Migration: Health Challenges in Mexico

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with the support of:

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- Migration: Mexico, Central America & USA
- Health and Social Impacts
- Collaborative processes
- New opportunities for collaboration
- Conclusions and discussion points
Mexico faces different dimensions of the migration phenomenon

- Emigration from Mexico to the United States is primarily economically motivated.
  - Nominal wage differentials: 10 to 1 ratio
  - US economic growth
  - **12 million** undocumented immigrants 50% of which are Mexican

- Mexico faces high transit migration
  - transit by Central Americans seeking to reach the US
  - increase in immigration from these same countries.
  - **400,000 non-Mexicans** enter the United States every year in an irregular manner, mostly through Mexico
  - 20% of irregular migrants transiting Mexico are women.
### EXHIBIT 2
Main Reasons For Immigrating Among Undocumented Latino Adults In Four U.S. Cities, 1996–1997

<table>
<thead>
<tr>
<th>Reason</th>
<th>El Paso</th>
<th>Houston</th>
<th>Fresno</th>
<th>Los Angeles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>20.7%</td>
<td>2.6%</td>
<td>3.2%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Work</td>
<td>26.6</td>
<td>56.8</td>
<td>62.6</td>
<td>56.2</td>
</tr>
<tr>
<td>Unite with family/friends</td>
<td>49.1</td>
<td>33.6</td>
<td>30.3</td>
<td>33.0</td>
</tr>
<tr>
<td>Avoid political persecution</td>
<td>0.0</td>
<td>2.0</td>
<td>2.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Social services</td>
<td>0.0</td>
<td>0.0</td>
<td>0.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other</td>
<td>3.6%</td>
<td>4.9%</td>
<td>1.4%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

**SOURCE:** Hispanic Immigrant Health Care Access Survey, Project HOPE Center for Health Affairs, 1996.

**NOTE:** p < .05, using chi-square, reject null hypothesis that distribution of characteristics is the same across sites.

* Standard error greater than 30 percent of estimate.
Different views, different countries

<table>
<thead>
<tr>
<th>Category</th>
<th>Outlays</th>
<th>Receipts</th>
<th>Net Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illegal Aliens</td>
<td>$3.2</td>
<td>$3.2</td>
<td></td>
</tr>
<tr>
<td>Children of Illegal Aliens</td>
<td>4.5</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Uncompensated Medical Care</td>
<td>1.4</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Incarceration</td>
<td>1.4</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Tax Payments</td>
<td></td>
<td>1.7</td>
<td>-1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$10.5 Billion</strong></td>
<td><strong>$1.7 Billion</strong></td>
<td><strong>$8.8 Billion</strong></td>
</tr>
</tbody>
</table>

Mexican workers cash remittances in selected years (million US)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>3,673</td>
</tr>
<tr>
<td>2001</td>
<td>8,895</td>
</tr>
<tr>
<td>2003</td>
<td>13,396</td>
</tr>
<tr>
<td>2004</td>
<td>16,612</td>
</tr>
<tr>
<td>2005</td>
<td>18,556</td>
</tr>
<tr>
<td>2006</td>
<td>23,742</td>
</tr>
<tr>
<td>2007</td>
<td>23,979</td>
</tr>
</tbody>
</table>

Source: FAIR fair@fairus.org | www.fairus.org.Nov 2004 and CONAPO
Demographic profile of Mexicans in the United States

The population

- **64%** of the 45.5 million Latin American people in the U.S. are Mexican
- **40%** are first generation Mexican - immigrants
- Over half of all recent* Mexican immigrants are between 18-34.4 years old
- Mexican immigrants enter the U.S. at an average age of 21.5
- **44%** of Mexican immigrants are homeowners
- Mexican immigrant earn **45% less** than native-born men

Source: HEALTH INITATIVE OF THE AMERICAS | UNIVERSITY OF CALIFORNIA (UC) UC BERKELEY SCHOOL OF PUBLIC HEALTH. Demographic profile of mexicans in the united states demographic profile of mexicans in the united states october 2008
Immigrant adults are much more likely than natives to lack health insurance.

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### Percent without Health Insurance, 2004

<table>
<thead>
<tr>
<th></th>
<th>Natives</th>
<th>Legal Immigrants</th>
<th>Unauthorized Migrants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
<td>9%</td>
<td>13%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Adults</strong></td>
<td>14%</td>
<td>25%</td>
<td><strong>59%</strong></td>
</tr>
</tbody>
</table>

Source: Background Briefing Prepared for Task Force on Immigration and America’s Future By Jeffrey S. Passel Senior Research Associate Pew Hispanic Center
Determinants of vulnerability to HIV infection: The coexistence of multiple stigmas

Stigma & discrimination

Migration  \[\rightarrow\] AIDS  \[\rightarrow\] Fear for deportation

Sexual minorities

<table>
<thead>
<tr>
<th></th>
<th>Migrant</th>
<th>Non-migrant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of first sexual intercourse (Y.O)</td>
<td>17.0</td>
<td>18.5</td>
</tr>
<tr>
<td>Number of sexual partners over the last year</td>
<td>1-12</td>
<td>1-3</td>
</tr>
<tr>
<td>Condom use with the latest sex partner</td>
<td>45%</td>
<td>24%</td>
</tr>
<tr>
<td>Presence of condom in pocket at the time of interview</td>
<td>18%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: CENSI DA/UC
## Drug consumption

### Migrant vs. Non-migrant

<table>
<thead>
<tr>
<th></th>
<th>Migrant</th>
<th>Non-migrant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td>21.5%</td>
<td>7.2%</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>2.65%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Any kind of drug anytime in their life

