

HIV/STD Risk Factors: Mexican Migrants

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[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Dr. Antonia Novello] In a few moments, our panel will be joining us to respond to you, the viewer's, questions. So, please do continue to fax and email your questions.

Another group is the migrants. They have additional challenges related to HIV prevention and their lives in general. In 2001, the Mexican government and the University of California created the California/Mexico AIDS initiative. This initiative includes a bi-national study of HIV risk factors for Mexican migrants.

[Announcer] Risk factors for HIV and STD, Mexican migrants in California. Studies of HIV and STD risk among Mexican migrants are limited. However, available information suggests that migrants and their sex partners in the United States and Mexico face increased risks of infection. The Mexican migrant population has increased HIV risk due to their migration experience, while in the U.S., in comparison to non-migrants in Mexico.

The estimated HIV prevalence among adults in Mexico, 0.3%, is half the estimated prevalence among adults in the United States. Further, an estimated one-third of all AIDS cases in Mexico have been reported from those states that send the largest number of migrants to the United States. Situational factors that may increase migrants' vulnerability to HIV and STD infection include -- separation from families and familiar sexual networks while in the United States; social isolation and loneliness; difficulties accessing prevention, care, and testing services due to language differences, lack of information, low income levels, and frequent undocumented status; and living arrangements in which men far outnumber women. Additional factors include -- adoption of new sexual practices and sex with sex workers, limited knowledge about how HIV and STD infection occurs and can be prevented, inconsistent condom use, alcohol and drug use, use of unclean or shared needles to inject antibiotics and vitamins, and unprotected male-to-male sex. The study interviewed and conducted HIV and STD testing with nearly 1,000 Mexican migrant men, 300 women, and 12 transgendered persons at three types of settings in rural and urban areas of California; day labor hiring locations and farmworker camps where men live and work; community settings, such as schools, churches, parks; and bars and social clubs. Nearly 90% of migrants spoke little or no English, and two-thirds had been to Mexico in the past year. About half of the men were married, but 75% of them had their wives in Mexico.

Study participants described several risk factors during the past 12 months. For example, among men, 61% of those who were contacted at bars and social clubs reported two or more sex partners, while 37% at male work sites and 23% in community settings had two or more sex partners. Of the married men, who reported multiple sex partners, 53% were contacted at bars and clubs, 26% at male work sites, and 10% at community settings. Nearly one-fifth of men at bars, clubs, and work sites had sex with female sex workers, compared to 6% of men in community settings. Nearly half reported at least one instance of unprotected intercourse with a sex worker. Men's condom use with casual female sex partners other than sex workers was about 50%. Condom use with main partners was 23%. Fourteen percent of the men in the study reported male-to-male sex. Ninety percent of these men were recruited at Latino bars and clubs, half of which were venues that catered to men

who have sex with men. Nearly a third of these men reported some unprotected anal intercourse and more than half reported sex with women or transgendered persons.

While only 4% of women at community sites reported multiple sex partners, those who were contacted at bars, clubs, and male work sites were more likely to report high-risk behaviors, including sex work and drug use. A fifth of the men had used noninjected cocaine or methamphetamine, and nearly 75% of those who had used these drugs during sex reported having some unprotected vaginal or anal sex. Six percent of all study participants had injected vitamins or antibiotics outside of medical settings, and a small number reported sharing needles.

HIV and STD infection rates among individuals in the study varied by site. The HIV infection rate was 0.1% (one heterosexual male) at community and work sites and 1.8% by men who had sex with men at bars or clubs. Chlamydia prevalence was 2.6% at community and work sites and 3.5% at bars. Hepatitis C prevalence was 1.2% at community and work sites and 2.1% at bars.

Organizations are encouraged to consider the following when designing or adapting prevention interventions for migrants -- include MSM who do and do not self-identify as MSM; address prevention with male, female, and transgendered partners; promote consistent condom use with casual and sex-work partners; address the use of noninjected methamphetamine and cocaine; educate about the risks of sharing needles to inject vitamins and antibiotics; provide culturally competent programs that are responsive to migrants' educational levels and circumstances; and use familiar materials, such as photonovelas, comic books, radionovelas or telenovelas (radio and television serial dramas). For example, a prevention study funded by the California HIV/AIDS program, demonstrated that photonovela intervention increased condom use among Mexican migrants in San Diego County. Coordinate prevention initiatives in the United States with interventions in migrants' home countries. For example, Mexico's National Center for AIDS developed a telenovela and photonovela intervention in Mexico to address migration to the United States and promote condom use. More than 40,000 copies of the photonovela have also been distributed to migrants in California. And address the situational factors that increase migrants' vulnerability. For example, the California HIV/AIDS research program is planning a health referral network using schools, churches, employment programs, and housing agencies to facilitate migrants' access to services. Additional steps to advance HIV and STD prevention among Mexican migrants might include incorporating migration data in surveillance and access to care systems in order to describe and monitor trends in the prevalence of HIV and STD risk behaviors, infection, testing, counseling, and access to care, and clarifying the reasons for relatively low levels of HIV infection among migrants, despite the situational and behavioral factors that increase their vulnerability.

[Dr. Raul Romaguera] For further information on the project you just heard about, please contact the University of California by email at maria.hernandez@ucop.edu.

[Announcer] To access the most accurate and relevant health information that affects you, your family and your community, please visit www.cdc.gov.