



# HIV in Migrant Women



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Issues

*A force for health justice for  
the mobile poor*

# *Disclosure and Disclaimer*

## **Faculty:**

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**Disclosure:** I have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.



# Objectives

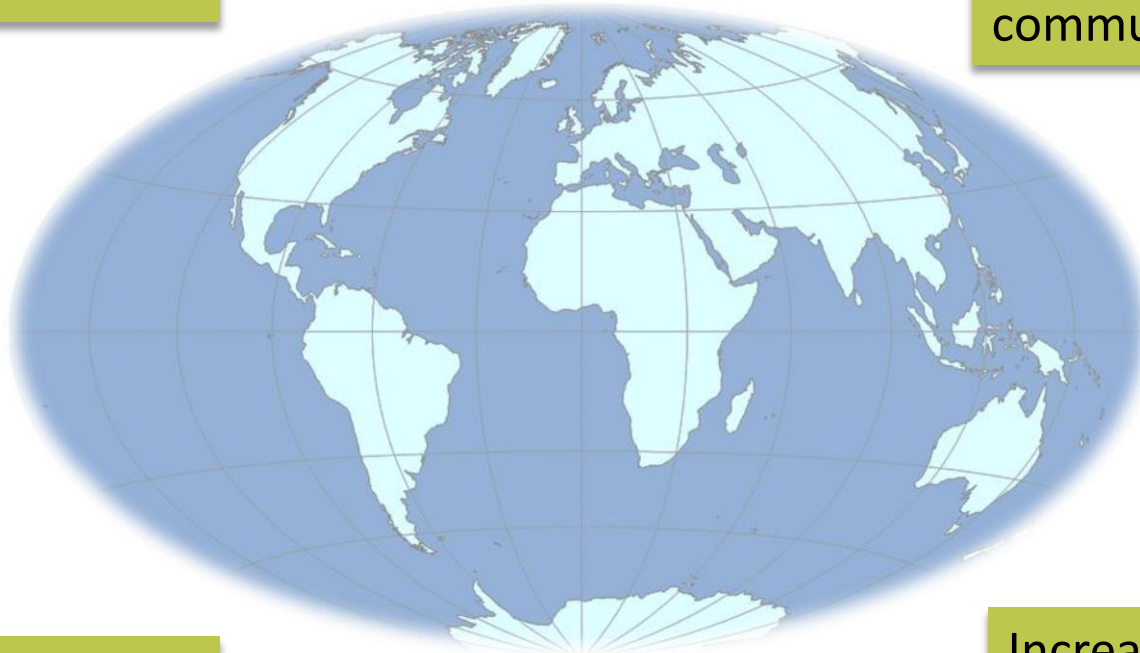
1. Understand that mobility is not an impediment to effective HIV treatment
2. Recognize the role that sexual violence plays as a source of trauma in transit for migrant women that increase risk for HIV and negative health behaviors.
3. Understand the importance and availability of virtual bridge case management and continuity of care for HIV+ migrant women

