

HIV/AIDS AND LATINOS IN THE U.S.

The Issue

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

HIV/AIDS Epidemic

- In 2009, Latinos comprised 16% of the population, but 20% of the 42,959 new cases of HIV/AIDS in the 40 states and 5 U.S.-dependent territories with long-term confidential name-based HIV reporting.¹
- The rate of contracting HIV is 3 times higher for Latinos than non-Latino Whites.²
- In 2007, HIV/AIDS was the sixth leading cause of death among Latinos ages 25 to 34 and the fourth leading cause of death among Latinos ages 35 to 44.³
- In 2009, Latina women accounted for 21% of new HIV infections at a rate of 11.8/100,000, more than 4 times the rate of incidence than non-Latino White women.⁴
- Latinos make up a growing share of new AIDS diagnoses, rising from 15% in 1985 to 22% in 2010.⁵
- 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 21% of new AIDS cases among young adults.⁶
- New York, California, and Puerto Rico account for the highest numbers of Latinos living with AIDS.⁵

Migration and HIV/AIDS

- Latinos are at greater risk for delayed diagnosis of HIV/AIDS than non-Latino whites. Early diagnosis is a crucial element for the long-term treatment and life expectancy of HIV/AIDS patients.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, and sex with both casual partners and commercial sex workers) which make Latino migrants more 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 during 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.¹¹
- 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 important to better understand the migration-related factors that contribute to increased vulnerability to HIV infection among Latinos. In addition, establishing a bi-national HIV surveillance program would provide necessary data and create further understanding. Both Mexico and the U.S. are impacted by this epidemic and both countries should increase 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 services.

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