Title: Migrants in Transit: The Importance of Monitoring HIV Risk Among Migrant Flows at the Mexico-US Border.

Authors: Ana P. Martínez-Donate, Melbourne F. Hovell, Maria Gudelia Rangel, Xiao Zhang, Carol L. Sipan, Carlos Magis-Rodriguez, & J. Eduardo Gonzalez-Fagoaga.


Summary:

Binational monitoring of migrants is invaluable to understanding the contextual and structural factors influencing their individual and community health outcomes, particularly with regard to HIV/AIDS. Current data on HIV prevalence and risk behaviors among Mexican migrants in the United States and Mexico is largely derived from surveys conducted in respective receiving and sending communities. While this growing body of literature is significant, additional research is needed to provide a comprehensive understanding of how susceptibility to HIV infection is heightened or minimized throughout the migration process.

Among the estimated 12 million Mexican migrants residing in the U.S., approximately 29 percent engage in circular migration. Circular migration may be defined as a multiphase process inclusive of pre-departure, transit, destination, interception and return. This research addresses an identified knowledge gap by assessing HIV prevalence and changes in behavioral risk factors Mexican migrants experience at each of the five identified circular migration phases. The authors elected to study four key migrant flows occurring at the Mexico-U.S. border, including: northbound (migrants traveling north from other Mexican regions); border (migrants traveling to other areas of Mexico after staying in the border region); southbound (migrants returning voluntarily to Mexico from the U.S.); and deported (migrants removed from the U.S. by immigration authorities and released in the Mexico border region). Data collected from the northbound flow was determined to be representative of the pre-departure and return circular migration phases. Similarly, responses provided by the southbound flow were deemed representative of the return and destination migration phases. The border flow sample was used to assess
HIV prevalence and risk behaviors occurring in the transit migration phase, and the deported flow provided data for examining the interception phase.

Forty percent of the annual migration flow between the U.S. and Mexico is concentrated in Tijuana, Mexico. Accordingly, the researchers opted to carry out a cross-sectional probability survey of migrants arriving in and departing from Tijuana between June 2009 and August 2010. The periodic Encuesta sobre Migración en la Frontera Norte de México (Survey of Migration on the North Border of Mexico) carried out by el Colegio de la Frontera Norte (North Border College) provided a template for the survey used in this study. Multistage probability sampling was used to ensure random selection of when and where recruitment of survey participants occurred. The pre-determined sampling venues included the Tijuana International Airport (passport and security control, luggage claim), the largest bus terminal in Tijuana (ticket desk, luggage claim), and the gates at the main deportation station in Tijuana.

Trained, bilingual researchers recruited participants weekly. Over the course of the study, 6,594 individuals met the eligibility criteria and 3,390 participated in the survey. Eligible individuals were 18 years or older, native to Mexico or another Latin American country, fluent in Spanish, traveling for labor reasons or change of address, and first time survey participants. Participants were asked to provide verbal consent and to complete an anonymous, interviewer-administered questionnaire using the Questionnaire Development System computer-assisted personal interview. The survey elicited sociodemographic information, migration history, contextual factors related to migration, and HIV risk behaviors from the prior year (12 month period) such as sex with multiple partners or sex workers, unprotected sex, and engaging in sex while under the influence of alcohol or drugs. Responses were analyzed using logistic and multiple linear regression models in Stata/MP 13.0.

Survey participants were offered the opportunity to engage in rapid HIV testing. Trained staff administered rapid finger-stick blood tests using either Clearview HIV ½ STAT-PAK (Inverness Medical Professional Diagnostics, Princeton, NJ) or Hexagon HIV 1+2 (Human GMBH, Wiesbaden, Germany). The majority of individuals completed the HIV test (83.6 percent, n=2811) and eighteen participants tested positive. Among these individuals, seventeen were male and one was female. A binational, toll-free line was created to deliver the results using unique numeric codes assigned to each person. Individuals who tested as preliminary positives were asked to undergo confirmatory testing after which they were referred for follow-up testing and treatment.

Analysis of test results and survey responses indicated that prevalence rates of HIV among circular migrants range from 0.08 percent to 3.89 percent for males and from 0.00 percent to 0.17 percent for females. HIV prevalence among male migrants was found to be significantly higher at the predeparture (1.01%), transit (3.89%), and interception (0.80%) phases when compared to prevalence rates among males aged 15 to 49 years in the U.S. (0.70%) and general prevalence in Mexico (0.20%). Among female migrants, HIV prevalence was greatest in the destination phase (0.17%).