# The “Recent” Story of Migration

A growing world economy

Rapid dissemination of information

Improved transportation and communication

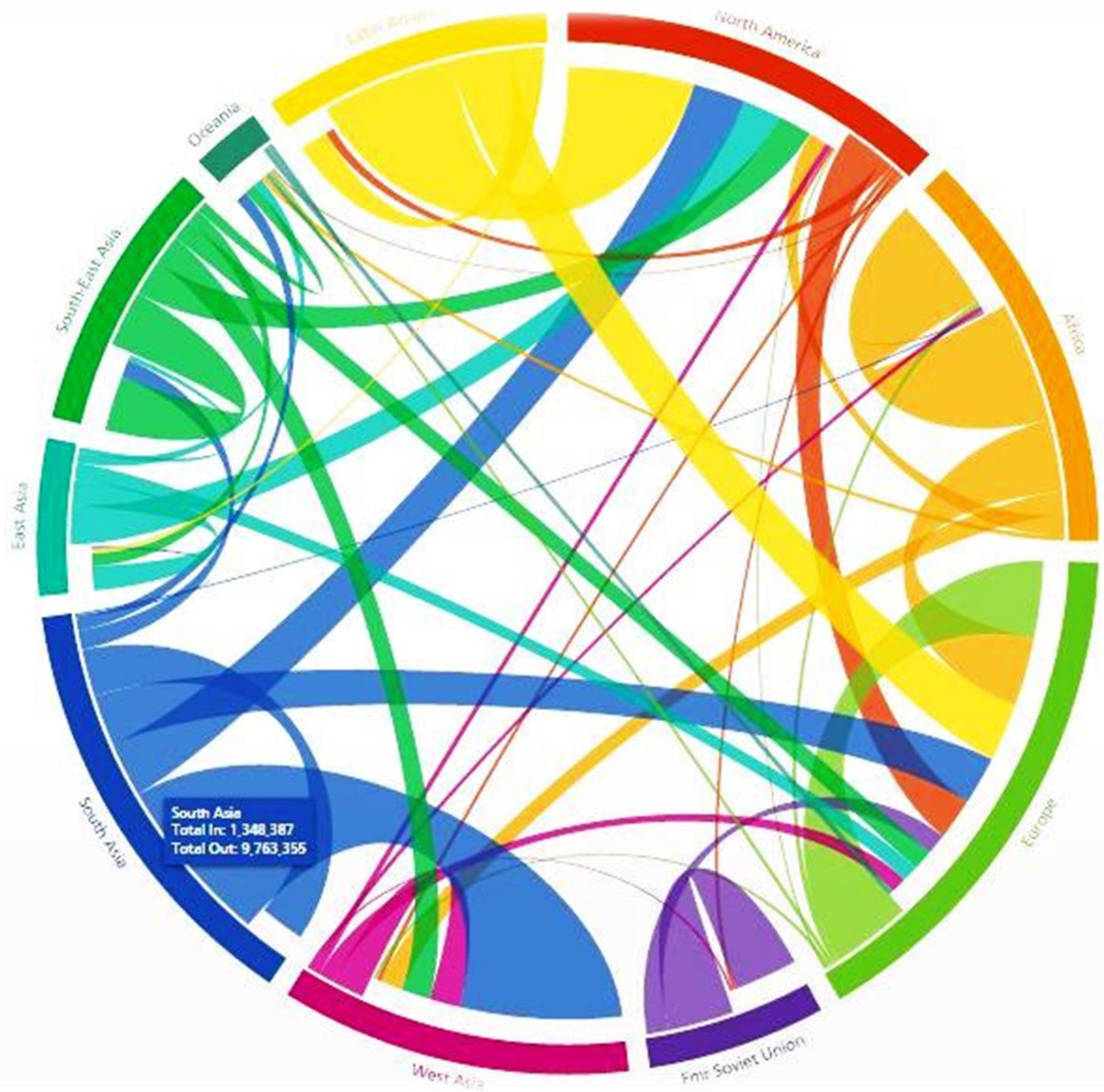


Ease of movement

Increasing social inequality



# Global Flow of People





# Migrant Considerations

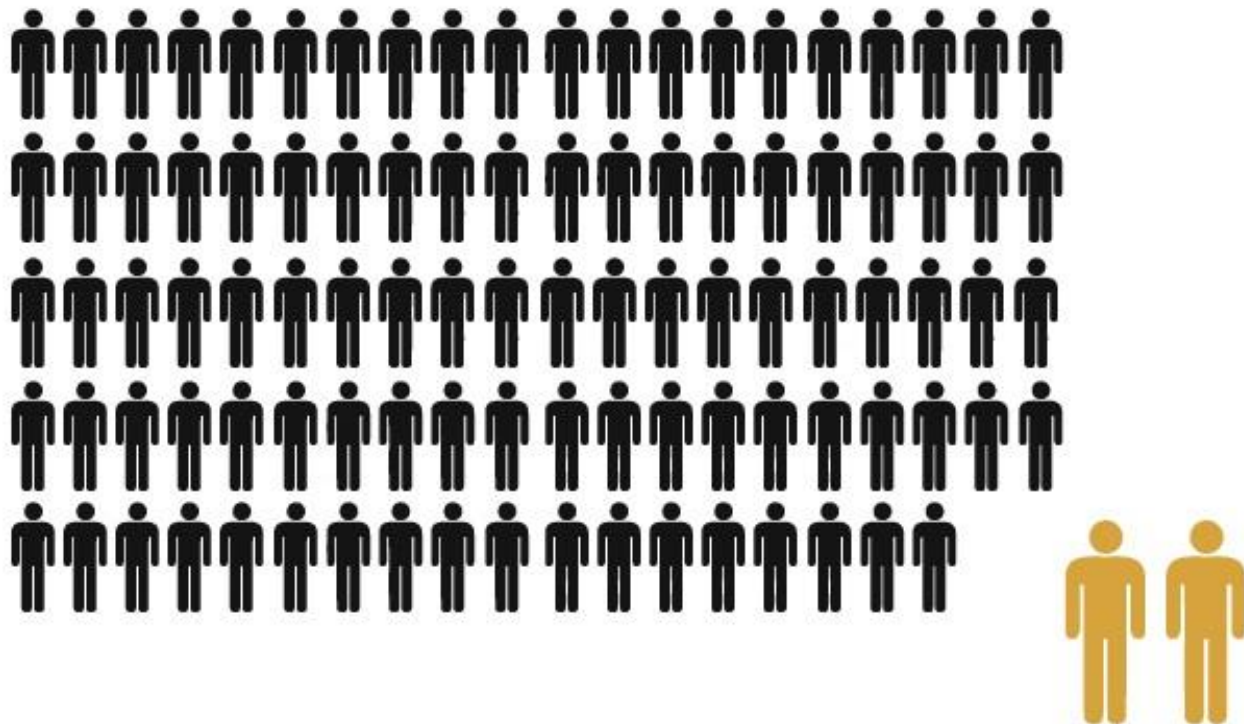
- Environment in which migrant women seek HIV care is a patchwork of geographically static health delivery sites, with varying payment structures and eligibility guidelines.
- Involves increasingly diverse populations moving rapidly between locations.



A blue-tinted world map showing the continents and oceans. The map is centered on the Atlantic Ocean, with North and South America on the left and Europe and Africa on the right. The word "Globalization" is overlaid in the center in a large, white, sans-serif font.

