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HIV vulnerability in migrant populations in southern Africa: Sociological, cultural, health-related, and human-rights perspectives



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ABSTRACT

The International Organization for Migration has noted that migration is the strongest single predictor of HIV risk and prevalence in sub-Saharan Africa. Several major factors affect HIV vulnerability in migrant populations in southern Africa. This paper will address the issues of HIV disease in migrant populations from health-related, sociological, cultural and human-rights approaches. A review of the literature was conducted to examine the issues related to HIV and migration in southern Africa and the complex issues in the post-colonial period that place people at risk for acquiring HIV. The multi-faceted relationship between migration and HIV is a critical link to infection and the sexual networks that occur with migration are known to expand the spread of the disease, intersect with cultural and social mores, as well as human rights, and increase vulnerability for migrants, sex workers, and families at home. Migrants often seek work in new regions for economic, political and social reasons, but often are ill-informed about the dangers associated with migration. Structural, cultural, social, health-related, and human-rights dimensions that influence migration and the risk of HIV disease are explored. A model for understanding the factors associated with increased risk of HIV acquisition was developed.

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1. Introduction

Migration in sub-Saharan Africa is a complex issue that influences the prevalence of HIV disease and intersects with human-rights issues. The literature suggests that migration is the strongest single predictor of HIV risk and prevalence in sub-Saharan Africa

(International Organization for Migration [IOM], 2002). This paper will address the complex issues of migrant populations from health, sociological, cultural and human-rights perspectives. Several major factors affect HIV vulnerability in migrant populations in southern Africa. A critical link to HIV infection includes the sexual networks that occur with migration and that are known to expand the spread of the disease. In addition, the intersection with cultural and social mores, increased vulnerability for violence and abuse in migrant populations, the influence of sex work in migrants, and risks for families at home will be examined.

Migrants often seek work in new regions for economic, sociopolitical and human-rights reasons, but often are ill-informed about

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the dangers associated with migration. Structural and contextual dimensions including sociological, cultural, health-related, and human-rights issues may influence migration and the risk of HIV disease. Other structural dimensions include absence of infrastructure for the health departments and ministries and lack of funding for reaching key groups at risk for HIV. Post-apartheid in South Africa, large urban areas received funding whereas rural areas with a lack of infrastructure were neglected. Cultural issues include the large numbers of ethnic groups that exist within the countries of southern Africa. Social dimensions address the breakdown in community support when family members leave home for work and the isolation that many migrants experience. Health-related dimensions include the individual health factors as well as health system issues that may limit access to care to maintain health or treat chronic illnesses such as HIV.

The intersection of HIV, migration, and human rights is complex. As Oppenheimer, Bayer, and Cosgrove (2002) note:

It is one of the remarkable and significant consequences of the AIDS epidemic that out of the context of enormous suffering and death there emerged a forceful set of ideas linking the domains of health and human rights. At first, the effort centered on the observation that protecting individuals from discrimination and unwarranted intrusions on liberty were, contrary to previous epidemics, crucial to protecting the public health and interrupting the spread of HIV. But in fairly short order, the scope of the health and human rights perspective expanded dramatically to focus on the ways in which the most fundamental social arrangements rendered individuals and communities vulnerable to HIV. Racial and ethnic minorities, those who were marginalized, and women were at risk because of their subordinate status (p. 522).

Migrant populations and those living in post-apartheid South Africa and southern Africa emerged as among the most vulnerable and at risk for HIV due to the complex fabric of social, cultural, and political issues that affected their human experiences. The purpose of this paper is to provide an overview of aspects of vulnerability to acquisition of HIV infection related to migration in southern Africa. The scope of the problem of HIV prevalence is explored with a lens on migration and its intersection with increased likelihood of becoming infected with HIV.

