


Vulnerability to HIV/AIDS in gay and bisexual individuals during migration: the case of Colombian immigrants residing in Spain

Vulnerabilidad frente al VIH/sida en gays y bisexuales en el contexto migratorio: el caso de los inmigrantes colombianos residentes en España

Jair Restrepo Pineda

 <https://orcid.org/0000-0002-3959-4550>

E-mail: jair.restrepo@uniminuto.edu

Corporación Universitaria Minuto de Dios. Facultad de Ciencias Humanas y Sociales. Programa de Trabajo Social. Bello, Antioquia, Colombia.

Abstract

This article analyzes the factors that may increase the vulnerability to HIV/AIDS of Colombian immigrants residing in Spain. We performed a qualitative research with hermeneutical approach to analyze the reality of social reception of in Spain using in-depth interviews. Results showed that, of the 34 Colombian migrants interviewed, who lived in the cities of Madrid, Barcelona and Valencia, 85.3% self-reported as homosexuals and 14.3% as bisexuals; their average age was of 27.6 years old and the average time living in Spain was 4.8 years. We found that these immigrants had enough knowledge about HIV/AIDS but believed in several preconceptions and fictions connected to the dominant machismo and sexism from their home country. We concluded that the sociocultural sexual prejudice they had developed in their home country, as well as cultural obstacles and ignorance of the social norms from the host society may be common factors to increase the migrants' vulnerability to HIV/AIDS.

Keywords: HIV; Serodiagnosis of AIDS; Emigration and Immigration; Vulnerability Analysis; Migrants; Migrant Reception Society.

Correspondence

Corporación Universitaria Minuto de Dios, Facultad de Ciencias Humanas y Sociales, Programa de Trabajo Social. Calle 45, 22D-25. Bello, Antioquia, Colombia. CP 051050.

Resumen

El presente artículo tuvo como objetivo analizar los factores que pueden incrementar la vulnerabilidad de los inmigrantes colombianos residentes en España frente al VIH/sida. Se realizó un estudio cualitativo con enfoque hermenéutico interpretativo para analizar la realidad de los migrantes colombianos en el contexto social de acogida en España por medio de la aplicación de entrevistas en profundidad. Los resultados apuntan que de los 34 migrantes colombianos entrevistados y que vivían en las ciudades de Madrid, Barcelona y Valencia, el 85,3% se autoidentifica como homosexuales, y un 14,7% como bisexuales; su edad promedio era de 27,6 años, y el promedio de tiempo de residencia de estos en España fue de 4,8 años. Se evidenció que los inmigrantes tienen suficientes conocimientos sobre el VIH/sida, pero aún se mantenían una serie de prejuicios e imaginarios que se vinculan con el machismo y el sexismo imperantes en su país de origen. Se concluyó que los aspectos socioculturales sobre la sexualidad construidos por los migrantes en su país de origen, así como los obstáculos culturales y el desconocimiento de las normas de socialización en la comunidad de acogida pueden ser uno de los factores comunes que incrementen la vulnerabilidad de los migrantes frente al VIH/sida. **Palabras clave:** VIH; Serodiagnóstico del sida; Emigración e Inmigración; Análisis de Vulnerabilidad; Migrantes; Sociedad Receptora de Migrantes.

Introduction

Bearing in mind that biologically there is no type of condition that particularly predisposes homosexuals and bisexuals to HIV/AIDS, other factors that increase their vulnerability to infection should be considered as fundamental tools in sexual health promotion and prevention programs.

The double condition of homosexuals and bisexuals who are also immigrants could foster increased levels of vulnerability, which is understood as

the fragility and the defenseless in face of changes in the environment, such as the institutional abandonment by the State, that does not contribute to strengthen and does not care systematically for its citizens; as the inside weakness to deal specifically with the required changes of the individual or the place to take advantage of the opportunities presented; as the permanent insecurity that paralyzes, disables and demotivates the possibilities of thinking of strategies and taking long-term actions to reach better levels of well-being. (Busso, 2001, p. 81, our translation)

In addition, the immigrants face a very specific type of vulnerability in the host societies related to their cultural character. According to Bustamante (1998), this vulnerability is related to a series of cultural elements linked to stereotypes, prejudice, racism, xenophobia, institutional ignorance or discrimination, among others, which justify the inequalities between natives and immigrants. In this sense, it is fair to say that “vulnerability is not a condition that immigrants carry with them to the destination country, regardless of the legality of their entry or stay in a given country” (Bustamante, 1998, p. 8, our translation).

