



Do Minorities and Immigrants Behave Sexually Different? Influences of Culture on the Sexual Behavior of Minorities and Immigrants

Literature review of the subject followed by article publishing

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ABSTRACT

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<p>The purpose of this development assignment was to publish an article in the journal of Social Science and Medicine and also in a Finnish journal.</p> <p>The goal of this article was to bring the attention of health care professionals onto the sexual health of immigrants and minorities and onto specific aspects of the sexual behavior of immigrants. Understanding how the process of migration is changing the sexual behavior of the immigrants is crucial when dealing with customers/patients coming from other cultures.</p> <p>The article is narrative literature review article and it is based on the available literature. The article was written according to the instructions of the journals.</p> <p>With this assignment I have tried to find out how the sexuality of the (im)migrants changes in the host country. Studies show that moving from one country to another the approach to sexuality can change into a more liberal and risky orientation or it can reinforce the natal culture regarding sexuality and it can become more conservative. While both changes are recorded in literature, there is more basis for being worried about the sexual health of the (im)migrants. The cultural differences are also an obstacle towards good sexual health.</p>	
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<p>Tämän kehittämistehtävän tarkoitus oli julkaista artikkeli sekä kansainvälisessä, että kotimaisessa lehdessä.</p> <p>Artikkelin tarkoituksena oli tuottaa tietoa terveydenhuollon ammattilaisille maahanmuuttajien ja vähemmistöjen seksuaaliseen käyttäytymiseen liittyvistä erityispiirteistä. Maahanmuutto itsessään vaikuttaa yksilön seksuaaliseen käyttäytymiseen, ja tämän vaikutusmekanismin tunteminen helpottaa terveydenhuollon ammattilaisten toimintaa, kun heidän asiakkaansa ovat maahanmuuttajia.</p> <p>Artikkeli on narratiivinen kirjallisuuskatsaus. Artikkeli on kirjoitettu Science and Medicine –journal ja Terveydenhoitajalehden ohjeiden mukaan.</p> <p>Tämän kehittämistehtävän avulla olen yrittänyt selvittää, miten maahanmuuttajien seksuaalisuus muuttuu vastaanottavassa maassa. Tutkimukset osoittavat, että siirtyminen maasta toiseen voi johtaa aikaisempaa liberaalimpaan ja riskialttiimpaan käyttäytymiseen, tai se voi vahvistaa omaa kulttuurin seksuaalisuuteen liittyviä normeja siten, että seksuaalikäyttäytyminen muuttuu aikaisempaa konservatiivisemmaksi. Riippumatta siitä mihin suuntaan maahanmuuttajan seksuaalikäyttäytyminen muuttuu, joka tapauksessa on selvää, että maahanmuuttajien seksuaaliterveudestä on syytä olla enemmän huolissaan kuin valtaväestön.</p>	
Asiasanat: seksuaali käyttäytyminen, seksuaalisuus, maahanmuuttaja, akkulturaatio	

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1. INTRODUCTION

I have moved to Finland almost four years ago because of love. I have left my family, friends and workplace behind and I never regretted it. I have a wonderful partner and a small family of my own and life feels great. When I moved here I expected to face many cultural differences which could put our relationship in danger, but the only real difference I found was our very different understanding of sexuality. The Finnish approach to sexuality came as a surprise to me and I think that my own sexuality has changed since I moved here.

Almost 150000 foreigners live in Finland, which represent about 3% of the country's population. Because most of the foreigners living here are of working age, improving immigrants' sexuality is a goal of the country's health program. (Apter & Eskola & Säävälä & Kettu 2009, 3 - 6.)

The number of foreign students coming to Finland has increased steadily since 2000. Over 14,000 students were studying in a degree-program in 2009 and about 8,800 exchange students visited Finnish universities during the same year. Students come to Finland from all over the world, most being from China, Russia, Nigeria, Estonia and Nepal. (Study in Finland 2011.)

The environment in which we grow up and our own culture are influencing our behavior, at some level, in all situations. This cultural influence has different effects on our health. Culture can increase risky sexual behavior by increasing the feelings of alienation. On the other hand, culture may provide a set of resources based on which the individual can make healthy choices. (Kaufman & Desserich & Big Crow & Holy Rock & Keane & Mitchell 2007; Yahyaoui & El Methni & Ben Hadj Lakhdar & Gaultier 2010; Jeltova & Fish & Revenson 2005.) So, our own cultural identity can be beneficial and also harmful to us.

Culture doesn't define only the way we behave sexually, but also the way we react to different sexual behaviors. A study made in United Kingdom suggests that multiculturalism is a dominant ideology, which is fighting against racism and for the rights of women, gays and lesbians. This ideology has drawn strong responses both favorable and negative. Cultural diversity, human rights and religion traditions are often in direct conflict. We (the Europeans) think that forced arranged marriages, domestic

violence and genital mutilation are unaccepted. Also, the Christian community is excluding gay and lesbians (in most cases). (Beckett & Macey 2001.) I can't avoid thinking that we assume that the European way of viewing sexuality is taking over other traditions. If we take into consideration WHO's definition of sexual health, it means that we should accept everything which the individual is perceiving as "a state of physical, mental and social well-being in relation to sexuality". This could also mean that sexual related cultural traditions – however strange may be – should be accepted if they are voluntarily followed.

In order to understand the way culture influences the behavior of immigrants it is necessary to approach sexuality, not only from a healthy point of view, but also from a moral, psychological and circumstantial point of view. Our own sexuality is a fluent, constantly changing part of us which is shaped by our education (parental, academic, cultural or/ and religious) and by our own experiences.

2. DEFINITION OF TERMS

2.2. SEXUALITY AND SEXUAL BEHAVIOR

Sexuality is a complex and comprehensive concept, which is difficult to define. Sexuality is present in all stages of human life and is tightly linked to sex, gender identity, sexual orientation, eroticism, pleasure intimacy and reproduction. Sexuality can be expressed in a variety of ways, from thoughts and desires to behaviors and relationships and is constantly influenced by biological, psychological, socio-economical, political, cultural, legal, historical, religious and spiritual factors. (Aho & Kotiranta-Ainamo & Pelander & Rinkinen 2008, 17 - 18; WHO 2012.)