# Globalization

In 1990 **120** million people lived  
outside their country of birth



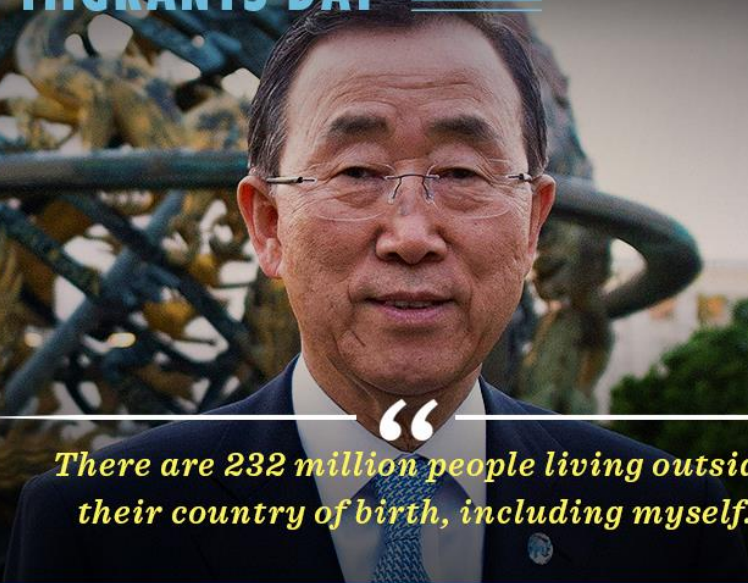


In 2006 there were **191** million  
international migrants

**= 3%**




# ≈248 million international migrants in 2016



**INTERNATIONAL  
MIGRANTS DAY** **18** *December*

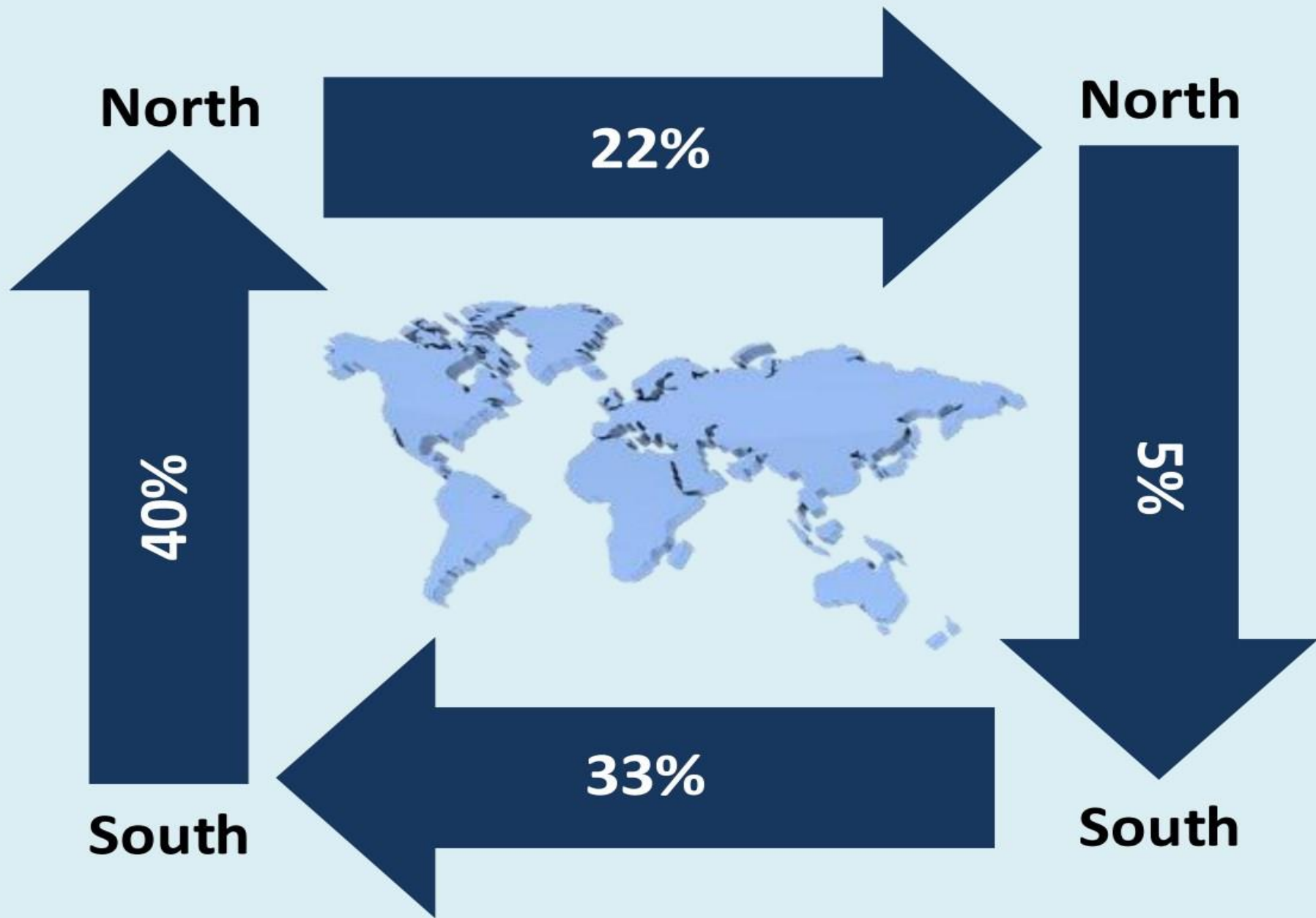
“  
*There are 232 million people living outside  
their country of birth, including myself.*

All of us are part of a productive global economy  
that benefits our world as a whole.”

