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## Exploring the intersections of transnationalism, sexuality and HIV risk

In the context of international migration, transnationalism, defined as ‘the processes by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement’, has important implications for sexuality and HIV-related risk (Basch, Glick Schiller, and Blanc 1994, 6). The concept of transnationalism draws attention to two key features of immigrants’ transnational lives: (1) the cross-border linkages or networks of relationships created by transnational flows of people, goods, ideas, values and so on; and (2) the simultaneous engagement of individuals with two nation states, made increasingly possible by technological advance (e.g., the Internet, air travel, satellite technology and the mobile phone) (Levitt and Glick Schiller 2004; Mazzucato 2010; Tsuda 2012). Migrants’ dual engagement in sending and receiving countries, and simultaneous embeddedness in more than one society, may also be viewed as defining characteristics of transnationalism (Levitt and Jaworsky 2007; Tsuda 2012).

Transnationalism challenges state-centric thinking about international migration as consisting solely of movement from one country to another, or as an event that ends with migrants’ settlement in the host country. Through a transnational lens, international migration is best understood as a lifelong process that involves complex interactions between migrants, second-generation family members and those left behind. This process evokes a linkage or a network of relationships that spans two or more nation-states, often over more than one generation (Lunt 2009). Unlike traditional methodological nationalism, ‘methodological transnationalism’ creates vantage points that recognise ‘the processes, ties and links between people, places, and institutions that routinely cut across nation states’ (Yeates 2008, 22). Furthermore, transnational thinking and living challenge the nation-bounded concept of societies and carries the potential to overcome the dichotomy between the global and the local, while recognising cross-border connections in a globalising world (Amelina et al. 2012). A cross-border approach thus makes it possible to understand sexuality and HIV risk in the context of international migration from a broader transnational perspective. This perspective, in turn, allows us to better contextualise the research focus by encompassing mobility, cross- or beyond-border social relations, hybrid cultural assemblages and transnational narratives. It also supports public health approaches and government policy options concerning HIV prevention, taking into consideration the often complex transnational contexts that international migrants navigate.

Although the notion of transnationalism has been widely explored in immigration studies since the 1990s, its implications for health research, and specifically research into HIV-related risk, have been largely overlooked. Most studies have examined HIV-related risk to immigrants in their host countries. In doing so, popular discourse has ignored the simultaneous influence of the home country context (which is not limited to its culture) on immigrants’ risk perceptions, risk exposure and risk responses. These perceptions of risk, influenced by multiple and sometimes contradictory discourses and sources, in turn, have important but seldom specified implications for access to and practices for HIV prevention.

Traditional assimilation models assume a linear transition from an ‘old’ culture to a ‘new’ one in the host country. In contrast, key assumptions in a globalisation model include the possibility

(inevitability?) that immigrants may live under the influence of more than one culture and may feel less pressure to replace 'old' cultural practices by new ones (Robins 2006; Zhou 2012). The co-existence of multiple influences – for example cultural, social, economic, political, cognitive, emotional – in immigrants' lives may generate conflicts between their intimate sexual relationships, their HIV risk perceptions, their sexual practices and their desired identities. For instance, the greater social acceptance of pre-marital sex and same-sex relationships in North America may constitute a 'new' environment for young, single, immigrant women and men who wish to have multiple sexual partners (Collins, von Unger, and Armbrister 2008) and for heterosexually married men who wish to engage in sex with men (Williams et al. 2004; Zellner et al. 2009). However, some may not seek the health information they need, or come out as 'gay', in part because they feel that by doing so they would undermine culturally desirable (and, in some cases, still personally valued) gender roles such as a 'good' woman, man or parent. Such complex intersections of cultures, desires, identities and practices across countries can render migrants vulnerable to risk-related sexual activity and constrain their opportunities for safer sex, thereby increasing health risks.

