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Research paper

Contextual factors associated with consistent condom use and condom self-efficacy amongst African asylum seekers and refugees in Hong Kong

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Abstract *Background:* Hong Kong has no systematic domestic policies committed to the rights of asylum-seekers and refugees (ASRs). This study explores the sexual health behaviours and social inequities amongst African ASRs in Hong Kong.

Methods: A cross-sectional survey of African ASRs was conducted through three local non-governmental organizations in 2013. A logistic model was used to test the interactions and relationship between the respondents' consistent condom use and contextual antecedents, socio-demographic factors, psychosocial factors and condom self-efficacy (CSE) score.

Results: 371 adult African ASRs were recruited. In the previous month, 35% and 38% of participants consistently had used condoms with regular and casual sexual partners respectively. However, less than 50% perceived no risk of HIV/STIs and less than 60% reported not knowing how to access sexual health screening. Consistent condom use was less likely among African ASRs who were married (adjusted odds ratio (aOR) = 0.10), used recreational drugs (aOR = 0.11) or were unsure of their sexual orientation (aOR = 0.05) and was positively associated with higher CSE scores (aOR = 1.09). Pre-migration determinants and lifestyle determinants accounted for most of the variance in the model.

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Conclusion: The inconsistent condom use makes African ASRs vulnerable to HIV/STIs. Tailored interventions are needed to address the associated determinants and inequities amongst African ASRs living in Hong Kong.

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Highlights

- Most African refugees lived in Hong Kong were young, well-educated single men with heightened sexual health risks.
- Use of recreational drugs and ambiguity in sexuality was negatively associated with consistent condom use.
- Pre-migration (e.g. education level) and lifestyle (e.g. housing) factors were significantly associated with condom efficacy.
- There is a need to increase awareness and accessibility of sexual health service for African refugees in Hong Kong.

Introduction

Globally every year millions of people are displaced because of war, violence or persecution. The United Nations High Commissioner for Refugees (UNHCR) estimated that there were 51.2 million people who were forcibly displaced in 2014 [1]. Hong Kong, as a “hot spot” for transit, had over 10,000 asylum-seekers, refugees (ASRs) and torture claimants in 2016; approximately 10% of these were from the African continent [2,3].

Although China is a signatory country to both the 1951 Refugee Convention and Protocol of 1967, Hong Kong, as a special administrative region, is not bound by neither of them. These are international legal instruments that establish rights and protections for refugees as well as outline specific obligations of host countries. In Hong Kong the absence of applicable domestic legal provisions on refugee protection [7,8] has led to a lack of domestic policy. To date the only legal protection offered to ASRs has been based on the principle of non-refoulement in which the host destination is restrained from returning individuals to places where they face the risk of torture [4]. Following a high court case in 2006, the Hong Kong government started providing ASRs with limited welfare assistance and access to the public healthcare system as ‘non-eligible persons’ (NEP). This protection, however, is based on humanitarian considerations rather than entrenched legal norms and is granted on a case-by-case-basis.

The absence of a policy framework grounded in legal norms and limited healthcare assistance has had a particular impact on the control and transmission of HIV and other sexually transmitted infection (STIs) among African ASRs due to the high HIV prevalence in their countries of origin [5]. The World Health Organization (WHO) estimates that 69% of the 34 million people living with HIV are from Sub-Saharan Africa [11,12] where continual conflicts and displacement have exposed refugees to an increased danger of being persecuted, raped or sexually abused, thus rendering them vulnerable to HIV infections [13]. Furthermore, ASRs’ experience of poverty, poor living conditions,

malnutrition, lack of protection and depression resulting from acculturation in their destination countries, often leaves these individuals susceptible to sexual exploitation and disproportionate burden of health inequities.

Consistent condom use is one of the most important protective strategies against HIV/STIs associated with sexual practices [6]. A key component of consistent condom use is condom self-efficacy (CSE), which examines and explores an individual’s confidence in their capabilities of condom use, incorporating aspects such as purchasing, possession, disposal, and the correct usage of condoms [7–9]. CSE has shown positive correlations with consistent condom use among men and women from different ethnicities and a variety of populations [10]. Therefore, many HIV/STI risk reduction initiatives seek to empower high risk populations by enhancing CSE rather than encouraging changes in specific health or risk behaviours [11]. Despite this, there are limited studies assessing consistent condom use, as well as other sexual health behaviours amongst the ASR population. In particular, there are limited studies which take into account both contextual antecedents of their post-migration environment, as well as underlying “psychosocial” factors such as linguistic barriers in the host context and how they would affect sexual health outcomes [12]. By integrating the contextual antecedents, socio-demographic and psychosocial factors affecting the sexual health of the ASR population [13] this study sought to provide a more robust model to inform health interventions that could ameliorate the risk of HIV/STI transmission.

The mental health of ASRs can be the result of direct post-traumatic reactions to war and conflict, but also from post-displacement factors such as coming to terms with loss of family and home, cultural bereavement, and resettlement [14,15]. Stresses related to the latter commonly revolve around social alienation, discrimination, and racism. The United Nations itself has raised concerns regarding the rights of ASRs in Hong Kong, including the right to health; expressing concern to “*prevalent and widespread discrimination against some disadvantaged and marginalized groups*” including ASRs [16].

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