 —**BAN KI-MOON**  
UN SECRETARY-GENERAL

#IAmAMigrant





# Movement of Populations

**1**

**Voluntary vs Involuntary**

**2**

**Anticipated vs Unanticipated**

**3**

**Regular vs Unofficial**



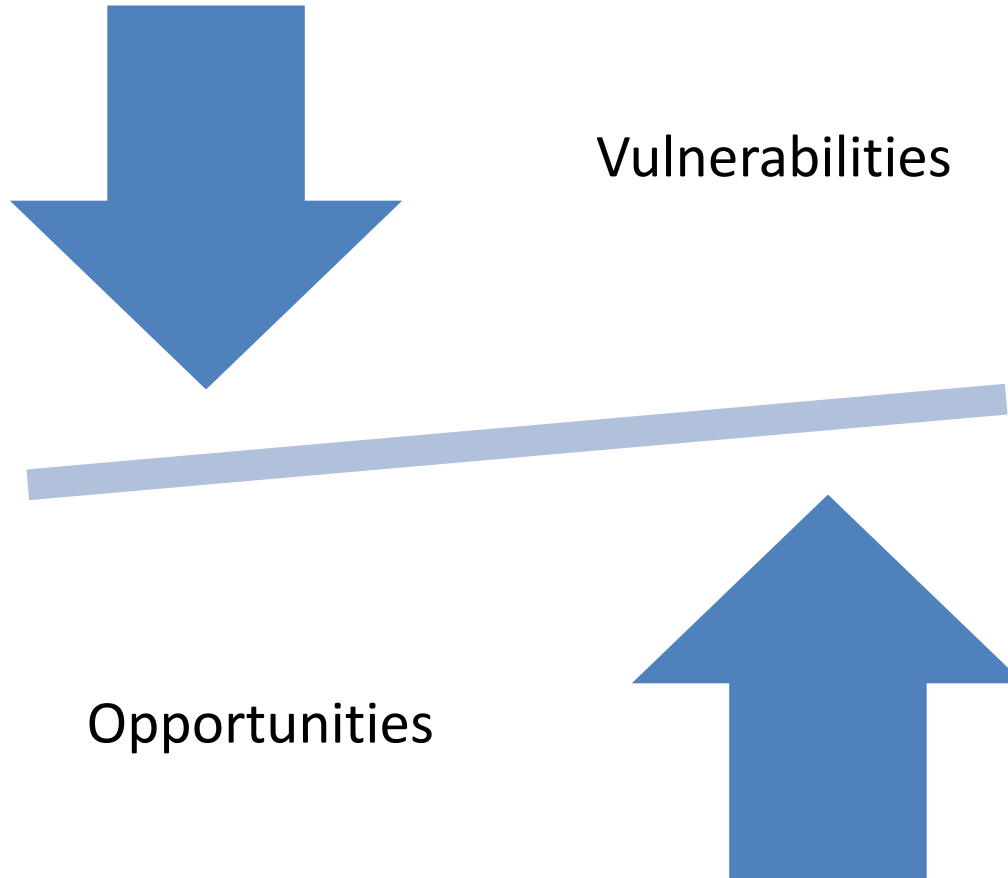


# Mobility and vulnerability

various phases:

- ✓ during transit,
- ✓ in destination communities,
- ✓ in communities of departure and return

# Migration presents both...





# Migration...

- Changing the demographics of the US
- Unprecedented growth in non-traditional receiving areas
- Isolation from social networks, social service and healthcare providers



# Risk Factors for HIV



- Sexual contact with an infected person,
- Sharing works with someone who is infected
- Blood transfusions in home countries before universal precautions were begun