<table>
<thead>
<tr>
<th></th>
<th>Migrant</th>
<th>Non-migrant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol consumption</td>
<td>59%</td>
<td>12%</td>
</tr>
<tr>
<td>Marihuana consumption</td>
<td>5.7%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Cocaine consumption</td>
<td>6.9%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Source: CENSIDA/UC, ENA, CONADIC, INEGI, DGE
Migration is a strong determinant of vulnerability to HIV

- Sexual Violence
  - 30% of migrant women suffer from sexual abuse during their journey to the United States

- Transactional and survival Sex:
  - Sex as an exchange currency to *transit* and to *secure stay* in the United States

- Increase in the number of sexual partners

- Riskier sexual practices and low condom use

Sources:
Leyva et al, 2008
Caballero, M et al, 2008
Bronfman, et al.1995
AIDS IN MEXICO AND THE US

- Of the 1.2 million people in the U.S. affected by HIV/AIDS, 16% are Latino.
  - AIDS case rate is the second highest
  - Latinas have an AIDS case rate 5 times
- Inmigrants have low level of condom knowledge and use, and high participation in prostitution and male-to-male sexual contact.
- Nearly half of HIV positive Mexican immigrants reported having shared needles for the injection of illicit drugs, antibiotics, or vitamins.
- Areas in Mexico with the highest rates of migration to the U.S. are most affected by HIV/AIDS.
- 2% of migrants in transit at the Mexican-Guatemalan border are HIV positive

Source: CALIFORNIA-MEXICO HEALTH INITIATIVE
Challenges: access to health care

- Government health services
  - Restrictions still exist to access by non-nationals
  - Even when there is legal access, migrants’ perceptions and fears pose formidable barriers
- NGOs south of the US border
  - Complex, unruly network with diverse services
  - Scarce coordination between NGOs and government
  - There is little relation to migrants’ social needs
  - Reduced capacity to solve health problems
- Migrants
  - Self-care
Phone support program for Mexican migrants in the U.S.A. - Mexico border

• Background

  – U.S. legislation
  – Health laws of every state in the U.S. require doctors and nurses a certification to exercise
  – State Medical Boards
  – State Boards of Nursing
  – Certified nurses
  – Phone medical advice is given by nurses certified in various states of the United States
  – The protocols help the patient determine if a case
    ▪ Is serious (nearest emergency room)
    ▪ Requires care (doctor in the next 48 hrs)
    ▪ Is temporary (recommendation and call back if it persists)
BORDER PRIMARY HEALTH CARE PROGRAM

Development of shelters in border states in the north of the country to provide medical services: addictions, mental Health, chronic diseases and AIDS

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory surgery</td>
<td>2</td>
</tr>
<tr>
<td>Oncology</td>
<td>1</td>
</tr>
<tr>
<td>CAPASITS</td>
<td>8</td>
</tr>
<tr>
<td>Hemodialysis</td>
<td>2</td>
</tr>
<tr>
<td>Mental health</td>
<td>5</td>
</tr>
<tr>
<td>Chronic diseases</td>
<td>15</td>
</tr>
<tr>
<td>CAPA</td>
<td>27</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>
The Bi-national Health Week

• Celebrated yearly since 2001
  – One of the largest mobilization efforts in the US to improve the health and well-being of underserved immigrants and migrants of Latin American origin living in the United States and Canada

• Partners from the US and Mexico, extended to Central America, Colombia and Ecuador since 2008
  – Ministries of Health and of Foreign Affairs of Mexico
  – All Mexican consulates in the USA are participating
  – Academic institutions
  – NGOs

• Activities
  – Health promotion and health education activities
  – Workshops
  – Insurance referrals
  – Medical screenings
Bi-national Policy Forum on Migration and Health

• Convenes key stakeholders every year to discuss migrant health challenges and to explore opportunities to work collaboratively to improve the health and well-being of migrants.

• Forum topics include
  – Global health and migration
  – Chronic diseases
  – HIV/AIDS of mobile populations
  – Occupational health and safety
  – Access to health services
  – Workforce development
  – Health of vulnerable people
Ventanillas de Salud at 28 Mexican Consulates

- Implemented in the last 6 years, exist now in 28 consulates
- Reach 197,114 Mexican citizens visiting consulates for passports and IDs
- Provide health promotion and health service information, and do community outreach
- Collaboration of local NGOs with professional health educators
- Funded by Mexican government and mobilizing additional community resources
Mesoamerican project for HIV prevention among mobile groups in Central America

• Objectives favoring mobile populations
  – Extend access to quality, comprehensive HIV/AIDS prevention and care
  – Establish and strengthen quality HIV/AIDS prevention services

• Participation of all countries and stakeholders in Central America
  – Key stakeholders at local and national levels
  – Government and migration authorities
  – Civil organizations
  – National AIDS Programs
  – International cooperation agencies

• Implementation of local activities through coordination with actors and contracting with NGOs
Mesoamerican Project for HIV prevention
Focus in 15 “transit stations” in border towns
New opportunities to strengthen regional collaboration

• The Mesoamerican Public Health System
  - Signed as part of Mesoamerican Development Project by presidents of Mexico, Central American countries and Colombia in June 2008
  - Multi-donor collaboration
  - National Institute of Public Health of Mexico leading technical development

• Binational Health Insurance
  - Has been a concern of Binational Forum since its inception
  - Analysis has demonstrated feasibility
  - Importance of having an initiative in place to support binational migrant worker agreements
SALUD