Survey responses indicate that behavioral risk factors for HIV vary significantly across genders and migrations phases. Male migrants experienced increased rates of risk behaviors for HIV infection across all five migration phases. The prevalence of HIV infection and increased risk behaviors were greatest in the transit phase followed by the return and predeparture phases. This may be attributed to the contextual factors male migrants face in post-migration phases, including: separation from steady partners or family members, substandard and unstable housing, limited access to health insurance and care, and increased exposure to higher risk HIV populations. Conversely, female migrants in the
predeparture and transit phases reported higher levels of behavioral risks for HIV infection than those in the return phase. The authors attribute the reduction in risk behaviors among female migrants in the U.S. to increased exposure to HIV prevention messaging and greater autonomy to negotiate safer sexual practices. Further research which identifies and addresses the unique contextual and structural factors influencing HIV risk within each migration phases is recommended.

Title: Migration Patterns and Characteristics of Sexual Partners Associated with Unprotected Sexual Intercourse Among Hispanic Immigrant and Migrant Women in the United States.

Authors: Eduardo E. Valverde, Thomas Painter, James D. Heffelfinger, Jeffrey D. Schulden, Pollyanna Chavez, & Elizabeth A. DiNenno.


Summary:

The United States is home to the largest population of foreign-born individuals worldwide, the majority of whom are Hispanic immigrants. Census data indicates that in 2010 Hispanic immigrants accounted for 6.5 percent of the total U.S. population. Slightly less than half (38 percent) of Hispanics residing in the U.S. are immigrants. As the Hispanic population continues to grow it is imperative that the health status of immigrants be researched to ensure disparities are adequately understood and addressed.

Hispanic immigrants account not only for one of the fastest growing population segments in the U.S., but also one of the communities most disparately affected by HIV/AIDS. According to the Centers for Disease Control and Prevention (CDC), more than half (51 percent) of the 11,032 HIV diagnoses made within the Hispanic community in 2011 occurred among immigrant youth and adults. Although the majority of adult Hispanic immigrants are female (52 percent), research examining susceptibility to HIV infection and sexually transmitted diseases (STDs) has remained almost exclusively focused on male immigrants. This research seeks to address the knowledge gap by assessing the prevalence of HIV and STDs among Hispanic immigrant and migrant women in the U.S. and their immigration-related risk factors.

Research was carried out between March 2005 and February 2007 in conjunction with a demonstration project funded through the Centers for Disease Control and Prevention’s (CDC) Advancing HIV Prevention initiative. Three community-based organizations (CBOs) provided rapid HIV testing to immigrant communities in Georgia, Connecticut, Wisconsin, Minnesota and South Dakota. Participants were recruited through outreach to local settings frequented by the target population, from clientele already using services provided by each CBO, and via clinical sites serving immigrant and migrant communities in each state. Individuals thirteen years of age or older who were self-described as HIV-negative and provided informed consent qualified for the rapid HIV testing. OraQuick® Advance™ Rapid HIV-1/2 Antibody Tests were used to determine HIV infection. STD infection was assessed based on participants self-report of receiving a positive diagnosis from a health care provider within the past 12 months.

All individuals tested for HIV were asked to engage in a face-to-face survey conducted by trained outreach workers. Although 3135 individuals completed the survey this research analyzed only the responses of participating foreign-born Hispanic women (n=992). Participants were asked to report the number of times they had engaged in vaginal or anal sex, or both, without a condom in the prior 12
months (dependent variables). Independent variables included sociodemographic factors (age, education, English language fluency, relationship status, and country of birth); sexual risk factors (number of sexual partners, sex with a person of unknown HIV status, sex while on drugs or alcohol, sex in exchange for money or goods and testing history); and immigration/migration factors (length of time since arriving in the U.S., number of times traveled for three months or longer outside of the U.S., number of times moved for work in previous two years, and status as a labor migrant or immigrant). For the purpose of this study “labor migrant” refers to women who planned to return to their country of origin to reside permanently while “immigrant” refers to women who intended to reside in the U.S. permanently. Chi square and Fischer’s exact test were used to conduct bivariate analyses followed by multivariate logistic regression for all significant variables. SAS version 9.2 was used to conduct the analysis.

Among Hispanic foreign-born women who participated in the study, two-thirds (66 percent) were born in Mexico. Approximately two-fifths (41 percent) reported moving to the U.S. five years or fewer prior to the time of their interview. More than half (55 percent) of participating women were identified as labor migrants and the remainder as immigrants. Thirty two percent of the female participants had migrated at least once in the year prior to their interview for work.