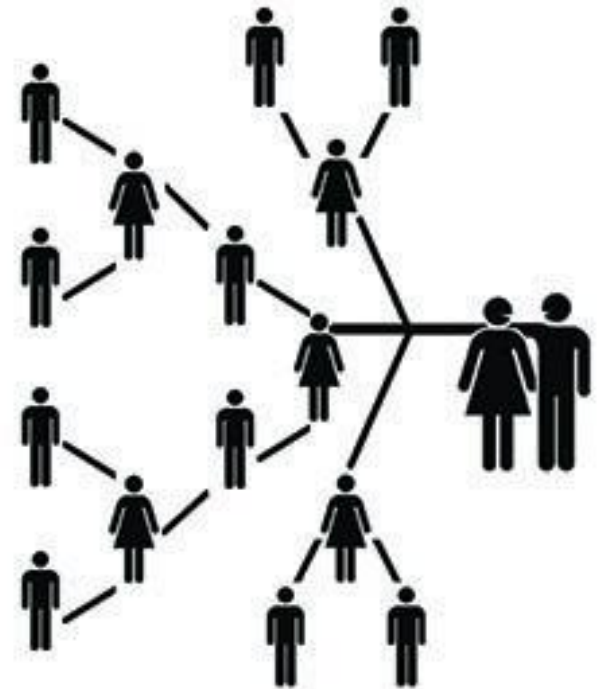




# Unique Risks to Migrant Women

- Limited social network
- Substance use to combat loneliness and fear
- Survive as sex workers
- Exchanging sex for food, shelter, drugs, or money

The risk most frequently reported by migrant women is sexual violence



# HIV Prevention

Often presumed that the “average” migrant woman would engage more or less frequently in risky forms of sexual behavior in comparison with an individual belonging to the domestic population.





# HIV Prevention

- Migrants are in a socio-cultural context substantially different from their frame of reference.
- The feeling of being an “alien” may continuously be present.
- This feeling strengthened by linguistic to the domestic population.





# HIV Prevention

- Bad economics may induce a person to offer paid sexual services.
- Selling sexual services as a strategy to survive is not uncommon amongst migrants the world over.

# HIV Prevention Barriers



- Barriers to effective HIV treatment and prevention for women in one group may not be the same for another
- Despite differences, migrant women share a number of the same overall characteristics



Migration causes  
discontinuity and loss  
of familiarity



# Caring for migrants

Because young women tend to present infrequently unless it is for prenatal care, MCN recommends that young women be offered HIV screening during any visit



# Retaining Migrant Women in Care

- Educate at the time of diagnosis about the benefits of care
- Establish the systems to:
  - assist HIV+ women to start medical care immediately after DX,
  - support long-term retention in medical care, and
  - re-engage women into medical care
- Offer patient navigation and case manage.