Sexual behavior is a modern times term. According to Haerberle (1983) sexual behavior can have three different meanings. It can refer to all actions which are making fertilization possible, so it is seen as an action or sum of actions which lead to reproduction. This view of sexuality is narrow and incomplete. Sexual behavior can be also seen as a behavior which involves a “sexual response” of the body. This view of sexuality is not taking into consideration the possible meanings of the act, but it comprehends all types of human sexual activity. A more modern approach to sexual behavior includes into the term all actions and responses related to pleasure seeking. This approach includes not only the lovemaking act and its related activities, but many other aspects of human life. In this case, the behavior is motivated by the wish for pleasure. (Haerberle 1983.) The focus of sexual behavior has moved from the reproduction purposes towards obtaining and maintaining social relationships and pleasure (Haerberle 1983; Haavio-Manila & Kontula 2001, 19 - 21).

Sexuality can be understood also as a mean to find one’s way of living and being, a way to express oneself, understand life and feelings, a way to think or love. When seen from the narrow point of view, when sexuality is strictly linked to reproduction, two different genders are needed for expressing sexuality, but when the aim of sexuality is obtaining pleasure, the expression of sexuality does not depend on the gender. (Aho & Kotiranta-Ainamo & Pelander & Rinkinen 2008, 17 - 18.)

2.3. CULTURE AND ACCULTURATION

Culture is comprised of different activities, beliefs, customs and way of life, which are specific to a particular civilization (Collins 2002, 162). The level of education, the social status and the gender is also influencing culture. Culture is dynamic and it is shaped by the constantly evolving society. (Metsänen 2000, 183.)

Acculturation is the changing process which immigrants experience when coming into direct and continuous contact with the host culture. The process of change from one cultural orientation to another is individual. Each person can choose which elements of their own culture they want to keep and what to assimilate from the host culture. Acculturation is a dynamic social process which takes place between the immigrant and the new culture and which is changing and shaping the way minorities attaches to the values of their own culture and the new one. (Metsänen 2000, 183; Padilla & Perez 2003; Sam & Berry 2010.)

Acculturation is not influenced only by the level of adaptation of the immigrant, but also by the characteristic of the society in which the immigrants live. If the society is open to change and thus to immigrants, integration is better and successful. Discrimination plays also an important role in acculturation. If discrimination is present in the society it influences negatively the way immigrants adapt and might lead to separation of the immigrant from the society. (Berry 1997; Phinney & Berry & Vedder & Liebkind 2006, 85 - 90.)

Acculturation is in relation with problem behavior and health-promoting behavior. Ebin, Sneed, Morisky, Rotheram-Borus, Magnusson and Malotte (2001) showed that increased acculturation is associated with a higher risk to develop problem behaviors and decreased probability to engage in health-promoting behaviors in young Latinos living in U.S. Literature shows also that acculturation has also a protective factor in developing health behavior. Immigrants accumulate health behaviors during the process of acculturation. (Abraído-Lanza & Chao & Flórez 2005; Santelli & Abraído-Lanza & Melnikas 2009.)

Sexual behavior of immigrants and minorities is also influenced by the level of acculturation. A research made in 2010 showed that Hispanic women, who were more adapted to the host culture (American culture) have more sexual partners and start their

active sexual life at a younger age than less adapted women. On the other hand, less acculturated women are less likely to access health services. (Ward & Roncancio & Radecki Breitkopf 2010.)

This paper is not trying to focus on the influences of acculturation upon the sexual behavior of immigrants, but the understanding of the process is important. Sexual behavioral changes in immigrants and minorities are going to be described in comparison with the sexual behavior of the general population as showed in the available literature.

3. THE SEXUAL BEHAVIOR OF IMMIGRANTS

Being an immigrant, adolescent or part of the ethnic minorities represents a disadvantage. For these groups of people it is often difficult to access sexual and reproductive healthcare services. (Gausman & Malarcher 2011; Roelofs & Khomasuridze 2011.) Acculturation of immigrant groups may play an important role in sexual behavior and usually is in relation to risky sexual behavior. The process of cultural integration is not the only factor for risky sexual behavior. (Le & Kato 2006; Rademakers et al. 2005.)

Studies show an increased prevalence of unwanted pregnancy, abortion, HIV, sexual transmitted diseases and sexual violence among immigrants in the host countries. Also the use of contraceptives is deficient. As a result the sexual health of immigrants is lower than in the local population. (Rademarkers et al. 2005; Helström & Zätterström & Odlin 2006; Collins & von Unger & Armbrister 2008; Hoffman & Higgins & Beckford-Jarred & Augenbraun & Bylander & Mantell & Wilson 2011.)

A study made in 2011 concerning the health and wellbeing of Russian, Somali and Kurdish immigrants in Finland shows that the use of contraceptive methods among immigrant women is lower than in the general population. Also the rate of abortion was higher among immigrant women, the highest rate being among Russian immigrants, where more than 50 % have had at least one abortion performed. (Koponen & Klemetti & Surcel & Mölsä & Gissler & Weiste-Paakkanen 2012, 134 - 144.)

Individualistic behavior and its orientation to independence, self-reliance and personal goals, is more likely to be associated with sexual exploration and risky sex. On the other hand, family oriented cultures and some disciplinary practices may serve as a protective factor against risky sexual behavior. (Le & Kato 2006; Kaufman et al. 2007.) Some studies show that immigrants also retain their own sexual behavior in the host country. For example Latin American men living in a foreign country retain their own traditional masculinity, which co-exist with the contemporary concept of masculinity. Latin American men are sharing within each other ideas and social encounters, reinforcing in this way their own virility. This traditional approach to masculinity and thus sexuality represents a barrier in accessing sexual healthcare services. (Zanchetta & Monteiro & Gorospe & Pilon & Peña 2010.) Latin American men immigrants' behavior is shown as

risky, they have more partners and more contact with prostitutes, often without a condom (Viadro & Earp 2000; Parrado & Flippen 2010). Risky sexual behavior among Latinos living in United States, has been reported also by other studies. The multitude of sexual partners are putting Latino immigrants at high-risk for sexually transmitted diseases and pregnancy. (Hirsch & Muñoz-Laboy & Nyhus & Yount & Bauermeister 2009; Minnis & Doherty & vanDommelen-Gonzalez & Otero-Sabogal & Padian 2010.)