The majority of women interviewed (81 percent) provided information pertaining to their engagement in unprotected sex within the year prior to their interview. Among these participants, 46 percent reported having unprotected vaginal sex, six percent reported unprotected anal sex, and seven percent had both unprotected vaginal and anal sex. Engaging in unprotected vaginal sex was significantly associated with the following factors: lower levels of English proficiency, recent arrival (5-10 years in the U.S.), refusing previous HIV tests, lower risk sexual partners (known HIV status, no injection drug use partners, not having sex while on drugs or alcohol), and not having a bacterial STD within the past 12 months. Unprotected anal sex was significantly associated with engaging in sex while using drugs or alcohol and having a partner who lived elsewhere. Engaging in unprotected anal sex or both unprotected anal and vaginal sex were significantly associated with traveling two or more times for work and having sex with an injecting drug user.

The limited sample size precludes deeper analysis of the association between work-related mobility and increased rates of unprotected anal and vaginal sex. The authors suggest further research to better understand the ways in which unstable social and sexual networks as well as economic necessity contribute to mobility and engaging in unprotected sexual intercourse. They further recommend based upon their findings, that efficacious risk reduction behavioral interventions be developed to specifically address the needs of Hispanic immigrant and migrant women.

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Title: Individual, Interpersonal, and Structural Power: Associations with Condom Use in a Sample of Young Adult Latinos.

Authors: Lynissa R. Stokes, S. Marie Harvey & Jocelyn T. Warren.


Summary:

Although there exists an extensive and growing body of literature on the sexual behaviors which contribute to risk for HIV/AIDS and sexually transmitted infections (STIs), research on the social
determinants and structural inequalities that underlie these behaviors is limited. Examining the influence structural and interpersonal level factors exert on individual behaviors is imperative to understanding and addressing the disparate rates of infection occurring in the United States.

Communities of color, in particular Latinos, remain disproportionately burdened by high rates of STIs and HIV/AIDS. Latinos accounted for 20 percent of all new HIV infections in the U.S. in 2009. The rate of infection among Latino men was two and a half times more than White men, while the rate for Latina women was four times that experienced by White women. Developing effective risk reduction interventions to halt the spread of HIV within the Latino community demands awareness of how individual, interpersonal and structural power can promote or deter safe sexual behaviors.

This research seeks to contribute to the literature and address the identified knowledge gap by examining the influence of personal, interpersonal and structural power on condom use among young adult Latino men and women. The authors employed a multilevel model to define and understand power in the context of HIV/AIDS and STI risk. Individual power was defined as perceived self-efficacy and condom use self-efficacy. Interpersonal power was understood as relationship control and decision-making dominance, or the ability to influence another individual to achieve a desired end. Structural power was used in reference to the advantages afforded some and denied to others as a result of societal hierarchies. In this research, racial discrimination and gender inequality were identified as forms of structural power with the potential to influence condom use and consequently risk for STI and HIV infection.

The study was conducted in conjunction with a more extensive sexual health project, Proyecto de Salud Para Latinos, in rural Oregon between July 1, 2006 and November 1, 2006. Participants were actively and passively recruited from a variety of venues, including farms, health clinics, health fairs and other community locations frequented by youth. Eligible individuals self-identified as Latino, were between the ages of 18 and 25, and reported engaging in heterosexual sexual intercourse within the past three months. A total of 480 individuals participated in the survey, the majority of who were women (246 women and 234 men).

Trained, bilingual, bicultural staff members conducted interviews with each participant using a computer-assisted survey interviewing (CASI) system. The questionnaire elicited sociodemographic information from participants as well as perceived power related to six measures of individual, interpersonal and structural power. Individual power measures included condom use self-efficacy and relationship commitment; interpersonal measures were identified as sexual decision making and relationship control, and the structural power measures assessed included experience of discrimination and medical mistrust. All measures were assessed using scaled responses similar to a Likert-type response scale. The selected dependent variable for the study was consistency of condom use which was measured using self report.

Pearson’s chi-square test was used to assess categorical variables and t statistics for continuous variables. Spearman rank correlation coefficients were calculated to determine whether identified variables conceptualized as measures of power and were related to one another. Multiple logistic regression was used to model associations between consistent condom use and conceptual measures of power.
Although there were no significant differences in reported consistency of condom use or effective birth control use between male and female study participants, there were significant differences for all measures of power. Women who were interviewed reported greater relationship commitment, sexual decision making and relationship control than their male counterparts. Male participants reported greater condom use, self-efficacy, medical mistrust and perceived discrimination than female participants. Female participants were more likely to engage in consistent condom use when they reported greater medical mistrust. Among male participants, consistent condom use was less likely to occur when they reported greater relationship control.

