The Perpetuation Of HIV Risk In Latinx Immigrations: A Cross-National Perspective

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THE PERPETUATION OF HIV RISK IN LATINX IMMIGRATIONS: A CROSS-NATIONAL PERSPECTIVE

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Abstract

Research indicates that migration is a social determinant of health that increases the risk of acquiring HIV. What is less understood, however, are the pathways through which immigration influences HIV risk. This study employed a cross-national perspective and utilized a social determinants of health framework to understand how structural factors, such as economic conditions and immigration policies and their enforcement, influence HIV risk among migrants. While mobility, migration and displacement are associated with increased HIV risk, they are not inherently the cause but rather a condition under which vulnerability is increased indicating that other distal, upstream, or structural forces are at play.

The purpose of this study is to conduct a secondary data analysis of data obtained from a larger study conducted to understand the lived experiences of immigrants who are residing on the US-Mexico Border waiting to cross into the US. The purpose of the secondary analysis was to elucidate potential pathways through which migration influences HIV risk. This study aims to elucidate the factors, operating at different levels of influence, that impact immigrants’ health and HIV risk throughout the different phases of migration, including in the country of origin and at the country of transit. This study aims to better understand the factors that exacerbate or ameliorate ill health and increase HIV risk among migrants and to understand the implications of findings for interventions that aim to promote the health of migrants throughout the different phases of migration, including during transit.

This study will utilize data generated from a study which consisted of 28 in-depth interviews with immigrants from Central America or Cuba who had arrived in the US-Mexico border city of Ciudad Juarez in the last 24 months, were at least 18 years of age, and had injected
and/or sold drugs in the last month. Participants were recruited through standard outreach and social network referral. The mean age among the participants was 33.4 years (SD = 8.05).

Study participants reported many experiences with discrimination and violence during migration, including high levels of violence perpetrated by law enforcement officials; among study participants, 69.2% and 53.8% reported abuse by city police and immigration agents, respectively. Furthermore, 92.3%, 88.5%, and 50% of participants reported being extorted by military agents, immigration officials, and police, respectively. These high levels of discrimination, violence, and extortion experienced by migrants during their perilous journey, coupled with the loss of family and social networks manifested in poor mental health outcomes. Among study participants, 85.2% reported anxiety after migrating, compared with only 44.4% prior to migrating; 77.8% reported sadness after migrating, compared with 48.1% before migrating; 66.6% of study participants also reported feeling down, depressed, or a loss of hope most or almost every day, and 40.7% reported having feelings of suicide or self-harm most or almost every day.

The loss of social networks coupled with the inherent structural vulnerability faced during migration including food and housing insecurity, a precarious immigration status, and loss of healthcare access and legal protections expose migrants to discrimination, violence, and extortion. These vulnerabilities in turn increase migrants' HIV risks through their engagement in HIV risk behaviors to cope with or mitigate these realities including substance use and sex in exchange for money, food, shelter, or safety. Results indicated that 92.6% of participants reported using illicit drugs after migrating compared with 44.4% prior to migrating.

In light of the passage of recent immigration policies such as the Migrant Protection Protocols whereby migrants and asylum seekers are mandated to remain outside of the US, the
country of destination, conducting research with migrants at the transit or interception phases may contribute to a better understanding of the factors that promote HIV risk among migrants. This study elucidates potential pathways through which immigration influences HIV risk including factors that operate at different levels of influence and impact migrant health throughout the different phases of migration, including in the countries of transit and at the US-Mexico Border. The perilous conditions faced at the country of origin and loss of family and social networks after migration coupled with the violence, abuse, and extortion experienced throughout the various phases of migration indicate a perpetuation of HIV risk through distal, upstream, or structural forces including socioeconomic and sociopolitical forces such as immigration policies and their enforcement.

Migration is a transnational social process that exerts an influence on a continuum spanning space and time. Immigration policies and public health interventions should consider the interconnectedness of the social determinants of health to contextualize migrant health and to better address the pathways and mechanisms through which sociocultural and socioeconomic forces, such as immigration policies and their enforcement, coalesce to perpetuate ill health and HIV risk.
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Introduction

Immigration: A Pervasive Phenomenon around the world

Humans have long ventured past their native homelands and into new ones, whether it has been for exploration, from displacement, or otherwise. Presently, migration has continued to increase rapidly around the world with an estimated 1 in 7 people immigrating beyond their native hometown and another 281 million people immigrating beyond their native country’s borders. Today, 3.6% of the world population live outside of their country of birth making migration a worldwide phenomenon that touches every corner of the earth (World Health Organization, 2019).

In 2020, 115 million or 40% of migrants originated from Asia alone, with India being the largest country of origin for migrants worldwide. Mexico and Russia account for the second and third largest populations of immigrants around the world, respectively. On the other hand, the United States, Germany, and Saudi Arabia are the top three countries of destination for international immigrants (Office of the United Nations High Commissioner for Human Rights Migration and Human Rights, n.d.).

According to the Office of the United Nations High Commissioner for Human Rights, roughly 30% of migrants worldwide are forcibly displaced from their homes due to violence, persecution, and human rights violations (2022). An estimated 42% or roughly 35 million of those displaced are children under the age of 18 (UNHCR, 2021). In 2021, the number of forcibly displaced migrants surpassed 84 million, with 26.6 million migrants seeking refuge outside of their home country. Approximately 1 million children were born as refugees between 2018 and 2020 (International Organization for Migration [IOM], 2021). In the US, the proportion of female immigrants has continued to increase over the last two decades and women now
account for the largest proportion of immigrants in the world making up 52% (Batalova, 2021). Unfortunately, migrants are subject to human rights violations which often result in dire consequences. Between 2016 and 2017, an estimated 6,163 migrants around the world died or went missing during the migration journey and another 25 million migrants were victims of human trafficking and forced labor. The IOM estimates that 72% of cross-border movement worldwide results in sexual exploitation of female migrants (IOM, 2017).

The US as a Top Immigration Destination and Motivations for Immigration to the US

Over the last fifty years, the US has remained the primary destination for immigrants from around the world. The total US immigrant population increased from 12 million in 1970 to over 40 million in 2020 (Lutheran Immigration and Refugee Service, 2021). In comparison, the country with the second largest immigrant population, Germany, hosts 16 million immigrants (IOM, 2021). The more than 40 million immigrants that live in the US account for 20% of all immigrants around the world and make up 13.7% of the total US population. It is estimated that approximately 77% of US immigrants are lawful, permanent residents or naturalized citizens (Budiman et al., 2020).

The majority of immigrants residing in the US today are from Mexico. However, over the last decade, the percentage of immigrants arriving to the US from Mexico has declined by more than half from 29.3% in 2010 to 14% in 2020 (Esterline & Batalova, 2022). The demographic makeup of migrants who are US bound today has also changed from predominantly Mexican males in their 20’s and 30’s who are seeking better economic opportunities to migrants from Central America seeking asylum, and migrant families, females, unaccompanied minors, and LGBTQ individuals who are fleeing hunger, violence, and persecution (VOX, 2018).
Research shows that the motivating factors for migrating among Central Americans are different than that of immigrants from Mexico; research findings from Vanderbilt University’s Latin American Public Opinion Project (LAPOP) indicate that US immigrants can be characterized by two demographic identifiers, age and gender, whereby young males are more likely to immigrate to seek better job opportunities (Hiskey et al., 2014). However, Hiskey et al., (2014) found that Salvadorean and Honduran who were the victims of multiple crimes in the previous year were significantly more likely to express an intention to migrate compared to those who hadn’t been the victims of crime during the same time period thus underscoring that Central Americans are motivated to immigrate for other reasons beyond seeking to improve their economic conditions.

Central America is one of the most dangerous areas in the world. The civil wars in northern Central America in the 1990s weakened governments which allowed organized crime, drug trafficking, and gang activity to run rampant. In 2011, 84% of the cocaine destined for the north passed through Central America and in 2014 and 2015, Honduras and El Salvador were known as the murder capital of the world, respectively. According to the Americas Barometer survey conducted by the Latin America Public Opinion Project, a survey research lab at Vanderbilt University, more than a third of survey data respondents (36%, n=3,024) from Central America (Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Panama) reported being the victims of armed robbery between 2014 and 2015 (Hiskey et al., 2014 & 2022). More recently in 2019, according to data from the United Nations Office on Drugs and Crime (UNODC), El Salvador and Honduras were the first and third most violent countries in the world, respectively (UNODC, 2019).
Another study conducted by the Center for Migration Studies and Cristosal (2017) surveyed people who had fled El Salvador, Honduras, and Guatemala to seek asylum in the US and were later deported and found that specific acts of violence perpetrated against them, rather than generalized violence endemic to the area, was the primary reason for migrating and a “last resort” alternative. Most of the participants reported leaving their home, friends, family, jobs, and culture to immigrate to the US in search of safety. Therefore, Central American immigrants who reach the US are more likely to be asylum seekers who flee their homes not as a choice but rather as a last resort (Hiskey et al., 2022). This assertion is corroborated by another study conducted by Keller et al., (2017) which consisted of interviews with a convenience sample of recent Central American migrants in the United States. Keller et al. (2017) found that 83% of participants (n=234) cited violence as the reason for fleeing their country. Moreover 69% did not report the acts of violence or crime to the police out of fear of gang-related retaliation or police corruption, and 90% reported being afraid to return to their country. Keller et al., (2017) found that 70% of the sample met criteria for asylum when they compared the profile of participants against the criteria for assigning migrants a refugee status in the U.S.

The 2019 UNODC analysis of recent crime and demographic data in Central America also found that interpersonal violence was the second leading cause of mortality, the number one cause of premature death, and that a 14-year-old boy had an 8% statistical risk of being murdered before reaching the age of 40 (UNODC, 2019).

The rampant violence afflicting Central American countries has become more evident recently as large caravans of migrants from Central America are fleeing their countries of origin to seek asylum in the US (Phillips, 2019; Sacchetti & Miroff, 2019; Stevenson, 2018). Unfortunately, asylum-seeking migrants coming from Central America face a dangerous trek
throughout their immigration journey (Doering-White, 2018). Migrants from Central America travel north and attempt to reach the US through Mexico. Given the dire urgency with which migrants leave their countries of origin, many are moving to, or stop at the cities that border the ultimate country of destination such as the US-Mexico Border to await entry into the US.

During their immigration journey, migrants face the prospect of extortion, violence, rape, kidnapping, and murder at the hands of gangs and cartels. The displacement of people from their native homelands, due to violence, persecution, war, and political instability create unique circumstances for the receiving country, the migrant, and for the people and places that migrants encounter and must journey through. US bound Central Americans fleeing dire living conditions embark on a dangerous trek through Mexico where they face other dangers as stated above. Due to this, in 2018, many asylum-seeking migrants decided to migrate in caravans to safeguard their safety. In October 2018, an estimated 7,000 people made up the first migrant caravan, destined to the US, traveling from Central America to Mexico. Of those, only 1,500 arrived at the US-Mexico Border in November. Many of the migrants applied for asylum in the Southern Mexican States of Chiapas and Oaxaca and many were deported, or turned back before reaching the US (Guardian, 2018).

Since at least the 1980’s with the Regan administration, and more recently during the Obama and Trump administrations, the US has focused on implementing policies to deter migration by expediting deportations, denying bonds, and prolonging detentions, assuming that Central American migrants are simply “economic migrants” with other alternatives. However, as stated above, research indicates that crime victimization plays a larger role as a factor that motivates Central Americans’ migration to the US (Hiskey et al., 2022; Inkpen et al., 2021).
In response to the surge in Central Americans migrating to the US, including unaccompanied minors, the US Department of Homeland Security has acknowledged that “Salvadoran and Honduran children … come from extremely violent regions where they probably perceive the risk of traveling alone to the U.S. preferable to remaining at home” (Hiskey et al., 2022). However, the US has spent many resources to deter immigrant caravans and despite various ad campaigns involving hundreds of billboards and thousands of public service announcements disseminated across northern Central America by US Customs and Border Patrol, warning of the costs, the dangers, and the odds of deportation if people migrate to the US, crime victimization remained a significant motivator for intention to migrate (Hiskey et al., 2022).

International law on refugees (1951 Refugee Convention) and federal law in the United States (8 U.S.C. § 1157-1159) sets forth the rights granted to asylum seeking immigrants and grants the responsibility of it to the US Attorney General. During the Trump administration (2016-2020), then-Attorney General Jeff Sessions limited the number of asylum applications processed daily which increased detention times, separated families, narrowed the grounds for seeking asylum, and forced migrants to remain in Mexico through the Zero-Tolerance Policy and the Remain in Mexico Policy (MPP). Despite the reduced number of apprehensions at the US-Mexico Border in 2018 (404,142) which were roughly half of what they were in 2008 (723,825) and a quarter of what they were in 1998 (1,555,776), then-President Donald Trump and other US elected officials referred to the unprecedented number of the asylum-seeking immigrants as an “invasion” and politicized the issue (Department of Homeland Security statistics, 2019). The contextual factors of migration, including immigration policies and other social-structural
factors, inevitably influence the everyday lives of migrants and their health wherever they may be.

Impact of Remain in Mexico Policy on Migration

The Migrant Protection Protocols (MPP), better known as the Remain in Mexico Policy, were introduced in December 2018 by the Trump Administration in response to the increase in Central American immigrants fleeing their native countries and seeking asylum in the United States. MPP was intended to deter and discourage migrants from seeking asylum by slowing down processing times and by forcing migrants to remain in Mexico, while awaiting their asylum hearing dates. The Human Rights Watch described this practice by the Trump administration as: “expelling asylum seekers to ill-prepared, dangerous Mexican border cities where [asylum seekers] face high if not insurmountable barriers to receiving due process on their asylum claims” (HRW.org, 2019). The ACLU noted that asylum seekers were being sent to Mexican cities with some of the highest murder rates in the world (Sacchetti & Miroff, 2019).

“One day that this program is allowed to remain in place, countless people are subjected to what amounts to one of the most abusive policies perpetrated on the U.S.-Mexico border,” said Shaw Drake, policy counsel for the ACLU Border Rights Center in El Paso. “Migrants have been kidnapped literally within minutes of return to Ciudad Juarez,” the Mexican city opposite El Paso on the Rio Grande (Sacchetti & Miroff, 2019).

Over 12,000 migrants who were seeking asylum had been ordered to remain in Mexico to await their hearings just six months after MPP was introduced (Sacchetti & Miroff, 2019). Between 47,000 (Solis, 2019) and 57,000 people awaited a hearing after nine and twelve months of the policy implementation (Phillips, 2019). Furthermore, after 9 months of MPP, less than 20% of asylum claims had been reviewed, and 99% of those reviewed were either denied or dismissed, leaving only 11 total cases that were granted asylum, according to research by the Transactional Records Access Clearinghouse at Syracuse University (2021).
In just the first twelve months, the MPP forced tens of thousands of asylum-seeking immigrants to await their hearings in Mexican cities along the US border. In those first twelve months of MPP, Human Rights First identified 636 cases of kidnappings, rape, torture, assault, and other violent attacks on asylum-seeking immigrants who were in Mexico awaiting their asylum hearings and noted that these were only reported cases and likely a small fraction of the real numbers (Solis, 2019). MPP was designed to reduce the number of asylum cases that are approved, down from the previous average of 20% to the current 1% (Solis, 2019).

The Impact of Immigration on the Health of Immigrants

The conditions and environments, and the social, political, and economic forces that drive them, such as where we are born, live, learn, play, work, and worship affect health outcomes, health risks, and well-being (WHO, 2016). These conditions are known as the social determinants of health (SDOH) which create health disparities and inequities among populations and encompass access to housing, education, economic stability, and a safe built environment (USDHH, 2022). According to the SDOH framework, immigration can be viewed both as the result of the SDOH and as a SDOH in itself which drives exposure to conditions and environments that create health disparities among a given population, in this case, immigrants (Castañeda et al., 2015). Consequently, a SDOH framework can be used as a lens when studying the forces, conditions, and environments prior to migration, during migration, and after migration to better understand both the inequalities that drive immigration as well as the health disparities that result from immigration including exposure to policies. According to the Promoting the Health of Refugee and Migrants report by the World Health Organization (2019), immigration is indeed a SDOH whereby immigrants are exposed to precarious conditions during migration such as increased violence and discrimination, unsafe living and working conditions, limited access to
healthcare and other resources which exacerbate the risk of hunger, malnutrition, and communicable diseases including foodborne, waterborne, and sexually transmitted diseases.

Despite the recognition that immigration is a SDOH, a meta-analysis by Castañeda et al., (2015) found that the majority of the research literature on immigration and health focused primarily on individual level factors including behaviors or cultural beliefs at the expense of structural level factors. Furthermore, the limited number of studies aiming to understand the influence of structural level factors focused on access to health care. The authors conclude that a SDOH framework would allow for a broader look at more distal and upstream factors that impact immigrant health such as immigration policies, structures, institutions, and enforcement. Moreover, Acevedo-Garcia et al., (2012) propose a cross-national framework that considers the experiences of immigrants at the socio-political and economic crossroads of multiple nations to illuminate the health impacts of immigration on immigrants as well as on their temporary or receiving communities such in the US-Mexico Border region (Acevedo-Garcia et al., 2012). As stated above, immigration poses health risks and research on immigration and health has attempted to better understand the way in which structures, policies, and institutions produce negative health outcomes among immigrants. However, prior research has focused on proximal factors such as education, health care utilization, and risky health behaviors to explain immigration related health outcomes. Researchers advocate for the study of immigration as a SDOH including investigating how immigration policies influence health. Research does suggest that an immigrant’s health is negatively impacted through various pathways such as increased violence and discrimination, unsafe living and working conditions, and limited access to healthcare and other resources based on immigration status (Castañeda et al., 2015). One of the health conditions that disproportionately impacts immigrants is infectious disease such as HIV.
Immigration and HIV Risk

The Joint United Nations Program on HIV/AIDS identified immigrants as one of the most vulnerable groups for HIV infection around the world (Cassels et al., 2013). An analysis of HIV diagnoses in 29 countries conducted between 2007 and 2012 found that 38% of cases (~60,446) were among immigrants (Hernando et al., 2015). Similarly, Alvarez-del Arco et al., (2017) found that 63% of immigrant patients studied in 9 European countries acquired HIV after immigrating. Moreover, Wiewel et al., (2014) also found that 61% of immigrants newly diagnosed with HIV in New York City were also infected after immigrating. The positive relation between HIV acquisition and immigration is further supported by phylogenetic studies conducted in the US that have found local HIV infections among immigrants (Kerani et al., 2016; Dennis et al., 2017).

Research suggests that a factor that promotes HIV acquisition among immigrants is engagement in risk behaviors that places them at risk of contracting HIV such as substance use or sexual risk behaviors (Caballero-Hoyos et al., 2013). Ojeda et al., (2011) conducted a study investigating the influence of deportation as forced migration on social and economic vulnerabilities that increase the risk of HIV. The study consisted of in-depth semi-structured qualitative interviews. Results indicated that the average age at which participants had immigrated was before 18 years. Interviewees reported living in approximately 2 US cities and being deported an average of 5 times. In addition, less than half of them remained in contact with family following their deportation (Ojeda et al., 2011). All participants reported consuming illicit drugs in the US, nearly half of whom reported regularly injecting heroin, cocaine, or methamphetamine, with several participants reporting initiating drug use to cope with depression or loneliness resulting from the separation from family and friends as a result of migration.
Engagement in HIV risk behaviors among immigrants is of special concern given that high proportions of immigrants acquire HIV after immigrating due in part to their limited access to care which also contributes to worse HIV treatment, outcomes, and the higher likelihood of dying from HIV, compared to non-migrants (Ross et al., 2018; Ikram et al., 2015).