Latino women living in United States are prioritizing the importance of sexual health in reducing sexually transmitted diseases and preventing pregnancy, but there is a gap of knowledge about the subject. Unfortunately, in their case the lack of communication about sexual related subjects inside their community is leading towards hazardous sexual behavior, based on myths like: the belief that “cleaning well” after sex prevents diseases and the belief that contraceptives have negative effects on one’s health. (Cashman & Eng & Simán & Rhodes 2011.)

A comparative study between Muslim immigrant and the native adolescents in France shows error in the number of sexual relations, ability to communicate about sex and sexuality and the experience about sex. Even when Muslim adolescents have lived in the host country since early childhood, their cultural background is so strong that it dominates their attitude towards sexuality. For them sexuality and intimacy remain taboo. (Yahyaoui et al. 2010.) The same conclusions have been reached in a later study comparing adolescents of Muslim and Christian origin. The sexual behavior of Muslim immigrants is strongly directed by traditions and by fear. Adolescents fear their parents’ reactions and they fear they will harm their reputation. (Yahyaoui & El Methni & Gaultier & Ben Hadj Lakhdar-Yahyaoui 2013.)

Iranian immigrants in Sweden have changed their views on sexuality towards openness and transparency. Sex and sexuality related topics are no longer taboo and the immigrants’ knowledge about sexuality has increased. But the dialogues about sexuality are often directed towards the young, while discussions between the older generations are limited. The process of acculturation has also brought the two sexes together, on a more equal scale, as Iranian male immigrants lost their dominance in sexual relationships. But these changes are not permanent as Iranians immigrants behave sexually according to Swedish sexual norms, while living in Sweden, but when they related to their Iranian roots, their sexual behavior follows the traditional norms. (Ahmadi 2003 and 2003a.)

Iranian immigrants living in Canada evolved their sexual views partially in the same direction, towards openness, but this process had also negative repercussions on the women. Women are pressured by their community to act according to traditional norms and they also have to cope with the Iranian men dominance and with their increased and more open interaction with the opposite sex. These negative effects are mostly affecting the second-generation of Iranians living in Canada. (Shahidian 1999.)

Culture influences also sexual function/dysfunction, its understanding and the treatment of perceived problems. Stresses of acculturation and cultural and religious restrictions can lead to sexual dysfunction. (Ahmed & Bhugra 2007.)

Immigrant teenagers are also vulnerable to sexual activity as substitute for care, love and acceptance because they have a need to fit in and they might have a limited support system in the new country. To adolescent immigrants, becoming sexually active may mean to them that they are adults. (Jeltova et al. 2005.)

Immigrants are not always susceptible to risky behavior. They can also be protected by their own system of beliefs. For example West-Indian male immigrants are less susceptible to sexually transmitted diseases than US-born Black because they have less casual partners. (Hoffman & Backford Jarrett & Kelvin & Wallace & Augenbraun & Hogben & Liddon & McCormack & Rubin & Wilson 2008.) Also the level of acculturation is in direct relation to the sexual behavior and substance abuse of immigrants. Recent immigrants are behaving less risky than the general population, but the longer an adolescent immigrant is living in the host country, the more likely it is to be involved in substance abuse and risky sexual behavior. (Blake & Ledsky & Goodenow & O'Donnell 2001.)

Emotional investment and sexual behavior is different not only across cultures, but also between sexes. Women seem to be more emotionally involved in their sex life than men; the highest levels occur in North America, Southern Europe and Oceania. Also the prevalence of sexual intercourse is lowest among Asians and Pacific-Islander females, while is highest among African-American males. (Fig. 1.) Asian women tend to be also less sexually active and initiate sexual activity at an older age than different culture groups of women. They also experience lower sexual desire compared with Caucasians. (Schmitt & Youn & Bond & Brooks & Frye & Johnson & Klesman & Peplinski & Sampias & Sherrill & Stoka 2009; Le & Kato 2006; Anderson & Sievert & Melby & Obermeyer 2011.)