The above examples suggest that in a globalising world, risks to international migrants' health involve complex, multi-faceted interactions between host and home country values, practices and norms. In the context of HIV-related risk, many new questions merit exploration. For example, how are migrants' understandings of and exposure to HIV risk, and their capacity to respond to this risk, shaped by their simultaneous engagement with both host and home countries? How do they deal with contradictory or conflicting views about HIV, gender-based expectations and sexual norms in the two countries? How do settlement processes, along with such challenges as downward socioeconomic mobility, racism, changes in intimate relationships, barriers to accessing social and health services and subsequent transnational travels, further complicate their exposure to, and capacity to respond to, HIV-related risk? How do governments best develop policies and programmes to address HIV-related risk in diverse immigrant communities in the context of transnationalism? Do they even take transnationality into account in policy design and service delivery?

Motivated by the dearth of scholarly and professional knowledge on these pressing questions, the special symposium in this issue of *Culture, Health & Sexuality* focuses specifically on the intersections between transnationalism, sexuality and HIV-related risk. All the papers included were developed as part of a single, multi-sited empirical study (2011–2016) entitled Living in 'Transnational Spaces': Gendered Vulnerability to HIV of Chinese Immigrants in a Transitional Context and the Implications for Future Interventions (LST project). The next section describes the background, design and methodology and research of the larger study that gave rise to the symposium.

### **The larger study**

Funded by the Canadian Institutes of Health Research (CIHR) Institute of Gender and Health, this multi-sited, international project aimed at understanding the vulnerability to HIV of Chinese immigrants to Canada. Motivated by the absence of scholarly and professional knowledge about HIV-related risks to one of the largest groups of newcomers to Canada, several members of the research team participated in an earlier CIHR-funded pilot project (2007–2009), entitled HIV/AIDS in the Context of International Migration and Global Interdependence, to better understand aspects of this vulnerability. The pilot study (Zhou 2012; Zhou and Coleman 2011) found that the current generations of Chinese immigrants to Canada were living in what are increasingly recognised as 'transnational spaces' – that is, spaces in which their lives are not limited by the territorial boundaries of Canada (as the host country) or China (as their home country). Downward social mobility caused by various settlement challenges in Canada, alongside increased access to travel and communication technologies (the Internet, the low-cost, high-speed Internet phone,

and online communications software) had led them to remain in close contact with China and to live in a space that links 'home' with Canada. Their understandings of, and exposure to, HIV-related risks, and their capacity and resilience to respond to such risks, were thus shaped by their 'in-between positions' in these transnational spaces.

A new wave of emigration by highly educated professionals, entrepreneurial elites and university students from salaried middle-class families in China has changed Chinese immigration to Canada 'beyond recognition' (Pieke 2007, 86; Suryadinata 2011). Confronting various settlement difficulties – such as unemployment or underemployment, racism and downward social mobility in Canada – this generation of Chinese immigrants has maintained very close connections with China through daily electronic communication, travel, regular 'return migration', business, the 'transnational' or geographically separated family, the development of transnational identities and so on (e.g., Guo 2013, 2016; Lin and Tao 2012). In the case of families, for example, the frequent or long-term separation of married spouses may, both in both Canada and China, lead to extramarital sexual relations as a response to the intimacy vacuum caused by separation. Such behaviours, in turn, incur sexual health risks that were not experienced back home prior to immigration. Although the general population HIV prevalence rate in China is, relatively speaking, not very high (approximately 0.057% by the end of 2009), sexual contact – including spousal sexual transmission – is the primary route of infection (UNAIDS China 2009).

Although the characteristics and experiences of this generation of Chinese immigrants are distinct from those of their earlier counterparts in Canada, current public health research, policy and practice has not accommodated to these changes. Research specifically on HIV-related risk concerning immigrants from China remains very limited. One of the few empirical studies, which was conducted among Chinese immigrants in metropolitan Vancouver, found that immigrants' attitudes toward HIV and HIV prevention interventions were largely influenced by the values, beliefs and attitudes they developed in China, thus contributing to higher-risk sexual practices in Canada (Doctoroff 2007). The disjuncture between Chinese immigrants' views (including misconceptions and silence about HIV) and their changing sexual practices in a post-immigration context is also revealed by the findings of our pilot study. Despite the changing dynamics of HIV-related risk in their new living environments, these individuals' 'blocked acculturation' in Canada and their close connections with China compromised their capacity to respond to and mitigate HIV vulnerability (Wimmer and Soehl 2014; Zhou 2012; Zhou and Coleman 2011).

