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“People Here Are Alone, Using Drugs, Selling their Body”: Deportation and HIV Vulnerability among Clients of Female Sex Workers in Tijuana

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Abstract. In many settings, migrants are at disproportionately high risk of HIV. The Tijuana-San Diego border is the world’s busiest international land crossing. Deportations in San Diego County have increased by 48% since 2002; many deportees are delivered to deportation stations in Tijuana, Mexico, where associations between HIV vulnerability and deportation have been documented. Female sex workers (FSWs) and their clients are among the populations at highest risk of HIV in Tijuana. Our objective was to explore the relationship between deportation and HIV vulnerability from the perspectives of deported clients of FSWs in Tijuana. Using in-depth interviews conducted in Tijuana’s red light district in 2008 with 20 male clients of FSWs who had ever been deported from the United States, we explored the relationship between the consequences of deportation and HIV vulnerability. Clients perceived deportation as resulting in social isolation and economic dislocation, which were linked to HIV through substance use and unprotected sex with FSWs. These unintended consequences of immigration policy (social dislocation and economic marginalization) warrant corresponding interventions that address social, economic, and political dimensions of vulnerability. Recommended interventions include (1) social and economic support for deportees in border communities; (2) HIV testing, information, and condom provision to deportees; (3) peer education and condom promotion by *jaladores* (middlemen); and (4) safer sex interventions that address psychosocial factors and substance use among deportees. We argue that the health impacts of migration depend on the context of migration, with deportation posing a form of involuntary migration that exacerbates HIV vulnerability.

Keywords. Deportation, sex work, clients, HIV, vulnerability.

1 Introduction

1.1 HIV Vulnerability and Migration

Migrant populations in many settings are at disproportionately high risk of HIV and sexually transmitted infections (STIs) (Desmond *et al.* 2005; Goldenberg *et al.* 2008; Lippman *et al.* 2007; Meekers 2000; Steen *et al.* 2000). While individual-level knowledge and behaviors partially explain this association, examining HIV vulnerability presents an opportunity to obtain deeper insight into the root causes of risk and identify structural intervention targets (Frohlich and Potvin 2008; Shannon *et al.* 2008). In this paper, vulnerability is defined as susceptibility to harm and the result of “interaction between the resources available to individuals and communities and the life challenges they face” (Mechanic and Tanner 2007).

Postulated explanations for the relationship between migration and HIV vulnerability include (1) new or concurrent partners sought to buffer social isolation; (2) exposure to more liberal social norms for sexual behavior and substance use; (3) riskier behaviors undertaken out of economic necessity or psychosocial vulnerability; and (4) immigration policies resulting in concentrations of marginalized individuals with few economic or social ties (Desmond *et al.* 2005; Meekers 2000; Salama and Dondero 2001; Steen *et al.* 2000; Strathdee *et al.* 2008a).

The Mexican city of Tijuana, Baja California, which borders the U.S. city of San Diego, California, is the largest city on the Mexico-U.S. border (pop: 1,483,992). Together with San Diego it forms the world’s busiest international land crossing, with over 52 million registered northbound crossings in 2007 (U.S. Department of Transportation 2009). Tijuana is characterized by one of the highest population growth rates in Latin America. Over half its inhabitants are migrants (Magis-Rodriguez *et al.* 2004; Strathdee *et al.*

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2008b), many of whom have been repatriated from the United States. In 2008, the United States deported over 1 million individuals (mostly Mexican nationals). Deportations in San Diego County have increased 48% since 2002 (U.S. Department of Homeland Security 2009); most deportees are delivered to stations along Mexico's northern border, including two in Tijuana (Rangel *et al.* 2006).

1.2 Sex Work and the HIV Epidemic in Tijuana

Tijuana is experiencing an emerging HIV epidemic. As many as one in 116 persons aged 15–49 in Tijuana were estimated to be infected in 2006 (Iniguez-Stevens *et al.* 2009; Strathdee and Magis-Rodriguez 2008). Located a few blocks from the border, the Zona Roja (red light district) attracts U.S., Mexican, and international clients. Approximately 9,000 female sex workers (FSWs) work in the city, among whom HIV prevalence has tripled in the past decade (Strathdee and Magis-Rodriguez 2008).