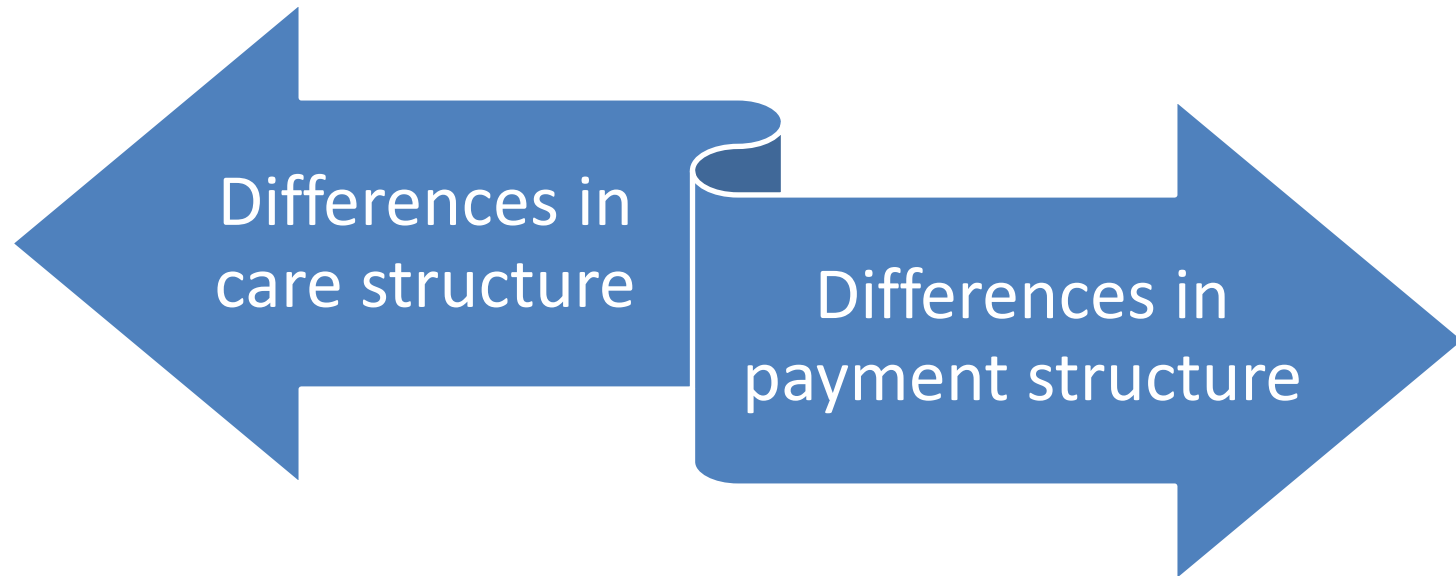


# Effective HIV care with migrant women

- With “uncomfortable topics” most often the provider that is the most uncomfortable!
- If you are “professional and open” with your questioning—the patient will be much more forthcoming.



# Understanding the care geography



Unauthorized migrants are eligible for most safety net systems

# Required HIV services

- Early intervention services
- Outpatient and ambulatory medical care
- AIDS drug assistance program
- Oral health
- Mental health services
- Substance abuse outpatient care
- Medical case management, including treatment adherence services.



# Self Management

“The individual’s ability to manage the symptoms, treatment, physical and social consequences and lifestyle changes inherent in living with a chronic condition.”

# Recommendations for effective HIV risk assessment with migrant women

## Client Health History and Risk Assessment Forms

### Medical history questions

Ask about number of people with whom she has had sex lifetime/past six months

Ask if the person she have sex with has sex with other people

Ask if she or the person she has sex with uses IV drugs

Ask about condom use—including how often

Ask if she has sex with men/women/both?



Migrants are eligible for both Health center and RWP



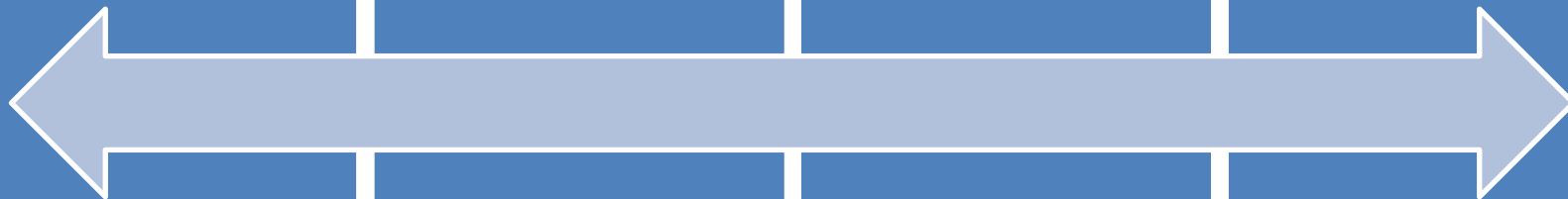
If you identify women at risk for HIV disease you have to be able to provide testing and treatment if disease is found



You have to be able to keep her in HIV care as she moves.



