



Voices of Immigrants in Action

VIA's mission is to promote dynamic communication addressing the emerging issues of the Hispanic immigrant communities; mobilizing a multi-level response to factors affecting HIV/AIDS transmission in Hispanic Immigrant communities in the rural South.



--- Snapshot ---

HIV/AIDS Risk Factors & Rural Hispanic Women

HIV infection among Hispanic women in the South is increasing. Of the Hispanic women diagnosed with AIDS in 2006, 75% became infected from heterosexual contact.¹ Domestic violence, *machismo* and the traditional role of women in the Hispanic community make condom use negotiation difficult, at best. HIV risk increases when women lack control over their body and in the use of birth control.² These issues overlap with the 2010 VIA Community Survey findings.

The Community's Greatest Concerns about Women*

Domestic Violence

Lack of prioritizing their own health

Depression

Lack of self-esteem

Barriers to accessing health care

Stable, safe employment

*Data results are from 188 in-depth interviews with Hispanic Immigrants in North Central Florida and Eastern Tennessee as part of the 2010 VIA Community Survey.

Emotional Health Factors: Key risk factors for HIV infection include low self-esteem and depression.³ In the 2010 VIA Community Survey the community expressed heightened concern about women's self-esteem and mental health. In a 2009 study from the same region, more than half of the community women receiving lay-health worker services requested information about mental health, referrals for depression or assistance for improving communication with their partner.⁴

Health Care Access: Lack of access to health care is one issue driving the increase in HIV/AIDS infection among Hispanic women in the South. In 2009, 64% of Hispanic Immigrant women in North Florida did not have a regular health care provider, 63% did not have health insurance and 33% did not know where to go for care.⁵

Cultural Attitudes: Three cultural factors are important to address in serving Hispanic Immigrant women. One, women's dual role as mother and laborer, two, the lack of identification of HIV risk as married women, and three, their religious beliefs. These factors are key to shifting prevention behaviors and for the implementation of programs that make an impact.⁶

Domestic Violence: For Immigrant women, adjunct to the universal barriers women face in reporting abuse or leaving their abuser, is the issue of their immigration status, or that of the abuser. The implementation of the current policies does not always respect immigrant women's rights to legal support or safety.

Call to Action: To maximize Hispanic Immigrant women's ability to reduce their risk for HIV will require a multi-level approach: increase health literacy, address cultural attitudes and streamline access to health services/programs—all of which are crucial.

VIA Recommendations

Community-driven recommendations construct a bridge for both community engagement and to shift policy and programs for improved service delivery.

Unification of Services

“Unified Resource Hubs” are critical bridges to offering clinical care, mental health services, legal assistance, empowerment programs and access to resources and referrals.

Lay-Health Worker Outreach

Women need allies in achieving prevention and reducing such risk factors as *machismo*, abuse and traditional roles. Lay-health worker programs provide women with trusting, relevant and intimate support within their neighborhoods.

Community Education

Immigrant communities benefit from understanding their responsibilities and rights to health care, social and safety services. Workshops addressing patient and legal rights serve to diminish barriers that are created by misinformation or lack of information.

Church-led Initiatives

Central to shifting the cultural attitudes and stigma that impede HIV prevention is the inclusion of pastoral services/ programs which offer a faith perspective to strengthen communication between men and women and to increase community support.

Increasing Women's Health Literacy as Prevention

Reproductive and emotional health are main tenants of comprehensive women's health. These are vital elements for the successful utilization of risk reduction strategies by Hispanic Immigrant women.⁷

Person-centered education increases a woman's ability to synthesize her emotional needs with her physical health. The connection helps a woman to understand the consequences of her health behaviors. This holistic approach enhances her ability to make better health choices,⁸ improving her self-esteem and overall mental health⁹.

Health literacy campaigns for Hispanic women can be implemented at churches, community and migrant health centers and through community-based lay-health worker programs.

Additionally, health literacy can be increased by incorporating dynamic, culturally-relevant health education into outreach work, one-on-one trainings and even as discussion tools at women's workshops.

Making sure women don't have to suffer beatings in silence, whatever their immigration status, has to be a priority.

Rep. Raul Grijalva,
Arizona's 7th district

VAWA and Immigrant Women

The Violence Against Women Act (VAWA) is designed to offer protection to all victims of abuse. Concern has been raised about improper implementation of VAWA by the Department of Homeland Security and local law enforcement who work under the Secure Communities agreement.¹⁰ There are cases of immigrant, abuse victims facing deportation proceedings, rather than focusing on the perpetrator's crime. As Arizona's Rep. Grijalva stated, “Abusive relationships are not a political issue—they're a public health and human rights issue.” This will continue to occur if law enforcement agencies are not trained about the rights for all immigrants under VAWA.

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<http://www.youtube.com/user/TheRWHPorg?feature=mhum>

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Citations

1) Avert, 2008; 2) Lichtenstein, 2005; 3) *ibid*; 4) RWHP, 2008; 5) *ibid*; 6) Weidel, 2008; 7) Coffman & Norton, 2010; 8) Kutner, Greenberg, Jin, & Paulsen, 2006; 9) RWHP, 2010; 10) Grijalva, 2010.

Full citations at <http://www.via.rwhp.org/citations.html>