Associations between deportation and HIV have also been documented along the Mexico-U.S. border (Brouwer *et al.* 2009; Strathdee *et al.* 2008a); for example, the adjusted odds of HIV infection among male injection drug users in Tijuana who had been deported were four times that of other males (Strathdee *et al.* 2008a). In light of these associations and the high levels of mobility and HIV infection characterizing many international border settings, qualitative studies that unpack potential underlying explanatory mechanisms are needed.

FSWs' male clients function as a "bridge" for HIV/STI transmission through unprotected sex with FSWs and other partners (Alary and Lowndes 2004; Cote *et al.* 2004). We recently reported an HIV prevalence of 4% and a high risk profile among 400 U.S. and Mexican clients in Tijuana (Goldenberg *et al.* 2010; Patterson *et al.* 2009). Although mobility and deportation were not explicit study aims, preliminary results led us to hypothesize that the high prevalence of deportation in this binational community plays an important role in HIV transmission (Goldenberg *et al.* n.d.). Since understanding the perspectives underpinning the context of migration is also crucial to meeting the health needs of migrants (Grove and Zwi 2006), our objective was to explore deported clients' perspectives on the consequences of deportation on HIV vulnerability.

2 Materials and Methods

2.1 Data Collection

We conducted in-depth interviews lasting approximately one hour with FSWs' clients ($N = 30$) in Tijuana's Zona Roja. Participants were purposively sampled (Strauss and Corbin 1998) from a larger study of 400 clients ≥ 18 years old who had paid or traded for sex with a FSW in Tijuana in the past 4 months (Patterson *et al.* 2009). Clients were selected to represent a range in age, marital status, HIV status, and country of residence. Selection was also informed by earlier interviews and analyses (Glaser 1978). Although deportation history was not a sampling criterion, two-thirds of the clients who participated had been previously deported from the United States.

Sociodemographic characteristics and HIV/STI laboratory results were collected during the larger study (Patterson *et al.* 2009). Interviews were conducted in Spanish or English and consisted of open-ended questions, which were revised as interviews and analysis progressed. Interviews explored clients' reasons for seeking FSWs, perceived STI/HIV risk, and narratives on how social (e.g., social norms) and structural factors (e.g., deportation, incarceration) influence HIV risk. Ethics approval was obtained from the University of California, San Diego and the Tijuana General Hospital. All participants provided written informed consent and were compensated US\$20 for their time.

2.2 Data Analysis

Our analysis was restricted to clients who reported ever being deported from the United States ($N = 20$). Recordings were transcribed and translated, and personal identifiers were removed. QSR NVivo was used to manage coding and analysis, which was led by Goldenberg in consultation with the research team. Coding was guided by the constant comparative method (Crabtree and Miller 1999; Glaser and Strauss 2006), and higher-level analyses identified themes that described the consequences of deportation on HIV vulnerability.

3 Results

3.1 Sample Characteristics

Table 1 presents sociodemographic characteristics of our sample. Deportees' average age was 36. Most were bilingual and worked in the informal sector as *jaladores* (middlemen) or in bars/hotels.

Table 1. Sociodemographic Characteristics of Deported Clients of Female Sex Workers ($N = 20$) in Tijuana, 2008

Variable	Category	Values
Language(s) spoken	Spanish	20 (100%)
	English	17 (85%)
Latino/Hispanic		20 (100%)
Age, in years (mean, range)		36 (19-49)
Education, in years (mean, range)		10 (5-14)
Employed		16 (80%)
Occupation	<i>Jalador</i> (middleman)	7 (35%)
	Bar/hotel worker	7 (35%)
	Drug dealer	2 (10%)
Marital status	Married/common law	7 (35%)
	Separated/divorced	3 (15%)
	Never married	9 (45%)
	Widow	1 (5%)
Has children		14 (70%)
Living arrangement	Alone	9 (45%)
	With steady partner/spouse	6 (30%)
	With other adult	4 (20%)
	Homeless	1 (5%)

Note: Data are number (%) of men, unless otherwise indicated

Sexual behavior and substance use, reasons for visiting FSWs, and HIV/STI status are presented in table 2. Most clients reported recent unprotected sex with a FSW. Loneliness, lack of a regular partner, being high/drunk, and having a job that results in close contact with FSWs were common reasons for visiting FSWs. Six men tested positive for any STI or HIV.

