



NATIONAL DEVELOPMENT AND RESEARCH INSTITUTES, INC.

# Fact Sheet

## New Hispanic Communities and HIV Risk

Fact sheets are brief summaries of findings of recently completed research projects.



71 West 23rd Street  
8th Floor  
New York, NY 10010  
(212) 845-4400  
[www.ndri.org](http://www.ndri.org)

This research was supported by the National Institute of Child Health & Human Development (NICHD), HD 042970.  
Michele G. Shedlin, Ph.D., Principal Investigator  
Carlos Ulises Decena, Ph.D., Project Director

Issued December 2006

The Center for Drug Use and HIV Research is funded by a grant from NIDA P30 DA011041

### 3. HIV knowledge and HIV risk.

Most men and women did not know the difference between HIV and AIDS, and were not aware of many of the risks of infection of HIV/AIDS. Women had more access to HIV/AIDS information through pre-natal, maternal and children's health clinics and services, children's schools and television.

### 4. HIV risk was related to alcohol use and access to sex workers.

Men appeared to be at risk of STI and HIV infections because of alcohol use and the individual and group use of sex workers. Some women expressed concerns about their own risk of becoming infected because of their partners' use of sex workers and the behavior of men prior to the arrival of their female partners.

### Conclusions and Recommendations

1. Efforts to reduce HIV/AIDS vulnerability among new immigrants need to recognize the heterogeneity in migration experiences, economic status, health status and permanency.

2. By building coalitions and demonstrating solidarity and interest in the history, health and well-being of immigrants, health and social service providers can help mitigate the feelings of isolation many of the members of these populations experience.

3. An understanding of the larger social forces (for example, changing beliefs and attitudes relating to gender roles) shaping immigrant lives and health decision-making will help providers identify potential barriers to the utilization of health services.

4. Culturally appropriate prevention interventions are needed, which take into account the diverse cultures of those identified as "Hispanic" and the complex ways in which they differ in terms of risk and protective factors. The key elements for prevention strategies for new immigrant communities appear to be those that build on cultural norms and which integrate human and institutional resources.

## What did the study examine?

Scientific studies have suggested that immigrants are at increased risk for HIV/AIDS, but relatively little is known about the variables that may increase or decrease individual and population risk for HIV. The “New Hispanic Communities and HIV Risk” study explored the contextual, individual and socio-cultural factors shaping HIV risk in the lives of Hispanic immigrants at the initial stage of acculturation.

## How was the study conducted?

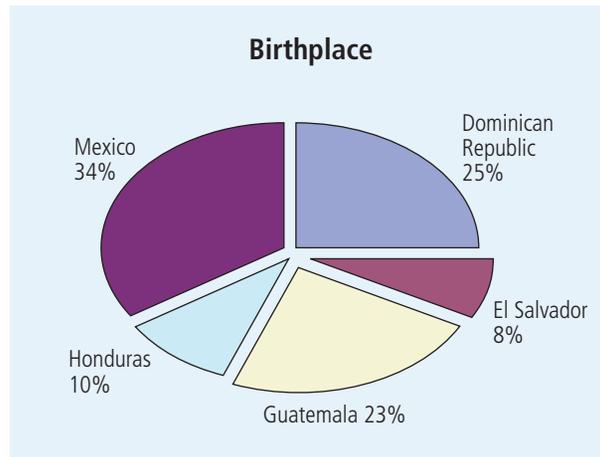
The study focused on Hispanic immigrants residing in selected urban, suburban, and semi-rural regions of the New York metropolitan area. Data were collected from 2002–2005 through qualitative methods that included participant observation, in-depth interviews and focus groups with respondents from the target populations, and from local community health and social services.

## Who participated?

To be eligible for the study, participants had to: a) be 18 years or older, b) self-report as Dominican, El Salvadoran, Guatemalan, Honduran, or Mexican, c) have been in the United States for three years or less, and d) reside in the areas of Northern Manhattan, the North Fork of Suffolk county, or Westchester, Putnam or Rockland counties. A total of 301 men and women participated in the study. Approximately half of the respondents (53%) were males. Education averaged between 7th and 12th grade; approximately 39% of immigrants had a sixth grade education, with 5% reporting no schooling at all. Approximately half of the participants were currently married or partnered, with women more likely to be partnered or married (64%) than men (41%).

Generally, male immigrants had migrated alone; most of the women immigrated with their male partners and/or children, or joined partners already in the study areas.

While Mexican immigrants were present in all locations (urban, suburban and semi-rural), Central American participants (especially Guatemalans), were more visible within smaller towns and semi-rural locations. The largest proportion of immigrants in the sample was from Mexico.



## What are the preliminary findings?

### 1. Initially, immigrants feel no sense of “community”. This shapes their interactions with other immigrants and local populations.

The arduous conditions for travel and the challenging living conditions contribute to a sense of emotional and psychological dislocation, which appears to hinder new immigrants from seeing themselves as a part of the emerging “communities”. Almost one-third (29%) of the study sample reported being in the US for less than one year and 62% of the respondents reported that this was their first time in the US. These conditions are compounded by the seasonal nature of the work that is available in receiving areas, difficulties with housing, and the competition with other immigrants for scarce resources.

For these populations, working to pay debts and/or sustaining relatives is of the highest priority; staying healthy is most important, as it allows them to continue working.

*Here, we are not organized by communities. One says “Hispanic communities,” but everyone fends for themselves.... Sometimes, you can see organization in the churches, that someone is organizing people and they say “let’s do this thing for the community.” But organized communities? There are none.*

However, immigrants’ lack of documentation and economic stability are major obstacles to seeking services, along with poor understanding of available resources. Overall, women were the most likely to seek care, especially prenatal care and other reproductive health services. It was also clear that the existence of 911 (national emergency number) impacted upon the occurrence of domestic violence, since study participants reported being aware of this service.

### 2. Immigrant men and women reported changes to traditional gender roles and expectations. New attitudes and behaviors appeared particularly beneficial to women. However changed perceptions did not necessarily alter how immigrants see themselves as women and as men.

*[In Guatemala] He would say, I am hungry or bring me a drink. I had to take it to where he was in the living room. But not now, I tell him, hey I want iced tea but can you...? Yes, I’ll prepare it for you, and he starts making it.*

Women tend to gain more power within their households in receiving communities as they become economic providers. Women who do not work outside the home, however, continue to be bound by more traditional gender norms and many lack access to information and support. In groups (Guatemalans and El Salvadorans) where the migration of men alone predominated, male group residence forced men to assume domestic chores traditionally carried out by women. This experience fostered new awareness and appreciation of women’s contribution to the household. In immigrant groups where family reunification was the main mechanism for migration (e.g., Dominicans), changes in the gendered division of household labor appeared minimal. Despite circumstances that challenge traditional gender roles and expectations, many participants retained traditional ideas about what it means to be a man or a woman. For example, the expectation that men would have other sexual partners in their new environment as well as their home country was retained.