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Immigrant Fathers, Mothers and Babies Who Are Living with HIV/AIDS

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In this cross-sectional, descriptive study, in a time period of 5 months in 2005, in Zahedan (Southeast of Iran), we evaluated the prevalence of HIV/AIDS in the families of the men with HIV/AIDS who had a history of immigration to other countries to work. Blood samples of the mothers and the babies were evaluated by ELISA method and in those who had a positive test, results were confirmed with a more specific assay (western blot). Among 274 patients with HIV infection/AIDS (224 male and 50 female) in Sistan and Baluchestan Province in Southeast of Iran, 65 cases (41 male, 24 female) were from Saravan (a city in Sistan and Baluchestan). Out of 41 men with HIV/AIDS in Saravan, 21 cases had a history of immigration, to neighbouring countries to work. Forty five percent of mothers (11 cases) who had infected immigrant husbands, showed a positive test and they were infected with HIV. Also, HIV test was positive in 3 children of families whom their fathers were infected immigrants. Present study showed that 45% of the mothers and 2.5% of the babies in families who the fathers were infected and had a history of immigration, had a positive test and they had been infected with HIV infection. Fifty percent of men with HIV/AIDS had history of immigration. Upon this results, immigration and family deprivation is a potent risk factor for occurrence of infection.

Key words: Immigrant, HIV/AIDS, prevalence

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INTRODUCTION

HIV/AIDS is increasing among the homeless population (Anonymous, 1999). Lack of affordable housing is a critical problem facing a growing number of people living with Acquired Immunodeficiency Syndrome (AIDS) and other illnesses caused by the Human Immunodeficiency Virus (HIV) (Anonymous, 2002). Many homeless adolescents find that exchanging sex for food, clothing and shelter is their only chance of survival on the streets (Pendleton, 1997; Gilmore and Somerville, 1994). People with HIV/AIDS may lose their jobs because of discrimination or because of the fatigue and periodic hospitalization caused by HIV-related illnesses (Anonymous, 1992; Pendleton, 1997). Studies indicate that the prevalence of HIV among homeless people is between 3-20% (Anonymous, 1999). A Los Angeles study found that two-thirds of people with AIDS had been homeless (Anonymous, 1999). Of the roughly 1550 persons known to be infected with the HIV virus in Israel, about 40% are recent immigrants from Ethiopia (Anonymous, 2003). Extensive data are not available on the epidemiology of HIV and AIDS among immigrants in many of countries. In the Southeast of Iran specially in the Saravan the unemployment rate is high and the men are obliged to immigrate to neighbouring countries to work, but homeless and family deprivation is lead to occurrence of HIV infection. Since, there is no any epidemiological study about HIV/AIDS in this group, therefore present survey was conducted.

MATERIALS AND METHODS

In this cross-sectional, descriptive study, in a time period of 5 months in 2005, in Zahedan (Southeast of Iran), First, with collaboration of Saravan Health Center, almost all men with history of immigration to other countries who had HIV/AIDS, diagnosed. Then blood samples of the mothers and the babies were evaluated by ELISA method and in those who had a positive test, results were confirmed with a more specific assay (western blot). Among infected men (21 cases), 3 cases had married twice. Therefore, We evaluated 24 mothers for HIV-Ab infection. Total children who evaluated in this study, were 120 cases.

RESULTS AND DISCUSSION

Out of 274 patients with HIV infection /AIDS (224 male and 50 female) in Sistan and Baluchestan Province, 65 cases (41 male, 24 female) were from Saravan (a city in Sistan and Baluchestan). Out of 41 men with HIV/AIDS in

Table 1: Frequency of infected men according to history of immigration

| History of immigration | No. | (%) |
|------------------------|-----|------|
| Positive | 21 | 51.2 |
| Negative | 20 | 48.8 |
| Total cases | 41 | 100 |

Table 2: Frequency of infected mothers according to history of immigration in their husband

| Immigrant husband | No. | (%) |
|-------------------|-----|------|
| Positive | 11 | 78.5 |
| Negative | 3 | 21.5 |
| Total | 14 | 100 |

Saravan, 21 cases (51%) had a history of immigration to neighbouring countries to work (Table 1). Forty five percent of mothers (11 cases) who had infected immigrant husbands, showed a positive test and they were infected with HIV. Also, HIV test was positive in 3 children of families whom their fathers were infected. HIV test was positive in three mothers who had infected husbands but their husband had no history of immigration. In recent group, among 102 children, only 1 child was infected with HIV. There was significant difference between positivity of HIV test in mothers and having a husband with history of immigration ($p < 0.05$) (Table 2).

This results showed that 51.2% of men with HIV/AIDS had a history of immigration.

It is no secret that HIV is increasingly becoming a disease of poor and traditionally marginalized urban communities, with disproportionate rates of infection in homeless people, injection drug users and people of color (Anonymous, 1999; 2002). Present results showed that about 51% of men with HIV/AIDS had a history of immigration and almost one-half of these men had infected their wives. Depending on who's counting and where, HIV infection rates in homeless communities varies from 8.5% to as high as 19.5% in the United States (Anonymous, 1999a). Forty percent of HIV/AIDS patients in Israel are immigrant from Ethiopia. HIV prevalence studies anonymously performed in four cities found a median HIV-positive rate of 2.3% for homeless persons under age 25 (Anonymous, 1999). Nelson study showed that 36% of people with HIV/AIDS have been homeless since learning that they had HIV or AIDS (Anonymous, 1999a). A Los Angless study found that two-thirds of persons with AIDS had been homeless (Anonymous, 1999a). Though community activists have long demanded that more attention be paid to homeless populations at risk of infection, research efforts have only recently begun to focus on documenting how much and in what ways the disease impacts homeless communities (Anonymous, 1992; O'Connell, *et al.*, 1997; Anonymous, 1999a; Bayer and Heaton, 1989; Bau, 1997). Homeless is a risk factor for occurring of HIV/AIDS and housing instability in people living with HIV is a risk factor for occurring of other diseases in this group (Bau, 1997).

Few homeless individuals are aware of their HIV status. Only a handful are informed about HIV treatment options and even fewer are able to access such care (Bau, 1997; Anonymous, 1997). HIV-infected homeless persons are believed to be sicker than their domiciled counterparts. For example, they tend to have higher rates and more advanced forms of TB and higher incidence of other infectious diseases (Anonymous, 1999a, 2002; Gilmore and Somerville, 1994). Recent studies have demonstrated that more homeless people die of AIDS than other HIV-infected populations (Anonymous, 2003). With regards to this facts and a high rate of HIV/AIDS in immigrants, all countries should have a good and especial immigration law in order to prevent of HIV/AIDS (Bau, 1997; Anonymous, 1997). Emergency housing grants should be available for persons with HIV-related illnesses who are in danger of losing their homes and housing assistance should be available for those already on the streets. Federal assistance must be provided through adequate funding of targeted housing and health programs and through the enforcement of anti-discrimination laws.

CONCLUSIONS

Upon the results emerged from this study, immigrants and homeless people are at risk for HIV/AIDS and homeless persons with HIV/AIDS need safe, affordable housing and supportive, appropriate health care.

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