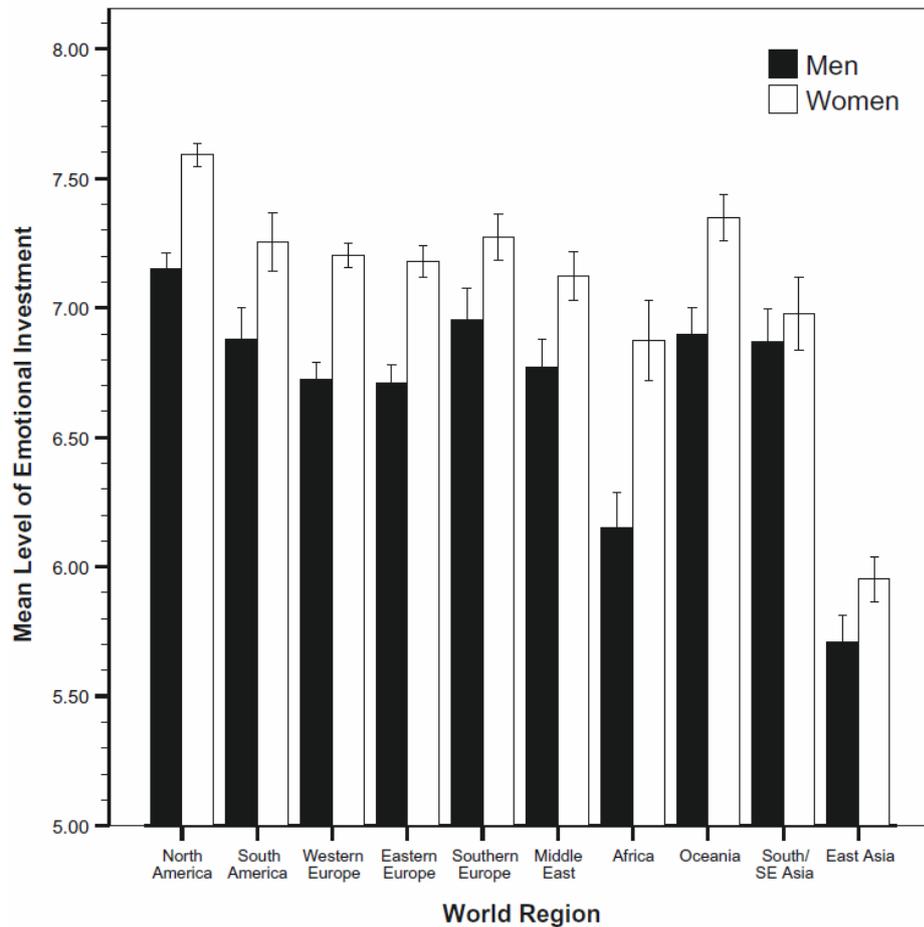


Fig. 1. Mean levels of emotional investment for men and women across the 10 world religions of the international sexuality description project (Schmitt et al. 2009).

There are very few studies which describe the non-heterosexual immigrants. A study made in United States concerning the sexual health and life experience of bisexual Latino men is bringing to attention a relationship between migration experiences and sexual behavior. Many participants engaged in potentially risky sexual behavior (multiple partners and intercourse under the influence of alcohol) due to feeling isolated and discriminated. On the other hand some of the participants in the study felt that they are able to express their sexuality due to the fact that their families are not around. (Martinez & Dodge & Reece & Schnarrs & Rhodes & Goncalves & Muñoz-Laboy & Malebranche & Van Der Pol & Nix & Kelle & Fortenberry 2011.) Kuntsman (2003) describes immigration as a process of leaving the world of heteronormativity in search for lesbian identity. Their transition is never only sexual, but it is also influenced by class, race, ethnicity and world location. For the lesbian immigrants immigration is experienced as the transformation of sexuality and sexuality mediates the sense of re-grounding in a new place. Simmons (2008) shows another aspect of gay immigration –

the policies and regulations which guide family reunion in UK. Regulations, in most cases, do not give the same rights to same-sex couples as to heterosexuals, which makes the migration of homosexuals and lesbian, as part of family reunion, very difficult or impossible.

4. PURPOSE OF THE PROJECT

Defining the purpose of the project is one of the most important stages of a project and it describes the intended impact or the expected benefits which the project is expected to achieve. Setting and defining the purpose of a project is part of the project plan and it takes place in the planning phase. The purpose of the project is to form the basis for its management and to ensure its overall success. The project's purpose is however mostly influenced by the type of the project. For example if the project is trying to produce a product, than the purpose of the project is to actually produce the product. On the other hand, if the project is part of a research or part of a development, than the purpose is to try to find solutions to a problem. (Rissanen 2002, 44 - 49; Paasivaara & Suhonen & Nikkilä 2008, 123 - 124; Miller 2013.)

The purpose of this development assignment is to publish a health care related article in the journal of Social Science and Medicine and also in a Finnish journal (Terveydenhoitaja, Kätilö or Sairaanhoitaja).

The objective of the article is to bring the attention of health care professionals onto the sexual health of immigrants and minorities and onto specific aspects of the sexual behavior of immigrants.

5. ARTICLE PUBLISHING ASPECTS

The aim of this development assignment is to write and publish a literature review article. Article publishing is a way to bring information closer to the professionals, as articles usually pull many pieces of information together and professional journals are easily accessible to professionals. The purposes for writing a literature review can be very diverse, from providing a framework for relating new findings to the old ones to identifying recommendations for further research. Literature reviews can focus on research outcomes, research methods or on theories, practices or applications. (Polit & Hungler 1987, 492 - 493; Green & Johnson & Adams 2001; Randolph 2009.)

The author of a review article tries to answer to a special question with the help of the available literature, using critical thinking. A good literature review article is presenting a great number of researches and shows their main results and their possible research shortage. Through literature review, the author is demonstrating his knowledge about the chosen subject, but it can also be a means to distinguish between what has been done and what needs to be done or just to gain a new perspective. (Hirsjärvi & Remes & Sajavaara 2006, 250 - 251; Randolph 2009.)

The product of this assignment is going to be a narrative overview article, which is a form of comprehensive narrative syntheses of the available literature on the subject. The author's view of the literature should take into consideration the particularities of the studies or articles presented and identify the differences between them before drawing a conclusion. Narrative overviews are usually giving a broad picture of the chosen subject and for this reason they should be used with caution when making practical decisions. (see Green & Johnson & Adams 2001.)

6. WRITING THE ARTICLE

Writing an article as a development assignment seemed to be a natural way to improve my knowledge and skills. I choose to write about sexuality and sexual behavior in immigrants and minorities because I am an immigrant myself and subjects related to the immigrant community is of great interest to me.

The idea of writing about the sexual behavior of immigrants developed during the Sexual Health course I took in spring 2012. As I come from a close environment, where sexuality is not openly expressed, I was curious to know what kind of changes happen in the sexual behavior of people when they move out from their country on origin. I made an assignment on the subject for the Sexual Health course, including a small survey on a group of foreign students (16 students) living in Finland. Nine students reported that their sexual behavior has changed after moving to Finland. The answers I have received than from the foreign students increased my curiosity about the subject even more. For that reason I decided to do my development assignment on this subject and gather more information from the available literature.