Research indicates that immigrants have limited access to health care and lower healthcare utilization during migration due in part to a lack of economic resources, unfamiliarity with healthcare systems, structural barriers to healthcare systems, and the loss of social support systems (Magis-Rodríguez et al., 2009; Martinez-Donate et al., 2020). Project Migrante conducted between 2007 and 2015 (Martinez-Donate et al., 2020) created a health service access profile of immigrants during different migration phases. The Zimmerman’s Migration Phases Framework (2011) was used to categorize immigration phases (Zimmerman et al., 2011). The sources of data included data from bi-national surveys of migration flows traveling through the US-Mexico border (Northbound, Southbound, deported). The healthcare access indicators included having health insurance, having gone without needed healthcare, and receiving any healthcare service including emergency care or hospital services during immigration. Among all participants (n=2,412), less than half had health insurance or received health services compared to more than 75% of the US population (Martinez-Donate et al., 2020).

Regarding access to HIV healthcare services, research shows that immigrants lack sufficient access to HIV prevention, testing, and treatment resources at the US-Mexico border region (Levy et al., 2006; Magis-Rodríguez et al., 2009; Zhang, Martinez-Donate, et al., 2016; Zhang, Rhoads, et al., 2016). Zhang et al., (2016) used data from the Migrante project 2009-2010 HIV survey and identified Mexican and Latin American migrants (n=1,630) who were traveling Northbound and were temporarily at the US-Mexico border in Tijuana, Mexico, where 40% of
migrants cross the US-Mexico border, due to deportation. These immigrants were asked to self-report their level of perceived risk for HIV, whether they knew where to get tested for HIV, and if they had been tested for HIV. Results indicated that 1 in 3 study participants rated their HIV risk while at the border region as high; 3 out of 4 females reported knowing where to get tested for HIV compared to only slightly more than half of males; however, only 8% and 12.1% of male and female respondents had been tested in the last 12 months, respectively (Zhang, Martinez-Donate, et al., 2016). These findings highlight the role of structural factors that may render immigrants vulnerable to HIV contagion such as immigration and healthcare policies in both the receiving and transient counties.

Human migration, or mobility, creates vulnerabilities among mobile populations that exacerbate health risks such as HIV. There are negative impacts of migration on immigrant health that are brought on by the social conditions that immigrants are exposed to such as social isolation, gender inequalities, the socio-economic impacts of displacement and the subsequent survival actions taken to mitigate those circumstances. This socio contextual environment is also referred to as the “risk of risks” (Goldenberg et al., 2011). The “risk of risks” refers to how mobile populations are at increased odds of exposure to vulnerable circumstances such as discrimination, hunger, homelessness, violence, rape, extortion, and human trafficking which in turn increase the odds of risk behavior engagement such as substance use including injected drug use, sexual risk behaviors including unprotected sex, and survival sex including sex work or sex in exchange for food, safety, or shelter (Goldenberg et al., 2011).

Research indicates that immigrants are disproportionately impacted by HIV through various pathways including cultural, socio-economic, political, and structural inequities including those related to immigration and immigration policies. A critical analysis by
Goldenberg et al., (2011) on mobile groups in Central America and Mexico found that HIV is associated with mobility and concentrated in immigration “hot spots” such as border towns and transit routes. The disruption of social networks, exposure to more liberal social norms, substance use, and sex with casual partners including with sex workers is linked to an increase in HIV risk among mobile populations (Goldenberg et al., 2011). Moreover, those who are traditionally considered to be more at risk for HIV including sex workers, injection substance use populations, and men who have sex with men (MSM), are highly mobile in Central America and Mexico due to stigma, discrimination, violence, persecution and lack of protection in their native country (Goldenberg et al., 2011). While mobility allows for their immediate safety, it further exacerbates their health risk as it increases their risks for other forms of discrimination, violence, and HIV risk. This is especially the case if immigrants reside in environments that expose them to a multitude of risks, such as the US-Mexico border.

The Social Epidemiology of HIV risk on Geographical Borders

Social epidemiology provides a lens through which we can better understand the way in which social-structural factors such as those present in geographical borders and immigration policies impact health. Several social structural factors that affect the likelihood of individuals contracting HIV exist in the US-Mexico border. In particular, residents of the sister cities of Ciudad Juarez (CJ), Chihuahua and El Paso, Texas, on the US-Mexico border, live in an environment characterized by high population mobility and their daily lives are affected by a very active drug market economy which increases accessibility to illegal drugs. CJ sits in the northern region of Mexico, south of El Paso, Texas. Together, El Paso and CJ make up the Paso Del Norte Region, the second largest binational metro region along the US-Mexico border, which spans 2,000 miles from the Gulf of Mexico to the Pacific Ocean. CJ serves as a critical
point of commerce between the US and Mexico. An estimated 65 billion dollars in trade took place between CJ and the US in 2020 alone (Data Mexico, 2021). CJ is the largest city in the northern Mexican state of Chihuahua with an estimated 1.5 million residents, a third of whom are immigrants. CJ consistently ranks as one of the most dangerous and deadliest cities in the world averaging more than 1,250 murders every year since 2018 (Figueroa, 2017; Pearson, 2019; Davies, 2021; Kladzyk, 2022).

Moreover, CJ is a border city characterized by high population mobility including immigrants arriving from the interior of Mexico, Mexican immigrants living in the US passing through en route to the interior of Mexico including deported individuals, and immigrants arriving from Central and South America. Moreover, residents of each border city commute daily to the other city to work, live, and recreate. Unfortunately, border towns are primary transshipment corridors of drugs destined to the interior of the US. Violence and crime plague border towns due to drug cartel wars. For example, CJ has been one of the most violent cities in Latin America since 2008 (Pantaleo, 2010). Prior research has documented the factors that increase the HIV risk of immigrants passing through US-Mexico border cities en route to the US. In the following paragraphs, I discuss the main findings of these studies.

Researchers have described the northern US-Mexico border region as a place where several factors that increase the risk of HIV coalesce. For example, the US-Mexico border is a place where residents face a heightened risk of contracting HIV due to the “nexus” of several factors that increase risk of HIV transmission such as population mobility and high incidence and prevalence of illegal drug use. Research with sex workers and persons who inject drugs (PWID) in Mexican border cities indicates that there is a high prevalence of engagement in HIV risk behaviors among these key populations (Strathdee et al., 2008; Strathdee et al., 2012; Ojeda et
Using respondent-driven sampling, Strathdee et al., (2008) recruited 1,056 PWID (86% male) in Tijuana, Mexico who were 18 years or older and had injected illicit drugs in the last month. Strathdee et al., (2008) found that individual, social, and environmental factors were independently associated with HIV infection among PWID in Tijuana. Findings indicated that HIV-positive PWID were significantly more likely to report having had unprotected sex with an HIV-infected partner and were significantly more likely to have been emigrants, born in another Mexican state (Strathdee et al., 2008).

Moreover, a separate analysis that looked at the effects of migration and deportation on HIV infection among PWID in Tijuana, also found that among the study participants, 42% of male and 23% of female PWID had been deported from the US and deportation from the US was independently associated with a fourfold increased odds of HIV infection among male PWID (Strathdee et al., 2008). The RDS-adjusted HIV prevalence in females was 5.4% vs 2.4% among males (p<0.001). Among study participants, 28% of females reported forced or coerced sex, while 55% traded sex, compared to 1% and 17% for males, respectively. In addition, 5% of females and 15% of males reported being unhoused in Tijuana (Strathdee et al., 2008). Through social disruption and the intermingling of vulnerable populations including migrants, sex workers, and PWID, border regions may heighten HIV susceptibility for immigrant populations as a result of the exposure to the social and structural processes that shape individual risk (Strathdee et al., 2008).

A study investigating HIV risk among immigrants in transit from their countries of origin in Central America and passing through Mexico found that the conjunction of US immigration policies and the social and political context at the US-Mexico border region increases migrants’ risk for HIV during their stay at the northern Mexican border (Rangel et al., 2012). Immigrants
often face extortion from cartels who control drug and people smuggling across the border and may engage in drug smuggling, sex work or transactional sex in order to access or pay smuggling fees (Rangel et al., 2012). The study was informed by the behavioral ecological model which stresses the role that laws, regulations, and public policies, such as immigration policies, play in influencing contextual and individual factors which in turn directly and indirectly impact health behaviors and outcomes (Hovell M, Wahlgren DR, Gehrman C., 2002). Specifically, Rangel and Colleagues (2012) labeled the social and political factors as the contextual and structural factors that impact the risk among migrants in transit. The study consisted of a cross-sectional, probability survey administered to Mexican migrants (n=3,390) in transit to and from the US. Findings indicated an HIV prevalence that was 5 times to 19 times higher among male migrants in transit compared to the estimated prevalence rate of HIV in the US and Mexico, respectively. These findings underscore the high prevalence of HIV among immigrant populations. Furthermore, less than half of immigrants in the study had ever been tested for HIV, two thirds who were found to be HIV positive had never been tested for HIV, and 89% were unaware of their HIV infection.
Research Gaps

Although a large body of research has been produced to better understand migrant health, most of the studies have been conducted with immigrants in the country of destination. This is a limitation as it provides a snapshot of individuals at a particular point in time and occludes potential influences on health at the country of origin and during transit. Understanding exposure to negative and positive social determinants of health at country of origin, during transit, and at the country of destination may yield a better understanding of the factors that exacerbate risk or those that should be leveraged to reduce risk.

The proposed study aims to contribute to a more nuanced understanding of migrant health by employing a cross-national perspective that utilizes a social determinants of health framework and includes structural factors, such as immigration policies and their enforcement. As stated above, the vast majority of migrant health research has focused on migrants at the “destination phase” with less research focused on migrants at the “interception phase” (or the in-between phase) which is characterized by specific social determinants of health that migrants are exposed to such as temporary detention, stays in refugee camps, or an interim residence prior to arrival at the country of destination (Zimmerman et al., 2011). Furthermore, public health research on migrant health has also largely focused on individual health behaviors, cultural factors, and access to healthcare at the expense of social, economic, and political forces or upstream structural factors that impact migrant health (Castañeda et al., 2015). In light of the passage of recent immigration policies whereby migrants and asylum seekers are mandated to remain outside of the US, the destination country, conducting research with immigrants at the interception phase of immigration may contribute to a better understanding of the interaction of factors that shape a health trajectory for migrants. Acevedo-Garcia et al. (2012) have put forth a
cross-national framework that draws from a life course perspective, push-pull process, and transnational theories to better contextualize migrant health.
Study Purpose

The purpose of this study is to conduct a secondary data analysis of data obtained from a larger study conducted to understand lived experiences of immigrants who are engaging in HIV risk behaviors including substance use, to elucidate potential pathways through which immigration influences HIV risk. The specific research questions that the proposed secondary data analysis seeks to answer are:

1. What are the factors operating at different levels of influence that impact immigrants’ health and HIV risk at the country of origin?
2. What are the factors operating at different levels of influence that impact immigrants’ health and HIV risk at the interception phase or while at a country awaiting to travel to the country of destination?
3. Among the factors experienced, what seem to promote health and ameliorate HIV risk or exacerbate ill health and HIV risk and what are the implications of findings for interventions to promote the health of immigrants at the interception phase?
Methods

STUDY OVERVIEW

The proposed study is a secondary data analysis of data generated from a larger qualitative study. In this study, 28 in-depth interviews with immigrants from Central America or Cuba who had arrived at the US-Mexico border city of Ciudad Juarez in the last 24 months, were at least 18 years of age, and had injected and/or sold drugs in the last month were content analyzed.

PARTICIPANTS

Participants were 28 migrants from Central America (67.9% male) residing in Ciudad Juarez. Participants had a mean age of 33.4 years (SD = 8.05, range 18-52 years). Regarding education level, 37.0% of participants completed high school, 3.6% had no formal education, and 22.2% reported a college/university education. Other demographic characteristics are presented in Table 1.

Participants were recruited through standard outreach and social network referral. Outreach workers, hired by the community-based organization the PI of the study partners with, approached immigrants in places where they congregate. The community partner has extensive expertise in conducting street outreach to recruit members of vulnerable groups, including (PWID) and sex workers, to participate in research. Individuals who expressed interest were screened in a private location for eligibility and if eligible they were given information about the study and an appointment to participate in the interview at the community-based organization’s offices where they were consented and interviewed in a private office. Interviews lasted approximately 60 minutes and were tape-recorded. Participants were compensated $50.00 for their participation and were provided with HIV/STI testing and with harm reduction supplies and
an informational brochure with contact information about places where they could receive additional services in the city. The IRBs at the University of Texas at El Paso and The Autonomous University of Ciudad Juarez approved the study.

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MEASURES AND INTERVIEW QUESTIONS

After screening and consent, participants taking part in the in-depth interviews were asked to answer a short demographic survey asking about gender, age, country of birth, employment, number of times individual has immigrated, whether the participant has been deported, and if so, date of deportation, date of arrival to CJ, reason for immigration (e.g., persecution, economic, family reunification), sexual orientation, community of residence in CJ, level of education, and whether there is participation in the drug distribution economy and if so, their role along with questions about the frequency and quantity of use of various substances and the age at which the individual started using drugs, and engagement in risky sexual practices and injection and non-injection drug use risk.

Participants were asked about their experiences with violence, mental health, and substance use before and during migration. The following questions on violence were asked: “now I will ask you about any interactions that you’ve had with different law enforcement entities: In the last 12 months, have you experienced any abuse by the following law enforcement: (police, immigration agent, military agent)” the options were “yes or no” coded as 1 or 2, respectively. If they answered yes, they were asked what type of abuse, the options were torture, extortion, bodily injury, death threats, rape, or other (what other?) coded as 1 for yes and 2 for no.

The following questions about substance use were asked: “now I will ask you if you have used or experienced any of the following substances or conditions before and after immigrating,” the options included alcohol use before immigrating, alcohol use after emigrating, use of illicit
drugs before immigrating, use of illicit drugs after emigrating” and the options were “yes or no” coded as 1 or 2, respectively.

The following questions on mental health were asked: “now I will ask you if you have experienced any of the following conditions before or after immigrating,” the options included anxiety before immigrating, anxiety after immigrating, sadness before immigrating, sadness after immigrating and the options were “yes or no” coded as 1 or 2, respectively. Participants were also given the PHQ9 questionnaire which asked “During the last two weeks, how often have you experienced the following issues” which included suicide or self-harm and feeling down, depressed, or the loss of hope, the options were “0: Never; 1: Several Days; 2: More than Half of the time; 3: Almost Every Day” and were coded accordingly.

Participants were also asked to respond to a loosely structured interview guide that was pilot-tested and revised prior to implementation. Questions were designed to elicit narratives on participants' immigration histories and motives, immigration-related barriers while in Ciudad Juarez (e.g., cultural differences, discrimination, access to social and health care services, violence), and drivers of drug use, drug selling initiation and involvement.

**APPROACH TO DATA ANALYSIS**

Descriptive statistics such as means and frequencies were computed to characterize the sample using SPSS software. The qualitative data analysis approach was thematic analysis. All interviews were transcribed, and all text data was coded and analyzed for key themes and patterns of responses using Dedoose software. The in-vivo coding proceeded in stages. First, a preliminary coding scheme informed by the theoretical framework was developed by the PI of the study and the author of this thesis. Second, the PI and the author of this thesis met to discuss the preliminary coding scheme and achieve consensus about the definitions of the codes.
including inclusion/exclusion criteria for code application. Third, four transcripts were read independently by the PI of the study and the author of this thesis (the coders). Then, the coders proceeded to code the four transcripts independently using the theory-informed coding scheme and annotating possible in vivo codes in transcripts using memos. After this first initial coding, the coders met again to discuss discrepancies in code application and proceeded to refine both coding schemes by merging, deleting, or subdividing codes. A code book was created based on the refined coding schemes. The codebook contained the label of the code and a precise definition of inclusion and exclusion criteria. The coders then proceeded to re-code the four transcripts and code the remaining transcripts independently and met again to discuss disagreements until consensus was reached. An audit trail was kept by both coders to maximize reliability in the coding process.

**Positionality and Reflexivity Method**

In qualitative research, it is important for a researcher to explain and reflect on their background and lived experiences to better highlight their positionality and thus their impact on the research process (Bourke, 2014).

Positionality refers to a researcher’s place and awareness of one’s preconceived notions on a given research topic that inevitably impacts the data collection, analysis, and interpretation of findings. It is formed through the researcher’s ontological and epistemological assumptions and by their cultural values and beliefs (Darwin Holmes, 2020).

Given that pure objectivism is a futile task, we must instead be cognizant of our subjectivity and the position in which we stand on a given issue. Positionality is the understanding that we position ourselves somewhere when saying anything at all (Bourke, 2014).
Therefore, the introspection of a positionality statement serves to help make us aware of our biases.

The researcher has conducted research and literature reviews on US immigration policies as well as interviews with migrants and their families which has helped him better understand the way in which immigration policies impact immigrant health. The researcher is pro-immigration and a champion for equality, social justice, and health equity and believes that immigrants should be treated fairly and humanely and that access to healthcare is a basic human right. The researcher believes that the social determinants of health, along with socio-political factors, are drivers of morbidity among immigrants and must therefore be what informs immigration policy through a health in all policies approach.

Prior to this research, the researcher had no experiences with substance abuse including in his personal life or as a researcher. However, the researcher has engaged in HIV research and public health outreach projects and is acutely aware of the risk for HIV infection and substance use among immigrant populations. The researcher acknowledges that public policies such as those directly related to immigration and migrant populations, including access to healthcare and other socioeconomic factors are social determinants of health that perpetuate HIV risk among vulnerable migrant populations. As a public health advocate and researcher, the researcher believes that a health in all policies approach ought to be a guiding principle in policy making including in immigration policies.
Results

Analysis revealed two overarching themes: the macro and micro level forces. The macro level forces were categorized into three domains: economic, political, and social while the micro level forces were categorized into three other domains: behaviors, mental health, and immigration laws. The domains are represented by the codes in the coding scheme. These themes, domains, and codes were structured based on the social determinants of health framework and a transnational perspective given that proximal, distal, behavioral, social, and structural forces were considered. Below, each theme, domain, and code as well as corresponding quotes are provided.

The Macro Level Forces

The macro level forces are those that encompass the more distal and structural forces including sociopolitical and socioeconomic conditions that exert an influence across space and time, from the country of origin, through the country of transit, and at the border. The three domains are economic, political, and social, and are defined below.

Economic

The economic domain encompasses the socioeconomic conditions surrounding the participants’ migration trajectory including those related to education, employment, housing, and access to healthcare. This domain is represented by the following codes:
**Education**

This code captures the educational goals, access, experiences, and attainment by participants including any related barriers. Education levels varied and included high school and technical degrees, university students, and professional degrees.

One participant described his desire to continue his education and profession as an electrical engineer:

“en Cuba... yo era ingeniero electrico...[me gustaria retomar mis estudios] de electricista”

“in Cuba... I was an electrical engineer...[I'd like to continue my education] as an electrician”

-P37: male, 32, Cuba

**Employment**

This code captures the employment opportunities, experiences, and barriers for employment including the experiences with discrimination and employment authorization or lack thereof. Employment in the country of origin ranged from professional, to technical, unstable and nonexistent due to structural forces such as government corruption, organized crime, or a poor economy.