In immigrant health scholarship, the term immigration is often used as a synonym for settlement in host countries, and immigrants' connections with their homelands and the impacts of these connections on their health are often overlooked. Although the term 'global health' is increasingly incorporated into current health discourses, HIV, as an example of a 'globalised disease' that has affected both northern and southern countries for over three decades, merits a re-examination in the context of immigration and transnationalism. Such an exploration will further our understanding of the dynamics of this epidemic across contexts (e.g., Canada and China) and over time (e.g., before and since the mass migration from the People's Republic of China). These dynamics are also relevant to other emerging and re-emerging communicable diseases and relevant interventions.

To address these knowledge gaps, the core purpose of the larger qualitative study was to understand the HIV-related vulnerability of Chinese immigrants to Canada in a transnational context. We focus on its implications for HIV-related responses – such as knowledge construction, education, service delivery, the involvement of civil society organisations, prevention programming and policy-making – both in Canada and in China. Consisting of multi-disciplinary researchers from three countries (Canada, China and France), our research team set out to explore the intersections of transnationalism, HIV risk and health governance through individual, face-to-face, in-depth interviews with 66 Chinese immigrants to Canada (31 women and 35 men) and 27 key informants from HIV-related civil society organisations (CSOs) and public agencies

in four study sites in Canada and China – Toronto, Vancouver, Beijing and Shanghai. These sites constitute the most important hubs of the transnational networks of movement between the two countries. Most Chinese immigrants in Canada have settled in the metropolitan areas of Toronto or Vancouver (Statistics Canada 2007). Beijing and Shanghai are the most globally integrated cities in China, as indicated by their being the only two Chinese cities with direct daily flights to Canada. The project received ethics approvals from the academic institutions of all of the members of the investigative team.

Multi-site ethnography (Amelina et al. 2012; Faist 2012; Marcus 1995) as a method has informed the design of this research project because of its ability to capture migrants' cross-border relationships, as well as their geographical and cognitive trajectories, in the context of transnationalism. Although it was not feasible in this study to trace research participants through multiple sites, during interviews participants were asked to compare and reflect on their experiences in the two countries. Participants' differential vantage points involved in a specific process, action or idea also enable researchers to better contextualise how macro-level social forces (e.g., power relations) from seemingly disconnected sites affect groups of people in motion or shape their life worlds; it thus also allows for the inclusion of perspectives 'other than the national, such as the transnational' (Faist and Nergiz 2012, 243; Marcus 1995).

The interviews with Chinese international migrants, from which the data in most of the articles in this symposium were drawn, addressed immigration and settlement processes (major life changes, relationship with China, links with the Chinese community in Canada); HIV and AIDS (source of information and knowledge, perceptions of risks, responses to perceived risks, risk-related behaviours, reflections on how HIV is perceived in China and Canada); and access to and use of HIV-related health and social services in the two countries. Participants from HIV-related CSOs and public agencies were asked about their agencies' backgrounds; HIV-related services; policies and initiatives; experiences with service users' (including migrants') access to and use of HIV-related services and resources; relationship with other local or domestic HIV-related actors; and related international collaboration and participation.

Interview transcripts were translated into English to ensure the data were accessible to all researchers on the project. All transcripts were imported into NVivo (9.2), a computer software programme designed for qualitative data analysis; they were then thematically coded by an experienced data analyst based on a collectively developed and multiply tested coding scheme, which consists of a set of major coding categories (e.g., 'HIV-related risk') and sub-categories (e.g., 'risk perceptions' and 'risk responses') and their defining criteria. At the stage of writing, while some individual researchers developed a comprehensive synthesis of themes relating to their paper's focus, others used these themes as a starting point from which to select cases or units of analysis based on their own methodological, geographical and disciplinary perspectives.

### **Summary of contributions**

This collection of papers pays close attention to the role of transnationalism – in particular, cross-country mobility and connections, simultaneous cultural engagement and the 'in-between' identities of Chinese immigrants in Canada – in shaping the meanings of, and power dynamics around, gender, sexuality, 'race', socioeconomic status and the nation-state in the contexts of HIV-related risk and HIV prevention.

