like Christian or you're not very serious, a woman put you because when you are back home we consider a... lady as something you know so if somebody like that approach you with Porsche car and something yeah you be easily convinced and that she is the one... (Auckland male)

From the above, it is evident that the perception of sections of the Black African community about HIV risk is that, in New Zealand, they see HIV not posing any major risk to the community. This has implications for sexual behaviours of both young people and adults.

Domain 3: The attitudes of African parents towards responsibility for sex education to their children in the absence of traditional extended family educators in New Zealand

Reactions of parents towards responsibility for sex education

Another research question for this study was about finding out what Black African parents thought about who should be responsible for sex education and HIV information sharing with the young people in the community. Analysis of focus group discussions showed that parents avoided sex education and thought this responsibility should be for schools and health providers. Parents also indicated that they faced religious and cultural barriers that made it challenging to discuss sexual topics with their children. The section below is a description of these perceptions.

Parents' avoidance of sex education responsibility

African parents play an important role in the upbringing of their children. They have the major responsibility of making sure the children have the basic necessities of life, including

shelter, food, clothing, education and health. Although all parents in every culture have this role, the African parents said they found this particularly challenging due to the emphasis placed on moral and cultural values in the African community, some of which include discouraging open discussion of things of a sensitive nature (like topics like sex) with their own children. In performing this role the parents are helped by the wider community (relatives, church elders) in these collective societies where people look after each other. Where sexual messages are to be conveyed, particular mechanisms are put in place to ensure young people are informed of these when they get to a certain age. Unlike in other cultures, the upbringing of the children is a communal responsibility shared by extended family members and the wider community who help in ensuring children grow up observing the commonly accepted values and moral expectations.

Throughout the focus group discussions, both African males and females showed reluctance to take the role of HIV educators for their own children. There is widespread agreement that African youth need HIV and sex education to reduce the risk and exposure to sexually transmitted infections, teenage pregnancies and HIV but parents preferred that role to be taken by other people and organisations, not themselves. The lack of dialogue between parents and young people on sexual matters is blamed as one of the causes of low levels of knowledge about sex and the risks of HIV. In the absence of extended family, some parents are talking directly with their children to ensure they are well informed even though cultural expectations discourage such dialogue.

The indirect education where another person communicates with the child on behalf of the parent is seen as more effective because direct communication on a culturally sensitive issue is difficult for the African parent. This addresses the barrier where parents are reluctant to talk directly with their children around sex due to cultural beliefs that discourage such dialogue about sex especially for people who are too young to get married. But, this has to be done as they are becoming sexually active at a very tender age due to peer pressure or wanting to fit in socially. Some parents feared that, by talking about sex education, they would be indirectly encouraging the young people to have sex. Therefore they seem to avoid discussing the subject.

We don't talk about it because uhm you think maybe if you call your daughter or your son who is a teenager and sat them down and talk about sex and stuff, you think maybe you influence them to do yeah so I think maybe we need to change that to more.... I don't know but, we are not very, we don't, we are not very good at all because... (Auckland male)

This fear of encouraging children into sex is reflected in the opposition that African parents often display over the teaching about sex and condoms to kids at school. The supply of condoms through schools is heavily opposed by African parents:

What concerns me again is about the school children. You find at high schools they're given condoms. Even the child who didn't want to participate in a sexual relationship, once they have this condom and it's accessible I think they're bound to start thinking about having sex so I feel at schools, they shouldn't provide condoms to kids. But I suppose they want to protect the children but I think it also encourages them to go for it. (Auckland female)

Lack of confidence and clear knowledge about sex and HIV could be other reasons African parents are avoiding sex education for their kids even though they acknowledge youth may be engaging in sex before marriage. Parents stated that they need education about HIV even more than their children because they are the ones who are responsible for seeing that their children are growing up without sexual infections. Education for parents should include skills in discussing sexual issues in view of the fact that young people are exposed to these infections if they have unprotected sex, and might even be better or more ill-informed from other sources.

Both, we need [the education]. The parents more, they need it more so they can educate their children. I think the parents are the ones that are so responsible to their children. (Auckland female)

Teaching the family to talk, have free discussion with his family, his child, like that. You know, people from Africa, the parents most of the time they fear to talk about sexual issues among their children. It is helpful if you teach them, encourage them to have a discussion with their young families to talk about it because this is a free country, whether you like it or not, the young families [are] being exposed, more exposed. (Christchurch male)

Religious and cultural barriers

Members of focus groups who identified as Christians preferred the sex education to be done through youth groups and one church pastor said, even though he is the leader of the church, he would not talk about sex to his kids, let alone to the other youths in the congregation.

I mean the reason I'll not even talk about sex to my kids is that uhm because like for now we are at church, okay and we have groups like these guys who teach them, so obviously it will come from their angle, it might not, of course be the ten commandments which will teach them about....it will come from themnot from me directly [as their pastor] because I'm not involved in that area, but of course they will have to learn about it. (Auckland male)

The reluctance to talk about sex is based on the Christian belief that sex before marriage is a sin and should never be encouraged unless someone is ready for marriage. Talking about sex education and preaching abstinence would be contradictory.

Another reason cited as to why African parents avoid direct sex education to their kids is because, by talking about sex, parents are acknowledging that teenagers in New Zealand are engaging in sex which traditionally is not acceptable especially back in Africa where sex is recommended only for married couples. These are religious and cultural expectations.