One participant described the lack of employment opportunities in her country of origin:

“Pues alla no hay mucho trabajo, la verdad, allá yo me mataba buscando trabajo casi no hay trabajo, por lo consiguiente vive la gente muy frustrada y tiende a tener muchas cosas asi de depresión, hay mucha delincuencia, muchas maras, muchas pandillas y todo eso.”
“Well there aren’t many jobs over there, it’s true, I would look for jobs but there’s almost no jobs and consequently, we’re all very frustrated and suffer from depression due to this, there’s a lot of crime, thugs, gangs and all of that”

-P28: female, 34, Guatemala

Several other participants reported a good stable job and no need or desire to migrate yet were forced to due to corruption or violence:

“yo me dedicaba a una empresa internacional, yo era supervisor de calidad, tenia 8 años trabajando en esa empresa..., no sentía necesidad yo de salir de mi país... era un buen trabajo, con muy buenas prestaciones, buen ingreso”

"I worked for an international company, I was a quality assurance supervisor, I worked there for 8 years, I didn’t feel the need to leave my country...it was a good job, good benefits, good salary”

-P58: male, 30, El Salvador

Many other participants, however, reported the dire economic situation in their country of origin, fueled by government corruption and gang violence, leaving them with no employment opportunities. One participant reported the low wages:

“en Cuba, el salario mínimo son 20 dólares al mes, ¿qué compra usted con 20 dólares? y todo esta caro”

“in Cuba, the minimum wage is $20 dollars a month, what are you supposed to buy with $20 dollars? And everything is expensive”

-P55: female, 49, Cuba

While another participant reported the high cost of living relative to the low wages:

“en Cuba...un litro de aceite vale 300-400 pesos, una libra de arroz 70 pesos, una libra de carne de cerdo vale 90 pesos”

“in Cuba...a liter of gas is $15 to $20 dollars ($65/gallon), a pound of rice is $4 dollars, a pound of pork meat is $5 dollars”
Other participants reported employment experiences in the country of transit as a means of furthering their migration journey to the US, including for food, housing, and legal expenses. One participant reported working along the way:

“[para pagar el trayecto] yo tenía mis ahorros, pero pues decidí venirme, era con poco dinero con el que venía, pero sabemos ganarnos la vida pues, empecé a trabajar en el camino...en el trayecto”

“[in order to pay for my trajectory] I had my savings, I decided to come but it was a little bit of money that I left with, but we know how to earn a living so I started working along the way”

-P22: male, 37, Columbia

The majority of participants described experiences with unemployment and an inability to secure employment, particularly at the border, which they attributed to racism, discrimination, and a lack of employment authorization:

“he intentado buscar empleo [aqui en la frontera] pero no me dan porque...piden algo migratorio, así como una CURP o una tarjeta que dice de visitante...pero me dijeron que no hay ya permisos para trabajar en México”

“I’ve tried to apply for jobs [here at the border] but they won’t hire me because...they ask for immigration documents, like CURP or a visitor’s id...but I was told that there aren’t any more work permits left in Mexico”

-P23: male, 23, Honduras

Other participants described being denied or passed up for jobs despite having work permits. One participant described the discrimination:

“eh buscado [trabajo] aqui, a uno siempre le dicen que por que no es del país no le dan el trabajo aunque tenga papeles...en hasta buscar un trabajo le dicen si tienes papeles o no, no son de este país no te podemos dar el trabajo...y es lo primero que te dicen...y cuando le decimos que venimos de otro país nos niegan el trabajo y es difícil encontrar”
“I’ve looked [for jobs] here, they tell us that because we’re not from this country they won’t give you the job even if you have a work permit...when you look for a job they tell you “whether you have a work permit or not, we can’t give you the job”...and it’s the first thing that they tell you...and when we tell them that we’re from another country they deny you the job and [so] it’s hard to find [work]”

-P31: female, 18, Honduras

While another echoed:

“aquí cuando uno va le dicen: “para inmigrantes no hay trabajo” y no he visto ninguna oportunidad aquí...siempre que uno hago buscar un trabajo aunque tenga los papeles eso le dicen: “no, es que eres inmigrante, para inmigrantes no hay”

-P34: female, 31, Honduras

Some participants described being passed up for jobs due to the reality that they would be gone in a matter of weeks or months:

“[eh buscado trabajo pero] no me dan... porque no tengo papeles y donde no piden papeles no te dan, porque saben que somos cubanos y que nos vamos a ir y pues no te dan”

-P48: male, 33, Cuba
These quotes illustrate that participants’ education level varied and included college degrees. Regarding employment, most participants reported lack of employment opportunities at the country of origin or very low paying jobs which meant economic instability and hence, an inability to meet survival needs. Participants described securing temporary employment opportunities during transit to be able to continue the migration journey and tremendous difficulties securing employment at the border due to discrimination, lack of employment permits, and a notion by potential employers that permanence at the border would be temporary.

**Housing**

This code captures the housing experiences including the circumstances and decisions surrounding the experiences to secure housing. Many participants reported living in small one-bedroom apartments with several other immigrants.

One participant described living with 9 other people, including her 3 children:

“*Aparte de mis hijos, somo 7 adultos, y 10 con mis tres hijos [viviendo juntos]*”

“*besides my children, we’re 7 adults, and 10 in total including my 3 children [living there]*”

-**P59: female, 33, Cuba**

Others reported having to turn to sex work in order to pay rent and to avoid living in the streets, one described his decision:

“*yo tengo mi hombría bien puesta y todo pero llega a un punto de quiebra donde a uno pues 3000 mil de renta, hay que comprar comida...[mi amigo me dice] *‘oye hay una señora que quiere y paga...dale placer por 100 pesos por 50 pesos’* es lo que más que te van a dar y ya luego viene y dice ‘oye los jotitos’ porque así les dicen acá, ‘los jotitos pagan bien échate un lineazo capaz y lo vas a ver hasta bonito’ y yo ‘no manches como voy hacer eso’,“
pero llegó un día que me tocó... pues, que le digo tenía que salirme o pagar, yo no quería, en una ciudad como esta pasar una noche en la calle..., entonces si, pues ni modos a echar a trabajar el cuerpo y aunque no haya mucho de donde sacar..., llega un punto de quiebre donde la situación no hay para donde no hay salida no hay que hacer más.

“I’m straight but there comes a breaking point where rent is $166 dollars and I also have to eat, [so my friend tells me]: “listen, there’s a woman who will pay [for sex]... pleasure her for $3-$6 dollars” cuz that’s the most you’re gonna get but then he says “listen, gay men will pay better, just do a line of coke and do it” but I say “c’mon man, how am I gonna do that? [I’m straight] but eventually I had to...because I had rent to pay, I don’t want to be left to sleep out in the streets in a city like this...so yeah, I had no other choice but to engage in sex work... you get to a point where there’s no other option”

-P58: male, 30, El Salvador

Another participant who was exchanging sex for housing described the power dynamics, the vulnerability, and the exploitation he faced which resulted in him sleeping out in the street after being threatened by his abusive partner that she would report him to immigration officials so he’d be deported after he couldn’t perform in the bedroom:

“Con la mujer con la que estaba, a cambio de sexo... me daba donde vivir y comida. Pero...aveces yo no podía hacerle el amor, entonces ella si quería y me violentaba hasta que me escape, porque me dijo que iba a amenazar para que me deportaran para Cuba...dormí en la calle...[hacia] mucho frío...no tenia ni cobijas...[dormí] un costal [por el] centro, afuera de un Del Rio, en una orillita.”

“the woman that I was sleeping with, in exchange for sex...she’d give me somewhere to live and food to eat. But...sometimes I couldn’t make love to her, and since she wanted it, she’d get violent with me until I escaped, because she would threaten me, she’d tell me that she would report me so I’d get deported back to Cuba...so I slept in the streets...[it was] very cold...I didn’t have any blankets...[I slept] in a sack downtown, outside of a Del Rio (grocery store).”

-P48: male, 33, Cuba

Another participant described being taken advantage of for being an immigrant:
“[la duena] se llevó el lavamanos del baño lo quito ya no lo quiso poner más “y si quieren tienen que irse de aquí si quieren váyanse de aquí” es como siempre estamos a fuerzas de maltrato y a fuerzas de que se aprovechen de uno”

“[the landlord] took the sink out of the restroom and didn’t want to put it back “if y’all wanna leave, leave, get out of here” and that’s how it is, we’re always being mistreated and taken advantage of”

-P42: male, 36, Cuba

Another participant described his experience with housing discrimination by being overcharged more than 50%:

“imaginense una noche en un hotel cuando menos lo que te vale son 120, 140 y si uno es inmigrante se lo dejan en 200”

“imagine this: a one-night stay at a hotel will run you $120 or $140, but if you’re an immigrant they’ll charge you $200”

-P58: male, 30, El Salvador

These quotes illustrate the struggle of participants to secure housing including engaging in behaviors that increase the risk of contracting HIV, the suboptimal arrangements such as living in a crowded space, and the exploitation faced due to discrimination. Housing insecurity is a social determinant of health that is tied to economic instability which in turn increases exposure to crime and violence (Buchanan et al., 2009).

Healthcare Access

This code captures the reliability, affordability, and access to healthcare including preventative, screening, and treatment care for STI/HIV. Participants reported mostly free access to healthcare in their country of origin, although the quality and level of satisfaction was mixed
after factoring in long wait lines and the bribing and preferential treatment for those who were better connected. Many participants reported doing routine STI/HIV testing. Access to healthcare, however, largely declined upon leaving their home country due to their limited financial resources, unfamiliarity with a foreign healthcare system, and their immigration status.

One participant described her satisfaction with access to healthcare in Cuba:

“[el sistema de salud en Cuba es] el más bonito del mundo...una atención buenísima. [Yo me] hacía exámenes preventivos... cada tres meses...me hacía VIH, de la presión, de la hemolobina, todo. Análisis general.”

[the healthcare system in Cuba] is the best in the world...the best care. I would get preventative exams every 3 months, I would get the HIV [testing], high blood pressure, hemoglobin, everything. A general check-up”

-P54: male, 40, Cuba

Another participant described the comprehensive nature of healthcare services in Cuba:

“Allá [en Cuba] una vez al año tenemos derecho a hacernos un chequeo medico completo, todo tipo de análisis, a las mujeres nos hacen pruebas psicológicas, de todo, hasta revisión buccal.”

“In cuba] we have a right to get a full medical check-up, once a year, every type of analysis, women get a mental health evaluation, they check everything, even your mouth/teeth”

-P39: female, 34, Cuba

Several participants described the challenges, barriers, shortages, and negative experiences with their access to healthcare including the corruption that extended into healthcare in their country:

“Allá en [Cuba] el sistema de salud es gratis, igual que la educación. Usted va a un médico como si le cambian el cuerpo completo, no le cuesta nada, al momento que llega va a ser atendido, con mucha escasez de medicamento,
escasez de todo, pero bueno entre la escasez siempre ayudaban al pueblo a que se mejoren”

“the healthcare system in [Cuba] is free, same as with education. You go to a doctor and they’ll treat you from head to toe, free of charge, they’ll attend to you as soon as you arrive and despite the medication shortages and shortages of everything else they’ll always help the you get better”

-P44: male, 37, Cuba

One described shortage in medicine and medical equipment:

“[en Cuba] muchas de las veces no hay el medicamento pero los doctores de allá tienen esas facilidades sin tener nada, sin tener ni aparatos médicos solamente con lo que usted le diga que se siente le van diciendo lo que usted tiene de una y más o menos puede ir resolviendo, por ahí si me he hecho bastantes análisis de SIDA…me empecé hacer análisis cada tres meses pero si he tenido bastantes chequeos.”

“a lot of the time, there isn’t medicine [in Cuba], the doctors still have the facilities just without the medical equipment, but if you tell them your symptoms, they can tell you what you might have and you can try to resolve it. I have gotten tested for HIV many times… I started getting tested every 3 months so I have gotten tested many times.”

-P46: male, 28, Cuba

Another participant reported the high price of healthcare services and the shortage of medical supplies including gloves and gauze:

“[los servicios de salud allá en Cuba son] malísimos…[y es muy] caro y no hay [nada] las dos cosas caro y no hay de nada. Allá los doctores no te operan porque no hay guantes….mira el problema, que tu vas por una operación y te dicen ven dentro de cinco meses. Ya cuando vayas ya estás muerto. No hay guantes, no hay torundas, no hay nada.”

“[health services in Cuba] are terrible and expensive, there’s nothing, it’s both: being expensive and the shortages. The doctors won’t perform your surgery because there aren’t any gloves…look, here’s the problem: you go for
surgery and they say come back in 5 months but when you go back you’re already dead. There’s no gloves, no gauze, there’s nothing.”

-P41: male, 52, Cuba

One participant provided a glimpse into the pervasive and corrosive nature of poverty in Cuba, which extends into healthcare services:

“Sí…en Cuba [los servicios de salud] son gratuitos…pero, que para que te atiendan bien siempre tienes que dar dinero, un regalito por la necesidad que hay en Cuba.”

“Sure, [health services] in Cuba are free of charge but, in order to be treated well, you gotta give them money, a little [bribe] because of all the poverty that there is in Cuba.”

-P51: male, 24, Cuba

While another participant echoed that bribing doctors will get you better service:

“Si [tenía acceso al servicio de salud pero] a veces te atienden bien a veces te atienden mal, si les regala cosas a los médicos te atienden major”

“I did [have access to health services but] sometimes it’s good service, other times it’s not, if you [bribe] the doctors you get better service”

-P59: female, 33, Cuba

Other participants described their experiences and barriers to healthcare access in the country of transit and at the border:

“[eh solicitado ayuda medica pero es] lo mismo, te toman los datos… la última vez intenté pedir ayuda, mira esto es lo que me hicieron…me lo pidieron todo. Me dicen bueno mira yo te voy a hablar esta semana, si no eres llamado, no estas aprobado. Como a los 15 días fui, otra vez a intentar ver. Cuando veo ya me lo habían dado la ayuda supuestamente… ni cuenta, a mi nunca me llegó nada, y estaban utilizando la tarjeta y todo a nombre mio… ¿Qué voy a hacer? Nada

-P59: female, 33, Cuba
I’ve tried to go get medical help but it’s the same thing, they take your info…the last time I tried asking for help and this is what they did, they asked me for all my info. They tell me they’ll call me by the end of the week if I’m approved. 15 days later I go to follow up but they tell me that supposedly they’ve already given me the medical help…unbeknownst to me, I never received anything, but somebody else used my name and my card…so what am I supposed to do? I can’t do anything about it”

-P42: male, 36, Cuba

This participant, who has diabetes, described being unfamiliar and unsure if he could even receive healthcare in Mexico but instead planned on waiting till he made it to the US to seek medical care:

“No he usado hasta ahora nada [de servicios de salud en Ciudad Juarez], mi medicamento de la diabetes yo voy la compre en las farmacias…acá en México ¿cómo voy a poder hacerme [el chequeo anual que necesitan hacerse todas las personas con diabetes]? lo que he pensado es que cuando ya pase al lado de allá [de EEUU] me haré los exámenes que sean, porque creo entra en seguridad social, no sé cómo seria.”

“I haven’t utilized any [health care services here at the border], I just go and buy my diabetes medication from the pharmacies here in Mexico. How am I supposed to go get the [annual testing that people with diabetes need to get] here in Mexico? I think I need social security; I don’t know how it works here. What I’m thinking is that I’ll get them done once I make it to the other side [in the US].

-P35: male, 46, Cuba

These quotes indicate that participants had access to healthcare in their country of origin. Most participants reported being able to access health care services with some indicating that quality varied with services of higher quality provided to people with means. Participants faced dire challenges to access health care services during transit and at the border including having to wait a long period of time without resolution. Participants’ experiences suggest that access to preventative, screening, and treatment care for STI/HIV, was negatively impacted during migration.
Political

The political domain is that which encompasses the sociopolitical conditions surrounding the participants’ migration trajectory including those related to the systemic, structural, and sociopolitical forces. This domain is represented by the following codes:

Violence

This code captures the participants’ experiences with abuse, crime, and violence including organized crime, interpersonal violence, domestic abuse, and sexual or gender violence. The majority of participants reported experiencing some level of violence, with many of them also reporting it as a reason to immigrate, while for others it was a motivating factor along with economic reasons.

One participant shared her personal experience with violence, rape, and murder in the country of origin:

“cuando tenía como 14 años a mí me pusieron este tiro y a mi hermano lo mataron, el mismo muchacho que hizo eso me violó.”

“when I was about 14 years old, they shot me here and killed my brother. The same guy who killed him also raped me.”

-P34: female, 31, Honduras

One participant who had a stable job described his experience with organized crime and the violence that plagues his country of origin including gang control, extortion, and murder; he was asked to pay a “protection fee” by local gang members which amounted to half his salary therefore he was forced to leave his country:

“yo no me había visto en la necesidad de salir de mi país...en mi trabajo estaba bien tenia buenos ingresos, hice mi casa. Allá hay reclutamiento para lo niños menores de 10 a 12 años para las pandillas obligatorio o sino los desaparecen en mi caso pues yo ya no era candidato para ellos ya estaba
grande de edad ara ellos sin embargo vieron la oportunidad de poderme sacar
tal vez una extorción entonces me estaban pidiendo 100 dólares semanales en
recarga de celular y yo dije si gano un poco bien gano 300-400 dólares a
veces con horas extras hasta 500 dólares quincenales a veces porque con
horas extras y gano 300 dólares quincenales le voy a dar 100 cada semana,
cuanto me queda a mi y para darle alimentación mi hijo o para ayudarle a
mis papas o para cualquier gasto no me va a quedar nada, voy a trabajar para
ellos, lo más triste de esto es que son personas que uno conoce, que uno a
veces se ha criado junto oye a veces hemos comido en el mismo plato, porque
me estas diciendo esto, es la ley de la calle compadre, tienes dinero hazlo,
échanos el paro y no te va a faltar nada, quien se meta contigo nosotros lo
matamos allá así es, allá no hay libertad como aquí en México, yo veo mucha
gente que anda tatuada, que el corte de pelo así, allá unos zapatos estilo Nike,
aqui en México todo mundo se pone eso aquí nadie le dice nada, no caminas
dos cuadras allá y te matan por un par de zapatos de esos porque solo andan
los pandilleros, entonces a mi me llegó la extorción, osea yo de donde voy a
sacar... pero es mi dinero estoy ganando, me desvelo 5 noches, trabajo 5 días.
yo no tenía como necesidad de salir de mi país, pero por problemas de
seguridad pues uno tiene que abandonar su patria.”

“I never had a reason to leave my country, I had a good job, good income, I
built my home. Gangs recruit children between 10 to 12 years old over there,
they force them to join them or they make them disappear. Since I was already
too old, instead, they saw me as an opportunity to extort me for money, they
were asking me for $100 dollars a week. I earn a good little bit of money like
$300 to $500 every two weeks with overtime but if I’m having to pay them
$100 a week, how much is that gonna leave me to feed my child, to give money
to my parents, or to pay my own bills? I’ll have nothing left, I’ll just be
working for them. The sad part is that these are people you know, that you
grew up with, that you’ve shared a meal with. “Why are they doing this to
me?” “It’s the law of the land my man, you got money, give us a cut and you’ll
be set, if anyone messes with you, we’ll kill them”, that’s how it is over there.
There’s no freedom like there is here in Mexico, I see people a lot of people
walking around with tattoos, a haircut, some Nikes and nobody says anything,
not over there, you can’t walk two miles without getting killed for shoes like
that over there because of all the gangs. I was getting extorted but that’s my
money, it’s money I’ve earned, I work day and night 5 days a week and I was
making about $750 a month, I didn’t have a reason to leave my country but
due to safety reasons you’re forced to leave your country.”

