What are the HIV prevention needs of Mexican immigrants in the US?

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Why do Mexicans migrate?

The most common motivation for Mexicans to move to the US is economic, followed by a desire to reunite with spouses, parents or other immediate family, particularly among women and children. However, for some an additional important reason to leave Mexico is the need to find a new social space where they can redefine their sexual and gender identities.1,2 This phenomenon--labeled "sexual migration"--is known to happen among Mexican women and among men who are sexually attracted to other men (MSM). Sexual migration is of particular interest in terms of HIV risk.

Contrary to what is often assumed, the population of Mexicans who move to the US is considerably diverse. Mexicans are from cities and rural areas, poor and middle-class, undocumented and legal immigrants, monolingual and bilingual. Some emigrate permanently or come for a short period and then return to Mexico.

Who is at risk for HIV infection?

There are an estimated 3 to 6 million Mexican undocumented residents in the US, and most of them live in California and Texas.3 Many Mexicans frequently travel back and forth over the border. One-fourth of the AIDS cases in Mexico are among persons who have spent prolonged periods in the US.4 AIDS statistics in Mexico report a slight trend toward the "ruralization" of AIDS that might be linked to male migration to the US.5

The limited data on HIV infection in Mexicans living in the US suggests that the groups that have been most greatly affected are MSM, heterosexuals-some of whom have injecting drug user (IDU) partners-and IDUs. Of the US AIDS cases reported in 2000 among persons born in Mexico, 44% were among MSM, 14% among heterosexuals, 9% among IDUs, and 3% among MSM IDUs.6 The cause of transmission was not known for 29% of cases.

What puts them at risk?

Different subgroups of Mexicans living in the US confront different challenges in terms of HIV risk. Among other factors, such challenges depend on 1) how their identities and behaviors (sexual and drug-related) change after moving to the US; 2) their access to health services, appropriate HIV education, and condoms; 3) norms about safe sex and drug use in their new communities; 4) the nature of their relationships with sexual partners in the US and in Mexico; and 5) the degree to which they experience racism, discrimination, and poverty in the US.

One study of 374 young Latino MSM in the San Diego/Tijuana region found high rates of HIV: 19% in Tijuana, Mexico and 35% in San Diego, CA.7 In Tijuana, only half had ever received HIV prevention information and less than half had ever been tested for HIV. Young MSM in Tijuana were more likely to report sex with females and injection drug use than young MSM in San Diego. In San Diego, young

MSM were more likely to report unprotected sex with men.

HIV risk also exists among heterosexual Mexican migrants, especially among male urban day laborers and those working in agriculture. Often these men come without a spouse and are young, lonely, and isolated, making them likely to seek sex. In addition, they often are not well educated, speak little English, and have limited access to healthcare, making it difficult for them to receive HIV prevention messages.8 Some of these men engage in sex work, regularly have unprotected sex with female sex workers, or have spouses in Mexico with whom they use no condoms.9

Many married Mexican women, whether they are living in the US or in border towns, or living in Mexico with a spouse who migrates to the US, believe strongly in marital fidelity and have negative beliefs about condom use. In one study, many women acknowledged that men who spend long periods of time away from home are at risk for HIV, but most believed that it did not pertain to their marriages or their spouses.10 Both younger and older women said they did not want to know about any extra-marital affairs their spouses may have had, and did not want to infer infidelity by using condoms.

Does acculturation affect HIV risk?

Research is somewhat contradictory about whether HIV risk increases or decreases as immigrants adopt norms and values of mainstream communities in the US. Some studies argue that acculturation is protective because it promotes individuality, self-esteem and self-empowerment.11 Others argue that acculturation increases HIV risk because immigrants adopt sexual and drug-related behaviors that were not part of their more conservative, previous worldviews.12 What is clear is that immigrants change over time in the US, that the changes are complex, and that they have to be taken into account when designing HIV prevention programs for immigrant populations.

What's being done?

Few HIV prevention programs for Mexican immigrants currently exist, although the number of programs is increasing. In addition, cooperation between the Mexican and American governments in addressing HIV/AIDS has increased.

In San Francisco, CA, Hermanos de Luna y Sol has been designed to address the HIV prevention needs of Latin American MSM who have migrated to the US.13 The program deals with the common history of oppression among Latino gay men, social support, and community and emotional issues around sex and sexuality. This program explicitly ties HIV prevention to other developmental and identity-related needs in ways that contextualize safe sex in the participants' larger lives.

In El Paso, TX, prevention case management services (PCMS) are provided in a large homeless shelter serving undocumented immigrants.14 PCMS uses a holistic approach to address homelessness, being HIV+, an IDU, a sex worker, or a partner of any of the above. The program concentrates on survival needs first, providing referrals for housing, food banks and medical and mental health treatment. PCMS also locates clinics to give free Pap smears to undocumented women.

The Promotoras de Salud Project, sponsored by the Farmworker Justice Fund and Centro de Salud Familiar la Fe, trains farmworker women as health educators or promotoras to provide counseling and education about HIV prevention, care and services in their communities.15 The promotoras link farmworker women with healthcare facilities, often accompanying the women and interpreting for them. They also provide condoms and emotional support for women using them.

What needs to be done?

Prevention programs for immigrant Mexicans need to contextualize HIV risk in the lives of participants in order to ensure that potential safety measures are relevant and that participants can strategize realistic ways of adopting them. Programs should address the challenges of being a Mexican immigrant living in the US; experiences of racism and homophobia; and barriers that may be imposed by poverty and social marginality.13 These factors may influence sexual and drug-related behaviors.

In addition to prevention programs in US cities with large concentrations of Mexicans, such as Los Angeles, CA and Chicago, IL, border cities such as Ciudad Juárez and Tijuana, Mexico, El Paso, TX, and San Diego, CA are key locations for HIV prevention efforts. Similarly, there is a need for programs focusing on rural areas that attract Mexican migrant workers.

Access to basic needs such as healthcare, housing, and jobs, may help reduce HIV risk in Mexican immigrant populations. Culturally-relevant educational and training materials in Spanish, as well as educational programs tailored for the needs of specific subgroups of immigrants, are also needed. HIV surveillance must be improved to understand the scope of HIV among both documented and undocumented immigrants. Because many Mexicans travel back and forth between the US and Mexico, bi-national cooperation is key in addressing these issues.

Fostering participation of Mexican immigrants in HIV Prevention Community Planning is key to further identifying
effective prevention interventions, and to expanding funding and availability of prevention services for this population.16

Says who?

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