The assignment started with the process of searching for references. The available literature about sexuality is quite large, but there are just a limited number of studies and articles treating the sexual behavior of immigrants and minorities. Most of these articles are referring to immigrants of Muslim origin living in different parts of the world and Latino minorities living in the Unites States of America. Only a few articles are treating the sexual behavior of other population of immigrants. Because of this a proper and detailed understanding of how sexuality is being shaped by migration is hard to achieve.

As part of the university policies, I have admitted my project plan in autumn 2012. After this, I continued writing the theoretical background of the article and than the actual article. Article writing was new to me and for this reason it was also challenging. As I decided to send my article both to international journals as well as to Finnish ones, I had to write my article both in English and in Finnish. As none of the mentioned languages is my mother tongue, I was not very comfortable using them. Also due to the fact that I chose different types of journals, the article had to follow different rules of writing.

7. ETHICAL ASPECTS

Ethics is part of everyday life. Each decision which is being made has positive and negative aspects. Ethical thinking is the ability to reflect on the situation and to decide what is right or wrong, Decision making takes into account the values of the society as well as the personal values of the decision maker. (Kuula 2006, 21.)

When writing an articles there are several ethical issues which have to be addressed: authorship, conflict of interest, peer review, duplicate publication, fabrication and plagiarism (see Stein 2009; Carlson & Ross 2010). Out of these I consider plagiarism to be the most important problem in article writing nowadays. Plagiarism is the use of intellectual property without any recognition or without acknowledging of the source (Stein 2009).

During the writing process, I tried to avoid using the intellectual property of others and I always wrote the source of the information, according to the rules imposed by the university.

8. CONCLUSION

The purpose of this development article was to write an article treating the way sexuality of the (im)migrants changes in the host country. Studies show that when moving from one country to another, the approach to sexuality can change into a more liberal and risky orientation or it can reinforce the natal culture regarding sexuality and it can become more conservative. While both changes are recorded in literature, there is more basis for being worried about the sexual health of the (im)migrants. In Europe, the trend is mostly going towards risky sexual behavior and increased prevalence of sexual transmitted diseases, unwanted pregnancies and abortions.

Writing this assignment was challenging because of the limited amount of time available. My studies and practical work, combined with family life left very little time for writing. As I have mentioned before, my decision to write both for international journals and for Finnish ones presented me with language and writing style problems. Although writing an article was new to me, I approach the assignment openly and with great interest. The subject I picked also of personal interest to me and that made the whole process feel easier.

My goal was to bring the attention of health care professionals onto the sexual health of immigrants and minorities and onto specific aspects of the sexual behavior of immigrants. I hope that my article achieves this goal and that the article provides useful information for public health nurses.

Public health nurses are having a key role in promoting sexual health in Finland. Sexual related guidance is based on sexual anamnesis and this means that professionals have to be able to talk openly about sexuality (Aho et al. 2008, 54 - 56). Writing this development assignment has brought depth to my professional knowledge about sexuality. Before I had difficulties in speaking about the subject and I was worried about encountering clients with sexual related problems. During the process of writing this assignment my approach towards sexuality has changed. I am now able to deal with sexual related problems and I am ready to assume the role of the public health nurse in any situation.

In the end I would like to thank my teacher and tutor Satu Rainto for making me approach sexuality from a different perspective and for encouraging me to write about the subject.

I would also like to thank Hannele Paloranta for having the time and patience to guide me during the process of writing this development assignment.

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APENDIX 1 – ARTICLE IN ENGLISH

**Do Minorities and Immigrants Behave Sexually Different?
Influences of Culture on the Sexual Behavior of Minorities
and Immigrants. Literature review.**

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Do Minorities and Immigrants Behave Sexually Different? Influences of Culture on the Sexual Behavior of Minorities and Immigrants.

Literature review.

The paper is discussing the sexual behavior of immigrants and minorities as presented in the literature. The focus of this paper is on the influences of culture and acculturation on the sexual behavior of immigrants. Literature shows that immigrants present a higher risk to engage in risky sexual behavior and their sexual behavior is often in relation to their level of acculturation. The paper's aim is to bring the attention of social and health care professionals towards the characteristic of immigrants' sexual behavior.

Keywords: sexuality, sexual behaviour, acculturation, immigrant

Introduction

The environment in which we grow up and our own culture are influencing our behavior, at some level, in all situations. This cultural influence has different effects on our health. Culture can increase risky sexual behavior by increasing the feelings of alienation. On the other hand, culture may provide a set of resources based on which the individual can make healthy choices. (Kaufman et al., 2007; Yahyaoui, El Methni, Ben Hadj Lakhdar; Gaultier 2010; Jeltova, Fish & Revenson, 2005.) So, our own cultural identity can be beneficial and also harmful to us.

In order to understand the way culture influences the behavior of immigrants it is necessary to approach sexuality, not only from a healthy point of view, but also from a moral, psychological and circumstantial point of view. Our own sexuality is a fluent, constantly changing part of us which is shaped by our education (parental, academic, cultural or/ and religious) and by our own experiences.

Sexuality and sexual behavior

Sexuality is a complex and comprehensive concept, which is difficult to define.

Sexuality is present in all stages of human life and is tightly linked to sex, gender identity, sexual orientation, eroticism, pleasure intimacy and reproduction. Sexuality can be expressed in a variety of ways, from thoughts and desires to behaviors and relationships and is constantly influenced by biological, psychological, socio-economical, political, cultural, legal, historical, religious and spiritual factors. (Aho, Kotiranta-Ainamo, Pelander & Rininen, 2008; WHO 2012.)

Sexual behavior is a modern times term. According to Haerberle (1983) sexual behavior can have three different meanings. It can refer to all actions which are making fertilization possible, so it is seen as an action or sum of actions which lead to reproduction. This view of sexuality is narrow and incomplete. Sexual behavior can be also seen as a behavior which involves a “sexual response” of the body. This view of sexuality is not taking into consideration the possible meanings of the act, but it comprehends all types of human sexual activity. A more modern approach to sexual behavior includes into the term all actions and responses related to pleasure seeking. This approach includes not only the lovemaking act and its related activities, but many other aspects of human life. In this case, the behavior is motivated by the wish for pleasure. (Haerberle, 1983.) The focus of sexual behavior has moved from the reproduction purposes towards obtaining and maintaining social relationships and pleasure (Haerberle, 1983; Haavio-Manila & Kontula, 2001).