However, its increase or decrease is conditioned by the situations and contexts into which the immigrants incorporate themselves to the host country, without these being random. The home

and destination countries are interrelated, and the ways with which immigrants integrate the new sexual, social and cultural contexts are determined by their background and experiences in their home country. Both shape their expectations and their cultural comprehension of the destination country, since “vulnerability is a situation that emerges as consequence of the social interaction of foreigners in a country with its ‘natives’” (Bustamante, 1998, p. 8, our translation). Thus, the vulnerability is an endogenous process, in which the “health-disease dyad is conditioned by marginalization, poverty, lack of access to education and to health care circumstances, gender relations, social organization, and values and beliefs that are dominant inside a certain social group” (Quintal; Vera, 2015, p. 202, our translation).

In this regard, xenophobia has a direct incidence over the immigrants’ vulnerability, since “one of the most noticeable forms of discrimination is the one called xenophobia, perpetrated against aliens of a national or ethnic group just because they are aliens, and that is particularly intense on racial grounds, which we call racism” (Bouza, 2002, p. 4, our translation). Such processes of marginalization, exclusion and discrimination aim at “nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life” (ONU, 1965, p. 1).

Regarding gender, it is recognized as “a social and cultural construction, which responds to a particular social organization of power that places women and what is seen as ‘womanly’ in a subservient position in regards to men and to what is manly” (OIM, 2016, p. 12, our translation). Thus, gender responds to cultural and social determinants present in both home and destination countries, enabling to recognize the different associated vulnerability conditions faced by the individuals.

Moreover, there is a type of vulnerability referred to HIV/AIDS understood as

the different extents and natures of the individuals and communities susceptibility to be infected, sick or die from HIV/AIDS, which depend on the situation concerning the integrated set of cultural, social, political and economic aspects that places them in relation to the issue and the resources to face it. (Colombia, 2012, p. 18, our translation)

Thus, the vulnerability to this infection is marked with a set of social, political and economic aspects that define specific contexts, which increase the susceptibility to the infection. In addition, the vulnerability can be classified into two dimensions: individual and collective.

The individual dimension is sustained by three assumptions: first, all individuals are vulnerable to HIV and its consequences; second, in individuals living with HIV, the vulnerability potential presents an inverse proportion to social support and available health care and, third, the cognitive, behavioral and social conditions affect the individual vulnerability of all individuals (Colombia, 2012). The collective dimension is subdivided in two: the social dimension and the institutional dimension. The first “is determined by the economic, political, cultural, moral and institutional conditions, which determine the greater or lesser protection of a society towards the epidemic” (Colombia, 2012, p. 18, our translation), while the institutional dimension is established for the strength or failure of the prevention, control and assistance to HIV/AIDS programs, regardless of the sphere from which they come, i.e., governmental, non-governmental, private or whether they belong to local, regional or national levels.

Therefore, the “individual vulnerability refers to the personal conditions, actions and behaviors that can represent risk of infection by HIV” (Colombia, 2011, p. 25, our translation). The behavior towards sexual health are linked to individuals’ knowledge and practices, thus the attitude becomes a mediating element

between the external stimuli and the responses the individuals generates against them, all of it happens in a certain social, cultural, sexual and historic context.

As a result, the individual vulnerability is structured in three fundamental aspects: knowledge, actions and practices; however, “no unidirectional association exists among knowledge, actions and practices. Rather, the dynamics of each mentioned element is determined, and determines, in its turn, the other two components” (Vargas, 2005, p. 4, our translation).

Furthermore, the results of the European Men-Who-Have-Sex-With-Men Internet Survey (EMIS) were released in 2013, reporting that “of the 9,612 men who had ever been tested for HIV, 12% were infected by HIV. Of the total, 26.2% of men were not aware of their serological status because they had never been tested” (España, 2013, p. 71, our translation). The EMIS survey showed that, among the men who had ever been tested, the highest self-reported HIV prevalence were found among those who were living in cities with over 500,000 inhabitants, immigrants, over 40 years old, with a low educational level, were unemployed, their sexual orientation was either gay or homosexual, and had a long-term same-sex relationship at the moment of the survey (España, 2013).