I think what I wanted to say is uhm we basically sometimes we talk about Africa being different and people starting later but the reality is people are having sex the same age here and there but in Africa it's hidden or we pretend it's not there...Everything is not all good but I believe in the parents because there's... all these [issues], you know back home we don't talk about sex. Then the kids come to this environment, there's so much sex, we still don't want to talk about it, you see, so there's a gap, yeah, you are behaving the same way as back home pretending it's not happening you're not talking to them but... then they got more chance to do things, so maybe it's now they need to talk more about...sex and stuff so I think uhm African parents when they come they also... I blame African parents because as soon as they get here they should realise that there's more freedom, there's more time to talk, you know you can't just use the same practise pretending it's not happening and hoping that all other children are bad, my kids are good, you know so, I think we need to make that clear that you know our society is not perfect, it's just that here they feel they can come out... (Auckland male)

This participant is saying parents are aware that teenagers are having sex even though it is prohibited but the parents choose to pretend nothing is happening. Talking to your kids about sex can be construed by other community members as confirmation that your kids are bad children who misbehave and parents who do not talk about sex are seen as good parents with good kids.

While African parents believed that school teachers have a significant influence on their children, they however, want to set boundaries as to what the teachers can cover when talking about sex education. The children respect what the teacher tells them. On the other hand some parents are not open with their children to the extent that there is little opportunity for the parent to discuss what is taught in school about sexuality. This gap means parents are not imparting their values about sex to their children and the children get their education from outside the home, which could be problematic. Parents with strong religious beliefs find this challenge even harder to cope with and they insist the schools should only teach the doctrines in the religious scriptures such as, for example, the *Koran* and the *Bible* and nothing more.

Yeah I think they should teach what the Koran and [indecipherable] says, they can't teach [indecipherable] that and even if they teach no one will listen to them, this is religious [indecipherable] and even when they talk of sexual intercourses they only should talk about the one in marriage and they should encourage youngsters to get married younger rather than when they are forty. They should encourage youngsters to get married when they are young to before marriage not sex. This is what the mosque can teach. They can't teach to use condom, they can't coz before marriage sex is haram and if they are teaching to use condom, who are they? Are they the leader or are they someone else and we are not going to listen to them so they should aware of that as well. (Wellington male)

The big problem seen by parents as increasing the vulnerability of African young people is that they (young people) lack knowledge yet they also think it is okay to have premarital sex. The lack of knowledge means that they will not take the necessary safe-sex protection measures and that way they risk contracting sexually transmitted diseases. The parents however, feel there should be special organisations who deliver sex education, not the parents. One participant mentioned a community association as a possible agent to be responsible for sex education as, for example, in the following quotation:

And just to think about it. I think about it because I've got two teenagers. I think about my children. If they're not educated in this kind of a subject they are growing, they will meet someone, 'cos they don't know, they think it's all okay and they have sex and then they get all these diseases. Children, young people, families, need to be educated and I think the Zimbabwean Society thing, organisation, those are important messages that should be taught to people. (Auckland female)

Overall, members of the African community showed reluctance to, or avoided, giving direct sex education to their children. They preferred other people or agencies to deliver the sex

education on their behalf. Some parents conceded that they needed help and skills to help them communicate with their children about sex because they are now living in a new culture. Sex education is something they have not been doing previously because of their culture. Some felt the church should step in and provide the education. Help from the teachers was welcome although they felt that it should be within their religious teachings.

Summary

These findings from the focus groups revealed that young Black African people are still vulnerable to HIV due to low knowledge levels about the infection. There is an apparent silence about discussing sexual issues in the family and community which could be making young people feel HIV is not a major issue because it is not much talked about in the nation, in the media, and health and social sectors. There are also strong misconceptions that HIV risk is low in New Zealand as some community members feel that, if one is allowed to settle in the country after taking the HIV test for immigration purposes, and then everyone living in New Zealand is HIV free.

The process of migration and settlement in New Zealand has contributed to changes in cultural beliefs and behaviours which, in some cases, have increased the vulnerability of young people. Parents face challenges and need help with skills that can help them to communicate over sexual health issues with their children, about changing cultural practices and peer pressure. To some extent some African family structures in New Zealand have weakened and, in some instances, broken down. Single parenting is a challenge in the community and scattered families where some family members live in Africa while other members live in New Zealand are the reality.

Financial pressures take away the attention of African parents from their children in New Zealand. Parents work so hard they are not left with enough time to spend with their children. Financial demands by relatives left behind in Africa put a further burden on African migrants who have to face the struggle to balance their own needs in New Zealand and the high expectations from their extended family. The interplay between the domains of family structure, migration, acculturation and sex education was prominent in these findings. The

African family has seen a change in cultural practices and relationships, particularly intergenerational communication between family members. It is apparent that younger family members are much more willing to, and do embrace the host culture faster than the older generation. This contributes to intergenerational conflicts being experienced by many families. Religion plays an important role with regards to the Black African community views and perceptions around sexual health education. The three major religions of African traditional religion, Christianity and Islam all shape the values of Black African community around sex education and their views about who should provide it to the young people.

CHAPTER FIVE

DISCUSSION

This chapter considers the findings in the context of the theoretical literature, and focuses on the experiences of Black African migrants with HIV education for their children in the absence of extended family member support. Several themes emerged from the analyzed data. These have been classified into three major domains, namely:

1. The impact of migration on African migrants settled in New Zealand;
2. Perceptions of HIV risk; and
3. Parents' reactions towards responsibility for sex education.

There are a number of minor themes within each domain. This chapter will begin by first discussing the findings of this study in relation to the literature discussed in Chapter Two. The second part of the chapter will draw conclusions based on data generated from the present study findings, the literature review and the author's own views, as well as the analysis and critique of the data.