-P58: male, 30, El Salvador
Another participant described his experience with government corruption and violence which led to the decision to leave his country after the government took everything away from him including his money:

“Lo que me motivó [emigrar] fue que me robaron, el gobierno me robo, me lo quito todo, todo mi dinero me lo quito el gobierno. Yo tuve que vender mi casa para poder salir del país... Pero el gobierno a mi me lo quito todo. Por eso salgo del país, no puedes, no hay libertad de expresión, te oprimen, si te tienen que dar golpes, te dan golpes sea mujer, hombre, lo que sea. Allá si no, allá no es como aquí, que yo veo que aquí hablan mal del presidente y hagan lo que quieran, no allá usted no lo puede hacer porque rápidamente tiene su casa rodeada de policías y le están cayendo a palos”

“what motivated me [to emigrate] was that the government stole from me, they took everything away from me, all my money, the government took it all from me. I had to sell my house in order to be able to leave the country, but the government took everything from me. That’s why I left my country, you can’t, there’s no freedom of expression, they oppress you even if they have to beat you, they’ll beat you, doesn’t matter if you’re a woman, a man, or whatever. It’s not like it is here that I see people talking bad about the president and doing whatever they want, not over there, you can’t otherwise you find your home surrounded by police who come to beat you.”

-P55: female, 49, Cuba

Many participants reported experiencing violence along the way, in the country of transit, on their journey to the border, one migrant shared being beaten and robbed:

“en Guatemala en un hotelito se metieron y nos asaltaron y nos golpearon... y nos quitaron el dinero.”

“in Guatemala, in a hotel, we were assaulted and robbed”

-P48: male, 33, Cuba

Several participants reported being beaten, kidnapped, robbed, and extorted for more money to be sent from their families. One participant described escaping his kidnappers:
“[en Matamoros fui secuestrado] el primero de noviembre. Nos pidieron rescate, pero ahí nosotros logramos escaparnos y por eso fue que yo vine para acá, para Juárez huyéndole a esas personas.”

“I was kidnapped in Matamoros] on the 1. of November. They asked for ransom, but we managed to escape and that’s why I came to Juárez, running away from them.”

-P49: male, 40, Cuba

Other participants reported experiencing violence at the hands of gangs and organized crime. One participant described being shot at while en route:

“[cruzando] la frontera entre Honduras y Nicaragua... nos cayeron a tiros, cuando estábamos cruzando de Nicaragua para Honduras a la mitad del camino, ahí nos cayeron a tiros, veníamos 7.”

“we were shot at while crossing the border between Honduras and Nicaragua...they shot at us when we were crossing from Nicaragua into Honduras, there were 7 of us.”

-P41: male, 52, Cuba

Some participants reported being the victims of sexual violence while migrating. One participant described the sexual violence by fellow migrants and immigration officials:

“[Sufri violencia en el transcurso]...violencia de los de mas que vienen, en los caminos siempre pasan cosas...donde quieren que a la fuerza quieren abusar de ti, igual con migración, sino coperas por decirlo así, ellos te dicen “te dejo si te acuestas conmigo” y eso es lo que pasa. yo lo hice por lo mismo porque no quería regresar”

“I suffered violence along the way] by others who are also migrating, things always happen along the way...where they will force and abuse you, same with immigration officials, if you don’t just give in and let it happen, and they’ll even tell you “I’ll let you through if you sleep with me” and that’s what happens. And that’s why I did it, because I don’t want to go back.”

-P33: female, 36, Honduras
One participant described the deadly journey to the US:

“Se encuentra uno sicarios, zetas, se ve cara a cara con la muerte es muy horrible lo que uno vive como migrante.... a una de mis amigas la secuestraron y ya no apareció, allá en Veracruz.”

“you come across Sicarios, Zetas, and you come face to face with death, it’s horrible what we go through... one of my friends was kidnapped, that was the last time we ever saw her, in Veracruz.”

-P28: female, 34, Guatemala

Furthermore, many participants reported experiences with abuse and violence at the border as well. One participant described his fear:

“Aqui lo que mas es la violencia, el secuestro lo que se convive. A ver si yo ando en malos pasos, espero malos pasos, pero hay veces que no es eso, nos ven con un celular y nos secuestran. A mi ya me han quitado dos celulares, me quitaron la cartera que aqui fue donde yo perdí la credencial. [Vivimos con] el miedo de salir, el miedo de ser acosado, el miedo de ser secuestrado, el miedo de de lo que le pasa a uno”

“the worst thing here is the violence, the kidnapping. If I’m up to no good, I expect to come across trouble, but that’s not what’s happening here; they see you with a cellphone and they’ll kidnap you. They’ve already stolen two cellphones from me, they took my wallet and my id. [We live in fear] of going out, being harassed, kidnapped, or anything else that can happen to us.”

-P44: male, 37, Cuba

Several participants described the violence and organized crime that they experienced at the border. One participant was assaulted and robbed while trying to cross into the US:

“[Me asaltaron] los malandros; veniamos nosotros subiendo pal Cristo, ese en la loma. Y eramos 4 cubanos, entre ellos mi hijo y yo, y dos amigos mios. Y nos asaltaron los malandros, a mi me quitaron 600 dolares que traia arriba, me quitaron el telefono a mi, a mi hijo. A mi hijo le dieron un golpe por aqui por la cabeza y a mi uno por aqui por las costillas.”
“the gang members [beat me up]; we were going up to Mt. Cristo Rey, it was 4 of us from Cuba, including my son, me, and 2 other friends and they beat us up. They stole $600 dollars from me, they stole my cell phone. They hit my son on the head and they hit me in my ribs.”

On a separate occasion he was kidnapped by the man who he paid to smuggle him across the border:

“[en otra ocasión] la persona que me secuestró me cobro un valor de 1000 dólares por pasarme hasta ahí hasta El Paso, Texas. Antes de cruzarme me quitó el dinero porque era el acuerdo y ahí me dijo que le facilitara algún número de teléfono para poder llamar a algún familiar para que le depositaran en su cuenta si no tenia que matarme y le dije que me matara porque no...y ahí estuve dos días sin tomar agua y sin comer y sin nada.

“[on a separate occasion], the person who kidnapped me charged me $1,000 dollars to smuggle me into El Paso, Texas but before we crossed [into the US] he took the money that we had agreed to and told me to give him a family member’s phone number so that they could deposit more money into his [bank] account otherwise he would kill me so I told him no, kill me...and so [he held me hostage] for 2 days without food or water, nothing.”

-P54: male, 40, Cuba

Another participant described a similar scenario of rape, being beaten, robbed, and kidnapped while trying to cross the border:

“intentamos irnos para Anapra, ahí por la parte del Oxxo intentamos llegar a Estados Unidos y a mediación de cuadra nos cogieron unos muchachos y nos secuestraron casualmente nos arrinconaron así a una casa, llego inmigración de aquí de México no sé, porque de Estados Unidos no pudo haber sido y no hizo nada, llegó en ese momento ahí, esa gente nos interceptaron aquí así y se pusieron a hablar con los que nos secuestraron dieron la espalda y se fueron, esa gente esos polleros nos montaron éramos seis, nos montaron en un carrito blanco y nos metieron cerro adentro y nos llevaron a una casita no sé, yo recuerdo porque a la hora de salir vi las condiciones en la que era la casita en donde nos tenían metidos y allí sufrimos de todo, tenían pistolas, cosa que nunca en mi vida con 30 años que tengo yo porque en Cuba no se ve eso, donde quiera hay peligro pero cosas así yo nunca yo he visto, allí nos dieron golpes, nos quitaron la ropa para quitarnos el dinero que lo teníamos escondido porque ellos decían que los cubanos somos muy inteligentes y escondimos el dinero en diferentes lugares y nos los quitaron, cada vez que
encontraban dinero en algún lugar del cuerpo que lo teníamos escondido en los zapatos o algo así nos daban piñazos aquí así, en una nos dijeron que nos vendáramos los ojos y nos viráramos para allá que no miráramos la cara porque cogieron un mexicano que pensaron que el era el que nos estaba guiando y a ese lo amarraron y empezaron a darle tablazos, una amiga mía que hoy por hoy actualmente vive conmigo en mi casa aquí...a ella la violaron....:

“we tried to go to Anapra, by the Oxxo, we tried to get into the US but we were picked up by some guys who kidnapped us, they took us to a house where the Mexican immigration officials showed up but they didn’t do anything, they spoke with our kidnappers and left. Then the polleros/coyotes put the 6 of us into a white car and took us to a house in the hills where we suffered/endured many things. They had guns, something that I had never seen in my 30 years of life because in Cuba there are no guns, there’s danger anywhere but I had never witnessed anything like that in my life. They beat us, stripped us, and took whatever money we had hidden on us. They were telling us that us Cubans are very smart, that we know how to hide our money so whenever they found more money on us, like in our shoes they would hit us again. They blindfolded us, they didn’t want us to see their faces. There was a Mexican guy with us who they thought was our guide, they tied him up and beat him with a wooden plank. They raped a friend of mine there, she’s living with me now.”

-P00: male, 30, Cuba

Law Enforcement Abuse

This code captures the participants’ experiences with abuse, crime, and violence by law enforcement. Every participant reported experiencing discrimination, harassment, abuse, crime, or violence at the hands of law enforcement. Some described it as a reason to leave their home country while others described their experiences in their trajectory or at the border.

One participant described his desire to return to his home country to be with his family but leaving Cuba is a crime, so he fears retribution from law enforcement:

“porque como en Cuba salí ilegal del país, es un delito, tendría que ver, pero no se a veces si quiero regresar [por] mi familia...pero por otras partes me seria bastante mucho más difícil porque las autoridades en Cuba... porque es como que dicen ahora eres gusano porque abandona su país, salir del país de nosotros es penalizado salir ilegal del país se llama.
“since I left Cuba illegally, it’s illegal to leave the country, I’d have to see but yeah sometimes I do want to go back [for] my family...but it would be very hard because of law enforcement in Cuba...because now I’m considered a traitor for abandoning my country and we’re penalized for leaving.”

-P42: male, 36, Cuba

Another described it his persecution by police at the country of origin:

“La persecución policiaca porque yo también quería salir del país, me entiende yo quería salir del país y claro que por eso me perseguían...yo lo más recuerdos que tengo de cuba son los momentos amargos de la policía que me perseguía y son varias veces que me estuvo persiguiendo la seducción que sufrí ahí era muy grave”

“The persecution by police because I also wanted to leave my country so that’s why they were after me... most of my memories from Cuba are the bitter memories of the police coming after me several times, I suffered grave persecution over there.”

-P37: male, 27, Cuba

After leaving their home country, participants reported widespread and targeted abuse, corruption, bribery, and violence by law enforcement throughout their trajectory. One participant described corruption by law enforcement in Peru:

[I suffered abuse/violence in my trajectory] by the police in Peru who kidnapped me, they said “give me money.” The police in Peru are corrupt, more corrupt than in Mexico. [They took all my money], they know that you’re Cuban and an immigrant so they take your money. It’s not just in Mexico that the police are corrupt, it’s like that in every country [that I traveled through].”
The majority of participants described law enforcement abuse via extortion where they were forced to pay in order to cross a border, be allowed to continue on their journey, and not be deported. One participant described the sale of visas by immigration officials:

“vendían muchísimas visas...ellos la cobraban....debería ser gratis.”

“They sell a lot of visas...they’ll charge you for them...but they’re supposed to be free.”

Another participant described being extorted and threatened with deportation if they didn’t pay the police and immigration officials:

“subiendo de allá de Tapachula, tuve que dar dinero porque si no me querían deportar para Cuba....Entonces yo todo era una amenaza y tuvimos que pagar dinero. Fue Migración y la Guardia”

“Coming from Tapachula, I had to pay, otherwise they would’ve deported me back to Cuba. It was a threat, so I had to pay. It was immigration officials and the national guard.”

Another participant shed light on the cost:

“fui extorsionado, tuve que pagar 300 dólares para que me dejaran ir a las personas de migración porque en ese tiempo estaban deportando, me pedían 1,000 dólares y les enseñé que no traía que lo que traía era eso y accedieron de dejarme ir por un valor de 300 dólares. Fue en un retén me esposaron y me condujeron al carro que usan ellos para transportar a las personas hacia el siglo xxi, la estación migratoria y ahí le dije que lo que tenía era 300 dólares que venía a cargo pues de todos ellos, hablo conmigo y dijo “pero nadie lo puede saber tu nos das 300 dólares y nosotros te dejamos ir” y accedi a eso, ese fue mi primer encuentro duro acá en México.”
“I was extorted, I had to pay $300 dollars to the immigration officials so that they would let me go because at that time they were deporting people. They were asking me for $1,000 dollars but I showed them that I didn’t have that, I showed them all I had so they agreed to let me go for $300 dollars. It was at a roadblock/checkpoint, they put me in handcuffs, and put me in a transportation vehicle that they use to take people to the immigration detention center, so I told them right there that I had $300. They saw that I wasn’t lying so 45 minutes later... the guy who was in charge told me “nobody can know that you gave us $300 to let you go” so I agreed, and that was my first experience [with abuse by law enforcement] here in Mexico.”

-P56: male, 36, Cuba

Participants also described their suspicions that the abuse, corruption, and violence by law enforcement were systemic and a form of organized crime. One participant described his experience:

“La travesía para acá es muy difícil porque todos los retenes te extorsionan, a veces le pagas al chofer, como me sucedió, le pagas al chofer y el mismo chofer del bus es el que te manda a coger a delante con los policías y le pagas al policía y adelante tienes otros policías que te están esperando también porque yo pienso que eso es una cadena y que se van comunicando entre ellos.”

The journey over here is very difficult because you’re extorted at every checkpoint, sometimes you pay the driver, the way I did, then he’ll drive you through where the police are waiting, and you gotta pay the police, and up ahead there’s more police waiting too, so that’s why I think it’s organized and that they coordinate among themselves.”

And the lack of support when they have no one to turn to for help with law enforcement abuse:

[Fue] la policía [entonces]... ¿de quién recibió apoyo? ¿A dónde vas? si un policía te hace esto...¿A quién usted va a acusar? Si cuando vayas a la unidad de la policía va ser lo mismo o peor porque ya quedas como más visto, te pueden levantar te pueden matar, no sé.”

[It was] the police [so]... who’s gonna help us? Where does one go? If the police does this to you...then who do you file a complaint to? If you go to the police station, it’s gonna be the same thing or worse because they’ll know who you are, they can find you, they can kill you, who knows.”
**P35: male, 46, Cuba**

Many participants reported abuse in the form of violence. One participant was robbed and beat while his cousin had his finger cut off:

“Eso sí fue bien difícil: yo vivía con un primo mío, estábamos viviendo en ciudad Acuña allá hay como un centro le dicen Smart ...[el] iba a retirar un dinero de coppel que ya le habían mandado de Estados Unidos... en ese momento cuando mi primo sale...los mismos policías estaban checando vestidos de civil los que estaban sacando dinero de coppel ...a mí ...me sacaron el dinero, [y] el teléfono. No nos preguntaron nada... y a madrazo y madrazo ahí no podíamos levantar la cabeza...y nos llevaron como a un finca, pero era una finca...ahí nos dieron bastante a mi primo le dieron con una de podar el zacate, le cortaron el dedo y querían que yo me lo comiera, fue bien difícil y gracias a mi primo por mi primo dieron 10,000 dólares y por mi dieron...3,000 dolares.”

“it was very difficult, I was living with a cousin of mine in Acuña and we went to get some money that my cousin had gotten wired from (someone in the) US but when he came out of the Smart/Coppel, there were cops dressed in civilian clothes, they took my money and my phone. They didn’t ask us anything, they beat us and took us to a farm where they cut off my cousin’s finger with a lawnmower and they wanted me to eat it. It was very difficult but thankfully they sent us $10,000 dollars for my cousin and $3,000 dollars for me [to pay them off].”

**P46: male, 28, Cuba**

And some reported sexual abuse, violence, and rape by law enforcement. One woman described her experience:

“los policías ...como yo no tengo papeles pues ellos se propasaban conmigo, algunos me pedían dinero, otros me pedían relaciones y otros hasta abusaban de mí porque yo no aceptaba.”

“since I don’t have papers, the police would proposition me, some would ask for money, others would ask for sex, and some would abuse/rape me when I wouldn’t accept.”

**P26: female, 18, Honduras**

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Furthermore, participants also reported abuse by law enforcement officials at the border, from the moment they entered the city, to walking down the street, and even while attempting to leave to the US. One participant describe an “entrance fee”:

“Aquí cuando usted entra a Juárez en bus, en el retén ese, ahí yo tuve que dar 1,000 pesos mexicanos al de migración porque yo venía sin papeles….[es] pagar aquí a la entrada; 1,000 pesos mexicanos al de migración para que me dejara seguir. [Me extorsionaron….mil pesos mexicanos le tuve que dar.”

“Coming into Juarez, at the checkpoint, I had to give the immigration official $100 dollars because I didn’t have papers... it’s an entrance fee; $100 dollars to the immigration official so he’d let me through. [It’s extortion]...it was $100 dollars that I had to pay.”

-P55: female, 49, Cuba

Many participants described widespread law enforcement abuse at the border in the form of bribery, theft, and extortion. One participant was robbed at gunpoint:

“me cogieron y me extorsionaron y me apuntaron hasta con las armas y me dijeron que si no les pagaban pues me mataban...y ahí me dijeron de que le buscara la manera, que ellos sabían que nosotros los emigrantes aunque sea algo le podíamos dar y ahí me quitaron un valor de 300 dólares.”

“They stopped me and extorted me at gunpoint, they said they’d kill me unless I paid them...they told me that they know that migrants could give them at least something and to figure it out. They took about $300 dollars from me.”

-P56: male, 36, Cuba

Other participants had their passports and immigration documents torn or stolen from them by police while others were threatened with deportation if they didn’t pay:

“fui a acompañar a un amigo que iba a retirar un dinero a Coppel y cuando salimos...nos interceptaron y nos pidieron documentos, entregamos los pasaportes, que incluso nos querían romper los pasaportes y nos pidieron dinero, les dijimos que no traíamos dinero. A mi amigo...le quitaron todo su dinero que acababa de cobrar, más su teléfono y yo traía como 500 pesos también, me lo quitaron y me quitaron el teléfono y "pinches cubanos" y...no le puedo decir ni tantas cosas que nos dijeron.”
“I went with a friend to get some money from Coppel (~Western Union) and when we came out... they stopped us and asked us for [immigration] documents, so we gave them our passports, which they were going to tear. They wanted money but we told them that we didn’t have any. They took all of my friend’s money that he had just taken out and they took $50 dollars that I had on me too, and they also took my cellphone and said “fucking Cubans” and...I can’t tell you all the insults they hurled at us.”