Sexuality can be understood also as a mean to find one’s way of living and being, a way to express oneself, understand life and feelings, a way to think or love. When seen from the narrow point of view, when sexuality is strictly linked to reproduction, two different genders are needed for expressing sexuality, but when the

aim of sexuality is obtaining pleasure, the expression of sexuality does not depend on the gender. (Aho et al., 2008.)

Culture and acculturation

Culture is comprised of different activities, beliefs, customs and way of life, which are specific to a particular civilization (Collins 2002). The level of education, the social status and the gender is also influencing culture. Culture is dynamic and it is shaped by the constantly evolving society. (Metsänen 2000.)

Acculturation is the changing process which immigrants experience when coming into direct and continuous contact with the host culture. The process of change from one cultural orientation to another is individual. Each person can choose which elements of their own culture they want to keep and what to assimilate from the host culture. Acculturation is a dynamic social process which takes place between the immigrant and the new culture and which is changing and shaping the way minorities attaches to the values of their own culture and the new one. (Metsänen 2000; Padilla & Perez, 2003; Sam & Berry, 2010.)

Acculturation is not influenced only by the level of adaptation of the immigrant, but also by the characteristic of the society in which the immigrants live. If the society is open to change and thus to immigrants, integration is better and successful. Discrimination plays also an important role in acculturation. If discrimination is present in the society it influences negatively the way immigrants adapt and might lead to separation of the immigrant from the society. (Berry 1997; Phinney, Berry, Vedder & Liebkind, 2006.)

Acculturation is in relation with problem behavior and health-promoting behavior. Ebin et al. (2001) showed that increased acculturation is associated with a higher risk to develop problem behaviors and decreased probability to engage in health-

promoting behaviors in young Latinos living in U.S. Literature shows also that acculturation has also a protective factor in developing health behavior. Immigrants accumulate health behaviors during the process of acculturation. (Abraído-Lanza, Chao & Flórez, 2005; Santelli, Abraído-Lanza & Melnikas, 2009.)

Sexual behavior of immigrants

Being an immigrant, adolescent or part of the ethnic minorities represents a disadvantage. Studies show an increased prevalence of unwanted pregnancy, abortion, HIV, sexual transmitted diseases and sexual violence among immigrants in the host countries. Also the use of contraceptives is deficient. As a result the sexual health of immigrants is lower than in the local population. (Rademarkers, MOuthaan & de Neef, 2005; Helström, Zätterström & Odlin, 2006; Collins, von Unger & Armbrister, 2008; Hoffman et al., 2011.)

Acculturation of immigrant groups may play an important role in sexual behavior and usually is in relation to risky sexual behavior, but the process of cultural integration is not the only factor for risky sexual behavior (Le & Kato 2006; Rademakers et al. 2005). Recent immigrants are behaving less risky than the general population, but the longer an adolescent immigrant is living in the host country, the more likely it is to be involved in substance abuse and risky sexual behavior. (Blake, Ledsky, Goodenow & O'Donnell, 2001.) Ward, Roncancio & Radecki Breitkopf (2010) have reached to the same results showing that Hispanic women, who were more adapted to the host culture (American culture) have more sexual partners and start their active sexual life at a younger age than less adapted women. On the other hand, less acculturated women are less likely to access health services.

A study made in 2011 concerning the health and wellbeing of Russian, Somali and Kurdish immigrants in Finland shows that the use of contraceptive methods among immigrant women is lower than in the general population. Also the rate of abortion was

higher among immigrant women, the highest rate being among Russian immigrants, where more than 50 % have had at least one abortion performed. (Koponen et al., 2012.)

Individualistic behavior and its orientation to independence, self-reliance and personal goals, is more likely to be associated with sexual exploration and risky sex. On the other hand, family oriented cultures and some disciplinary practices may serve as a protective factor against risky sexual behavior. (Le & Kato 2006; Kaufman et al. 2007.) Some studies show that immigrants also retain their own sexual behavior in the host country. For example Latin American men living in a foreign country retain their own traditional masculinity, which co-exist with the contemporary concept of masculinity. Latin American men are sharing within each other ideas and social encounters, reinforcing in this way their own virility. This traditional approach to masculinity and thus sexuality represents a barrier in accessing sexual healthcare services. (Zanchetta, Monteiro, Gorospe, Pilon & Peña, 2010.) Latin American men immigrants' behavior is shown as risky, they have more partners and more contact with prostitutes, often without a condom (Viadro & Earp, 2000; Parrado & Flippen, 2010). Risky sexual behavior among Latinos living in United States has been reported also by other studies. The multitude of sexual partners is putting Latino immigrants at high-risk for sexually transmitted diseases and pregnancy. (Hirsch, Muñoz-Laboy, Nyhus, Yount & Bauermeister, 2009; Minnis, Doherty, van Dommelen-Gonzalez, Otero-Sabogal & Padian, 2010.)

Latino women living in United States are prioritizing the importance of sexual health in reducing sexually transmitted diseases and preventing pregnancy, but there is a gap of knowledge about the subject. Unfortunately, in their case the lack of communication about sexual related subjects inside their community is leading towards hazardous sexual behavior, based on myths like: the belief that “cleaning well” after sex

prevents diseases and the belief that contraceptives have negative effects on one's health. (Cashman, Eng, Simán & Rhodes, 2011.)

A comparative study between Muslim immigrant and the native adolescents in France shows error in the number of sexual relations, ability to communicate about sex and sexuality and the experience about sex. Even when Muslim adolescents have lived in the host country since early childhood, their cultural background is so strong that it dominates their attitude towards sexuality. For them sexuality and intimacy remain taboo. (Yahyaoui et al., 2010.) The same conclusions have been reached in a later study comparing adolescents of Muslim and Christian origin. The sexual behavior of Muslim immigrants is strongly directed by traditions and by fear. Adolescents fear their parents' reactions and they fear they will harm their reputation. (Yahyaoui, El Methni, Gaultier & Ben Hadj Lakhdar-Yahyaoui, 2013.)