Impact of migration on African migrants

One of the research questions for this study was finding out what impact migration has had on African migrants settled in New Zealand. Key themes were identified which described the impact of migration on African community migrants. These are discussed under the following themes:

1. Culture and religion;
2. Family structures and stressors;
3. Intergenerational relations.

Cultural and religious beliefs

This dissertation began to explore the role of parents and separated families in the provision of sexual health education to young people in African new settler families in New Zealand. What the literature and the extensive re-analysis of the data suggest, however, is that it is not fragmented families and the disruption of traditional African family and community structures which contribute to this lack of education. Rather it is the cultural and religious beliefs held by most, if not all Black Africans, both in Africa and in New Zealand, which contribute to the resistance to sexual health education for young people.

Another factor that has reduced the use of uncles and aunties as sources of sex education for young Black Africans is the widespread availability of mass media which provide easy access sexual health information is (Kalipeni et al., 2004). As we saw in the literature, school boys and girls in this Kenyan study stated that they rarely talked to their parents about sex due to a culture which discourages open dialogue around sexual issues. They got most of their information from mass media which they then discussed with their peers of the same sex. The three main sources named in descending order of importance were: were: radio, teachers and magazines (Kalipeni et al., 2004).

Religion and culture has emerged from the focus group data as an overwhelmingly important aspect of Black African community in New Zealand. It permeates all aspects and all areas of life (Dickson et al., 2012; Mbiti, 1991). Culture, which includes religion, is a major consideration in the upbringing of Black African community members as was revealed by Auckland female focus group participants who stated that religion formed the building blocks of the Black African community values and core actions.

Chastity and abstinence are the key messages in religious settings both in Africa and in the Black African Diaspora (Henrickson et al., 2013; Jackson, 2000). There appeared to be strong opposition to any messages that encouraged sex before marriage as the participants said this goes against commonly shared moral standards that cut across Christianity, Islam and African traditional religion and other faiths. Examples of this opposition come out clearly from the

Waikato and Wellington male and female participants, among others. Participants cited the teachings of their faith about abstinence and morality as the reasons they did not support anything to the contrary.

The data presented in the literature review and the findings chapters of this report also demonstrated that, while there is wide diversity among the different Black African communities in terms of culture and religion, it emerged that there are common elements which make them attractive to each other (Jackson, 2000). Christianity, Islam and African traditional religion share common beliefs, similar morals and ethics which prohibit sexual dialogue and discouragement of sex before marriage, helping the poor and beliefs about continuation of life after death (Reid, 2003).

The data from this research also suggested that, in some instances, there is a disparity between people's religious beliefs and their actual practice. For example, some male participants from Auckland said they would not talk publicly about using condoms while at church but would do so privately to their young family members if they saw the need to do so to protect them from HIV infection. Perhaps this behaviour and apparent double standard could result from the fear of not wanting to be seen to be going against commonly held moral standards in their faith organisation. These data are consistent with what came out in the literature review, which showed that it is common for religious faith followers to project one behaviour in public (within the church for example) yet they practise a different behaviour in private (Jackson, 2000). Jackson argued that, in religious circles, one's sexual life is the most lied about because there are negative attitudes when one is perceived to be sexually active, especially unmarried people.

Culture and religion have some influence on sexual behaviour and beliefs that are held by Black African communities (Jackson, 2000). Focus group participants from Wellington showed that they supported abstinence because it is associated with good morals and their religion says abstinence is the only option the church should promote. There appeared to be silence around sex education and HIV in religious settings. Waikato focus group participants reiterated that there is usually no discussion about HIV at their religious gatherings. This corresponds to Jackson's findings in Africa where he discovered that some religious

organisations opposed condom use for example, because they saw it as a sign of condoning immorality which would be misconstrued as approval for that behaviour.

These data suggest that religion is an important factor that has some influence on the reluctance of Black African community members to have open dialogue around sex education for HIV prevention. Culture and religion determines the majority of Black African community attitudes and behaviours towards sexuality education. Religious leaders can play an important role in HIV prevention because of their wide influence in the community. The implication of this is that New Zealand HIV prevention programmes cannot be fully effective if they do not put in place a system of engagement with religious leaders to address low HIV knowledge among Black African young people.

Another recurring theme in this research is the changing beliefs and practices resulting from migration into New Zealand by Black African migrants. Attitudes towards marriage or sexual relationships with non-Africans have changed for some. Some participants confirmed that they used to disapprove of any relationship with non-Africans but now they find such relationships acceptable as shown by the following focus group participant testimony:

For me it has changed when I came here but before when I was back home I just met someone from my own was the best thing to do but when I came here, then I just started seeing the world differently. Now I'm here I think it's [relationships with non-Africans] okay but before, no, no. (Waikato female)

It is also apparent from the findings of this research that the younger family members are living according to the New Zealand, not the African, culture. Their views are different and, while parents have tried to retain their traditional and religious values and beliefs, the teenagers are living in a different reality. Studies in the USA involving families from Ghana made a similar observation where younger family members assimilated faster than elders and they were more open to adopting the culture and values of Americans (Coe, 2014). Some of the respondents would like to see Black African parents becoming more open minded so that they are able to create a rapport that gives an opportunity to engage with children on what the family values are, while at the same time embracing aspects of the host culture.