Table 1. Sexual Behaviors, Substance Use, Reasons for Visiting FSWs, and HIV/STI Status of Deported Clients of Female Sex Workers ($N=20$) in Tijuana, 2008

Variable	Values
<i>Sexual and substance using behaviors</i>	
Number of FSWs visited, past year (mean, range)	20 (1-69)
Number of years visiting FSWs (mean, range)	10.5 (0.5-27)
Had unprotected sex with FSW in Tijuana ^a	14 (70%)
Injected drugs ^a	8 (40%)
Drinks \geq 5 drinks when drinking	10 (5%)
Client was high during sex with FSW ^a	12 (60%)
<i>Reasons for visiting FSWs</i>	
Loneliness	9 (45%)
Lack of regular partner	10 (50%)
Client was drunk/high	11 (55%)
Clients' job results in close contact with FSWs	12 (60%)
<i>HIV/STI status</i>	
Positive for any STI/HIV	6 (30%)
HIV positive	2 (10%)

Note: Data are No. (%) of men, unless otherwise indicated

^a Refers to past 4 months

3.2 Consequences of Deportation on HIV Vulnerability

Clients described deportation as a very common experience among Mexico-born men who visit FSWs in Tijuana. Deportation was perceived to result in social isolation and economic dislocation, which were linked to susceptibility to HIV through substance use and unprotected sex with FSWs.

3.2.1 Social Isolation

Among the key consequences of deportation of concern to our participants were social dislocation and loneliness. Separation from partners and family members who remained *al otro lado* ("on the other side") was commonly described. This often resulted in the dissolution of romantic relationships and minimal or no contact with other family members.

After that [my deportation], she called me a couple times ... then stopped accepting my calls and we lost contact. [MCL021, age 30]

I messed up everything and now I regret it because I could be with my family. [MCL022, age 38]

Deportees described how separation from partners and families led them to seek out FSWs to fill a void in their intimate lives. Most recounted sex with a FSW as one of the first activities that they engaged in upon their arrival in Tijuana,

and compared this with their behaviors prior to being deported. As two deported clients explained,

Interviewer: At what age did you start to have sex with sex workers?

Client: When I arrived in Tijuana. I grew up in Los Angeles. In 2000 I came back, and when I started working by Revolution Avenue, that's when I found the Coahuila [red light district].

Interviewer: What were your reasons for looking for a sex worker?

Client: I was alone ... and I was drinking a lot. [MCL049, age 49]

Interviewer: Did you have relations with sex workers when you lived in the United States?

Client: No.... It was very different back then, until I got deported and left my wife. I've done it here because I need a woman.... I hadn't felt the closeness with a woman; but it's not a normal or loving relationship. [MCL031, age 39]

Sex work is much more normalized in Tijuana than in the United States. Most deportees explained that their desire for intimacy could be easily fulfilled in Tijuana, where visiting FSWs is much more socially acceptable and accessible than in the United States. As the following quotes illustrate, participants often compared this with U.S.-based lifestyles, which were perceived as less risky.

When I lived on the other side [the U.S.], I didn't know anything about prostitutes. I did know about women that prostitute themselves for drugs, but I didn't know any. I know that there are prostitutes in Las Vegas, but I never went there. Here in Tijuana ... prostitution is like something normal. [MCL049, age 49]

[In the U.S.] I was working and when I got home I was tired, so I spent time with my family. I did go out on weekends ... but it was very different. [MCL022, age 38]

Most deportees who participated in our study grew up in the United States or spent most of their lives there; having little to no experience in Mexico, they do not identify with Mexico as their home country.

When I first got here, I was very lonely because I lived my whole life on the other side. It was a very dramatic and difficult change. [MCL210, age 47]

All my life, I lived on the other side [the U.S.]. They [my parents] took me [to the U.S.] when I was two years old. I'm 30 now and I got deported two years ago.... I've been living in Tijuana ever since. [MCL021, age 30]

Upon repatriation, deportees described feeling dislocated in a foreign environment; for example, many men described the language, customs, and culture as foreign. Many recounted the frustration and loneliness they attributed to being

involuntarily repatriated to a place where they had few, if any, sources of social support, and which they do not identify at all as home:

I never lived here in my life ... so it was a foreign country to me. I speak the language, but the customs, the culture, the people, the way of life? Nothing like how it was living in California. [MCL125, age 34]

I never imagined living here before I got deported, and when I got here I didn't know much about Mexico; I spoke Spanish, but not much. I have to live my life here, but it's very difficult. [MCL049, age 49]