In their article 'Intimacy, identity and relationship in the accounts of Chinese immigrants to Canada: The contribution of narrative analysis', Christina Sinding and Yanqiu Rachel Zhou explore how transnationalism, as a discursive resource that comes from living 'in between' countries and cultures, has helped participants to narrate their cross-border stories. It is through these stories that their desired selves and subsequent entitlements to safe and equitable intimate relationships are mediated and evolve. Transnationalism gives these immigrants dual or multiple interpretive

frameworks: in this case under study, their personal stories – and tensions between the self and family, between autonomy and integration, and between sustaining or compromising a valued identity – unfold in relation to social and cultural norms and features in both nations. Focusing on ‘the telling’ of stories, or how stories are ‘put together’, this article also illustrates the distinctive strengths of narrative analysis in linking accounts that are ostensibly fragmented across times, places and spaces, and in activating and mapping the transnational contexts of these descriptions. Despite the very diverse migration paths and life trajectories of the subjects of the stories, the exploration of the story structure reveals some common or confluent features, such as the negotiation of intersecting social hierarchies (e.g., of class, sexuality, race and disability), embedded in their statements – sometimes resistant but often resigned – to ‘how it is now’.

Yingying Huang’s article, entitled ‘Sexuality and everydayness in a transnational context: Toward a re-imagined West-China relationship?’, examines how the everyday transnational experiences of Chinese immigrants to Canada have challenged the splitting of their stereotypical, dichotomous sexual imaginations into ‘the West’ and ‘the East’ – that is, the ‘sexual openness’ of Canada versus the ‘sexual conservatism’ in China. Closely attending to these individuals’ constant comparisons about and reflections on sexual imaginations, cultures and practices in Canada and China, her analysis focuses on three related and interconnected themes. First, sexual practices in the two countries are not necessarily viewed as products of sexual liberation, but as reflections of different conceptions of intimate relationships, such as norms surrounding sexual intimacy at different stages of a relationship. Second, physical desire and sexual attraction are increasingly acknowledged by both women and men, a result both of China’s opening up and of these individuals’ own cross-racial dating experiences. Third, some differences between the two countries can also be observed when it comes to sexual education, HIV awareness, and both the possibilities of and barriers to safe sexual practices co-existing in these individuals’ transnational lives. The findings emphasise the role of transnational living in changing immigrants’ understanding and practices of sex and the importance of also taking into account the societal changes taking place in the home country.

Focusing on the data on male Chinese immigrants to Canada, Wei Wei’s article, ‘Masculinities on transnational journeys’, examines the intersection of masculinity, sexual practice and the HIV risk in a transnational context, in which men’s pursuit of desired masculinity was forcibly adjusted and strategised. Traditional Chinese notions of masculinity are often linked to having social connections, economic security and a sense of privilege, all of which are challenged by male economic immigrants’ downward social mobility, shrinking social networks and racialisation in Canada. Transnational mobility, including return migration and subsequent sexual activities back in China, has become a ‘gendered strategy’ used by some men to help them cope with, negotiate and evade a disadvantaged masculinity in Canada. Men’s performance of masculinity and their underestimation of the sexual risks they face does, however, lead to risky sexual behaviours, which also put women, including their female sexual partners in China as well as their wives in the geographically separated family, at risk. In the context of immigrant men’s ‘double masculine consciousness’ and transnational mobility, it is important to understand masculinity as an amalgam of situated identities, relationships and practices that are simultaneously enabled and constrained by different gender regimes that intersect with class, generation, race and/or sexuality in their home and host countries. A transnational approach to understanding masculinity is central to the development of effective HIV interventions in the context of immigration.