Respect for parents and elders is perceived as having decreased among Black African teenagers (Deng & Pienaar, 2011). Parents expressed having experienced problems where the teenagers have assimilated to the local culture to the extent where they no longer take advice from their own family members. This situation is said to be contributing to teenagers taking risks that expose them to various kinds of dangers, including contracting diseases. There is general agreement among Black African parents that parenting in New Zealand is quite challenging especially striking a balance between values and practices from the home countries and those confronting them in the new one. These sentiments expressed by Black African parents are important for this study as they give an insight into the impact of migration and changing culture on HIV information communication which is one of my research questions.

Another change for Black African families in New Zealand is that they now have to teach their own children about adolescence, sex and prevention of the consequences of risky behaviours like teenage pregnancies, sexually transmitted diseases and HIV and AIDS. While parents themselves were guided through adolescence by their aunties, uncles and general community elders, these extended family members and community elders are not present in New Zealand. The families have been separated from, not only their own extended families, but also their wider community because parenting is a shared responsibility. Some parents have changed their roles and are more willing to tackle sensitive topics. The traditional cultural roles are therefore being challenged as parents feel they have to do something to protect their children from HIV. Admittedly, this is acknowledged as a major and difficult task because parents have not been prepared for this new role and there are no support structures in the community to help them navigate this considerable challenge. There are calls for the government to start a programme where African parents are equipped with parenting skills relevant to the New Zealand environment without destroying some of the values Black African people would wish to retain.

In South Africa, Lesotho and other African nations, due to cultural prohibitions against love relationships for people of non-marriageable age, young open relationships outside these are not encouraged. Where relationships happen they tend to be secretive and hidden from adults (Aggleton & Parker, 2010; Haram, 2005; Wamoyi et al., 2010). For example, Wamoyi stated

that, in many African cultures, hiding relationships from adults is a common practice by young people as they try to meet community expectations of not having love affairs and sex before marriage (Wamoyi et al., 2010). By contrast, in New Zealand, focus group respondents in this current research observed that relationships are much more open and young people are not under pressure to conceal such relationships even if they are not of marriage age. A girl who has an open relationship in Africa at a young age risks not finding a long-term partner as there is a perception of promiscuity. Open relationships among young people have been described as common in New Zealand Black African communities. This shows a cultural change caused by rapid assimilation of young people in the new country.

It is interesting to note that other research from the USA among migrant families from Ghana, made similar findings to those in this study where culture significantly changed after migration particularly for the younger generation (Coe, 2014). Coe argued that the process of migration and settlement in a new country comes with new ways of living and culture which the new migrants found difficult to adopt. Because the new culture is different from their own, the older generation in most cases prefers to retain their culture while their children who migrated when young embrace the new culture much more quickly. Cultural beliefs have significant influence on Black African family values and determine people's beliefs about sex and relationships.

Family structures and stressors

The literature shows that Black African families in the Diaspora undergo major changes in their family structures and relationships between family members. Family fragmentation is one of the impacts of migration for African families (Chinouya & O'Keefe, 2008; Henrickson et al., 2013; Takyi, 2011). In this study, it is also apparent that family structures of Black African communities in New Zealand have been adversely affected and disrupted by migration and settlement in a new country. This study has noted several changes in family structures which include the separation of family members between New Zealand and the countries of origin due to other settlement challenges like employment and visa restrictions. Families that moved to New Zealand mostly intact, comprising the parents and their own children and no other family members, had to live without the usual support systems offered by the extended family in the home countries. There have also been significant changes to

family hierarchies where fathers are often no longer the sole breadwinners for families. This change of roles which participants said differed to life before migration increased tensions in the home as the men seemed threatened by the new roles women were taking and were feeling their contribution was no longer adequate. This finding is consistent with the results of research done with Sudanese refugees in New Zealand (Deng & Pienaar, 2011) and Australian Black African migrants (Hebbani et al., 2012). However, the Australian study also found that the fathers maintained their 'breadwinner' position in the family structure even where the wives were the ones earning an income while the husband could not get a job. The insistence by husbands to continue to be head of the family contributed to the weakening of relationships due to resulting tensions. This inability of the father to provide for his family is also a factor for instability. This inflexibility of the fathers about maintaining the 'old' family structures, and their lack of ability to adapt to the host country all had an impact on how the African migrant family unit functioned after migration.

Family instability after settlement is described as a common problem among Black African families in New Zealand. Men are, in most cases, blamed for causing family break-ups due to infidelity as they go about engaging in extra-marital affairs with women from different communities beyond their own African one. For example, participants in an Auckland focus group mentioned that they knew of men who have abandoned their own families and settled down with new women leaving their wives to look after the children on their own. Sexual relationships outside the African community are attributed by some as factors that expose the community to increased HIV infection especially where the men, having had multiple sex partners of other ethnicities, come back to have sex with African people where the communities are very small and infection is bound to spread faster. An Auckland male focus group participant stated that multiple sex partners with other ethnic groups is fueled by perceived promiscuity in the New Zealand population where he said it seemed fairly easy for African men to have affairs. This sentiment is widespread, as it was corroborated by female participants (African) in this study from the Waikato as we saw above.

There are also single parents struggling to manage children in the absence of spouses who are still living overseas. Problems with securing permits to migrate to New Zealand have been blamed by participants as the main barrier for spouses to join their families in New Zealand.

The sole parent who is living alone with the children is then put under pressure in a place where she has to deal with work responsibilities and raising a family in a foreign land without support.