Clients' described the deep-rooted impacts of social isolation by way of leading people to give up on themselves. Coupled with the perceived lack of opportunities for socio-economic and personal advancement, many men described a tendency to "stop caring" about their own well-being as a consequence of social isolation and deportation:

They just don't care ... because they don't have that love from their family. They're here by themselves, just like me. When I first got here, I had nobody.... I tried to count on people but they stab you in your back.... It's hard for somebody that lived there all their life and gets deported. [MCL028, age 33]

I kind of consider my life a bit hopeless, that it won't come to a good end here in Tijuana. I just feel that way. I deal with a lot here. [MCL105, age 40]

"Giving up" was described as an overarching cause of unprotected sex with FSWs and other partners. One participant insightfully described the impacts of this widespread phenomenon in his community,

Here you have no family, you feel abandoned.... You stop caring about yourself. "I don't like where I'm at. I ain't got no prospects in life, I'm gonna die anyways"—so they start having sex like that.... They stop caring and stop using protection. [MCL329, age 31]

Deportees also described "giving up" as tied to substance use. Binges on alcohol, unsafe drug use, and unprotected sex with FSWs were seen by many as inextricably linked responses to social isolation among deportees.

I've met a few that got deported. They're HIV positive now. I thank god I'm still clean. I've met them 'cuz their family, they don't care for them. They got deported and they lose hope.... They know the risk of using someone else's syringe and the risks of catching AIDS and they still do it. [MCL028, age 33]

Despite the challenges to HIV prevention posed by social isolation and substance use, some men saw their overall experience as protective, when comparing it to their situation if they had simply stayed in Mexico. As one injection drug user discussed, the HIV prevention information he received in the United States helped him protect himself once he was deported to Tijuana:

I don't have no family. I survive by just what I do.... I suffer a lot, but I take care of myself from everything I learned in the U.S. The knowledge I got in the U.S. helped me when I got here. People raised here are not aware.... You have to pay to go to school, so they don't have enough knowledge.... I'm a heroin addict. Around here, they use someone else's syringe like it's the thing to do. They do it in Tijuana like there is nothing wrong with it. They are not educated about HIV. Me, I see that, and it's like, wow, these guys are sharing needles. I've seen a lot of it since I got here seven years ago. I've seen a lot of them die from HIV. [MCL028, age 33]

3.2.2 Economic Vulnerability

Most deportees described arriving in Tijuana without a place to live or any economic resources, since they were repatriated with few possessions and little to no money.

Interviewer: When you arrived here in Tijuana, what was it like?

Client: It's been hard.... I don't have a permanent place to stay; I stay in hotels here and there and I work at clubs begging for money. [MCL022, age 38]

While many clients regrettably acknowledged having engaged in illegal activities in the United States that ultimately led to their deportation, they also described having steady jobs there, whereas this was rarely the case in Tijuana. Deportees described employment in construction, body shops, and other service and labor positions in the United States, whereas comparable employment opportunities are rare and/or unprofitable in Tijuana:

I was working in Orange County at a body shop. But I got here and they don't pay you much. [MCL028, age 33]

Client: [I lived] in Long Beach; for 15 years I was a furniture painter and then I painted cars.... That was my profession.

Interviewer: And now, what do you do here in Tijuana?

Client: I paint furniture, but I only work every other day because work is slow, and I'm already three days behind on my rent. [MCL031, age 39]

Due to the limited legitimate economic opportunities in the Zona Roja, especially for recently deported individuals without proper identification or local connections, most participants mentioned the neighborhood's sex or drug trades, (e.g., working in bars and hotels or selling drugs) as the main sources of income for recently deported individuals. For example, many deportees described themselves as *jaladores*—middlemen responsible for recruiting and matching clients (especially Americans) with FSWs. This was described as a way of capitalizing on the sex industry and on deportees' knowledge of English and Americans' sexual preferences:

The economy here sucks. That's why we're here, out of necessity. That's why the women here prostitute themselves and people steal. Who's going to want to work for less than \$1 per hour? So I started to talk to tourists and went to work as a negotiator for one of the massage parlors. The girls [FSWs] see me walking back and forth with Americans and ask me if I could find them clients when it's slow.... They pay me US\$20 for finding a client, and the client usually gives me a tip. [MCL184, age 33]

Our research found that the strategies often employed to survive economic hardship in the Zona Roja may also put deportees at elevated HIV risk. *Jaladores* and deportees working in the Zona Roja reported that their occupations put them at risk of HIV by placing them in close contact with FSWs and drugs. Many deportees doubted their ability to engage in effective HIV prevention while remaining economically dependent on the sex and drug trades, which were said to pose a constant source of temptation and facilitate unprotected sex with FSWs.