The need to migrate should not be an impediment to care









Contacts patients on a scheduled basis  
(monthly for HIV patients/ dependent on  
travel plans)



Contacts clinics monthly

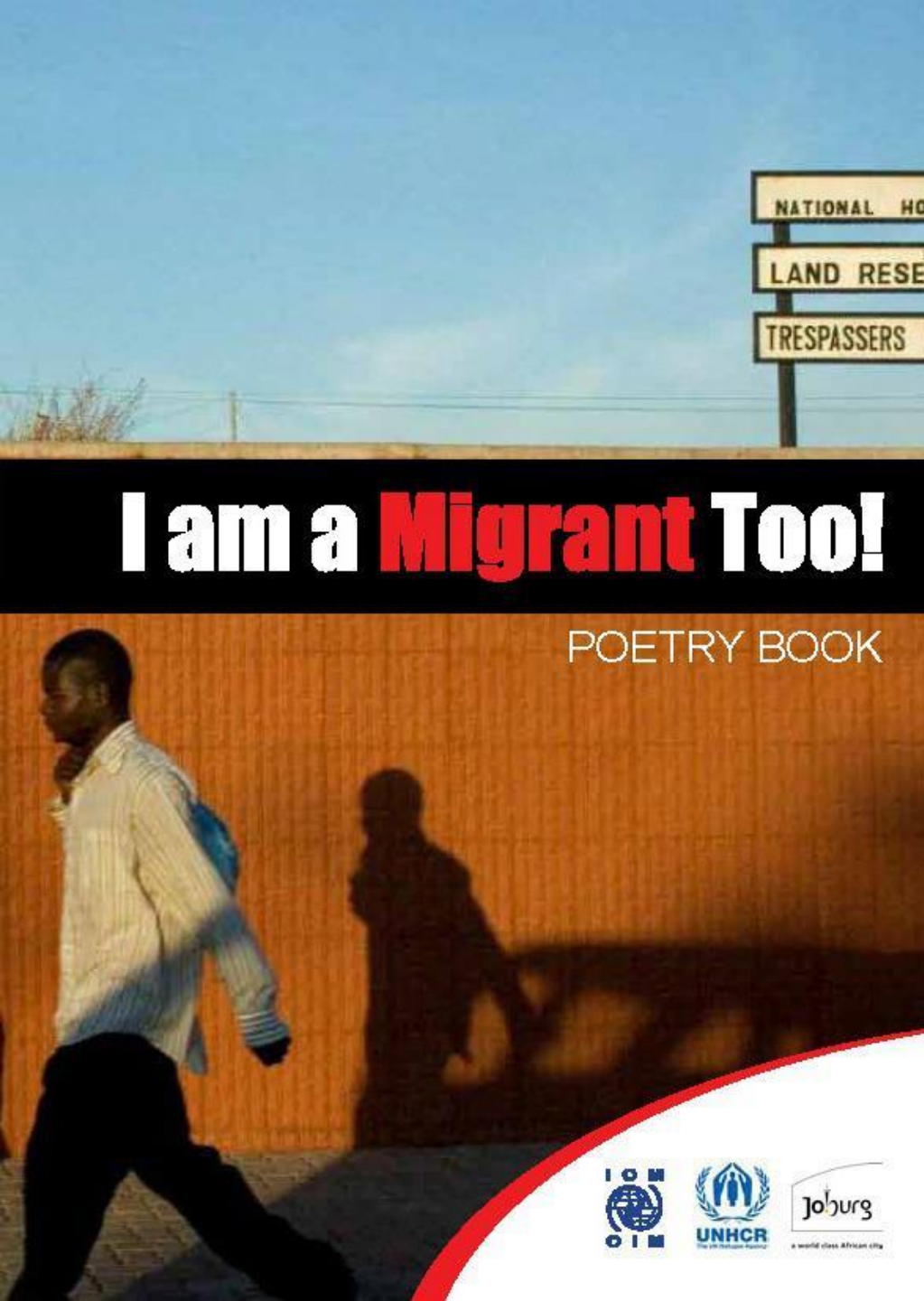


Assists patients in locating clinics for services  
and resources. Transportation/Scheduling



Reports back to the enrolling clinic and  
notifies them of health status or  
outcomes

# Summary



- Multiple, complex reasons for migrating
- Working in multiple segments of the labor market, including agriculture and all regions of the country
- Sexual violence is the number one risk factor
- Systems are still not designed for effective care of mobile populations
- Care for migrants can be structured





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