The document HIV and AIDS Epidemiological Surveillance in Spain 2018, issued on November 2019, states that “in 2018, 37.6% of the new diagnostics of HIV infections were found in people from other countries. After the Spaniards, the most frequent origin was Latin America (21.7%)” (España, 2019b, p. 10, our translation). This report also shows that “by comparing the distinct regions of origin, it is shown that in the cases from Latin America, Western Europe, and as in Spaniards, the transmission among men who have sex with men (MSM) predominates (67.3%, 64.3% and 60.2%, respectively)” (España, 2019b, p. 10, our translation).

Such data bring light to existing factors that may increase the vulnerability of the immigrants to HIV/AIDS in migratory contexts. Thus, it is

necessary to approach the vulnerability of gay and bisexual Colombian immigrants living in Spain, understanding that it depends on very specific conditions, of the circumstances of their exit from the home country and the social, cultural and sexual context of the destination country, since by migrants we refer to a very heterogeneous group of men and women who, even though are grouped within the same category, have realities and particularities to make them unique. Therefore, an analysis of vulnerability must consider variables, such as gender, age and geographic space where they are located, among other aspects, which allow us to define prevention and intervention strategies against HIV/AIDS.

Materials and methods

This is a qualitative study and snowball sampling was employed, which mitigated the utilization of “sampling systems that encompass subtler biases, such as employing sampling of subjects that had voluntarily offered themselves, or only those who are members of activist collectives or members of pro-gay acts or specific bars” (Baile, 2008, p. 24, our translation).

Colombian immigrants were selected as subjects of this study because, in Spain, they are the second largest group of Latin American immigrants, behind the Ecuadorian, totaling 132,537 individuals holding a registration certificate or a residency card valid as of December 31, 2019 (España, 2019a). In addition, 22.8% of the participants of the European Men-Who-Have-Sex-With-Men Internet Survey (EMIS) were foreigners and, of these, the largest share were of Latin Americans (53.5%), being the Colombians one of the most representative immigrant groups, totaling 14%.

The subjects were men over 18 years old, self-reported as homosexuals or bisexuals and whose place of origin was Colombia but were currently residing in Spain. The inclusion criteria, in addition to those previously mentioned, were that

participants should have a migrant experience in Spain for a minimum of two years and have had at least one sexual intercourse with another men in the last twelve months, counted from the day before the interview.

Before starting the “snowball sampling,” social and sexual strategic contexts were defined, from which the first subjects were randomly selected; the identification of these sites intended to diversify the social and cultural characteristics of the interviewees, as well as to go deeper into their social networks. Among these sites are gay discos or bars, saunas for men who have sex with men

(MSM), LGBTI non-governmental organizations, universities, LGBT public support programs and cruising sites. In these sites, participants were randomly selected and, starting with them, the reference chains were started.

In total, 34 in-depth interviews were carried out in Autonomous Communities from Cataluña, Valencia and Madrid.

Results

The sociodemographic data of the individuals interviewed in this study can be found on Table 1.

Table 1 – Sociodemographic data of the Colombian homosexual and bisexual men interviewed in Spain

Age	Sexual Orientation	Residence time in Spain	Educational level	Migratory status	Employment
19	Homosexual	2	High school	Residence and work permit	Employed
26	Homosexual	2	High school	Irregular	Employed
26	Homosexual	2	High school	Irregular	Sex worker
24	Homosexual	2	Undergraduate	Irregular	Sex worker
22	Homosexual	4	High school	Residence and work permit	Unemployed
28	Homosexual	3	High school	Residence and work permit	Unemployed
26	Homosexual	3	High school	Residence and work permit	Unemployed
24	Homosexual	2	Undergraduate	Residence and work permit	Student
23	Bisexual	7	High school	Residence and work permit	Employed
28	Homosexual	2	Graduate	Study permit	Employed
27	Homosexual	5	High school	Residence and work permit	Employed
33	Homosexual	7	High school	Residence and work permit	Employed
25	Homosexual	2	Undergraduate	Residence and work permit	Self-employed
28	Homosexual	10	High school	Spanish national	Employed
19	Homosexual	2	High school	Residence and work permit	Student
26	Bisexual	7	Undergraduate	Spanish national	Employed
40	Homosexual	11	Undergraduate	Spanish national	Employed
40	Homosexual	12	High school	Residence and work permit	Employed
42	Homosexual	12	High school	Residence and work permit	Employed
59	Homosexual	10	High school	Spanish national	Employed

continued...

