

THE IMMIGRANT'S REALITY: Vulnerability and HIV/AIDS

According to a study published in *The Lancet* and UNAIDS recommendations, starting in 1995, immigration and other forms of demographic mobility began to be associated with the HIV/AIDS epidemic.

The migratory phenomenon may be defined according to some demographic variants. First, it is possible to distinguish between two types of immigrants: those who travel to another country to work for a limited period of time and those who intend to live in another country. In addition, there are also those who travel from one area to another within the same country for work reasons. Truck drivers, sailors, miners and sex workers belong to this group. This group also includes people who have been forced to flee their homes to avoid an armed conflict, violence, human rights violations or natural disasters and who are displaced to another area within the same country.

The purpose of this article is not to give specific data about each country, but rather to give general information in order to provide a general framework for the migration phenomenon in Latin America:

- The migratory flow from **Nicaragua** to **Costa Rica** is the result of a combination of factors including natural disasters, political conflicts and economic crises.
- **Mexico** is the country with the highest number of immigrants in the United States with 10.2 million people; 6.5 million of those are undocumented. The income from remittances sent to Mexico by people who live abroad is greater than all of the other exterior income sources except oil.
- The sub-region of the **Caribbean** is characterized by a constant internal circulation and of non-Caribbean immigrants in transit. Human rights violations and a lack of stable governments influence mobilization both inside and outside of the Caribbean.
- The **Dominican Republic** and **Haiti** report the highest immigration rates.
- In 2000, according to the United States census, there were a total of 2,879,000 Caribbean immigrants in the U.S.
- Due to the conflict that has continued over the last 50 years, **Colombia** has the second highest population of internally displaced people in the world (after Uganda), reaching 1.7 million people. The majority of people move from rural areas to bigger towns or cities within the country.

Migrant populations and immigrants interact with the resident population at border crossing points as well as within the arrival countries. Some of these interactions are based on inequalities, where the human rights of the immigrants are violated and the risk factors to HIV infection increase.

Stigma and Vulnerability

Some factors that increase the vulnerability of the immigrant populations are the destruction and creation of new social networks due to constant movement, economic insecurity, social and institutional violence in the host countries, systematic violation of human rights, high levels of illiteracy and — in some cases — not knowing the language of the country. In addition, there is discrimination based on gender, language, skin color, and ethnicity.

In some of the border cities in the region, immigrants are considered “AIDS transmitters”.

- *The pressure to earn money may make men and women exchange sex for money, clothes, shelter or food. This has been called “survival sex”.*
- *It was discovered that in the USA half of the agricultural workers have contact with sex workers. The Latino sex workers demand the use of condoms less than the North American sex workers.*
- *Another phenomenon associated with immigration is the use of drugs to reduce stress and avoid depression, as well as the sharing of syringes to inject vitamins and antibiotics as a way to increase energy levels for work.*

This context promotes high risk behavior among this population such as forced sexual relations, the so-called “*survival sex*”, sex work, the use of alcohol and drugs, multiple partners and unprotected sexual relations.

The migratory phenomenon increasingly affects women and young people. This is the reason why, in addition to being immigrants, these individuals are just as vulnerable as other populations engaging in risk practices, such as men who have sex with men (MSM), injection drug users (IDU) and/or sex workers (SW).

An immigrant's level of exposure to HIV infection depends greatly on his or her integration into the culture of the country:

- The **protection factors** used by immigrants to maintain their culture in the new country include sexual modesty, few sexual partners and reduced consumption of alcohol and drugs. The **risk factors** for the same population are the predominance of a macho mindset, the power differential between sexual partners and a lack of sexual education.
 - The **protection factors** used by immigrants that have caused the greatest loss of their own culture and that benefit the host country are individualism, self-determination, and empowerment, the ability to demand condom use and a less predominant macho mindset. The **risk factors** in this same population are a higher number of sexual partners as well as exposure to situations where casual sex and drug use are common practices.
- *A study among truck drivers in **Honduras** showed that 40% of the men who had sex with sex workers never used a condom.*
 - *The prevalence among the Mexican immigrant population in the United States is 1%, three times the prevalence estimated at the national level (0.3%).*
 - *A higher prevalence was found on the border shared by Brazil, Argentina and Paraguay than inside the countries as well as low or poor quality services and adverse social conditions. The most vulnerable populations include truckers, drug users, illegal immigrants and sex workers.*