-P55: female, 49, Cuba

Participants reported police taking their money even when they were simply coming or going to work. One participant described his experience:

“varias veces aquí en Juárez quizás unas cuatro o cinco veces...lo ven a uno en la calle, lo paran: “¿de donde vienes?”, “no yo trabajo acá cerca en un bar y yo soy el de seguridad” ... le sacan provecho el hecho cuando ...ven un migrante ellos piensan que todos tenemos dinero porque piden demasiado dinero y lo primero que dicen: “yo le llamo a migración para que te deporten ahorita mismo...” yo tengo permiso...[pero] ya le quitan a uno la tarjeta ya sin esto ahi es donde empieza la extorsión. ...de hecho una compatriota mía en Cancún la mataron, sí una salvadoreña la mataron los municipales

“there’s been several times, like four or five times, they see you in the street, they stop you: “where are you coming from?” [and I tell them]: “I work as a security guard at a bar nearby.” They take advantage of the fact that they see a migrant, they think that we have money so they ask for a lot of money, the first thing they tell you is: “I’ll call immigration right now so they can deport you.” I do have a permit, but they’ll take it from you to extort you, as a matter of fact, the local police in Cancun killed a female friend of mine from El Salvador.”

-P58: male, 30, El Salvador

Lastly, almost every participant described abuse by law enforcement at least once during their migration journey with many reporting theft, bribery, and extortion by police, national guard, and immigration officials. One participant described the widespread law enforcement abuse as having to pay everyone off:

“Yo no traigo nada de papeles ahora, y la mayoría de las veces que me paran ni siquiera me piden los papeles. Y aunque tengas papeles... “me das dinero o
“I don’t even carry my [immigration] papers anymore, I don’t have them on me today because the majority of the time that I’m stopped, they don’t even ask you for them. And even if you have them, they just say… “give me money or I take you with me” It’s the same thing [with the national guard and with the immigration officials] you gotta pay them, you gotta give them money, you gotta pay everyone off.”

-P46: male, 28, Cuba

These quotes shed light on another form of violence that is pervasive and takes place at the country of origin, during transit, and at the border and is perpetrated by law enforcement entities; these forms of violence include harassment, kidnapping, false imprisonment, detention, and incarceration. Exposure to violence of this magnitude is associated with a high prevalence of mental health disorders including PTSD, depression, and anxiety (Blackmore et al., 2020; PeConga & Thøgersen, 2019; Steel et al., 2009).

**Discrimination**

This code captures the participants’ experiences with discrimination including sexual, gender, and racial discrimination from people, communities, governments, and their law enforcement and immigration entities. Participants reported targeted and discriminatory treatment when applying for jobs, and when encountering law enforcement, including immigration officials. One participant described facing discrimination throughout her trajectory:

“Pues, que donde quiera es lo mismo, no veo ninguna diferencia porque igual se sufre acá, por ser uno emigrante lo discriminan.”
“Well, it’s the same everywhere, it’s all the same thing because we suffer [discrimination] here as well, we’re discriminated for being an immigrant”

-P28: female, 34, Guatemala

Another participant described facing employment discrimination:

“estuve trabajando en Saltillo, eh buscado aquí, [pero] a uno siempre le dicen que por que no es del país no le dan el trabajo aunque tenga papeles

“I worked in Saltillo, I’ve looked [for work] here, [but] they always tell you that because you’re not from this country they won’t give you a job even if you have papers”

-P31: female, 18, Honduras

Many Cuban participants described being stopped by law enforcement for being Cuban and being treated like a dog, one described:

[los agentes de migración]… son muy corruptos, si te ven la cara de Cubano te paran. Ahi en el centro me pararon....ellos si maltratan mucho, te tratan como un perro. Yo tuve una discusión con uno por que nos maltratan a uno si nosotros solo tratamos de emigrar para mejorar nuestra vida, porque por gusto no vamos a estar aquí. Nosotros somos de carne y hueso igual que usted y como los seres humanos. Yo no entiendo porque tratan mal a las personas, te esposan como si uno fuera un criminal o un delincuente y a quien tienen que hacerlo, no lo hacen.”

[the immigration officials]... are very corrupt, if they see that you’re Cuban, they stop you. They stopped me downtown...they mistreat us and treat us like dogs. I asked one of them why they treat us like that if all we’re doing is immigrating to better our lives, we’re not migrating for fun and games, otherwise we wouldn’t be here. We’re flesh and bones, we’re human, just like they are. I don’t understand why they treat us so badly, they put you in handcuffs like if we were criminals but the ones who they should be arresting, they don’t.”

-P41: male, 52, Cuba

Another participant echoed the sentiment:
Another participant from Cuba described being told to go back to her country by immigration officials:

“[fui] al puente Santa Fè por información y ahí me trataron como si totalmente fuera un perro callejero, ni me brindaron la información que les pregunté y cuando le insistí que por favor que me ayudaran a responderme las preguntas que le estaba haciendo cómo que oí que nunca se me va a olvidar esas palabras “Pinches cubanos, deberían regresar a su país” entonces eso como que me dolió.”

“[I went] to the Santa Fe bridge for information and they treated like a stray dog, they didn’t even give me the information I asked for, and when I asked them to please help me with answering my questions I heard them say something that I will never forget: “fucking Cubans, they should go back to their country” and that hurt.”

-P56: male, 36, Cuba

These quotes illustrate the participants’ experiences with sexual, gender, and racial discrimination that extend to housing and employment discrimination by individuals and law enforcement, including immigration officials. Individual and structural discrimination in the
social and community context of the social determinants of health exacerbate violence and negative health outcomes for migrants (Goldenberg et al., 2011; Castañeda et al., 2015; Esses, 2021).

Social

The social domain is that which encompasses the social and interpersonal conditions surrounding the participants’ migration trajectory including those related to the support or barriers associated with their migration journey. This domain is represented by the following codes:

Social Support

This code captures the participants’ experiences with social, emotional, mental and financial help or support received through their friends, families, and organizations which make up their social networks, which may have supported or facilitated their migration. Several participants reported financial support from their families, one participant described receiving financial support from family to emigrate:

“[Mi familia me apoyaron] con un dinerito que mi mamá y la familia [me dieron para poder salir de mi país]”

“[my family helped me] with a little bit of money that my mom and my family [gave me to be able to leave my country]”

-P59: female, 33, Cuba

Other participants described having to sell homes and belongings:
“mi mamá tuvo que vender su casa para poderme ayudar... y entonces con ese dinero empecé a hacer la travesía.”

“my mom had to sell her house to be able to help me leave... so I began my migration journey with that money”

-P36: female, 31, Cuba

Another participant’s social support from his friends and family gave him the strength to emigrate:

“vendi todo y con ese dinero me retorne para acá para México, con la ayuda de mi mamá, [y] una tía que también me ayudó que tengo en Miami. [Amigos] me ayudaron en el sentido de dinero, también me ayudaron en el sentido de ofreciéndome la mano de dando el apoyo sentimental, dándome ánimos, sí, sí tuve mucho apoyo por eso cogí más fuerza y me vine solo.”

“I sold everything and used that money to come to Mexico, with the help from my mom and my aunt in Miami. [Friends] helped me with money, but also in the sense of giving me a helping hand, emotional support. Yeah, I had a lot of support and that’s how I got the strength to come alone.”

-P00: male, 30, Cuba

Other participants described joining a caravan or forming groups with other migrants for help and social support, one participant described:

“Yo me tuve que venir en una caravana...en ese tiempo venían como 5000 personas...Si ayudan, [los] de Guatemala y Cubanos ellos son los que ayudaban y aparte de eso te brinda apoyo para cuidar a los niños más que todo, pero si uno tiene que unirse a todo eso.”

“I had to come in a caravan... at that time it was around 5,000 people... they help, people from Guatemala and Cuba, those are the people that would help but also they help to take care of the kids more than anything else, but yeah we have to stay together.”

-P33: female, 36, Honduras
Other participants on the other hand, described forming groups for safety:

“Yo venía con otro matrimonio y otros cubanos que por el camino nos vamos apoyando se van uniendo y hasta que hacemos grupos y venimos caminando. [son] ventaja, si podemos decir eso porque cuando hay más de ocho hombres que venimos juntos es más difícil, que cuando es una sola persona o dos personas, si te pueden raptar, ya cuando son ocho personas ya es distinto, pero llega el momento como ahora que se separa, uno coge por éste camino el otro coge por otro camino el otro está por la otra frontera y volvemos a quedarnos solos hasta que volvemos a hacer amistades así entre la misma comunidad cubana.”

“I started off with another couple and then along the way [we joined] with other Cubans and supported one another that way, we formed groups and walked together. It’s an advantage, I’d say, because when there’s 8 of us men together, it’s harder, than when it’s one or two people alone, that they can kidnap us, but when it’s 8 people, it’s different. But there also comes a time, such as now, when we separate, some go one way and others go a different way to get to the US border so we all end up alone in the end until we make other friends among the Cuban community.”

-P35: male, 46, Cuba

Social support also played a large role in the participants’ migration journey, from the country of transit and up to life at the border. Many participants reported continued support from their friends and families back home. One participant shared:

“mi mama nos ayuda con dinero, [nos ] ha enviado dinero [durante la treyecta]”

“my mom has helped with money, she’s sent us money [during our trajectory].

-P31: female, 18, Honduras

Several participants reported social and economic support during their trajectory from friends and family in the US. One participant described:

“A mi me mandaron ayuda un amigo mío de Estados Unidos”
Some participant’s social support came in the form of NGOs and other non-profit and religious organizations. One participant received financial support:

“ANUL en Tapachula ANUL si me dio una ayuda...económica...por tres meses...4,500 pesos me llegaron.”

“ANUL in Tapachula, ANUL helped me...financially...for three months...gave me $4,500 pesos”

-P54: male, 40, Cuba

Another participant received social support in the form of shelter and an offer for help with the adjustment of status:

“Cuando llegamos acá a México sí, recibimos la ayuda de una, era de una asociación que se llama Casa Frida, nos recibió por decir así, pero ellos solo ayudan con tramite migratorios, pero nos recibieron nos dieron asesoría lo que podíamos. Nos querían arreglar documentación mexicana, pero la idea de nosotros no era México era Estados Unidos.”

“when we got to Mexico yeah, we received help from an association/organization called Casa Frida. They took us in, but they only help with immigration application...but we didn’t want to apply for Mexican immigration documents because our goal was to get to the US.”

-P22: male, 37, Colombia

Others received social support in the form of food, clothing, and essential hygiene products from charities based in the US:

“cuando llegué al principio a México yo me estuve una semana en la Senda de Vida en Reynosa Tamaulipas ...y ahí... recibí ayuda de Mcallen Brownsville de Estados Unidos y ahí llegaban ayuda de comida, ropa, zapatos, desodorantes, pasta de dientes, esa es la única ayuda que en aquel tiempo entonces que yo llevaba aquí apenas como dos semanas en México, acaba recién llegar, llegaron esas ayudas”
“when I first got to Mexico, I stayed for a week at the Senda de Vida (shelter) in Reynosa, Tamaulipas and got help from McAllen, Brownsville in the US, they sent help (in the form of) food, clothes, shoes, deodorant, and toothpaste. At that point, two weeks after I had arrived in Mexico, that was the only help that I received.”

-P00: male, 30, Cuba

Other participants, however, reported a lack of social support, one participant described his/her experience with Human Rights:

“aqui [en Ciudad Juarez] no, aquí fui a Derechos Humanos, te piden el número, vas y vas y siempre es una historia y no pueden ayudarte.”

“here [at the border in Ciudad Juarez] no, I went to Human Rights, they ask you for the number, you go and go and it’s always the same thing, and they don’t help you.”

-P36: female, 31, Cuba

Another participant described the impact that Covid-19 had on their social and financial support:

“al principio lo recibí de una tía mía, pero se quedó sin trabajo y no me ha podido mandar más dinero y de vez en cuando de mi mamá porque también la situación también esta mala de verdad allá y le rebajaron horas, está con mi hermano, entonces a veces está apretada y me dice -papi no puedo mandarte- y yo tengo que acudir a mis amigos que están aquí, porque hay dos que si trabajan aquí en el centro, ellos pagan la renta y cuando a mi me depositan o me ayudan yo junto lo mío y yo se lo entrego, porque como están sin trabajo y le han quitado horas allá entonces no me pueden ayudar económicamente, es decir en este mes te voy a mandar 100 en el otro mes 100 más, no así no, es cuando pueden, cuando no están tan apretados es que lo pueden hacer.”

“in the beginning, I received [help] from an aunt of mine but she lost her job so she hasn’t been able to send me money anymore. Sometimes my mom can help me but the situation is also bad over there, they cut her hours. She also supports my [younger] brother so sometimes it’s tight so she’ll tell me “papi, I can’t send you anything.” I rely on my friends here, two of them work so they pay the rent and whenever I get help [from my family], when they deposit
money into my account, I’ll pay my friends back for my part [of the rent]. But because [my family] are without work or have less hours at work they can’t really help me a lot financially, it’s not like they can give me $100 every month, it’s whatever they can and whenever they can.”

-P00: male, 30, Cuba

These quotes illustrate the participants’ experiences with social support including the impact that migration had on their social networks, the continued support from family and friends during migration for some, and the lack of support for others. Social support is essential to buffer the negative impact of stress and health. Social support is tied to one’s social and community context, a social determinant of health that impacts social cohesion and can reduce the risk of food insecurity, poverty, and homelessness which then leave migrants’ vulnerable to crime, exploitation, abuse, and violence (Qiao et al., 2013; Althoff et al., 2017).

**Sociocultural Barriers and Facilitators of Adjustment**

This code captures the participants’ experiences with sociocultural barriers including those related to customs, norms, and beliefs which may impact adjustment, integration into a new cultural setting, and acculturative stress which refers to stress derived from adapting to a new culture. While participants described the border as more violent, several participants also described it as a more open, free, and liberal city including for expression, job opportunities, and lifestyle choices such as drug use. Some participants described sociocultural differences in the context of their reasons to migrate.

One participant described the sociocultural environments, opportunities, and the differences between their country of origin and at the Mexico-US border in Ciudad Juarez, including as a reason to migrate:
“aquí hay buenas oportunidades que es lo que yo me pongo a mirar de éstos lugares, si por lo menos en mi país hubiera todo lo que hay aquí en Juárez no hubiera necesidad de emigrar, aquí el problema mayormente es del gobierno de no darles los estudios suficientes a las personas para que crezcan porque si las personas aquí tuvieran un buen nivel de escolaridad, este país fuera mejor que Estados Unidos no hubiera ni que emigrar a Estados Unidos eso es lo que yo he mirado, eso lo expreso.”

“If, at the very least, we had all the same good opportunities in my country as those that I see here in Juarez, there wouldn’t be a reason to migrate. The major problem, here, is that the government doesn’t give sufficient education for people to grow. If the people here had a good level of education, this country would be better than the United States, there wouldn’t even be a need to migrate to the US, that’s how I see it.”

-P35: male, 46, Cuba

Another participant described the sociocultural environments back home related to poor economic conditions, lack of job opportunities and consequently the lack of freedom to make a living, in contrast with Mexico:

“Mi país, un país pobre, que no hay de nada, cada vez que yo entro a un lugar y miro y miro, o voy al centro y veo que hay de todo, en mi país no hay de nada. Mi país ahora mismo un pomo de aceite, de un litro esta costando 400 pesos o 300 pesos, 1 libra de arroz cuesta 40 y 50 pesos, y aquí usted va a donde quiera. Aquí trabajando usted va y compra su canasta básica. Puede comprar lo que usted quiere y comerselo lo que usted quiera sin ningún problema. En Cuba no se puede comer carne de vaca....lo meten preso, a menos que uno se la compré al gobierno y el gobierno no la vende. Aquí, el que no vive aquí es porque no quiere porque usted va compra lo que quiere y se come lo que quiere. Sea trabajando o como lo busque, pero usted vive y paga su renta, sea trabajando honestamente, sea prostituyéndose, sea como sea, pero usted vive.

“my country is a poor country where there’s nothing but every time that I walk into a place here, I look around and there’s everything, compared to my country where we have nothing; in my country, a liter of oil is $$$, a pound of rice is $$$, but here you can get that anywhere. Here you can work and afford to buy a basic basket of groceries. You can buy whatever you want and eat whatever you want without a problem, in Cuba we can’t eat beef, they’ll lock you up unless you buy it from the government, but the government doesn’t sell it. Here, whoever doesn’t live/survive it’s because you don’t want to because
you can buy whatever you want and eat whatever you want. You work or do whatever you gotta do; you live and pay your rent, you work an honest job, or you work doing whatever you want, even prostitution, but you can live/survive.”

-P55: female, 49, Cuba

Another participant described the differences in freedoms and violence:

“aquí las personas son más libres, tienen más opciones de crear su vida, de crear una economía más sustentable. De mi país no, en mi país es un solo mandato y no es que, yo para mí mi país es todo, pero la presidencia, el régimen no es que nos merecemos, por lo que nos hacen, por lo que nos maltratan. Aquí lo que más es la violencia, el secuestro lo que se convive. A ver si yo ando en malos pasos, espero malos pasos, pero hay veces que no es eso, nos ven con un celular y nos secuestran. A mi ya me han quitado dos celulares, me quitaron la cartera que ahí fue donde yo perdí la credencial.”

-P44: male, 37, Cuba

Other participants noted the violence, drugs, and sex work as differences in sociocultural norms:

“Bueno, hay más libertad [aqui en Ciudad Juarez], es decir, libertad de expresión y aquí la policía es un poco corrupta también, un poquito pero bueno. Hay drogas, la gente la consume en las calles y en Cuba es más difícil consumirla. [En mi país también la policía es corrupta] un poco menos que aquí pero también.”

“well, (compared to my country), there’s more freedom here [in Ciudad Juarez], freedom of expression. The police here are also a little corrupt. There’s drugs (here) and people consume them in the streets, it’s harder to consume in Cuba. The police in my country are also corrupt, less than here, but still.”
One participant described more violence and prostitution:

“En ciudad Juárez la violencia sobre todo y que sea más abierta la prostitución.”

“here in Ciudad Juarez violence is the biggest difference and prostitution is more in the open”

Lastly, another participant summarized sociocultural norms and differences in the context of an immigrant’s perspective, from discrimination to violence:

“Las costumbres, la comida la música [todo es diferente] es como decirte uno llega aquí a México y es como si uno hubiese nacido, vuelve a empezar una vida nueva sin ayuda, porque es como te digo hay personas buenas y hay personas malas, pero yo no sé porque es que tratan de aprovecharse tanto de los inmigrantes, por ejemplo una renta que ellos siempre la han cobrado en mil pesos, te la quieren duplicar o te la quieren triplicar como siempre buscando y tu notas el racismo...es como si fuera esa mala de que es un emigrante, que ustedes aquí no tienen derecho a nada pero, no sé porque... que lo que queremos es trabajar tener lo de nosotros, prosperar y es como que no te dan esa oportunidad y siempre buscan la forma como aprovecharse, de qué forma pueden extorsionarte de qué forma pueden sacarte dinero...en mi país no existe la violencia, si como decirle puede haber por ahí sus problemas, sus muertes pero no esa magnitud de violencia, ese que puedes andar por las calles con temor con miedo, de noche no puedes andar... con miedo de ser secuestrado ser extorsionado eso en mi país no existe, de las drogas yo sí sabía que existían pero, aun yo viviendo en Cuba no creía de muchas cosas que yo vea por la televisión que aquí en México fuera, droga para consumir n Cuba se consume pero no a esa magnitud y tampoco con esa facilidad de que... En Cuba... no le va llegar es muy difícil consumirlas, aquí es todo lo contrario, aquí es nomas tu desearla.”