Finally, Yanqiu Rachel Zhou’s article, ‘“Race” and HIV vulnerability in a transnational context: The case of Chinese immigrants to Canada’, explores the role of transnationalism – in the form of immigrants’ simultaneous embeddedness, or ‘double grounding’, in both home and host countries – in shaping their understandings of ‘race’ (including their own ethno-cultural identity) and experiences of HIV-related risk. Instead of seeing race as a monolithic, contextless entity or assigning it ‘a global saliency or universality’ (Amelina et al. 2012, 7), she attends to the wide

range of aspects – such as immigrants' racial habitus developed back in China and immigration trajectories, in addition to class, gender, sexuality and settlement experience – with which race intersects. Findings reveal the complex power dynamics – not just power asymmetries, but also power fluidity – around race from a transnational perspective, and thus challenge the assumed dichotomy of dominance and subordination underpinning traditional explanations of the relationship between race and HIV risk. Taking into account Chinese immigrants' sustained linkages with their home country, therefore, researchers should go beyond a nation-bound concept of society (i.e., the host society) to recognise the simultaneous influence of both Canada and China on individuals' HIV-related vulnerability. In the context of racial inequalities; furthermore, understanding the experiences of racialised immigrants from within their own frames of reference is also important to avoid further disadvantaging these individuals.

## Conclusion

Transnationalism offers us an innovative theoretical framing to better understand immigrants' increasingly complex experiences that are 'neither here nor there' and simultaneously 'here and there'. It also forces us to rethink a number of broader issues, such that international migration must be viewed beyond the immigrant-settler paradigm of 'Point A to Point B', and the nation-state should not be presumed to be the only relevant societal and spatial context (Amelina et al. 2012; Lunt 2009). A transnational approach to health research, including HIV-related research, can facilitate our identifying and understanding of 'identities, networks, organisations or intuitions that are multiple, fluid, spatially constituting and constituted yet span geography and time' (Amelina et al. 2012, 5). Failing to consider this, we risk excluding an important part of immigrants' lives, in which both health risks and the resources to tackle them may be embedded. As Acevedo-Garcia et al. (2012) point out:

A transnational lens – one that considers the experiences of immigrants who find themselves at the social, cultural, political, and economic crossroads of multiple nations – can help illuminate the health costs and benefits of migration for immigrants ... and their sending and receiving communities. (2064)

Overall, this symposium explores a number of key, emerging issues for immigrant health scholarship, including cross-border relations and mobility, double-consciousness, evolving and intersecting identities and tensions arising from these when it comes to understanding HIV-related risk and related responses at both individual and structural levels. Attending to the 'novelty of hybridity and mixity in a world of constant motion' (Amelina et al. 2012, 5) enables us to better contextualise the intersection of immigration and HIV risk by letting go of fixed, monolithic notions of society and nation, culture and ethnicity, power and autonomy. Introducing 'transnationalism' into immigrant health studies suggests an important theoretical contribution to health research more generally, but it also has implications for a variety of specific real-world problems and questions – such as HIV prevention, service and policy in a changing, interconnected world – that have been inadequately studied. The disciplinary diversity (e.g., social work, sociology, political science, public health and anthropology) of the LTS project co-investigators also underlines the importance of engaging in this discussion from a variety of intellectual perspectives.

Researching transnationalism makes it possible to understand HIV-related risk from a perspective that goes beyond the traditional state-centric approach to health research that is increasingly challenged by ongoing globalisation processes. We should acknowledge, however, the challenges in implementing this concept in the various phases of the LST project. Along the way, the team has had sometimes difficult discussions around such questions as: How do we incorporate the two key characteristics of transnationalism – cross-border linkage and simultaneity – into research design so as to enable the exploration of 'two-way flows' between Canada and China (Mazzucato 2010)? How do researchers across countries maintain a constant and meaningful exchange of ideas about the research process when the desired practice of simultaneous data collection

across sites is compromised by the local context (e.g., transfer of funds, institutional rules and regulations, and recruitment challenges) of the study sites? And how do we conduct properly contextualised cross-border study at the stage of data analysis when researchers have differential knowledge about the specific contexts in which multi-sited and multi-level data were collected? These questions suggest the existence of gaps between promising theoretical advances and their practical implementation in specific studies, as well as the need for further exploration in the new research field. Nevertheless, we hope that this symposium provides readers with a preliminary yet enthusiastic theoretical and methodological engagement with the changing context of HIV prevention and immigrant health research.

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