So for me, I can give an example for women who have come here and their husbands are back home or for young women who have come here and they have their fiancé or steady boyfriends back home, they have papers, they have permanent residence or they may have citizenship but to get that person to join them here, it's like really hard, very, very hard and I think the immigration laws are very strict, especially for African people. I don't know but I know that they are very strict. You have to go through all the process around the health system, around the education and financial stability and that makes it hard for families that are here to have their families come and join them. (Auckland female)

Another scenario is where husbands have been left behind with the children in Africa while the wives live in New Zealand are pursuing work and study opportunities as was revealed in the focus group transcripts from Auckland. Some study programmes do not give spouses an automatic right to come to New Zealand since immigration would not have granted them entry permits to New Zealand. There are fears in the Black African community that this separation of families between Africa and New Zealand exposes families to risks such as infidelity, family breakdowns (divorces/separations) and HIV and Aids infections. There is another situation where both parents have moved to New Zealand leaving the older children behind to look after their siblings. Focus group participants quoted instances where some children have been left to look after other children after the parents are separated, as demonstrated by one focus group participant:

People have left spouses, one spouse is in this country, the other in that country and they cannot be allowed to be together so as a result marriages are breaking up, children are being brought up by some other children so it is really a problem now in Africa. So if only New Zealand could also consider this aspect as well it would be helpful. (Auckland female)

Several New Zealand studies have revealed that Black African family structures in New Zealand have changed as a result of migration (Deng & Pienaar, 2011; Henrickson et al., 2013). Previous studies in Australia show a contrasting situation where the family structures of Sudanese families remained unchanged particularly regarding the roles and responsibilities of fathers and mothers of first-generation migrants. Male Sudanese maintained their role as heads of households by remaining responsible for decision making in the household even

where the women had taken up the role of breadwinner (Hebbani et al., 2012). The fathers regulated family behaviour and norms in Australia. In my view the fathers felt that their role as head of the household in terms of being the main breadwinner, main decision maker and leader had to be maintained as a way of preserving the gender roles emanating from the home country. As they were the main breadwinners before migrating, African men might find it hard to accept that gender roles have, in some cases, been overturned. Perhaps by accepting changed gender roles, some African men might feel they are losing authority and leadership role hence their reaction in hanging on to the 'head of the household' status.

In most African cultures, heading a household means one is the major decision maker and the custodian of family power. The focus groups for this study also revealed that fathers holding on to power is now another source of conflict with teenagers who, as long as they have reached the age of 18, are allowed by law to make their own independent decisions, which the fathers resent. This study showed that the power of the fathers is being eroded and overshadowed by the law, which protects the new rights enjoyed by young African people.

Financial pressures

Money and financial pressures emerged as another key issue affecting Black African families in New Zealand. These pressures are felt locally when families have to provide adequate financial resources to take care of everyday household bills in New Zealand. These pressures are compounded by low-income jobs or work and income benefits forcing parents to work long hours and, for some, having to do more than one job to cope financially. On another level, money pressures are felt externally in situations where New Zealand-based Africans feel pressured to send money and materials to support their relatives living in Africa. Focus group participants cited the high telecommunication bills incurred when keeping in touch with family members in Africa. Poor economic conditions in home countries and, in other instances, political instability, are the reasons these money remittances are required. Studies in the UK and USA confirmed similar findings where Black African families were under pressure to earn money to sponsor remittances to their home countries (Camden Primary Care Trust, 2007; Coe, 2014; Fuller, 2008). The long hours spent at work earning money took away the time parents could have spent with their families. Having to be at work a lot of the

time leaves little time for leisure and bonding with the family, which, in turn, affects relationships.

Another study in New Zealand revealed that Black African migrants and refugees also face challenges in getting suitable employment due to low acceptance of overseas qualifications by employers, language difficulties and racial discrimination. This meant that even migrants with high qualifications and experience still have to seek work in low-paying jobs to cater for family in New Zealand and in the home country (Deng & Pienaar, 2011). Money pressures thus appear to be contributing significantly to the problems that are undermining family cohesion in New Zealand.

Single Black African mothers experienced the hardest monetary pressures. The present research has found that, because they are on their own with one income, these mothers have little choice but to set aside money to support family overseas despite their income being insufficient for their own livelihood in New Zealand. One mother in the focus group discussions reported a feeling of guilt if she were to be happy in New Zealand while relatives are suffering back in Africa. To keep both households covered, single mothers have resorted to working long hours and more than one job to cope financially. The money pressures are felt as an ongoing issue, not just an episodic one.

As seen in the literature review (Coe, 2014), these money pressures could be taking away the time parents should be spending with their teenagers. Coe concluded that when parents spent more time at work, they have less and less time to spend with their children to build strong bonds and relationships. This affects family communication and the opportunity to talk to children about sex and relationships is therefore lost.

For most African migrants, looking after the extended family left behind in Africa is not just an individual choice but an expectation of giving back to the family and community that looked after them when they were young. This fulfills the African tradition of living socially, not individually. Not looking after relatives back home is perceived as a sign of irresponsibility which can bring feelings of hurt and guilt as was described by a Wellington male participant cited in Chapter Four who said, even when it is hard to earn money to send

back to his home country, he has to do it because, to him, it does not look good for him to have a good life in New Zealand while his family back home is suffering. There are also high expectations held by those in Africa in relation to the level of support provided by Africans in New Zealand because they perceive the country as a land of plenty yet they are not aware of the monetary struggles families are facing in New Zealand. An example quoted by a Wellington focus group participant was that sometimes, as African migrants, jobs are difficult to get, yet at the same time, the family in Africa is looking forward to its usual support. The participant felt this situation brought stress to African migrants in those situations.