“the customs, the food, the music [it’s all different], it’s almost like being born into a new life here in Mexico because it’s a start to a new life but without any help. There are good people and there are bad people but I don’t understand why they try to take advantage of us migrants. For example, rent that they normally charge $1,000 pesos they’ll double it or triple it for us [migrants] so
we notice the racism...it’s as if being an immigrant is a bad thing, like telling us that “you don’t have a right to anything here because you’re not from here” but I don’t understand why if all we want is to work, buy our own things, and prosper but it’s like they don’t want to give you that opportunity and instead they’re always finding ways to take advantage of us, to extort us, to take our money. There’s no violence in my country like there is here, yeah, we have problems and deaths but nothing compared to the magnitude of violence here [in Mexico]. You can be out in the street without the fear of being kidnapped or extorted, it’s not like that over there. I knew that we had drugs in Cuba, and I know drugs exist but I didn’t believe it was like how I saw on TV. We do consume drugs over there but not in the same magnitude or with such ease, it’s very hard to get drugs in Cuba but here it’s just a matter of wanting them and you get them.”

-P42: male, 36, Cuba

These quotes illustrate the participants’ experiences with the differences between the sociocultural environment of their country of origin and the US-Mexico border including the facilitators and barriers of adjustment. Research suggests that acculturative stress may result when immigrants perceive a receiving culture to be much different than the culture of origin. Perceptions of the degree to which surroundings and built environment of the country of destination is similar or different to that of the country of origin including the social and community context is tied to social cohesion, safety, and security (Lueck & Wilson, 2011; Mengistu & Manolova, 2019)

**The Micro Level Forces**

The micro level forces are those that encompass more proximal forces influencing health including the forces operating at the individual level that are observed across space and time, from the country of origin, through the country of transit, and at the border. The three domains of behaviors, mental health, and immigration laws make up this theme.
Behaviors

The behavioral domain refers to the participants’ behaviors during their migration trajectory including those related to transactional, survival, and coping behaviors. Participants described engaging in substance use and sexual risk behaviors and referred to consuming substances as a way to cope with the negative affect that engaging in survival sex brought them. This domain is represented by the following codes:

Substance Use

This code captures the participants’ experiences with substance use including as a coping mechanism or as an addiction. Participants reported low or no substance use in their country of origin due in part to sociocultural norms, illegality, and unavailability. Participants reported an increase in the country of transit, particularly in Mexico, and yet a greater increase at the border, due in part to Ciudad Juarez being described as more open, free, and lax in terms of norms around substance use. Some participants reported minimal substance use (alcohol and marijuana) in their country of origin on special occasions and infrequently, several participants described their use:

“[yo consumía] alcohol, sí, en un día de fiesta o festivo algo que estuviese me celebrando.”

“yeah, [I consumed] alcohol, on a day that we had a get-together or when we were celebrating something.”

-P42: male, 36, Cuba

“Drogas no, alcohol cuando iba a algunas fiestas, no era diario o a menudo.”

“no drugs, but alcohol [yeah] when we went to a party, it wasn’t daily or often.”
-P39: female, 34, Cuba

“Drogas no, pero bueno un sábado, domingo, me tomaba una botella de ron, una vez al mes o dos veces al mes.”

“no drugs, but on a Saturday or Sunday, I would drink a bottle of rum, once or twice a month.”

-P55: female, 49, Cuba

“[consumía] a veces, a veces sí, cuando tenías alguna fiesta, con algunas amistades, sí...marihuana en veces, cuando compartíamos con amistades así en fiestas pequeñas así. No teníamos dinero tampoco para otro tipo de droga y era mejor “

“sometimes [I’d consume] when we had a party with friends, yeah...weed sometimes, amongst friends at small get-togethers. We didn’t have money for any other drugs so it was better that way.”

-P36: female, 31, Cuba

Other participants, however, reported substance use in country of origin to cope with hardships, sexual assault, or to be able to engage in survival sex. One participant described:

“Yo en Cuba era alcohólico y era tanto el estrés y la necesidad, allá las personas no toman por tomar, no hay trabajo y si hay trabajo lo que gana una persona que ganan 10 dólares al mes, como se siente una persona que tiene dos hijos ¿Cómo los va a mantener?”

“In Cuba I was an alcoholic, it was due to the stress of not having anything. Over there, the people don’t drink just to drink; there aren’t any jobs and if you do find one, you make $10 dollars a month, how does a parent of 2 feel not making enough to provide for his/her children?”

-P41: male, 52, Cuba

Another participant described turning to drugs after sexual assault in country of origin:

“las drogas yo las utilicé la primera vez que mi padrastro se propuso conmigo...como que yo para perderme de lo que me había pasado me puse a beber...empecé a drogarme y así fue como empecé ya cada vez de que mi padrastro se propusiera conmigo yo iba tomaba era como que para olvidarlo.”
“the first time I used drugs was when my stepdad sexually abused me... I guess so that I could forget what had just happened to me, I began to drink... I began to do drugs and that’s how I started. Every time my step dad would sexually abuse me I would go drink to try to forget.”

-P26: female, 18, Honduras

One participant described initiating substance use in country of origin after being raped and continuing due to hardship:

“cómo empecé, cuando yo también fui violada, yo fui violada a los 15 años, ahí fue cuando empecé ya... Siempre he usado las dos cosas [alcohol y marihuana]... con mi situación que no tenía ni para adelante, ni ayuda de nadie, entonces fue cuando ya de ahí tire al alcohol... la situación de que no había que comer que a veces tenía que prostituir a saber que no tenía nada que comer o nada que llevarles [a mis hijas].”

“I started when...I was raped at 15, that’s when I started [using drugs]. I’ve always used both [alcohol and marijuana]... I couldn’t go on and I didn’t have anyone to turn to for help so that’s when I started drinking... in my situation, I had to turn to prostitution because there was no food, I had nothing to eat or to feed [my daughters].”

-P33: female, 36, Honduras

Other participants reported substance use in country of origin to be able to engage in survival sex:

“solo... la marihuana... porque me tenía que acostar con los clientes... yo fumaba antes de acostarme con alguien... para no recordar eso... [para estar] más alegre porque después me podría dar asco en eso”

“I only used marijuana...because I had to sleep with clients...so I would smoke marijuana beforehand...so that I wouldn’t remember it...[and to be] happier otherwise I would be disgusted by what I was doing.”

-P31: female, 18, Honduras

Another participant shared a similar sentiment:
“Solo la marihuana y el alcohol nada más, cerveza y alcohol normal...para poder agarrar valor para trabajar en lo que estaba, tenía que ir drogada si no, no sentía bien.”

“I only consumed marijuana and alcohol, nothing else, beer and normal alcohol...to get the courage to do what I was doing (survival sex), I had to use drugs otherwise I didn’t feel right.”

-P34: female, 31, Honduras

Furthermore, participants reported drugs being more available, more accessible, and more accepted in Mexico, and attributed all of this to their higher use. Participants described initiating substance use only after leaving their country of origin, while those who consumed in their country of origin reported an increase in use:

“En Cuba si bebía alcohol si había pero drogas las vine a consumir aquí”

“In Cuba, there was alcohol, I drank alcohol, but I started using drugs here (in transit)”

-P49: male, 40, Cuba

Another participant described an increase in possibilities and in substance use:

“Si, como creo aumento un poco más porque a veces, bueno, así como ahora casi de diario estoy tomando, de marihuana si de que, me drogaba como me drogaba en el Salvador aquí si me drogo más porque como que hay más posibilidades de conseguir la marihuana que allá.”

“yeah, I think I’ve increased [my consumption] a bit because sometime, like right now, I'm drinking almost daily. And yeah I smoked marijuana in El Salvador but I smoke more here because there’s more possibilities to get marijuana here than there were over there.”

-P23, male, 23, Honduras

Another participant described an increase in substance use due to an increase in drugs in Mexico:

“I did a little bit of drugs in Cuba, but I started doing more in Tapachula because they’re more available.”

-P48: male, 33, Cuba

While another participant described the pressure to use drugs while engaging in survival sex:

“Aquí en los bares [en donde yo trabajo]...todo afuera se vende...casi todas [de mis clients] consumen [drogas]...no me gusta, pero prácticamente soy obligado a hacerlo. Para hacer lo que yo hago es obligatorio hacerlo.”

“They sell everything here, outside of the bars [where I work]...and most of my clients consume drugs...I don’t like them but I’m practically obligated to do them. To do what I do [sex work] you’re obligated to do them.”

-P41: male, 52, Cuba

One participant was offered double his earnings if he consumed drugs with his client:

“[ella] me dijo que me iba a pagar el doble de lo que era. Si yo la consumía [la cocaine] y estaba con ella... tentación me llevó a hacerlo. La necesidad.”

“[she] told me that she would pay me double if I consumed (cocaine) with her and slept with her...so the temptation and my need/necessity drove me to do it”

-P44: male, 37, Cuba

And another participant described feeling obligated to consume drugs:

“lo obligan a uno...los mismos que pagan por sexo...yo nunca había hecho esto y pues aquí desgraciadamente lo tuve que venir a hacer.”
“you feel obligated to do [drugs]...by the same people who are paying you to have sex with them...I had never done drugs but unfortunately when I came here I did.”

-P28: female, 34, Guatemala

Other participants, however, reported initiating substance use or increasing it as a coping mechanism: One participant described using drugs to be able to engage in survival sex, in order to feed her son and keep a roof over his head and to keep him violence in the streets:

“me he tenido que prostituir, he tenido que hasta veces coger drogas para poderme olvidar del mundo, para poder subsistir, para poderle dar de comer a mi hijo, para poder tener un techo sin temor a que nos puedan secuestrar o que me lo puedan robar y ciertas cuestiones que pasan aquí en México.”

“I’ve had to turn to prostitution and therefore I’ve had to turn to drugs in order to forget everything, but I’ve had to do it to survive, to feed my son, to put a roof over his head so that I’m not living in fear of being kidnapped or that they’ll kidnap him because of all that goes on here in Mexico.”

-P36: female, 31, Cuba

Similarly, other participants reported substance use at the border for stress, to sleep, to regain their appetite and to be able to engage in survival sex. One participant described using marijuana for the first time at the border to deal with his stress associated with his migration:

“aquí sí he consumido bastante, bueno lo que es fumar, nunca había consumido marihuana y la he fumado por el estado de estrés...la primera vez que estuve con una de [mis clientas] fue cuando fume la marihuana...y de ahí me sentí un poco mejor estando con ella y cuando he estado con ella, unas 6 o 7 veces lo he hecho.”

“I’ve consumed a lot here, well smoked, I’ve never smoked marijuana but here I have due to my stress...the first time that I was with one of my clients was when I smoked marijuana my first time...and from there I felt better having sex with her so I’ve done it whenever I’m with her, the 6 or 7 times.”

-P49: male, 40, Cuba
Another participant described using marijuana to forget about his worries and to gain an appetite:

“Un poco, pero me ha impactado algo, pero ya cuando me drogo no pienso las cosas, y eso lo hago para comer.”

“[drugs] have had an impact on my life, but when I do them I don’t think about everything, so that’s what I do to get an appetite.”

-P48: male, 33, Cuba

One participant described first initiating drugs use at the border in order to engage in survival sex:

“Pues fue acá [que inicie la droga], por necesidades para no sentir, para olvidar y poder hacer el trabajo que tal vez no he querido hacer, pero por la necesidad tengo por eso he consumido drogas...es una experiencia que nunca me había vivido no me gusta hacerlo, pero tengo que hacerlo cuando voy a trabajar.”

“well, it was here [at the border] that I [first used drugs] in order to feel numb, to forget, and to be able to work (sex work) because I didn’t want to do it, but I’m doing it out of necessity and that’s why I use drugs...it’s something that I’ve never experienced, I don’t like to do it, but I have to do it when I go work.”

-P45: female, 29, El Salvador

Another participant who identifies as a heterosexual male described using drugs in order to cope with the impact of having to engage in survival sex with other men and with the shame and fears of his family and daughters ever finding out:

“la cultura en Cuba es como si actualmente fuéramos muy machistas, no es que los discriminemos [a los gays] sino como que nos sentíamos más hombres y [son] cosas que uno dice que “jamás voy a hacer” que “ni muerto voy a hacer,” esos son los momentos esas ocasiones que más me dan a mi fumar y darle a la droga como para no sentir, porque es muy triste que la familia de uno supiera, mis niñas que son hembras las dos que uno está llegando a esa situación.”

-P44: male, 32, El Salvador
“the culture in Cuba is one in which we are very machista, it’s not that we discriminate [against gay men] it’s that we feel like we’re more of a man than they are so we say “I would never do that” and “I’d be dead before I would ever do that” so it’s in those thoughts that bring me to smoke weed and do drugs to become numb, because it’s very sad to think of my family and my daughters ever knowing what I’ve had to do [to survive].”

-P42: male, 36, Cuba

While many participants reported initiation, continued, or increase substance use as a way to cope or survive during their migration journey, the majority of them described it, implicitly, as something that they wouldn’t be otherwise doing, or at the very least something that they wish they didn’t have to do or continue doing. Several participants, explicitly, described their desire to end their substance use. One participant described her initiation with substance use:

“A mi edad no pensé prostituirme, la verdad. Y de verdad que uno se siente sucio, muy sucio. Por eso a veces me depremo mucho, por eso consumo drogas, por eso tomo, por eso muchas cosas, muchos dolores….empecé a perder el sueño…consumo marihuana para que me de sueño. Quisiera dejarlo, de verdad. Porque se que eso no es bueno, yo no soy una niña, yo tengo 49 años, no soy ninguna jovencita…yo pienso dejarla en algún momento por completo y la bebida también.”

“I never expected to be prostituting myself at my age (49) to be honest with you. And the truth is that you feel dirty, very dirty. That’s the reason why I sometimes get very depressed, that’s why I use drugs, that’s why I drink, that’s why many other things, a lot of pain…. I started losing sleep so I smoke weed to sleep. I wish I could stop, honestly, because it’s not good for you and I’m not young, I’m 49 years old, I’m not a young girl anymore so I plan to stop consuming marijuana and alcohol soon.

-P55: female, 49, Cuba

Another participant described his strong desire to quit drugs:

“Lo primero lo primero es salirme de las drogas, alguna organización, alguna entidad que me ayude es lo primero que desearía, antes era una persona libre y ahora me siento atado a las drogas y me siento que cuando no la consumo tengo obligación de consumir las drogas, me relajan, o quizás me crea en mi subconsciente que realmente las necesito y que realmente las tengo
“the very first thing is to quit doing drugs, an organization or an entity that can help me quit is the first thing I hope for. Before [drugs], I was free and now I feel [addicted] to them, like I need to do them, they relax me, or maybe they just make me think that they do when in fact they just make me want to do them again… I can’t stop… I do cocaine up to 4 times a day.”

-P56: male, 36, Cuba

These quotes underscore prior research findings on substance use among migrants and the factors that influence substance use including those present pre-migration and during migration. Violence, discrimination, economic stressors, and other poor mental health outcomes experienced by migrants before, during, and after migrating, contribute to a higher risk of substance use, such as those reported by participants in this study. Economic position, including the lack of employment authorization, experiences with homelessness, and the inability to access food and other resources place migrants at higher risk of substance use as a coping mechanism.

**Sexual Risk**

This code captures the participants’ engagement in sexual risk behaviors including having unprotected sex and multiple partners and engaging in sex work and survival sex. Several participants reported engaging in sex work and survival sex in their country of origin due to limited employment opportunities, to support their families, and to pay for healthcare. One participant described initiating sex work at 15 years old to help feed her family:

“[en mi país, yo] trabajaba y estudiaba. En la noche trabajaba…acostándome con los clientes para poder llevar dinero a la casa…porque era una menor de edad y lo que tenía que hacer era estudiar pero como no teníamos para comer entonces…comenzamos hacer eso [yo y mi hermana].”
“[back in my country] I worked and went to school. I would work at night...sleeping with clients so that I could take money home... since I was underage I still had to go to school but since we didn’t have anything to eat...[my sister] and I started dong that [work].”

-P31: female, 18, Honduras

One participant described having to turn to sex work to make ends meet and, ironically, as he says, to pay for healthcare services:

“con eso [el trabajo sexual] me levantaba yo, con las cosas sexuales que me vendía, así es como podía salir adelante... me vendía, iba a tener relaciones sexuales para poder ir a [obtener servicios de salud] aunque iba a echar más leña como dicen pero todo por mejorar un poco y siempre seguir.”

-P27: male, 30, El Salvador

Another participant described the nature of sex work in a country where violence and organized crime are part of the equation so when she turn to sex work to support her children, she also had to pay to use a street corner for prostitution or be killed:

“Mi experiencia [de la necesidad de tener multiples parejas de trabajo sexual] fue muy triste. Cuando uno busca la manera de salir adelante por sus hijos, como lo acabo de decir un rato, si no tienes profesión no vales nada...tiens que pagar una esquina donde puedas tener un puesto para irte a prostituir, si no lo tienes te matan, tienes que tener una amistad sino no regresas y dejas a los hijos abandonados, donde muchas compañeras han pasado por eso y es muy difícil la verdad ...si no tienes una pareja no sales para adelante y si eres sola te quedas en el abandono, ...y por eso uno lo hace, el salir de su país para creer que no va a salir adelante y eso cuesta, no es fácil nada de esto.”

“My experience [with having to engage in sex work] was very sad. When you find a way to get ahead for you children, like I mentioned, if you don’t have a profession, you’re worthless...you gotta pay to use a corner for prostitution
otherwise they’ll kill you. You gotta know someone otherwise you won’t return home and your kids end up alone. Many other women I worked with ended up like that and it’s hard, honestly… if you don’t have a spouse, you won’t get anywhere in life and if you’re single you end up with nothing.”

-P33: female, 36, Honduras

One participant described having to turn to sex work to make a living in her country of origin to feed her kids and leaving her country to leave that behind only to have to resort to it again while migrating:

“I was doing the same thing [to earn a living] back in my home country as I’m doing now, prostituting myself over there. I wanted to get out of that [work] so I left my country but then I had to resort to the same thing over here; [it was] very difficult, I never got used to it but knowing that I had to bring food home to my kids I had to do it…until I decided to leave my country because I wanted to leave that behind but the man that I was working for didn’t want to let me leave [that work] so that’s another reason why I had to leave because if I quit, you know that in Honduras when someone doesn’t do what they’re told, they kill you, so in order to not be killed, I came here. It was very difficult as well because of all the discrimination that we get when we do that kind of work.”

-P34: female, 31, Honduras

Several other participants described a similar experience of having to turn to or return to sex work during their trajectory. One participant described having to engage in sex work with men as well:

“En Cuba [hice el trabajo sexual por el dinero] pero nunca [con] hombre, yo llegue a tener [que estar con] hombre aquí en México...por dinero.”
“In Cuba [I engaged in sex work for the money] but never [with] a man, I came to be with men here in Mexico...for the money.”

-P37: male, 27, Cuba

Moreover, other participants described having to initiate, return to, or expand on their sex work during their trajectory to be able to afford food, housing, and to send money back home.

“Desde Tapachula yo empecé [el trabajo sexual] pero [es] una obligación porque después yo tengo como mandar dinero a mi familia.”

“From Tapachula I started [sex work] but it’s more of an obligation, because now I have money to send home to my family.”