Multiple national standards and international treaties protect the rights of immigrants:

- The International Convention for the Protection of the Rights of All Migrant Workers and Members of their Families guarantees healthcare to prevent any kind of untreatable health problem, granting equal rights to immigrants and citizens of the country.
- The Special Summit of the Americas, which took place in Mexico in 2004, established in one of its agreements “the complete protection of the human rights of all immigrants” and urged the United States to increase its efforts to prevent, control and treat HIV through regional cooperation. This objective was reaffirmed in the Americas Meeting in Argentina in 2005.
- In the Central American and Mexican Strategic Plans for HIV/AIDS, the immigrant population has been identified as a vulnerable population and initiatives have been proposed to increase prevention and health care for immigrant and migrant populations.
- Many of the countries have specific laws for immigrants, which give structure to the rights and responsibilities of this population. The majority of these laws, as in the case of the Immigration Act of Argentina (Law 25.871), provide immigrants with access to all of the rights guaranteed to the citizens of the country.

However, the reality in most countries is that the international agreements and the national laws don't always impact the daily lives of the people. Often, the status of undocumented immigrants increases the exploitation and violation of human rights. This limits their access to health services and other social support services, increases their vulnerability and decreases their ability to engage in preventive behaviors.

Many immigrants, initially and even after living in a country for a long time, do not integrate socially or culturally into the new country. This causes anxiety, loneliness and isolation – situations that may increase risk behaviors. An example of this is shown among indigenous populations who, in recent years, have migrated to seek better wages. However, the cultural and language barriers block their access to prevention and healthcare services.

The United States: In Search of Destiny

The United States is the most sought-after country by Latino immigrants. Currently, it hosts 12 million Latino immigrants, most of them concentrated in the states with the highest levels of HIV. It is estimated that 200,000 Latin Americans in this country live with HIV, representing 19% of the cases diagnosed in 2005. AIDS is the sixth greatest cause of death among Latinos between the ages of 25 and 44.

- Latina women represented 16% of the total number of women with HIV in the U.S. in 2005.
- Among young people with HIV, Latino teenagers (between the ages of 13 and 19) represented 17% and Latino young people (between the ages of 20 and 24) represented 22% of the cases.
- For Latino men as well as for Caucasian men, the main form of transmission is between men who have sex with men.
- Transmission through heterosexual relations and injection drug use is higher among Latino men than among Caucasian men.
- The Latino population has less health insurance (or none at all). 24% of Latinos living with HIV/AIDS are in this situation.
- According to a study among Latinos, 46% considered AIDS to be the biggest problem in their community.

The United States has developed some plans to improve access to antiretroviral (ARV) drugs for low-income populations who do not have access to health insurance. However, the fear of being refused citizenship or being deported because they are undocumented represents an obstacle. As a consequence, many HIV-positive Latinos only receive health care once the disease is in an advanced stage.

Reducing the Incidence of HIV/AIDS Among Immigrants

Prevention efforts within the immigrant population should take into consideration that, for immigrants, the specific vulnerabilities of being an immigrant are added to the existing vulnerabilities of the populations most affected by the HIV/AIDS epidemic in the region: men who have sex with men, injection drug users and sex workers. Therefore, it is crucial that these efforts should be focused on eliminating the vulnerability and stigma of these populations.

"It is essential to move immigration from the national security and terrorism agendas to more appropriate agendas focused on development, social justice and human rights." (IOM)

- The mechanisms for implementing prevention, attention and treatment plans should ensure national, bi-national and regional participation focused on immigrants.
- The perception of vulnerability in the immigrant population should be increased and preventive behaviors should be strengthened, because among this population the perception of risk to the disease is much lower than among citizens.
- It is important to work to prevent and promote the rights of women because they have increased vulnerability, especially regarding sexual negotiation and condom use. In addition they often are forced to become sex workers as a way of life and subsistence.

- Prevention and treatment should not only be provided in the immigrant's native language, but should also incorporate cultural sensibilities.
- Prevention actions provided in the immigrants' countries of origin are generally centralized in the capital cities and other big cities. The immigrant population generally resides in rural areas, where information and actions to fight the HIV/AIDS epidemic are unavailable.
- It is important that the decision makers consider the costs and benefits of the prevention options so that expenses are reduced and basic health care needs of immigrants are met.

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