This research has also heard from participants that the pressure to earn money has reduced the time parents spend with their children and this has affected communication within the family. The African parents are affected in a unique way, by the pressure of money, even though generally other cultural or migrant groups also complain about time constraints in parenting. Africans do not have much choice because there is an expectation of uplifting the lives of all family members back home including extended family members which is not the case in some other cultures which are more individualistic. Within other cultures, help can be extended to family members as a goodwill gesture if one so wishes; but for the African migrant, helping is almost an obligation even where the person is struggling to meet their own immediate family needs in New Zealand. This feeling of obligation is reinforced by the African culture of sharing with relatives whatever is received and a good African is one who helps others. There is, therefore, a constant balancing of the needs of the family in New Zealand and extended family in Africa and this puts enormous pressure on the migrant. In the end the extended family gets more attention as the migrants try to earn money to sustain the financial support to Africa by working long hours away from their children, as in the example given by one participant:

You're alone and people are caught up with their careers, some people are working so hard to provide for the family so they have very little time to spend with children. (Christchurch male)

Intergenerational relations

This research found intergenerational tensions as being common in some sections of the African migrant community in New Zealand. Parents indicated that they experience

intergenerational differences in beliefs and practices (such as falling in love as teenagers and having sex before marriage or moving out to stay alone before one gets married) with their teenage children who are growing up in New Zealand. In many aspects of life the young people are adopting the host culture at a much faster rate than older family members. This has become a source of frustration for the parents who feel they are losing control while the younger members feel they are not allowed to enjoy their new rights. The literature suggests a similar trend where serious tensions have happened in families around cultural and religious values and power dynamics in the family unit (Attias-Donfut et al., 2012; Deng & Pienaar, 2011). These intergenerational conflicts may lead to communication breakdowns which would, perhaps, affect other dialogue on sensitive issues like sex and reproductive health.

Both cultural and religious values have been seen as changing after settling in New Zealand and young family members are now living a different lifestyle from that of their parents. Participants who were parents reported there is strong peer pressure for young Africans to adopt new values for them to remain accepted by their peers growing in New Zealand. Parents also felt there is high emphasis on children's rights in New Zealand which they speculated could be making children lose respect for their parents who are feeling there is no more control as they used to have in Africa. When respect is lost the parents felt the children will not take advice from them even where their health could be at risk like risky sexual behaviors which expose them to HIV infection.

Low HIV risk perception among African communities

The following section of the discussion covers the perceptions of African migrants about the risk of HIV in the African community. Some participants reported that African communities did not perceive themselves at risk of HIV due to the perception that New Zealand is an HIV-free country.

Peer pressure on young people to have relationships, and probably sexual relationships, at an early age again seem to be a significant factor in the extent to which African young people embrace HIV risk messages (Prazak, 2000). In the focus groups, participants quoted instances where it was considered embarrassing for a young person to say they have not had sex at a certain age. This expectation among peers could be considered more important in order to fit

in than complying with a sex education and HIV risk message from an extended family member. In light of this, the absence of extended family as an explanation for low knowledge levels among African young people is not plausible. The extended family members are unlikely to influence the young person's peers as there is already an intergenerational gap and these uncles and aunts belong to another generation in effect much further away than the parents.

The influence of peer pressure on young African people has been well documented in previous research discussed earlier in the literature review in Chapter One. One study found that young people preferred to get sex education from their own age group – from the same gender as themselves. Where schools are involved in sex education, participants say they later discussed the information with their peers to verify the acceptability of the message (Mitha et al., 2009; Odek, 2006). Another study in Kenya showed that young Africans got their sex education from their peers and less from parents or extended family members (Prazak, 2000); this is surprising because, before now, peer pressure had not come up as a major factor for HIV infection. All these findings support that a primary driver of HIV risk in New Zealand in young people is peer pressure; because, even where extended family exist in Africa there is now less and less use of these family members as sources of sex education. The intergenerational gap between young Africans and elders seems much more pronounced in New Zealand and this is true even in Africa. New Zealand African communities are not unique in this respect, in my view.

Parents' reactions towards responsibility for sex education

In this last section the reactions of African parents towards responsibility for sex education are explored. It discusses the views of parents about who should give sex education and further explores the possible reasons why parents seem to try and avoid talking about sex and HIV prevention to their children even when they are well informed of the seriousness of the HIV situation.

Data from this study suggest that parents with teenagers in New Zealand are experiencing problems where they find themselves in a position where they cannot help their children with

understanding sex-related issues because of the African culture where it is considered taboo for parents to communicate these things. Extended family members, including uncles and aunts, are not available. Confronted by this challenge, some parents now acknowledge that they need to change the traditional practices in order to cope with parenting in the new country. Both male and female parents found it challenging to talk to their children about sex and sexually transmitted infections. This finding is not unique to New Zealand (Chinouya & O'Keefe, 2008). It is also interesting to note that the reluctance to talk about sex, especially in public and mixed social settings, is not unique to the African community as is common with other ethnicities as shown by research by the UK Department of Health (Department of Health & Trust, 2004).

Findings from this study clearly showed the reluctance of parents to offer sex education to their children even when they were aware of the dangers of sexually transmitted infections including HIV. The reluctance was across the board in terms of countries of origins and across religions. Another cause of reluctance is probably fear that, by teaching sex education, the parent is sending the wrong message: that the child is ready for sex.

The data and literature suggest that the reluctance is based on several factors which include lack of good knowledge about sexuality topics, HIV infections, and possibly potential embarrassment at not being able to answer questions the children might ask around sex. In the focus groups of this study some parents said they had a feeling their children already knew much more than the parents would imagine because they have accessed sex education through other sources like schools, peers and public media.