Table 1 – Continuation

Age	Sexual Orientation	Residence time in Spain	Educational level	Migratory status	Employment
26	Bisexual	2	Vocational degree	Residence and work permit	Employed
20	Homosexual	5	High school	European Union citizenship	Unemployed
23	Homosexual	2	Undergraduate	Study permit	Student
29	Homosexual	2	Undergraduate	Study permit	Scholarship holder
20	Homosexual	3	High school	Residence and work permit	Unemployed
24	Homosexual	2	Undergraduate	Irregular	Sex worker
23	Homosexual	5	Undergraduate	European Union citizenship	Student
22	Homosexual	6	High school	Spanish national	Student
34	Homosexual	4	Undergraduate	European Union citizenship	Student
22	Homosexual	5	High school	Spanish national	Student
28	Homosexual	11	High school	Spanish national	Employed
35	Homosexual	5	Graduate	European Union citizenship	Unemployed
28	Homosexual	4	Graduate	Study permit	Student

It is evident that mobility is larger among young adults, since 61.8% of men are aged between 18 and 27 years old. The immigrants average age is 27.6 years old, who have mostly immigrated before reaching 23 years old, which matches the end of the high school, vocational or undergraduate studies and the beginning of work life.

Regarding sexual identity, 85.3% of the interviewed men self-identify as homosexuals, while 14.7% self-identify as bisexuals. Of the interviewees, 47.1% have lived in Spain for less than three years, 23.5% have lived between four and six years, 8.8% have lived between seven and nine years and, lastly, 20.6% have lived in Spain for 10 years or more. The average time residing in Spain is 4.8 years.

Regarding educational level, it is shown that all interviewees completed at least the compulsory middle education with 8.8%, 50% also completed high school, 2.9% completed vocational studies, 24.9% completed undergraduate studies and 8.8% completed a graduation program.

Of the interviewed men, 41.2% have residence and work permits in Spain; followed by 23.5% of men

who have Spanish citizenship. Afterwards are those who have a study or research permit, totaling 11.8%, the same percentage found for those who have an European Community family member card. Finally, 11.8% have no documentation to legally reside in Spain. In general, 88.2% of the interviewees have a regular status in Spain, while 11.8% have no permit to legally stay in the country.

Lastly, regarding their work status, 41.2% of interviewees are employed, 26.5% are performing academic work or are scholarship holders (this percentage matches those who have a study or research permit in Spain). They are followed by 20.6% who are currently unemployed. Only 2.9% are self-employed and 8.8% are sex workers.

Discussion

The individual vulnerability of gay and bisexual Colombian immigrants to HIV/AIDS

Many studies on the vulnerability of homosexual and bisexual men to HIV/AIDS refer to the existence

of several individual factors contributing to its increase, the self-esteem levels, internalized homophobia and the difficulties to establish intimacy are among them (Baile, 2008; Shifter, 1998). Thus, “there is a correlation between the self-rejection levels of homosexual men and the risky sex behavior levels” (Díaz, 1997, p. 232, our translation).

The internalized homophobia levels may be related to the comfort with which the person handles sexuality and establishes proper relationships (Pharr, 1997; Schifter, 1998). Some authors argue that homophobia can be a major obstacle in the development of a non-risky sexual behavior (Toro-Alfonso, 2002).

In this sense, the immigrant social and cultural origin context allows to build and consolidate the sexual identity, which will be determined by the levels of personal acceptance and internalized homophobia, i.e., in contexts that favor the self-definition of sexual identity, personal acceptance levels are expected to be higher while internalized homophobia is lower.