Iranian immigrants in Sweden have changed their views on sexuality towards openness and transparency. Sex and sexuality related topics are no longer taboo and the immigrants' knowledge about sexuality has increased. But the dialogues about sexuality are often directed towards the young, while discussions between the older generations are limited. The process of acculturation has also brought the two sexes together, on a more equal scale, as Iranian male immigrants lost their dominance in sexual relationships. But these changes are not permanent as Iranians immigrants behave sexually according to Swedish sexual norms, while living in Sweden, but when they related to their Iranian roots, their sexual behavior follows the traditional norms. (Ahmadi, 2003 and 2003a.)

Iranian immigrants living in Canada evolved their sexual views partially in the same direction, towards openness, but this process had also negative repercussions on the women. Women are pressured by their community to act according to traditional norms and they also have to cope with the Iranian men dominance and with their

increased and more open interaction with the opposite sex. These negative effects are mostly affecting the second-generation of Iranians living in Canada. (Shahidian, 1999.)

Immigrant teenagers are also vulnerable to sexual activity as substitute for care, love and acceptance because they have a need to fit in and they might have a limited support system in the new country. To adolescent immigrants, becoming sexually active may mean to them that they are adults. (Jeltova et al., 2005.)

Immigrants are not always susceptible to risky behavior. They can also be protected by their own system of beliefs. For example West-Indian male immigrants are less susceptible to sexually transmitted diseases than US-born Black because they have less casual partners. (Hoffman et al., 2008.)

Emotional investment and sexual behavior is different not only across cultures, but also between sexes. Women seem to be more emotionally involved in their sex life than men; the highest levels occur in North America, Southern Europe and Oceania. Also the prevalence of sexual intercourse is lowest among Asians and Pacific-Islander females, while is highest among African-American males. Asian women tend to be also less sexually active and initiate sexual activity at an older age than different culture groups of women. They also experience lower sexual desire compared with Caucasians. (Schmitt et al., 2009; Le & Kato, 2006; Anderson, Sievert, Melby & Obermeyer, 2011.)

There are very few studies which describe the non-heterosexual immigrants. A study made in United States concerning the sexual health and life experience of bisexual Latino men is bringing to attention a relationship between migration experiences and sexual behavior. Many participants engaged in potentially risky sexual behavior (multiple partners and intercourse under the influence of alcohol) due to feeling isolated and discriminated. On the other hand some of the participants in the study felt that they are able to express their sexuality due to the fact that their families are not around. (Martinez et al., 2011.) Kuntsman (2003) describes immigration as a process of leaving

the world of heteronormativity in search for lesbian identity. Their transition is never only sexual, but it is also influenced by class, race, ethnicity and world location. For the lesbian immigrants immigration is experienced as the transformation of sexuality and sexuality mediates the sense of re-grounding in a new place.

Discussion and conclusion

The goal of this article is to bring the attention of health care professionals onto the sexual health of immigrants and minorities and onto specific aspects of the sexual behavior of immigrants. Understanding how the process of migration is changing the sexual behavior of the immigrants is crucial when dealing with customers/patients coming from other cultures.

The available literature about sexuality is quite large, but there are just a limited number of studies and articles treating the sexual behavior of immigrants and minorities. Most of these articles are referring to immigrants of Muslim origin living in different parts of the world and Latino minorities living in the United States of America. Only a few articles are treating the sexual behavior of other population of immigrants. Because of this a proper and detailed understanding of how sexuality is being shaped by migration is hard to achieve.

I tried to find out how the sexuality of the (im)migrants changes in the host country. Studies show that moving from one country to another the approach to sexuality can change into a more liberal and risky orientation or it can reinforce the natal culture regarding sexuality and it can become more conservative. While both changes are recorded in literature, there is more basis for being worried about the sexual health of the (im)migrants. The cultural differences are also an obstacle towards good sexual health.

Culture doesn't define only the way we behave sexually, but also the way we react to different sexual behaviors. Cultural diversity, human rights and religion

traditions are often in direct conflict. The western world thinks that forced arranged marriages, domestic violence and genital mutilation are unacceptable. Also, the Christian community is excluding gay and lesbians (in most cases). (Beckett & Macey, 2001.) I can't avoid thinking that we assume that the Western way of viewing sexuality is taking over other traditions. If we take into consideration WHO's definition of sexual health, it means that we should accept everything which the individual is perceiving as "a state of physical, mental and social well-being in relation to sexuality". This could mean also that sexual related cultural traditions – however strange may be – should be accepted if they are voluntarily followed.

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APENDIX 2 – ARTICLE IN FINNISH

Maahanmuuttajien seksuaalikäyttäytyminen

Suomessa asuu täällä hetkellä yli 150000 maahanmuuttoa, eli noin 3% Suomen asukkaista. Tulevana terveydenhoitajana koen tärkeänä ymmärtää maahanmuuttajia paremmin. Terveydenhoitajana pyrin kohtamaan asiakkaita kokonaisvaltaisesti ja huomioimaan heidän elämätilanteensa. Tämä tarkoittaa, että ammatilaisena tarvitsen kulturellisen ymmärtämisen taitoja, varsinkin kun puhutaan herkistä ja intiimistä asioista kuten seksuaalisuudesta.

Itse olen maahanmuuttaja, ja tästä syystä maahanmuuttajien kohtaaminen ja ymmärtäminen on minulle tärkeää. Tulen sellaisesta kulttuurista, jossa seksuaalisuudesta puhuminen on tabu. Oma seksuaalisuuteni on kehittynyt oman kulttuurin myötä, ja on muuttunut uusien kokemusten ja uuden kulttuurin vaikutuksesta. Muiden maahanmuuttajien seksuaalisuus muokkautuu samalla tavalla. Mutta miten maahanmuuttajia voi ymmärtää, kun heitä on niin monenlaisia?