These insights into the attitudes of parents towards responsibility for sex education are important in that they have shed some light around my research question about who should be providing sex education in the New Zealand Black African community in the absence of extended family. Parents certainly should not be relied upon to play this role as, in my view, they will not do it because of the barriers they highlighted in the focus groups including culture, religion and lack of knowledge and confidence to engage young people on a sensitive

topic. Perhaps a way should be developed to build the confidence and skills of parents in this area.

A majority of Black Africans who identified themselves as religious people had a strong belief that young people should not engage in any sexual activities before marriage. Christians and Muslims both shared this sentiment. Even simple love relationships without sex for very young people were discouraged. Sex before marriage is considered a sin and religious leaders encourage abstinence as the main message for any unmarried person in the Black African community in New Zealand. Use of, or promotion of, condoms is a sensitive subject and dialogue around this is discouraged on the understanding that in the first place this should not even come up because Christians and Muslims are not expected to have sex before marriage. The Christians preferred young people being taught the Bible so that they would understand why sex is not for unmarried people.

Muslims preferred youths being taught the Koran and the rules about no sex before marriage. It is these strong religious beliefs that might be contributing to the reluctance of parents to get involved with sex education for their children. I feel the parents might be facing a dilemma between fulfilling their religious beliefs on the one hand and protecting their children against HIV infections and other problems like unplanned pregnancy. Teaching sex education would probably appear as a contradiction on the part of the parent hence the reluctance and preference of other people like teachers and health promoters to teach sex education.

The important place of religion in the lives of Black African migrants in New Zealand was underscored in the results of previous research which showed that the majority of respondents indicating they practised religion on a regular basis with 55.5% identifying as Christians and 30.5% as Muslims (Dickson et al., 2012). Another study revealed similar findings to this present study where sex before marriage is unacceptable and there is no open discussion in the religious organisations around sexual health, love and relationships (Henrickson et al., 2013) for teenagers.

These prohibitions on open dialogue and assumptions that all teenagers will abstain could be a contributing factor in HIV infections in young Black Africans who miss out on HIV education and prevention strategies. Even where individual parents see the need to educate their teenagers about HIV, the influence and pressures from the congregation could possibly make it challenging to go against the doctrines of their faith.

Religious leaders in Black African communities have significant influence on the lives of the community. The churches and mosques offer social and psychological support to their members. Due to this influence, I feel there is a need for health promoters to work closely with religious leaders to ensure effective and appropriate education is offered to young people. The religious leaders could also act as advisory resources to guide health promoters to address sensitivities of sexual education in religious settings especially for those young people who have showed an inability to refrain from sex until after marriage.

The findings from this study also showed that there is very unlikely to be consensus in the Black African community on the role of schools as educators for sexual health for young Africans. Sex education of young Africans through schools is both supported and opposed by different parts of African communities. Those who supported use of education in schools wanted to see the HIV education being included in the school topics with parents playing a reinforcing role, because they believed children already know much more than adults think they do about sex. They believed that children are more likely to listen to the teachers than parents. This is not unique to New Zealand. A study in Kenya showed that students talked to their teachers seeking information and sexuality most of the time while they would never do the same with their parents (Kalipeni, Craddock, Opong, & Ghosh, 2004). The teachers, peers and mass media were identified as the main sources of HIV knowledge. These Kenyan findings are consistent with this current study.

The focus groups also showed that, even those parents who supported sex education through schools, preferred to have boundaries set so that teachers can teach around agreed topics and things like condom use would be left out. The implication of this for the New Zealand

context is that parents or extended family members may not be effective sex educators as the young people look elsewhere for sources of information about sex education. This would also suggest that, even the absence of aunts and uncles from New Zealand is not the main factor for low levels of HIV knowledge among young Africans.

These strong beliefs based on culture and religion have contributed to the low knowledge levels about HIV among the young people in New Zealand African migrant communities rather than the absence of extended family. Even in Africa parents rarely discussed sexual topics with their children. Sex is therefore considered to be something for married people only and it is assumed that the need for sex education for young Black Africans should not even arise if the community members are following religious and cultural values as they are expected to. In this way, the young people probably miss out on valuable sexual health education including HIV information even where they may be sexually active. This is a new perspective which my research has unveiled since, as we saw in the introduction, the main understanding then was that the absence of extended family was the major barrier to sex education. We now see that religion and culture also have a significant influence on willingness on the part of parents and the general community to provide sex education. To be effective, HIV prevention programmes need to look beyond just the extended family as sources of sex education to young Black Africans.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

African migrants to New Zealand face challenges related to offering HIV and sex education to their children due to the cultural and religious constraints where there are restrictions on sexual dialogue between parents and their children. The process of migration to a new country has resulted in changes to family structures, beliefs and lifestyles as African migrants endeavour to adopt the host culture. Young family members seem to adjust much faster than the older generation, who mostly preferred to retain their culture from countries of origin. The two generations do not always see things in the same light, hence the intergenerational conflicts that were highlighted during the focus group discussions.

This study also revealed the low risk perception of HIV in New Zealand among certain African migrant communities. This could interfere with people's willingness to take protective measures to prevent HIV infection as, generally, there is a perception that there is no apparent risk of HIV in the community. Culture and religion appear to have the strongest influence on African communities. Any willingness to talk about HIV or sexual issues on the part of parents to their children is barred by beliefs where parents are discouraged to discuss sex and related topics to unmarried people.