-P41: male, 52, Cuba

Participants reported the highest level of sexual risk behaviors at the border, compared to in the country of origin and at the country of transit, including sex work, survival sex, multiple partners, and exchanging sex for food, shelter, or drugs. Participants described turning to sex work either because they couldn’t find work due to discrimination, or because the jobs that they did get didn’t pay enough to cover their rent and food. Several participants’ first experience with sex work was in Ciudad Juarez, one participant described initiating sex work in Ciudad Juarez having never done so before:

“Pues tengo que hacer trabajos [que yo] nunca he hecho en mi vida; he estado en lugares como bares tratando de ganarme la vida para mis hijos, entregándome a personas que tengo que estar con ellos, pero por necesidades y todo eso lo que [hago] por comida y por vivienda he tenido que hacer eso. Ha sido una experiencia muy difícil porque en [mi] país yo era una persona muy diferente a la que me he venido a convertir en ciudad Juárez por la necesidad que tengo.”

“well I have to do jobs [that I] had never done before in my life; I’ve been in places like bars trying to make a living for my kids, giving myself to people who I have to be with out of necessity, I do all that to eat and to make a living. It’s been a very difficult experience because I was a very different person back in [my] country than the one I’ve turned to in Ciudad Juarez due to necessity.”
Another participant who never imagined she’d have to engage in sex work shared:

“Yo nunca me llegue a imaginar que iba a tener que salir de mi país para hacer esto, esto hago cuando no tengo una solución cuando no tengo dinero para nada, porque en mis treintaicuatro años yo nunca tuve que hacer esto y si mi mamá se enterá de esto en Cuba me mata, imagínate que después que haces eso te sientes sucia, eso es inexplicable, eso en incontable, son tantas las sensaciones que te dan.”

“I would’ve never imagined, in my 34 years of life, that I would come to do this after leaving my country, I had never needed to do this, I do it whenever I don’t have any money left but if my mother in Cuba found out about this, she would kill me, imagine, after you do this you feel dirty, it’s unexplainable, it’s so many emotions that arise.”

-P39: female, 34, Cuba

Many other participants reported having to turn to sex work because no one would hire them, one participant described:

“aquí en ciudad Juárez, yo trabajo… yo aquí bueno me acuesto con personas….a nosotros no nos dan trabajo nadie, y que se puede hacer”

“here in Ciudad Juarez, I work… well, I sleep with people… hey won’t hire us, nobody, so what else can we do?

-P37: male, 27, Cuba

Another participant described a similar experience:

“[Aquí en Ciudad Juárez] desgraciadamente he tenido que intercambiar sexo por dinero, para poder pagar mi renta para poder comer porque en estos momentos no tengo trabajo y si se me hace un poco difícil alcanzar dinero pues si no trabajas como vives.”
“[Here in Ciudad Juarez] unfortunately I’ve had to exchange sex for money, to pay for rent, to be able to eat because I don’t have a job at the moment and it’s hard to make ends meet and if you don’t work how do you live?”

-P56: female, 36, Cuba

One participant reported engaging in sex work to send money to her children:

“Yo por mi propia cuenta porque tenía que mandar dinero para mis hijos. [hago esto] porque no encuentro trabajo.”

“I [do this] because I can’t find work and because I need to send money to my kids.”

-P28: female, 34, Guatemala

While other participants described engaging in sex work in order to eat and pay rent:

“por comida...lo hice porque no teníamos nada en la casa y bueno no me quedaba de otra acostarme con un hombre para que me diera dinero...nos vamos a poner a un lado para poder comer.”

“for food...I did it because we didn’t have anything to eat at home and I didn’t really have a choice other than to sleep with a man for money...we go stand somewhere to be able to eat.”

-P31: female, 18, Honduras

Another participant described a similar situation:

“sexoservidor viene siendo, [intercambio sexo] por dinero. Más que todo [para] con lo de la renta, como que dije: mucha presión con la renta, la comida, pero más que todo la renta la comida no me preocupaba, pero la renta sí.”
“[I exchange sex] for money. More than anything for rent, like I was saying: it’s a lot of pressure with rent and food, but more than anything it’s the rent, food doesn’t worry me, but rent does.”

-P23: male, 23, Honduras

Several participants described engaging in sex work because their other jobs didn’t cover their expenses:

“yo me gradué de contabilidad y finanzas en Cuba, pero tengo también profesión de barbería. No tengo como tal un trabajo estable por ahora. Pero mayormente las cosas que hago es, tengo varios clientes que voy a su casa y les corto el cabello, pero el dinero fuerte realmente es intercambio por sexo...la necesidad obliga, obliga.”

“I graduated in finance and accounting in Cuba, but I also have my barber’s license. I don’t have a stable job at the moment but I have some clients who I go and cut their hair at their home but the majority of the money I make is exchanging sex [for money]...the necessity leaves you no other choice.”

-P46: male, 28, Cuba

Furthermore, many participants described having to engage in substance use to be able to engage in sex work or in order to sleep with other men when they identify as heterosexual:

“Yo trabajo...en un bar. Y muchas veces el dinero no alcanza y tenía que prostituirme con mujeres...por que me hacía falta. He tenido que drogarme para estar con ellas. Por eso, todo empezó por eso. Porque estar con una gente que no te guste.”

“I work...at a bar, and many times I don’t make enough so I had to sleep with women...because I didn’t have enough [money]. I’ve had to use drugs to be able to sleep with them. That’s how it all stated, because you have to sleep with people who you don’t want to sleep with.”

-P54: male, 40, Cuba

Another participant had a similar experience:
“[me] ha impactado mucho porque no es la costumbre y es una cosa que uno ha tenido que forzar, a veces he... tenido que conseguir la pastilla para el sexo más abundante en contra de [mi] voluntad porque no es lo que está...en mi y he tenido que usarla para tener otra relación en el mismo día y esas cosas, no es lo mismo cuando usted se acuesta con una persona que siente placer. En mi país nunca [hice esto, pero] acá sí, en México sí... es el único sostén que hemos podido adquirir aqui, porque trabajo no nos dan,[Pero] son personas ya algunas entradas en edad. venimos con el objetivo de poder salir adelante en un trabajo pero no nos dan trabajo porque muchos dicen que no, que si les damos trabajo dentro de un mes se van y son cosas así que no, como una discriminación.”

“it’s impacted me a lot because I’m not used to this and it’s something that we have to force, I’ve had to take the pill to have more sex because I don’t have it in me but I’ve had to take it to have sex again the same day and it’s not the same as when you sleep with someone who you like. In my country I never [did this, but] here in Mexico I have...it’s the only job we’re able to get here, because they won’t give us work. A lot of people tell us no, because if they do we’ll be gone within a month, so that’s a form of discrimination.”

-P35: male, 46, Cuba

Another participant described being heterosexual but having no choice but to sleep with men for money:

“Imagínese una persona que toda la vida ha pensado que siempre va a estar [solo] con mujer y toparse que tiene que hacerlo...con una persona de su mismo sexo...yo soy una persona heterosexual 100%... tener que hacerlo, acostarse con otro hombre no es grato...pero llega un punto de quiebre donde la situación no hay para donde no hay salida no hay que hacer más.”

“imagine someone who, their whole lives, they’ve thought they’d only be with women and then coming to a point to have to sleep...with a person of the same sex...I’m 100% heterosexual...so having to do it, sleep with another man is not fun...but there comes a breaking point where there’s nowhere else to turn, there’s no other way out, nothing else you can do.”

-P58: male, 30, El Salvador
These quotes highlight migrants’ economic vulnerability, which spans from the country of origin through the countries of transit and persists at the border where it is further exacerbated by the inability to acquire work authorization. Participants described turning to sex work either because they could not procure a job due to the lack of work authorization, discrimination, or because the jobs that they did get didn’t pay enough to cover their rent and food. Participants’ sexual risk behaviors, including survival sex, are tied to poverty, food insecurity, housing insecurity, unemployment and overall economic instability which are social determinants of health and structural or political determinants of health that leave migrants vulnerable to violence and HIV acquisition. Several participants’ first experience with sex work was at the border while awaiting their asylum hearings.

**Mental Health**

This code captures the participants’ experiences with negative mental health outcomes such as anxiety, insomnia and depression as a result of, or associated with migration, the trauma, or the negative experiences during migration including those that motivated participants to migrate. Many participants described dire economic conditions and high unemployment rates in their home country coupled with violence and organized crime which was a negative experience for many and a cause for hopelessness, anxiety and depression for others. One participant reported:

“Pues alla no hay mucho trabajo, la verdad, allá yo me mataba buscando trabajo casi no hay trabajo, por lo consiguiente vive la gente muy frustrada y tiende a tener muchas cosas así de depresión, hay mucha delincuencia, muchas maras, muchas pandillas y todo eso.”

“Well there aren’t many jobs over there, frankly, I would look for jobs but there’s almost no jobs and consequently, we’re all very frustrated and suffer
from depression due to this, there’s a lot of crime, thugs, gangs and all of that”

-P28: female, 34, Guatemala

Other participants described the sad and lonely journey that they’re on, missing family and friends:

“tu al sentirte solo te hace consumir mas la droga, te vas al alcohol a sentirte triste y mas cuando te hace falta la familia.”

“when you get lonely you consume more drugs, you start drinking when you feel sad and more so when you start missing your family.”

-P33: female, 18, Honduras

Another participant described the emotional impact of losing friends on the journey:

“I don’t have a lot of [friends] left. That’s another thing that’s affected me a lot, not a lot of friends left. [They’re gone, they’ve gone to the US].”

-P55: female, 49, Cuba

Many participants described negative emotions and negative mental health outcomes as a result of substance use dependency which they had turned to in order to engage in sex work or to cope with the negative mental health impact that it had on them. One participant described wishing to die:

“A mi edad (49) no pensé prostituirme, la verdad. Y de verdad que uno se siente sucio, muy sucio. Por eso a veces me deprimo mucho, por eso consumo drogas, por eso tomo, por eso muchas cosas, muchos dolores. Y pidiéndole siempre fuerza a Dios porque a veces siento como que ya las perdí. Muchas veces le he dicho "ya Dios mío ya mandame la muerte, no he podido hoy, perdón señor". Porque no es fácil, no es fácil.”
“I never expected to be prostituting myself at my age (49) to be honest with you. And the truth is that you feel dirty, very dirty. That’s the reason why I sometimes get very depressed, that’s why I use drugs, that’s why I drink, that’s why many other things, a lot of pain. But I’m always asking God for strength because sometimes I feel like I’ve already lost them. I’ve told God many times “Lord, just let me die, I can’t anymore, forgive me” because it’s not easy, it’s not easy.”

-P55: female, 49, Cuba

Another participant described feeling really bad after engaging in sex work and turning to drugs:

“Para eso y tristezas que me han dado y si le doy para despejar para no sentir nada no pensar en nada, como decirte sentirme en el aire no tener preocupación de ningún tipo, no pensar en nada te sientes muy mal cuando tú terminas en un trabajo de esos.”

“for that and getting sad, so I [smoke weed] so that I won’t feel anything, so that I won’t think of anything, so that I feel weightless, and not have any worry, not think about anything because you feel really bad when you finish one of those jobs (sex work).”

-P42: male, 36, Cuba

Other participants described the negative mental health impact that immigration experiences had on them, one participant described using drugs after not being able to feed her daughter and having to sleep on the floor:

“[me droge porque] no tenia comida para la niña, no teníamos donde dormir, es que de hecho dormimos como en el piso.”

“I used drugs because] I didn’t have any food for the baby, we didn’t have anywhere to sleep, we were sleeping on the floor.”

-P59: female, 33, Cuba

Another participant described feeling depressed and his son being sick with nerves after losing his wife on the journey:

“Deprimido [y] mi hijo no sale de la casa, ta enfermo de los nervios.”
“I’m depressed [and] my son won’t come out of the house, he’s sick with nerves.”

-P54: male, 40, Cuba

Nearly every participant described a level of fear and anxiety when it came to violence, organized crime, and law enforcement abuse. One participant described the mental health impact that violence had on him:

“la amenaza que tuve, que al final sí me alteró, nunca había sentido, nunca me habían sacado una pistola en mi vida y hasta así muy mal estuve como 4 días sin comer, asustado, no salía a la calle...me llevaron al psicólogo y fue el proceso. Duró como un mes o dos meses duró el proceso.”

“the death threat that I had, in the end it did impact me, I had never felt, I had never had a gun pulled on me in my life so I wasn’t well for 4 days, I didn’t eat, I was scared, I didn’t go out...they took me to a psychologist and it was a process. It was about a two-month process.”

-P44: male, 37, Cuba

These quotes illustrate the negative impact that migration had on participants’ mental health including anxiety, insomnia, and depression. These negative mental health outcomes were associated with migration including through the loss of family and social networks as well as through the violence and discrimination and the overall socioeconomic stresses associated with migration such as housing and food insecurity.

Immigration Laws

This code captures participants’ experiences with immigration laws, policies, and their enforcement including those related to illegal departure, undocumented status, and the impact of MPP on their migration trajectory. Knowledge about US immigration law among participants
varied from little to none thus the majority of participants reported no impact from US immigration policies on their decision to migrate. However, many participants from Cuba, reported a change in Nicaraguan immigration law as a reason or motivation to migrate given the new lax policy on visa approval thereby facilitating their exit from Cuba. Once out of their home country and traveling through Mexico, many participants described becoming aware or impacted by Mexican immigration policy enforcement that discouraged or prevented migrants from continuing north to the US. Participants at the border described MPP as an immigration proceeding which granted them the right to await a decision in Ciudad Juarez. Participants described Trump as anti-immigrant and Biden as pro-immigrant.

One participant described Nicaragua’s role in their migration, the impact of the US’s title 42 and MPP immigration policies, as well as having to remain in Mexico which he/she described as unsafe:

“Si, nosotros pudimos salir de Cuba porque Nicaragua estaba dando visas sin tanto protocolo por eso fue que pudimos salir de Cuba. Pero para salir de Cuba no es fácil, pero Nicaragua estaba dando visa abierta, no pedía tanto... papeleo, ni nada, nada más era presentarse en la embajada con su pasaporte, con su turno y ya estaban tus visas. Por eso decidi entrar por Nicaragua, pero mi era llegar aquí a México y de México cruzar a los Estados Unidos, pero cuando Trump hizo, como se llama la lei esa, la ley 42 creo, que fue por el lio del covid, tu MPP te viraba para esperar aquí, con tu MPP. Según él que a un país seguro, pero México no es un país seguro, ni para los mismo mexicanos es un país seguro, pero nos retornaron a México a esperar el proceso de MPP."

“yeah, we were able to leave Cuba because Nicaragua was giving visas without a lot of protocol, that’s how we were able to leave Cuba because to get out of Cuba isn’t easy but Nicaragua was giving open visas, they weren’t asking for a lot of paperwork or anything, you just had to show up at the embassy with your passport, wait your turn, and you’d get a visa. That’s why I decided to come through Nicaragua but my plan was to get to Mexico and cross into the US but when Trump made that law 42, I think that’s what it’s called, and I think it was because of Covid, so with MPP you had to wait here in Mexico, supposedly, a safe country but Mexico isn’t a safe country, not even
Only one participant reported being motivated to migrate due to US immigration policy, however, he acknowledged it was the wrong information and instead found the opposite when he arrived:

“I had heard from people who I knew from Cuba, who had come before I did and recommended that I come because they said they were gonna open the border so I hurried to get here but I came to find out it was false testimony. The border was closed because of the Coronavirus and because of the new president Donald Trump who doesn’t support immigrants and instead took away our privileges. Previously, if us Cubans go to the US they would help us but not anymore, they took away those privileges so now we’re all the same.”

-P46: male, 28, Cuba

Another participant described the impact that MPP has had on Cuban’s previous rights to get to the US, including the violence that it exposes them while having to remain in Mexico:

“Sí, [las políticas migratorias de Trump, me han afectado] un poco, porque antes el cubano llegaba a México y desde que llegaba a México era la ley de pie seco pie mojado, es decir que teníamos acceso a que llegáramos ahí y al otro día nos detenían una semana o un mes y ya cuando nos soltaban para Estados Unidos ya salíamos con residencia, salíamos con todo, con papeles legal para poder trabajar sin ningún tipo de problema y sin batallar y ya al poner la MPP que es la ley que te retorna de nuevo a México a esperar la corte aquí en México pueden suceder muchas cosas, yo aquí en México fui

-P55: female, 49, Cuba
secuestrado por Anapra y sucesivamente veinte mil cosas pasé, una amiga mía fue hasta violada en Anapra...y hemos pasado muchas cosas que por la ley esa que puso Trump que los emigrante estamos batallando muchísimo”

“yeah, [Trump’s immigration policies, have impacted me] a bit because before, Cubans could get to Mexico and under the “wet feet, dry feet” law, we had access to get to the US, they would hold us in detention for a week or a month and then release us with residency, with documents and everything to be able to work without any issue, and no hassle but once they put MPP which is the law that now sends you back to Mexico to wait for the court, here in Mexico a lot can happen to you, I was kidnapped here in Mexico by Anapra and 20 thousand other things have happened to me since, a friend of mine was raped in Anapra...and we’ve gone through a lot because of that law that Trump put in place so now migrants are struggling a lot.

-P00: male, 30, Cuba

Another Cuban participant echoed a similar experience:

“Si [me afecto las políticas migratorias de Donald Trump] con la situación de que ahora uno se tira y como que te regresan, no les importa que tú vengas con niños. Es muy complicado ahora como el pase a los Estados Unidos no era como antes que usted era cubano se entregaba al puente y no tenía que estar viviendo las violencias ahora y los peligros que hay aquí en México.”

“yeah, [I’ve been impacted by Donald Trump’s immigration policies] because now the situation is that when you cross into the US, they don’t care that you have your kids with you, getting to the US is very complicated now, not like it was before, where if you were Cuban you could turn yourself in at the border and not have to be living in the danger and violence that exist here in Mexico.”

-P36: female, 31, Cuba

One participant described the root of migrant deaths being MPP:

“por la misma ley de Donald Trump fuimos enviados acá a Juárez y entonces cuando nos enviaron para Juárez nos daban el MPP es con el programa que estamos esperando hoy en día llamada para pasar para el lado de los Estados Unidos...Si, afectó mucho el programa migratorio de Donald Trump... aquí he
visto mucho secuestro hay muchas muertes de hermanos cubanos a raíz de esa ley migratoria.”

due to that law by Donald Trump we were sent here to Juarez and given the MPP, it’s the program that we’re waiting on to let us into the US...Donald Trump’s immigration program has had a great impact...I’ve seen a lot of kidnappings, many Cubans have died due to this immigration law.”

-P35: male, 46, Cuba

Many participants described Mexico’s immigration policy of militarizing the border as something that has made getting into the US much more difficult. One participant described it as such:

“si afecto [la militarización en la frontera] porque si ni hubiese tantos militares yo creo que ya estuviera adentro”

“[the militarization at the border] has had an impact because if there weren’t so many soldiers, I think that I’d already be in [the US].”

He also added that she believed Biden would allow those with children to enter the US in contrast with Donald Trump:

“creo que Joe Biden está pidiendo ósea va a pasar a los que tengan un bebe y después a la oficina de pedir asilo y con Donald Trump no se podia hacer nada.”

“I think that Joe Biden is asking, well that he’s gonna let those who have children in and on to the asylum claim office, and with Donald Trump we couldn’t do any of that.”

-P37: male, 27, Cuba

Another participant shared a similar sentiment, and said she’d wait to see if they would start accepting mothers/families again, perhaps under the next president:

“Bueno como usted sabe que antes entregaban a la frontera a las madres de familia y las dejaban pasar [pero las políticas migratorias de Donald Trump] afecto porque el ya quito esa ley, ya no podíamos pasar y fue cuando le digo
que me tire 18 veces y ninguna de esas veces me quisieron dejar adentro....bueno aquí estoy digo yo que voy a ver si tal vez ponen otra ley y vuelven a aceptar madres con familia, tal vez más adelante y en eso estoy...para esperar aquí en la frontera que el otro presidente ponga otra vez la ley.”

