

HIV/AIDS AND LATINOS IN THE U.S.

The Issue

Latinos in the United States are disproportionately affected by the HIV/AIDS epidemic. This health disparity is a result of unique barriers and challenges experienced by many Latinos. Therefore, eliminating these disparities is of great importance to the well-being of the U.S. population as a country.

HIV/AIDS Epidemic

- In 2007, Latinos comprised 18% of the 42,655 new cases of HIV/AIDS in the 34 states with long-term, confidential name-based HIV reporting, and 19% of new AIDS diagnoses in the U.S.¹
- The rate of contracting HIV is 3 times higher for Latinos than non-Latino Whites.²
- In 2007, the sixth leading cause of death among Latinos ages 25 to 34 and the fourth leading cause of death among Latinos ages 35 to 44 was HIV/AIDS.³
- For Latino males, the most common methods of HIV transmission include: sexual contact with other males, injection drug use, and high-risk heterosexual contact.⁴
- For Latina women, the most common methods of HIV transmission include: high-risk heterosexual contact and injection drug use.⁵
- Latina women account for 16% of new HIV infections and 15% of new AIDS infections; 5 times the rate of incidence than among non-Latino White women.⁵
- The estimated AIDS prevalence for Latinos grew considerably from 2003 to 2007, increasing by 26% compared to an 18% among non-Latino Whites during the same period.⁵
- Latino teens, 13 to 19 years of age make up 19% of all new AIDS cases among teens.⁶
- Young adult Latinos 20 to 24 years of age are disproportionately affected, they represent 24% of new AIDS cases among young adults while making up only 18% of U.S. young adults.⁶
- New York, California, and Texas account for the highest numbers of Latinos living with AIDS.⁵

Migration and HIV/AIDS

- Statistics indicate a link between male migration to the U.S. and risk of HIV/AIDS in Mexico; 33% of AIDS cases in Mexico come from states that send the highest number of migrants to the United States.¹⁰
- One-fourth of AIDS cases in Mexico occur among persons who have spent long periods of time in the United States.⁸
- Structural and environmental factors associated with migration, such as long separations from family, loss of social and familial support networks, and isolation may contribute to an increase in risky behavior (illicit drug use, alcohol abuse, sex with casual partners, and commercial sex workers), make Latino migrants greatly vulnerable to HIV infection.⁷
- Barriers to public health education, access to care, and poor working and living conditions place Latino immigrants at higher risk for HIV.⁸
- Several studies indicate that migrants have low knowledge about condom use practices and HIV transmission. Migrants have also been found to have a low incentive and a lack of negotiation skills for condom use in sexual encounters.⁸
- Studies have also documented that migrants have low access to preventive health services due to no usual source of health care and no health insurance.⁷ This is important as the lack of access to testing and prevention services can contribute to a greater dissemination of HIV/AIDS by limiting the ability of migrants to manage their health and risk behaviors.

Challenges

- The social determinants of health such as poverty, limited education, unemployment, undocumented status, lack of health insurance, language barriers, and limited access to care may increase HIV/AIDS risk behaviors among Latinos.
- Cultural factors may contribute to the risk of being infected by HIV. Latinos may avoid seeking testing, counseling, or treatment if infected, for fear of embarrassment, rejection, and stigma—especially Latina women.⁹

- Acculturation has been shown to have both negative and positive effects on the health behavior of Latinos. Among the negative effects of acculturation is engaging in risky behavior, while one of the positive effects of acculturation is communicating with partners about practicing safer sex.¹⁰
- HIV/AIDS research and surveillance among Latino migrants can be challenging due to their mobility and marginalization, as they often go to great lengths to remain “hidden.”⁷

Public Policy Recommendations

Considering that Latinos are the largest and fastest growing ethnic group in the U.S., it is essential to address health disparities that exist within this community. The elimination of these disparities in the HIV/AIDS arena is possible if adequate policies are adopted.

At the provider and institutional level, it is imperative to fully understand migration between Latin America and the U.S. and the factors that contribute to increased vulnerability to HIV infection. In addition, establishing a bi-national HIV surveillance program would provide necessary data and create further understanding. For instance, Mexico and the U.S. are impacted by this epidemic and both countries should continue collaboration to ensure the health needs of populations moving across the border are met.

At the grassroots level, it is important to strengthen and expand the availability and accessibility of culturally and linguistically appropriate HIV/AIDS education, prevention, and treatment.

References

1. Center for Disease Control. (2009, August) HIV/AIDS among Hispanics/Latinos: CDC HIV/AIDS Facts. <http://www.cdc.gov/hiv/hispanics/resources/factsheets/pdf/hispanic.pdf>
2. The Henry J Kaiser Foundation (2009) Survey of Americans on HIV/AIDS: Summary of Findings on the Domestic Epidemic. <http://www.kff.org/kaiserpolls/upload/7889.pdf>
3. WISQARS [Web-based Injury 1. Statistics Query 3. and Reporting System] leading causes of death reports, 2006. <http://webapp.cdc.gov/sasweb/ncipc/leadcaus10.html>. Accessed May 14, 2010.
4. CDC.4. HIV/AIDS Surveillance Report, 2007. Atlanta: U.S. Department of Health and Human Services, CDC; 2009: 1-63. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/default.htm>. Accessed May 14, 2010.
5. The Henry J Kaiser Foundation (2009, September) Fact sheet: Latinos and HIV/AIDS. <http://www.kff.org/hiv/aids/upload/6007-07.pdf>
6. CDC. Slide Set: HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007).

7. Magis-Rodríguez, C; Lemp, G; Hernandez, M T; Sanchez, M A; Estrada, F; Bravo-García, E. (2009) Going North: Mexican Migrants and Their Vulnerability to HIV. *Journal of Acquired Immune Deficiency Syndromes*. 51, S21-S25.
8. UCSF Center for AIDS Prevention, “What Are the HIV Prevention Needs of Mexican Immigrants in the US?” <http://www.caps.ucsf.edu/pubs/FS/pdf/mexicansFS.pdf>. Accessed May 14, 2010.
9. Pan-American Health Organization Regional Office of the World Health Organization: Women, Health and Development Program. The UNGASS, Gender and Women’s Vulnerability to HIV/AIDS in Latin America and the Caribbean 2004. <http://www.paho.org/English/ad/ge/GenderandHIV-revised0904.pdf>
10. Shedlin MG, Decena CU, Oliver-Velez D. Initial acculturation and HIV risk among new Hispanic immigrants. *Journal of the National Medical Association* 2005; 97 (7) (suppl): 32S-37S.

Author Information

- Steven P. Wallace, PhD, Associate Director, UCLA Center for Health Policy Research and Professor, School of Public Health, University of California, Los Angeles.
- Xóchitl Castañeda, Director, Health Initiative of the Americas, School of Public Health, University of California, Berkeley.

Acknowledgments

This fact sheet was updated and reviewed with the support of Thomas Donohoe, UC Los Angeles, Gabriela Alaniz, Migration and Health Research Center, University of California, Davis; Luis Javier Hernandez, Rosario Alberro, Miguel Pinedo, Francisco Ayala, Magdalena Ruiz Ruelas, and Caroline Dickinson from the Health Initiative of the Americas, School of Public Health, University of California, Berkeley.

Suggested Citation

Castañeda, X, Wallace, S. (2010). *HIV/AIDS and Latinos in the U.S.* (fact sheet) Health Initiative of the Americas. University of California Berkeley, School of Public Health.