At the outset of this research, one of the assumptions was that low HIV knowledge among African young people was a result of absence of extended family members who are not available to pass on sexual information in line with African culture. This research has shown that, even though the extended family is not available, it is not the main factor hindering communication on matters of sexuality. Other factors, such as peer pressure, religion, low risk perception and the avoidance of the sex and HIV topic by parents contribute significantly to the low levels of HIV knowledge among young Africans. I began this project thinking it was family fragmentation that interfered with parents' ability to offer sex education to children but, when re-examining the data it became clear there is evidence that culture and religion are the main barriers.

African adults hold that young people are not supposed to be sexually active at all and because of this belief they see no reason to offer sex education as it is irrelevant within their cultural and religious beliefs. This research has found that migration exposes young Black Africans to sexual activity in the Diaspora. Migration is still important but it is not because families are fragmented that youth lack HIV and sex education, but the new cultural experiences make the young people sexually active and so it is imperative that someone talks about these issues to young people and, because parents do not have that experience themselves, so they find it difficult.

When traditional African cultures meet new social environments, there is an increased need for education but the parents would still be looking at things through the lens of their previous experiences and models in Africa. In doing so the parents are using outdated cultural and religious expectations that do not fit into the new, sexualized societies where their children are growing up. One of the initial reasons for doing this research was to fill the gap in the literature whereby information about the barriers hindering access to HIV and sexual health among Black African young people in New Zealand was not readily available as highlighted in Chapter One. I feel this objective has been achieved and my research has contributed to new knowledge in the field of HIV prevention, mainly that religion and cultural values and beliefs are the major barriers to sex education as parents are reluctant to talk about such topics because of these cultural values. This piece of knowledge was not readily available before my research and this is the new contribution I have achieved. This finding is quite significant in that it points to the need to actively engage with religious leaders and their congregations something that has not been fully explored in New Zealand. The cultural and religious factors that explain the reluctance of parents to be responsible for sex education are now more evident as a result of this research.

Recommendations

To address the issues identified and highlighted in the findings and discussion chapters of this study, several recommendations are suggested to aid the reduction of HIV risk among Young Black Africans in New Zealand. These suggestions are summarized below.

1. HIV and Aids Health Promoters need to explore ways of increasing their relationship with religious leaders (in churches and mosques) in the African community in order to reach young people and raise awareness around HIV for members of those congregations in a sensitive way that acknowledges their beliefs about abstinence and no sex before marriage. This could include a peer education programme aimed at developing the HIV knowledge and skills of African young people to enable them to share with their peers in the congregations.
2. A community support group of African men and women who are equipped with skills to advise young people about HIV and AIDS needs to be formed so that those parents who are not confident in discussing sexual and reproductive health with their children can seek help or refer their children to this community support group. The group would operate on an exchange programme where parents are able to advise other people's children not their own, while theirs are advised by other parents.
3. Provide parents with knowledge of HIV infection and sexual and reproductive health in order to increase the confidence of parents to talk about these sensitive issues with their children.
4. Develop appropriate HIV-prevention resource information materials that can be used with religious and community leaders to raise awareness about the risk of HIV particularly among African young people in New Zealand. Such material needs to be developed with the full participation of religious leaders.
5. Explore further research into more strategies for engagement with religious leaders and young people around HIV and sexual health to find ways of breaking the silence about these sensitive topics in religious settings.

Culture and religion have a strong influence on the Black African community beliefs and decisions around sex education and HIV prevention. This accounts for the low knowledge about HIV among young Black Africans in New Zealand. Sexual topics are still considered sensitive issues in religious and cultural settings. This has an impact on the willingness of Black African community to have open dialogue around sex education at both community and family levels as summed up by one focus group participant:

as well as I guess maybe how tradition uhm and religion kind of inter-twine in such cultures like African cultures coz I mean people might not necessarily go to church or consider themselves Christians but they sort of follow those values that I guess concern into tradition as well so, uhm they might not specifically go to church or whatever but they would live their lives kind of sort of like in some aspects according to those values.... (Auckland female)

It is my hope that HIV-prevention programmes in New Zealand explore these beliefs and values in their design of effective HIV interventions for young Black Africans.

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Appendix 1: Ethics Approval Letter



MASSEY UNIVERSITY ALBANY

29 May 2014

Fungai Mhlanga
33 Hibiscus Avenue
Hamilton Lake
Hamilton 3204

Dear Fungai

Re: Holes in the family: Exploring African parents HIV education to young people in the absence of extended family in New Zealand.

Thank you for your Low Risk Notification which was received on 27 May 2014.

Your project has been recorded on the Low Risk Database which is reported in the Annual Report of the Massey University Human Ethics Committees.

You are reminded that staff researchers and supervisors are fully responsible for ensuring that the information in the low risk notification has met the requirements and guidelines for submission of a low risk notification.

The low risk notification for this project is valid for a maximum of three years.

Please notify me if situations subsequently occur which cause you to reconsider your initial ethical analysis that it is safe to proceed without approval by one of the University's Human Ethics Committees.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro Vice-Chancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

A reminder to include the following statement on all public documents:

"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Professor John O'Neill, Director (Research Ethics), telephone 06 350 5249, e-mail humanethics@massey.ac.nz".

Please note that if a sponsoring organisation, funding authority or a journal in which you wish to publish requires evidence of committee approval (with an approval number), you will have to provide a full application to one of the University's Human Ethics Committees. You should also note that such an approval can only be provided prior to the commencement of the research.

Yours sincerely

John G O'Neill (Professor)
**Chair, Human Ethics Chairs' Committee and
Director (Research Ethics)**

cc Associate-Professor Mark Henrickson
School of Health & Social Services
Albany campus

Dr K O'Donoghue HoS
School of Health & Social Services
Manawatu campus

Massey University Human Ethics Committee
Accredited by the Health Research Council