“Well, as you know, before they would let mothers [and their children] into the US [but Donald Trump’s immigration policies] has affected this because he took away that law, we can not longer go in so that’s when I decided to try to cross 18 times but they wouldn’t let me in...so I’m still here, I’m thinking I’m gonna wait and see if maybe they’ll pass another law to allow mothers and their children in, maybe in the future, so that’s where I’m at...waiting here at the border for the next president to put that law back again.”

-P34: female, 31, Honduras

Other participants described Mexican immigration policies that would discourage immigration to the US by encouraging them to apply for asylum or residency in Mexico in order to obtain work authorization and not be held in immigration detention centers or deported. One participant described her experience:

“[el proceso que inicie] fue para quedarme aquí en México....ya tengo la credencial aquí obligan a tener papeles, para no seguir uno entonces no nos quedo de otra que hacer papeles aquí en México pero si cuesta demasiado para que nos den esos papeles porque sin papeles nos detienen o nos meten preso o nos deporta para nuestro país entonces nos toca hacer eso. es un poco menos pesado cuando ya tienes tus papeles.”

“[the process that I started] was to stay here in Mexico...I already have my id, they force you get papers here so that you won’t continue (to the US), so we didn’t have a choice than to get papers here in Mexico, but it’s very expensive to get those papers and without them they’ll detain us or put us in jail or deport us back to our country so we have to do it. It’s a bit easier (here now) when you have your papers.”

-P31: female, 18, Honduras

Other participants shed light on the reality and the impact of MPP which forces migrants to remain in Mexico. One participant described having to live in Mexico while waiting, but not being hired for jobs, not having money, and therefore not having money to eat:
“tengo [MPP]...pero esta espera me tiene desesperado, porque hay veces sin comida y sin dinero me desespera más... como saben que tenemos MPP nos dicen “No ustedes se van dentro de dos meses, un mes o mes y medio” y ellos quieren personas que se queden y no dan trabajo.”

“I have [MPP]...but this wait has left me desperate because sometimes I have no food an no money which only makes it worse... and since they know that we have MPP they’ll tell us “no you’re gonna leave in two months or less” and they want people who are gonna stay so they don’t hire us.”

-P49: male, 40, Cuba

These quotes illustrate participant’s experiences with immigration laws, policies, and their enforcement including the real and direct impact that MPP had on their lives. These quotes illustrate how sociopolitical and structural factors increased structural vulnerability and structural violence among participants who were forced to remain in Mexico where they faced increased discrimination and violence including by law enforcement and immigration officials.
Discussion

This study was a secondary data analysis of a qualitative study conducted to understand the lived experiences of immigrants who are residing on the US-Mexico border waiting to cross into the US. The purpose of the secondary analysis was to elucidate potential pathways through which migration influences HIV risk. According to The Joint United Nations Program on HIV/AIDS, immigrants are one of the most vulnerable groups at high risk of HIV infection around the world (Cassels et al., 2013). According to an analysis of 29 countries, 38% of HIV cases diagnosed between 2007 and 2012 were among immigrants (Hernando et al., 2015). Undoubtedly, research shows a positive relationship between HIV and immigration (Alvarez-del Arco et al., 2017; Wiewel et al., 2014; Kerani et al., 2016; Dennis et al., 2017). What is less understood, however, are the pathways through which immigration influences HIV risk. This study employed a cross-national perspective and utilized a social determinants of health framework to understand how structural factors, such as economic factors and immigration policies and their enforcement, influence HIV risk.

A thematic analysis employing theoretical and in vivo coding strategies yielded two overarching themes: the macro and micro level forces that influence HIV risk. The macro level forces consist of three domains: economic, political, and social while the micro level forces consist of three other domains: behaviors, mental health, and immigration laws. The domains encompass the codes in the coding scheme. These themes, domains, and codes were informed by the social determinants of health framework and a transnational perspective given that proximal, distal, behavioral, social, and structural forces were considered. The macro level forces are those that capture the more distal and structural forces including sociopolitical and socioeconomic conditions that impact immigrants’ risk of contracting HIV across space and time, from the
country of origin, through the country of transit, and at the border. The micro level forces are those that encompass more proximal factors influencing HIV risk including those operating at the individual level that are also observed across space and time, from the country of origin, through the country of transit, and at the border.

The findings of the study indicate that regarding their economic conditions, immigrants’ level of education varied, more than 60% of participants had a high school education or higher, including college/university and technical degrees yet they were severely negatively affected by reduced employment opportunities at the country of origin and across the phases of migration which inhibited the procurement of housing and health care. While mobility, migration and displacement are associated with increased HIV risk, they aren’t inherently the cause but rather a condition under which vulnerability is increased indicating that other distal, upstream, or structural forces are at play. In recent years, research on HIV risk has shifted its focus from behavioral determinants to structural factors and has found that policy determinants (economic status, housing conditions) were most often associated with HIV risk (Weine & Kashuba, 2012). Findings from this study suggest that reduced employment opportunities at the country of origin were present, however, discrimination during transit and at the US-Mexico border severely inhibited employment and housing procurement. Research suggests that migrant health is negatively impacted through various pathways such as increased discrimination and through the limited access to healthcare and other resources based on immigration status (Castañeda et al., 2015). A vast amount of prior work on housing insecurity and homelessness, including the Institute of Medicine’s seminal 1988 report, has found that housing insecurity is associated with higher rates of infectious disease and ill-health; the lack of a stable residence has a “direct and deleterious impact on health,” not only as a cause but as a perpetuation and exacerbation of poor
Recent studies have also established the correlation between homelessness and HIV status (Aidala et al., 2007). Homelessness increases exposure to crime, violence, and infectious diseases such as HIV, it further exacerbates mental illness and substance use among people who struggle to secure housing (“Permanent Supportive Housing,” 2018). The inability to secure housing increases high-risk behaviors such as substance use, survival sex, and engagement with multiple partners which in turn increases the possibility of HIV infection and later transmission (Buchanan et al., 2009). Findings also suggest that attempts to secure housing exposed participants to immediate proximal HIV risk by promoting engagement in HIV risk behaviors.

Participants reported high levels of health care access in their country of origin including free universal healthcare, however, they reported that access to health care was negatively impacted during the migration journey. Research indicates that immigrants have limited access to health care and lower healthcare utilization during migration due in part to a lack of economic resources, unfamiliarity with healthcare systems, structural barriers to healthcare systems, and the loss of social support systems (Magis-Rodríguez et al., 2009; Martinez-Donate et al., 2020). Health care access to preventative screenings is important to detect disease, seek treatment, and prevent transmission. Regarding access to HIV healthcare services, research shows that immigrants lack sufficient access to HIV prevention, testing, and treatment resources at the US-Mexico border region (Levy et al., 2006; Magis-Rodríguez et al., 2009; Zhang, Martinez-Donate, et al., 2016; Zhang, Rhoads, et al., 2016). In a 2016 study among Mexican and Latin American migrants (n=1,630) who were traveling Northbound and were temporarily at the US-Mexico border in Tijuana, Mexico, where 40% of migrants cross the US-Mexico border, only 8% and 12.1% of male and female respondents had been tested in the last 12 months, respectively.
These findings highlight the role of structural factors that may render immigrants vulnerable to HIV contagion such as immigration and healthcare policies in both the receiving and transit countries.

An important contribution of the present study is the finding that participants faced pervasive violence from various entities at the country of origin, during transit, and at the border. Some of this violence was inflicted by various law enforcement entities and ranged from harassment to kidnapping and incarceration. Participants reported experiences with abuse, crime, and violence including organized crime, interpersonal violence, domestic abuse, and sexual or gender violence in the country of origin, in transit, and at the US-Mexico Border while awaiting their asylum hearings. The systemic and structural violence reported by participants included corruption, extortion, robbery, kidnapping, rape, and murder by gangs and law enforcement alike. Hence, the violence can be described as a form of structural violence. Research has suggested that violence experienced by minorities, migrants, and those with a lower socioeconomic status can be described as “structural vulnerability” Quesada et al. (2011) while the increased risk for disease and ill-health due to lack of access to care has been defined as “structural violence” by Stonington et al. (2018). The violence experienced by participants in this study, from the country of origin, through the countries of transit, and at the Mexico-US Border by individuals, organized crime, or government officials, can be described by the convergence of structural vulnerability and structural violence. The nature of the violence experienced by participants is driven by social, political, and economic forces including immigration policies that increase vulnerability to violence. Despite being the country of destination, US immigration policies such as MPP is an example of a sociopolitical force that increases vulnerability and
violence among migrants who were forced to remain in Mexico while awaiting immigration proceedings.

The study findings also indicated that participants endured various intersecting forms of discrimination as individuals belonging to racial, ethnic, and sexual minority classes. This discrimination was experienced by participants while attempting to secure housing or employment and enacted by individuals and entities such as law enforcement and immigration authorities. Research suggests that discrimination endured by migrants during migration has a direct impact on the life outcomes and trajectory of migrants during migration that extends to employment, housing, and sustenance (Esses, 2021). This in turn has an inevitable impact on migrants’ mental health, substance use, sexual risk behaviors, and ultimately the increased risk of HIV infection. Most research in this area suggests that high unemployment and other poor economic outcomes in a receiving country increases anti-immigrant sentiment leading to increased discrimination towards migrants (Cochrane & Nevitte, 2012; Fussell, 2014). Furthermore, limiting employment opportunities to immigrants has been termed an opportunity cost for the country of destination. In the US, for example, immigrants and their children start more businesses and create more jobs compared to their American-born counterparts, they have founded 45% of the Fortune 500 companies including Amazon, Alphabet, and Apple (New American Fortune 500 in 2019, 2019). This, coupled with current trends of fertility decline, an aging population, 5.8 million people unemployed, and 9 million job openings, represents an opportunity cost that David J. Bier, the associate director of immigration studies at the Cato Institute, estimates to be about 1 trillion dollars in production every year that’s being passed up (Why U.S. Immigration Policies May Be Hurting Economic Growth, 2023). Similarly, Central American migrants at the Mexico-US Border represent a
missed economic opportunity for an area that is economically depressed and could benefit from employing individuals with varied degrees and skills, even temporarily.

Research on migrant health has found that exposure to violence and discrimination of this scope and magnitude is associated with a high prevalence of mental health disorders including PTSD, depression, and anxiety (Blackmore et al., 2020; PeConga & Thøgersen, 2019; Steel et al., 2009). A systematic review and meta-analysis on the prevalence of mental illness in refugees and asylum seekers by Blackmore et al., (2020) found that refugee and asylum seekers have “high and persistent rates” of post-traumatic stress disorder (PTSD) and depression (2020). The aftermath of exposure to violence and traumatic events is exacerbated by the loss of social support through the separation of one’s family and community. This, coupled with the perilous journey of migration and long waiting periods, such as those seen with MPP, leave migrants at higher risk of poor mental health outcomes. The present study also indicates that social support was negatively impacted among participants. Blackmore et al.’s meta-analysis, found that 31.46% of participants \( (n = 4,639) \) were diagnosed with PTSD, 31.51% \( (n = 3,877) \) with depression, and 11.09% \( (n = 2,840) \) with anxiety disorder (2020). Mental disorders among Hispanic immigrants living in the US, such as depression and PTSD, were associated with higher sexual risk behaviors including having multiple sex partners (Deren et al., 2008; Muñoz-Laboy et al., 2009).

Study findings indicated that participants were engaging in behaviors that placed them at high risk of HIV such as substance use to cope with harsh living conditions, survival sex or sex in exchange for money, food, shelter, or safety. Although a vast amount of prior research on substance use among migrants in the US has shown lower levels of substance use compared to non-migrants in the US, when compared to other non-migrants from the country of origin,
migrants show a greater risk for substance use disorders (Borges et al., 2011; Salas-Wright et al., 2018; Szafarski et al., 2010; Villalobos and Bridges, 2018). Much of the research on substance use among migrants, however, lacks a transnational perspective framework to account for factors and experiences such as violence at the country of origin and at the countries of transit that may influence substance use patterns (Salas-Wright & Schwartz, 2018). Study findings indicated that poverty at country of origin led participants to engage in sexual risk behaviors and substance use which continued through the migration journey to secure food and housing. Substance use was also reported by participants as a means to cope with the need to resort to and engage in survival sex or sex in exchange for money during migration.

Research on HIV risk among migrants, albeit mostly in the countries of destination, have found high engagement in risk behaviors and elevated risk for STI/HIV infection. Among diverse groups of migrants, studies worldwide have found higher levels of sexual risk-taking and substance abuse, low levels of condom use and STI/HIV screening, and engagement in commercial, survival, or transactional sex including men who had sex with men from solicitation (Apostolopoulos et al., 2006; Galván et al., 2008; Muñoz-Laboy et al., 2009; Weine & Kashuba, 2012). One study conducted at different phases of migration among Mexican migrants at the US-Mexico border (n=3,230) including the transit phase, found that migrants in the transit phase were more likely to have sex with casual partners, to pay for sex, and had the highest HIV prevalence rate among migrants in the other migratory phases and nearly four times the rate compared with those in the pre-departure phase (Martínez-Donate et al., 2015). Many of these studies, however, also highlight the interconnectedness of sexual risk behavior, contextual factors, and determinants of health including social support. Moderate and high quantity and quality of social support were found to be protective of HIV sexual risk behavior (Althoff et al.,
Loneliness, for example, has been found to be a sexual risk factor whereby having sexual intercourse seems to be associated with coping with said loneliness, and as levels of loneliness increase, condom use decreases (Muñoz-Laboy et al., 2009).

While structural forces such as discrimination, violence, and other socioeconomic and sociopolitical factors, including immigration policy and enforcement, influence HIV risk, research on social support has been shown to be a buffer whereby higher levels of social support are related to fewer HIV-related risk behaviors (Qiao et al., 2013; Althoff et al., 2017). Research on social support and HIV risk indicates that vulnerability to disease is reduced as social support increases because conflict, stress, and risk behaviors are reduced (Berkman & Glass, 2000). Disruption to social support such as the loss of friends, family, and community combined with exposure to more liberal social norms, substance use, and risky sex practices including sex work is linked with an increase in HIV among migrants (Goldenberg et al., 2011). Study participants have reported initiating drug use to cope with loneliness and depression that resulted from the separation from friends and family after migrating (Ojeda et al., 2011).

The negative impacts of migration on migrant health are brought on by the social conditions that migrants are exposed to such as social isolation, the socio-economic impacts of displacement and the subsequent survival actions taken to mitigate those circumstances. This socio contextual environment is also referred to as the “risk of risks” which refers to how mobile populations are at increased odds of exposure to vulnerable circumstances such as discrimination, hunger, homelessness, violence, and rape which in turn increase the odds of risk behavior engagement such as substance use including injected drug use, sexual risk behaviors including unprotected sex, and survival sex, or sex in exchange for food, safety, or shelter (Goldenberg et al., 2011).
Future Research

To better capture the complex interplay of factors that shape an immigrant’s life, future research on migrant health ought to consider the various factors of influence at every phase of migration, such as at the country of origin and during the migration journey. Such an approach is likely to elucidate the strengths that may be leveraged to improve immigrants’ health such as social support networks and the needs that should be addressed such as improving socioeconomic policies like providing access to work permits that have the potential to strengthen the local economy. Policy researchers and policymakers should consider the impact that immigration policies have on migrants’ health including through unintended consequences. Public health researchers should acknowledge that migration is a complex social process that exists on a continuum spanning space and time and develop interventions appropriate for each stage of migration beginning at the country of origin.

Furthermore, public health policy research and interventions should recognize the interconnectedness of the social determinants of health including how immigration policies impact immigrant health through both social and structural forces. Future research should evaluate interventions to mitigate HIV risk among migrants including modifying socioeconomic and sociopolitical determinants by facilitating access to healthcare, housing, and work permits and enhancing social support.

Lastly, future research should employ cross-sectional, transnational, and longitudinal study designs to better understand the pathways and mechanisms through which immigration policies exacerbate the structural vulnerability and structural violence faced by migrants which has shown to exacerbate HIV risk.
Limitations

The study had several limitations. First, it was a secondary data analysis of a larger qualitative study that was designed to understand the lived experiences of migrants who engage in HIV risk behaviors, including unprotected sex and substance use, to elucidate potential pathways through which immigration and policy influence HIV risk, a cross-national perspective was not originally employed to develop questions and probes. This weakness limited the depth of the data regarding transnationalism and may have resulted in an incomplete understanding of the phenomenon. Secondly, the author of this thesis did not engage in the data collection process which precluded observations in the field and fieldnotes and may have exerted an influence on data interpretation. Lastly, the recruitment of participants may have stopped before saturation was reached as the recruitment of a set sample size was proposed prior to engagement in data collection.
Conclusion and Implications for Public Health Practice

The study revealed the importance of implementing interventions to promote STI/HIV prevention among migrants during their trajectory, including at the country of origin through countries of transit, at border communities, and in countries of destination. Furthermore, immigration policies including gridlock, backlogs, and waiting periods have a direct and real-life impact on migrants’ safety both from crime, violence and exploitation as well as from exposure to negative health outcomes including HIV.

The author of this study was able to observe the impact that public policies have on public health, such as the impact that immigration policies like MPP had on migrants’ sexual risk behaviors and exposure to violence and HIV. Conceptualizing migration as a social process that exerts an effect on a continuum through space and time, from the country of origin, through countries of transit, and by utilizing a cross-national perspective and employing a SDoH framework, allowed for interpretation of how macro and micro level forces, distal and proximal, structural, and behavioral interact to influence migrant health.
MPH Competencies

A. Evidence-based Approaches to Public Health
   2. Select quantitative and qualitative data collection methods appropriate for a given public health context
   3. Analyze quantitative and qualitative data using biostatistics, informatics, computer based programming and software, as appropriate
   4. Interpret results of data analysis for public health research, policy or practice

B. Public Health and Health Care Systems
   5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
   6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

D. Policy in Public Health
   14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
   15. Evaluate policies for their impact on public health and health equity

E. Leadership
   16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision-making.

MPH Program Hispanic and Border Health Concentration Competencies

1. State and discuss the current major communicable, non-communicable, and environmental public health threats in Hispanic and border communities.

2. State the basic principles of prevention and control of communicable and non-communicable diseases; discuss how these principles can be modified to accommodate cultural values and practices in Hispanic and border communities.

3. Identify and access public health data on communicable and non-communicable diseases in Hispanic and border communities (including vital stats and disease registries; health and nutrition surveillance data; census data; national surveys).

4. Identify, access and summarize the content of one or more current initiatives relevant to border health (e.g., Healthy Border 202; US-Mexico Border Philanthropy Partnerships; Paso Del Norte Regional Strategic Health Framework).

5. Identify health disparities, and approaches to achieving health equity.
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Vita

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Jesus is a champion for equality, social justice, and health equity and believes that minorities, immigrants, and the more disadvantaged and marginalized groups in a society should be treated fairly and humanely. He believes that access to healthcare is a basic human right. As a public health advocate and researcher, Jesus believes that the social determinants of health, along with socio-political and socio-economic factors, are drivers of morbidity and mortality, therefore, a health-in-all-policies approach ought to be a guiding principle in policymaking.

Jesus is an active member of his community, a volunteer, and an advocate for the causes that he believes in; he hopes to continue his education, research, and public health advocacy.