The job where I am at, that's kind of tempting, to see the girls there, taking their clothes off every day. Dancing right there on the pole.... It gets you tempted. [MCL021, age 30]

I am surrounded by street prostitutes all the time, drugs and everything. [MCL074, age 40]

4 Discussion

HIV vulnerability was described as a direct consequence of deportation by our Tijuana-based participants. As David Mechanic writes, "Vulnerability may arise from individual, community, or larger population challenges and requires different types of policy interventions—from social and economic development of neighborhoods... to individual medical interventions" (Mechanic and Tanner 2007; see also Leonard *et al.* 2000). Our study identified social dislocation and economic marginalization as unintended consequences of immigration policy that perpetuate HIV vulnerability in Tijuana. These findings support the importance of addressing wider notions of HIV risk, such as vulnerability, in public health interventions.

Our data contribute to a growing body of research exploring the relationship between HIV and migration among Mexican migrants (Bronfman *et al.* 2002; Brouwer *et al.* 2009; Sanchez *et al.* 2004). Globally, social isolation and economic factors have been linked to HIV/STI vulnerability among diverse migrant populations (Desmond *et al.* 2005; Goldenberg *et al.* 2008; Meekers 2000; Morris and Ferguson 2006; Zuma *et al.* 2005). Our study makes numerous novel contributions to this literature. First, it suggests that the public health impacts of migration depend on the context in which migration occurs. While previous studies document more pronounced marginalization and HIV vulnerability among forced migrants, these consider mainly refugees and internally displaced persons (Grove and Zwi 2006; Salama and Dondero 2001). Since deportation also constitutes a form

of involuntary migration, we argue that deportees may also face more pronounced vulnerability than do voluntary migrants. Second, the unique economic roles described by deportees have implications for border health programs. Since many deportees work as middlemen (negotiating transactional sex), their potential as peer educators should be explored.

And third, while HIV vulnerability in border cities such as Tijuana may be strongly shaped by structural forces (e.g., deportation), our participants' responses to marginalization included accounts of individual agency and resilience. These findings provide evidence for wider approaches to public health than individual-level health approaches alone, which do not alter the social and structural conditions that give rise to disease (Syme 2004). Approaches with greater potential effectiveness often fall outside of the traditional scope of public health (i.e., social, economic, and political dimensions) (Rhodes 2009).

4.1 Corresponding Actions

We recommend interventions that address the circumstances contributing to deportees' HIV vulnerability at multiple levels (i.e., individual, structural) and across sectors (i.e., public health, social work). Programs that harness the opportunities posed by existing coping strategies and protective behaviors among deportees, such as the role of *jaladores* in Tijuana, should also be considered. Specific suggestions include: (1) the provision of HIV testing, information, and condoms to deportees; (2) shelter and economic resources to assist deportees reintegrate; (3) peer education and condom promotion by *jaladores*; and (4) safer sex interventions that address psychosocial factors (such as loneliness) and substance use. While programs that encompass such services for deportees can play a role in HIV prevention in border settings, deportees in Tijuana currently receive little or no government support (Bronfman *et al.* 2002; Strathdee *et al.* 2008a).

4.2 Strengths and Limitations

This study gathered qualitative data from the perspectives of FSWs' deported clients. While self-reported data are subject to biases, it is precisely participants' insights that we wanted to elicit in this study, which are not well captured through surveys. In-depth interviews with men who had already interacted with our research team (through prior quantitative surveys) enabled us to develop rapport with them and document their insights. While these data provide detail on potential explanatory mechanisms for observed associations between deportation and HIV risk (Strathdee *et al.* 2008a), their cross-sectional nature does not enable us to infer causality.

4.3 Conclusions

Our findings suggest that the public health impacts of migration depend on the context of migration itself, with deportation posing a form of involuntary migration that exacerbates HIV vulnerability among repatriated individuals. In our study, deportation among male clients of FSWs was perceived to

result in problematic levels of social isolation and economic dislocation, which were linked to susceptibility to HIV through substance use and unprotected sex with FSWs. These consequences of deportation (social dislocation and economic marginalization) warrant interventions that address social, economic, and political dimensions of vulnerability.

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