



Migration and Health Study: Findings from an Exploratory Qualitative Study of Sexual Health among Racialized Migrants in Manitoba, Canada

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Manitoba Migration and Health Study

The Migration and Health Study aimed to better understand the health and well-being of racialized immigrants and refugees in Manitoba, in particular their risks for HIV/STBBI.

Participants (n = 34) from African, Caribbean, Black; Latin American/Latinx; and East and Southeast Asian migrant communities were recruited across Manitoba using printed flyers and through social media.

Interviews with participants (conducted in 8 different languages) explored questions relating to sexual health, knowledge of HIV and other sexually transmitted and blood-borne infections (STBBI), and experiences with healthcare providers in Manitoba. Data were analyzed using thematic analysis.

This study is a collaboration between the following partners:



- Are you an immigrant or refugee?
- Are you Black, African, Caribbean, Latin American/Latinx, Middle Eastern, East Asian, Southeast Asian, South Asian?
- Do you live or work in Manitoba?
- Are you 18 years of age or older?

We are interested in your experiences!

For more information contact:
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This study is being led by Dr. Rusty Souleymanov (Faculty of Social Work, University of Manitoba). This research has been approved by the University of Manitoba Research Ethics Board.

The Migration and Health Study is looking to conduct telephone or online interviews with immigrants and refugees in Manitoba about their physical, mental, and sexual health.

Participation is CONFIDENTIAL.

You will receive \$75 for participation in the interview.

Findings

Four key themes emerged: (a) HIV/STBBI awareness, testing, and sexual risk practices; (b) sexual health information needs; (c) impacts of gender norms, culture, and religion; (d) HIV stigma, social exclusion, and experiences of racism.



MIGRATION
AND HEALTH STUDY

1. Participants described differences in knowledge about HIV/STBBI testing. New immigrants and those who were not yet linked to healthcare were more likely to reveal not having had an HIV/STBBI test in Canada, or even being aware where to get tested.
2. The findings also show that HIV/STBBI risks were contextual; there was a spectrum of risk scenarios depending on the type of partnerships/relationships, and the type of sex they engaged in.
3. Our result also highlighted the issue of access to sexual health information (in languages spoken by migrants), including the need to access this information at community-based agencies.
4. Findings also reveal the impact of culture, religion, and gendered norms, as well as HIV stigma and racial discrimination in healthcare contexts, which negatively affected participants' engagement with sexual health services.

Service providers, researchers, policy makers and funders should consider the impacts of these socio-ecological factors on the development of healthcare barriers and negative health outcomes for immigrants.

Conclusions



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Thank you!

**Thanks to our communities, interpreters,
guiding circle, service providers, research
team and our funder (CIHR).**