Epidemiology poster session 2: Population: Migrants

P1-S2.73 EXPLORING THE RELATIONSHIP BETWEEN RURAL-TO-URBAN CIRCULAR MIGRATION AND HIV: A QUALITATIVE STUDY OF MIGRANTS AND PERSONS LIVING WITH HIV IN NORTH INDIA

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Background Migrant workers may be at increased risk of acquiring HIV and have been described as a potential bridge between high- and low-prevalence geographic areas and groups. The National AIDS Control Organisation of India has prioritised interventions for migrant workers with the aim of curbing the spread of HIV from high to low prevalence parts of the country. We describe links between migration and HIV and explore variations in risk between migrants.
Methods A qualitative study in Allahabad district, Uttar Pradesh, India. Interviews, focus groups and observations were carried out in two rural villages with high temporary out-migration of men, and in an HIV treatment centre in Allahabad. For this study we defined migrants as those who leave and return to their place of origin once or more in a year. Participants included key informants (14), rural migrant men (20), and men and women living with HIV/AIDS (PLHAs) (30).
Results PLHA and migrant men described a range of ways in which migration could lead to an increase in the potential or actual risk of acquiring HIV. These included separation from wives and opportunities for other relationships, exposure to sexual abuse in destination workplaces, sex between men, and exposure to unregulated injections. These risks varied according to destination, with less opportunity for sexual risk-taking in factories where men were housed in closely-supervised factory accommodation. HIV in turn affected migration with a particular impact on the ability to make money and care for families. For some men illness or the fear of becoming unwell limited further migration, and thus reduced income; others increased migrant labour in order to plan for an uncertain future for their dependents. An HIV diagnosis meant some lucrative international destinations became inaccessible, so they moved elsewhere for work.
Conclusions Labour migration can increase vulnerability to infection for migrants and their families. However, this relationship appears to be more complex than is often assumed. Unprotected heterosexual intercourse may not be the only way in which migration increases HIV risk as there are numerous other risky encounters that migrant workers may have due to their circumstances. Planned programmes to increase HIV awareness and promote condom use at destination and source locations have to be combined with a systematic examination of the effect of social and sexual networks and power relationships in the labour market.

P1-S2.74 HOW PATTERNS OF MIGRATION MAY INFLUENCE HETEROSEXUAL HIV TRANSMISSION

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Background Ethnic minorities originating from countries with high HIV prevalence account for a large number of heterosexually acquired HIV infections in Western European countries. These groups may be infected before migrating and they may engage in unsafe sexual practices both in the country of residence and in their country of origin. We investigate how patterns of migration may affect the heterosexual HIV epidemic in the Netherlands.
Methods A mathematical model was used that describes the transmission of HIV infection in heterosexual partnerships between African migrants, Caribbean migrants, and the local Dutch population. Acquiring HIV infection before migrating to the Netherlands or during trips to the country of origin was also accounted for in the model.
Results The estimated HIV incidence among adult heterosexuals in 2010 was 1.50 new infections per 100 000 individuals per year. If the number of migrants entering the country increases, then the incidence of HIV will increase, although the change among the local Dutch will be negligible. Moreover, if HIV prevalence among those migrating to the Netherlands (at the time of entry to the country) is higher, then the incidence in the respective ethnic groups will increase; among the other ethnic groups, the increase will be very small.
Conclusions Changes in patterns of migration can have a considerable impact on HIV transmission within ethnic minority communities in the Netherlands, but they hardly have any impact on transmission in the local population. Therefore, limiting migration and introducing travel restrictions would likely have no effect on HIV incidence in countries with low HIV prevalence among heterosexuals. Policy making should focus on targeted interventions, to reduce the burden of HIV disease in migrant communities.

P1-S2.75 ARE SEX/DRUG RISK BEHAVIOURS IN SENDING COUNTRIES PREDICTIVE OF SEX/DRUG RISK BEHAVIOURS IN RECEIVING COUNTRIES? THE CASE OF LATINO MIGRANT MEN IN NEW ORLEANS

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Background Migration and mobility have been associated with higher drug and sex risk behaviour. Whether this increased risk is a result of the characteristics of mobile persons or environmental influences in a receiving community has not been well elucidated. The purpose of this analysis was to determine if risk behaviour was a continuation of sending country practices or if it was adopted in the new receiving environment (ie, New Orleans).
Methods A cohort of Latino migrant men (n=93) were interviewed at baseline, 3 and 6-month visits and asked about past month behaviour. At a subsequent visit, they were also asked about behaviours in their sending country. All interviews were conducted in Spanish by trained staff. Four behaviours were examined: patronage of a female sex worker (FSW), sex with a man (MSM), binge drinking, and crack cocaine use. Cross-tabulations and McNemar tests were performed.
Results At baseline, the men were mostly Honduran (71.0%), migrated directly to New Orleans from their country of origin (62.0%), were single (50.5%) with a median age of 28 (range 18–50) and a median of 6 years of schooling. The percentage of men reporting patronage of FSW, MSM and crack cocaine use was significantly higher in New Orleans than in the sending country, and high proportion of those reporting the behaviours in New Orleans, did not practice these behaviours in the sending country. When comparing sending country to New Orleans behaviour in order to examine discrepancies for behaviours, all but binge drinking were significantly different ($p<0.04$) with adoption of the behaviour in New Orleans accounting for >85% of the discrepancy see Abstract P1-S2.75 Table 1.