2. Review methods

This paper offers a scoping review of the literature undertaken to examine the extent, range, and nature of the literature related to HIV vulnerability in migrant populations in southern Africa. The purpose of this review was to explore the nature and to systematically review the literature on HIV vulnerability and migration. This approach offered a critical analysis of existing evidence and defined and developed the conceptual boundaries of HIV vulnerability and migration. A search strategy was developed with the assistance of a health sciences librarian at a health sciences education institute. Inclusion and exclusion criteria were determined a priori and iteratively reviewed throughout the search. Two reviewers analyzed the articles to determine inclusion or exclusion in this review process.

Using a Boolean combination of keywords and medical subject headings, we searched OVID Medline, PubMed, and CINAHL for studies published in English from 1949 through 2013. We selected 1949 since the search terms migration and risk emerged in the literature and used the following keywords and subject headings: migration, HIV/AIDS, HIV vulnerability, culture, human rights, HIV prevalence in southern Africa, and migration in southern Africa. In our scoping review process, we identified relevant

research studies and other extant literature; selected appropriate studies and literature related to the topic of migration and HIV; charted the data and policy findings; and collated and summarized the findings; and developed a model related to risk of HIV acquisition in migrants in southern Africa. The search yielded 35 articles with the following inclusion criteria: infection in southern Africa, migration and HIV in southern Africa, risk for HIV or STI in southern Africa, migrant workers in southern Africa, and socioeconomic status and HIV infection. The review of these articles yielded 29 papers that explored the relationship between the increased risk of HIV acquisition and the sociological, cultural, human rights, and health-related problems in southern Africa.

2.1. Theoretical framework: HIV risk related to migration from a health-related, sociological, cultural and human-rights perspectives

The theoretical framework of the study was developed by the study authors and is based on the premise that HIV risk acquisition increases related to migration in southern Africa. This risk has its roots in global health inequalities, as well as sociological, cultural, and human-rights issues that arise with migration. With migration due to many factors including political, economic, and social issues, HIV risk is substantially greater as evidenced by its high prevalence in migrant populations. The existing structural and contextual reasons for migration, as well as human-rights issues will be explored related to HIV acquisition. Fig. 1 illustrates the issues related to sociological, cultural, human rights, and health-related challenges that increase the risk of HIV in migrant populations. Sociological issues in the model include the legacy of inequality that lingers post-apartheid, pervasive poverty, the breakdown in community related to migration, migrant hostels which increase risk of HIV acquisition due to sexual activity, and political instability in countries/communities. Cultural issues in the model include the specificity of culture in ethnic groups in southern Africa, the status of women, loss of parents to HIV thus limiting the fabric of family with grandmothers raising children, rural versus urban cultural life, and the path of HIV along commercial routes as a cultural and structural phenomenon. Key human rights issues in the model include the legacy of apartheid, stigma associated with HIV, gender issues and the status of women, the dynamics of inequality, and the lower status associated with migration. Health-related issues in the model include co-morbid health conditions (such as tuberculosis and chronic diseases, lack of access to medications including pre-exposure prophylaxis, sex work due to poverty and sex practices that are associated with greater risk of HIV acquisition, substance use and limited access to care.

The theoretical framework displayed in Fig. 1 illustrates human rights and health-related issues often impact HIV acquisition among migrant populations in southern Africa. Human rights challenges include the legacy of the apartheid; the stigma associated with HIV; the role of gender; the status of women; the dynamics of inequality; and the status of migrants in the receiving country. Human rights factors may lead to an increase in HIV acquisition due to legal and socioeconomic realities of migrants, migrant sex workers, and female migrants. Fig. 1 also shows that health-related factors that lead to an increased risk of vulnerability to HIV infection. Health-related factors include co-morbid health conditions and issues related to substance use; lack of access to pre-exposure prophylaxis; sex work due to poverty; sex practices that lead to greater risk of HIV; and lack of access to care. Health-related infrastructural barriers hinder access to the services needed to prevent HIV acquisition and transmission. Health-related factors also indicate that an individual's health and health behaviors often increase the risk of vulnerability to HIV infection. Human rights and health-related factors demonstrate areas of needed policy commitment and intervention.

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