Jos haluaa ymmärtää miten kulttuuri vaikuttaa maahanmuuttajien seksuaalikäytökseen, täytyy aiheita lähestyä ei ainoastaan terveyden näkökulmasta, mutta myös moraalista, psykologisesta ja tapauskohtaisesta näkökulmasta. Seksuaalisuus on jatkuvasti muuttuva osa ihmistä, mikä muotoutuu kasvatuksen, koulutuksen, kulttuurin, uskonnon ja kokemusten myötä.

Kasvu ympäristö ja oma kulttuuri vaikuttavat meidän käyttäytymiseen jollain tasolla kaikissa tilanteissa. Kulttuurin vaikutukset seksuaalikäyttäytymiseen voivat olla hyvin erilaisia. Toisaalta se voi lisätä riskialtista seksuaalista käyttäytymistä lisäämällä syrjäytymisen tunteita. Toisaalta kulttuuri voi tarjota voimavaroja, joiden perusteella yksilö voi tehdä terveellisiä valintoja.

Vasta maahanmuuttaneet maahanmuuttajat käyttäytyvät vähemmän riskialttisti kuin alkuperäinen väestö, mutta mitä pitempään nuori maahanmuuttaja asuu vastaanottavassa maassa, sitä todennäköisemmin hän käyttää päihteitä ja ottaa seksuaalisia riskejä. Maahanmuuttajien keskuudessa on enemmän epätoivottuja raskauksia, abortteja, HIV:tä, sukupuolitauteja ja seksuaalista väkivaltaa. Lisäksi ehkäisyn käyttö on puutteellista, ja tämän seurauksena maahanmuuttajien seksuaaliterveys on huonompi kuin keskimäärin.

Maahanmuuttajat, jotka tulevat kulttureista, joissa on vahvat säännöt (kuten muslimitaustaiset maahanmuuttajat), yleensä käyttäytyvät seksuaalisesti hyvinkin konservatiivisesti. Syynä on oman uskonnon vahva vaikutus. Toissalta kirjallisuudessa löytyy myös artikkeleita, jotka esitelevät muslimintaustaisten maahanmuuttajien seksuaalikäyttäytymistä vaihtelevana. Uudessa kulttuurissa maahanmuuttajat käyttäytyvät seksuaalisesti avoimemmin ja läpinäkyvämmiin. Myös naisten ja miesten perinteiset roolit muuttuvat niin, että miehet eivät ole enää määräävässä asemassa parisuhteessa. Sen sijaan muslimimaahanmuuttajien seksuaalikäyttäytyminen on hyvin erilainen muslimiympäristössä. Yhteisö asettaa paineita naisille käyttäytyä seksuaalisesti perinteisten normien mukaan, ja samalla heidän on selviydyttävä uudessa kulttuurissa, jossa muslimi miehillä on paljon enemmän vuorovaikutusta vastakkaisen sukupuolen kanssa.

Emotionaalinen osallistuminen ja seksuaalikäyttäytyminen poikkeaa varsin paljon erilaisissa kulttuureissa ja sukupuolten välillä. Naiset ovat enemmän emotionaalisesti mukana heidän sukupuolielämässään kuin miehet. Korkein emotionaalinen osallistuminen esiintyy Pohjois-Amerikassa, Etelä-Euroopassa ja Oseaniassa. Myös yhdyntä yleisyys on alhaisin aasialaisilla ja Tyynenmeren-saarten naisilla, kun taas on korkein afrikkalais-amerikalaisilla miehillä. Aasialaisnaiset ovat yleensä myös vähemmän seksuaalisesti aktiivisia ja aloittavat seksuaalinelämän myöhemmällä iällä kuin muiden kulttuurien naiset. He myös kokevat alhaisempaa seksuaalista halua kuin valkoihoiset naiset.

Seksuaalivähemistöön kuuluvat maahanmuuttajat käyttäytyvät seksuaalisesti riskialttiisti. Heillä on useita kumppaneita ja he harrastavat seksiä alkoholin vaikutuksen alaisena. Riskikäytös yleensä johtuu syrjäytymisen tunteesta.

Mitä sitten minun pitää muistaa seuraavalla kerralla, kun kohtaan maahanmuuttaja asiakkaan ja hänen ongelmansa liittyy seksuaalisuuteen? Seksuaalinen lähestymistapa voi muuttua maahanmuuton myötä joko vapaampaan ja riskialtisempaan suuntaan, tai maahanmuutto voi vahvistaa oman kulttuurin seksuaalisuutta koskevia normeja, ja silloin seksuaalikäytäntö muuttuu konservatiivisempaan suuntaan. Vaikka molemmat muutosmahdollisuudet ovat hyvin esitelty kirjallisuudessa, on syytä olla huolissaan maahanmuuttajien seksuaaliterveydestä.

On hyvä muistaa myös se, että kulttuuri ei määrittele pelkästään meidän tapaamme käyttäytyä seksuaalisesti, vaan myös meidän tapaamme reagoida erilaiseen

seksuaalikäyttäytymiseen. Länsimaailmaa kieltää järjestetyt avioliitot, perheväkivallan ja sukuelinten silpomisen. Kristillinen yhteisö ei hyväksy homoseksuaalisuutta (useimmissa tapauksissa). En voi välttyä ajatelemasta, että länsimaailman tapa tarkastella seksuaalisuutta siirtyy muihin perinteisiin. Jos otetaan huomioon WHO: n seksuaaliterveyden määritelmä, meidän pitäisi hyväksyä kaikki mikä yksilö liittyy fyysisen, psyykkisen ja sosiaalisen seksuaaliseen hyvinvointiin. Tämä voi tarkoittaa myös sitä, että erikoisetkin seksuaalisuuteen liittyvät kulttuuriset perinteet pitäisi hyväksyä, jos niitä noudatetaan vapaaehtoisesti.

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