The authors recommend that future research focus on the association between structural level power measures and condom use. Specifically, they suggest further studies to examine the relationship between medical mistrust and sexual risk behaviors.

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Title: A Binational Study of Patient-Initiated Changes to Antiretroviral Therapy Regimen Among HIV-positive Latinos Living in the Mexico-U.S. Border Region.
Authors: María Luisa Zúñiga, Fátima Muñoz, Justine Kozo, Estela Blanco and Rosana Scolari.

Summary:
As the incidence of HIV continues to rise within the Latino population in the United States it is important to examine patient decision making around Antiretroviral Therapy (ART) adherence in a binational context. Studies show suboptimal adherence among the Latino population residing in the U.S.-Mexico border region. Nevertheless, limited information is available on how cultural and environmental factors associated with proximity to the border influence HIV-related health care decisions and treatment-seeking behaviors among Latino men and women. The purpose of this study was to assess the association between barriers to care HIV-positive Latinos face in the US-Mexico border region and patient-initiated changes to ART regimens.

San Diego, California and Tijuana in Baja California, Mexico were selected as the two focus cities of this research given the high rates of HIV/AIDS cases in the region. Latinos represent only 64 percent of the population residing in southern San Diego County, however, they account for more than 70 percent of recorded AIDS cases. The majority of reported cases are foreign born individuals who are predominantly from Mexico. Baja California has the second highest prevalence rate of HIV among the thirty two states in Mexico largely driven by an increased number of cases in Tijuana. Previous studies conducted by the researchers established a pattern of HIV-positive Latinos seeking health services on both sides of the border. Accordingly, the researchers recruited study participants from social service agencies and clinics catering to HIV patients in Tijuana and San Diego from July 2009 through January 2010.

Two hundred and thirty participants were recruited for the study, approximately half from Mexico and half from the United States. Eligible participants were HIV positive, 18 years or older, of Mexican or Latin American origin, and residents of Tijuana or San Diego for a minimum of one month in the prior year. Participants were asked to complete a structured questionnaire administered in a private space which lasted approximately 35 to 40 minutes. The surveys were designed using the Physicians Patient Relationship Quality Measure, the 2008 HIV Cost and Services Utilization Study and the Center for...
Epidemiological Studies Depression Scale and employed a four week recall period. Participants were asked to report on the following: any changes made to their ART drugs, border crossing activities, HIV care and testing history, barriers to care, patient-clinician relationship, use of complementary medicine, stigma and HIV-related risk behaviors.

Individuals recruited in Tijuana were more likely to be of a younger age and to have a lower educational attainment than those recruited in San Diego; however, no significant differences were noted between the groups with regards to gender, marital status, and socio-economic status, years living with HIV and patient-initiated changes to ART. Among all participants, 65 percent reported they held medical insurance in the United States, 57 percent reported coverage in Mexico and 24 percent stated they held health insurance policies in both countries. Fifty four percent of participants (124) reported having crossed the U.S.-Mexican border within the six months prior to the study. The top two reported reasons for crossing included seeking health care (66%) and medication (64%). Ninety seven percent of the individuals who took the survey found ART to be an effective means of treatment.

A t-test was used to evaluate differences between participants who made changes to their ART regimen and those who did not. Fifty seven percent (132) of participants made changes to their medications while 43 percent (98) adhered to their ART regimen. Among those who made changes to their ART regimen, 40 percent made small changes while 19 percent reported making major changes in the previous month. The researchers found no significant differences between participants who made ART changes and those who did not with regards to age, marital status, educational attainment, employment, depression symptoms, medical insurance status or border crossing patterns.

Logistic regression was utilized to assess factors associated with increased likelihood of patient-initiated changes to ART. The researchers found Latina women to be twice as likely to report self-initiated changes to their prescribed HIV treatment regimens as Latino men who participated in the study. Participants who altered their treatment were more likely to have been living with HIV for a period of time less than six years and to report one or more current sexual partners. Use of illicit drugs and herbal or plant-based complementary and alternative medicine, as well as poor self-perceived health status, were additional factors associated with increased odds of making changes to physician prescribed treatment. Reports of participants making self-initiated changes due to treatment side effects were limited.

The researchers recommend that the findings of this study support further investigation of the ART adherence challenges HIV-positive Latinos must overcome when residing in the U.S.-Mexico border region. Specifically, they suggest further examination of the factors associated with low adherence among HIV-positive Latina women. Furthermore, the researchers call for additional study of the associations between self-initiated changes to ART regimens and drug use, experience with HIV-related stigma and patient-provider communication. It is proposed that future studies incorporate qualitative interviews with patients and health providers.