Thus, men coming from sexist and chauvinist settings, in which there are no safe spaces for sexual self-identification would have a higher vulnerability when integrating a new social, cultural and sexual context, having not been able to develop in their country of origin the social and personal abilities that enable them to face the changes and adapt to them. This situation is evidenced by the following testimony:

In Colombia I had never been able to speak openly about my sexuality, neither in my family, nor with my friends, and I had to figure it all out on my own, so when I had sex I never got to ask how it was, what I was supposed to do or not, I just did it and even today, when I get to have sex with someone I still ask no questions, it is just the intercourse and that is it, I do not even ask whether we are going to use condoms or not, if the person does not say it, I just do as they please. (ES_Cesar_28)

For this participant, his attitude towards sex practices are not determined by his knowledge about HIV/AIDS, which are sufficient and precise for the

majority of the participants in this study, but rather for the social and cultural context within which he had to assume his sexual identity. Such contexts condition the attitude gay and bisexual men have towards the sexual practices they assume and, therefore, predispose them to react in a certain way with their sexual partners. However, the attitudes may vary during the migratory process because of experience, allowing the adoption of safer sexual practices (Aigner, 2003).

Regarding the self-identification process, some prejudices are evidenced among the interviewees, some of them still believing in the direct link between sexual orientation and a higher risk of being infected by HIV/AIDS, i.e., they consider that homosexuals are more prone to the infection than heterosexuals. In the words of a participant:

Yes, there is a higher risk because being a men couple, men are more likely to have sexual intercourse more frequently than women, thus men have a higher risk. (ES_Sergio_19)

This perception stands on the cultural construction of masculinity, which “in their home social context is required to be shown and reaffirmed through different mechanisms, both sexual and social” (Restrepo, 2014, p. 143, our translation), which leads to the consideration that men have more sexual needs than women and, therefore, two men would be more exposed to HIV or any other sexually transmitted disease (STD). In other words, the interviewee considers that sexual activity is a natural imperative and connected to the sex of individuals.

Therefore, the social context from which the immigrants come will determine their perception and response towards HIV/AIDS, since the different imaginary aspects and beliefs constitute social representation “that hinders the adoption of safe sex behavior, based on the knowledge of contamination and prevention” (Infante et al., 2004, p. 51, our translation). However, the migratory experience of the individuals will enable these social representations to be modified and, therefore, attitudes, practices and knowledge change according

to the social and sexual contexts in which the individuals develop their lives.

Other factors connected to individual vulnerability refer to education, work, social relationship, migratory status and self-identification process. They all jointly affect the vulnerability level of the individuals in several aspects of their lives and, consequently, vulnerability can accumulate and increase over time if measures are not taken to mitigate its causes.

Regarding work and migratory status aspects, it should be noted that, even though immigrants working as sex workers are illegal in Spain, both aspects cannot be directly connected, since other personal, social and economic factors were shown during the interviews, which condition their access to this activity. This is the case for some of interviewees who, even having work permits, said they had worked as male sex workers at some point of their migratory trajectory for reasons other than unemployment or economic needs, such as flexible schedules or higher incomes when compared with other economic activities.

However, the factors related to the migratory status could cause the immigrants not to access health care services, nor other types of services or social organizations when they need assistance because the fear of being identified as irregular immigrants and then being deported would convert into a barrier in accessing said services, creating exclusion and social marginalization and thus increasing their individual vulnerability.

In short, the factors affecting the migrant vulnerability may be present to varying extents in the life of each individual, thus their level respond to whether the factors are present or not and to the way in which migrants can manage them in their different contexts.

The social vulnerability of homosexual and bisexual Colombian immigrant to HIV/AIDS

The social vulnerability comprehends: the social norms, the gender and generational relations, the cultural references, the beliefs and religious norms,

the stigma and discrimination, the social well-fare, the employment, the income, the social support, the access to health care, to education, to culture, to leisure, to sports and media; the freedom of thought, of expression and political participation, among others.

Such elements are present in the social contexts of the immigrants' home and destination countries and will determine their level of social vulnerability. In addition, certain social controls are present, being understood as

the mechanisms developed by the society through different agents and mechanisms that guarantee the acceptance by its members of the norms, values, interests and behavior patterns, in voluntary or forced basis. When these patterns are imposed and go against people's own identity, they limit their personal growth. (Restrepo, 2017, p. 211, our translation)

Therefore, this can increase their social vulnerability. One of the immigrants interviewed highlights this situation:

Even though I was not conscious and started to be aware of it when I got to Spain, since the homophobia I had suffered was extremely strong and verbal and sometimes even physical assaults, as I had no point of comparison. (ES_Victor_33)

Thus, we can say that social and situational contexts to which the migrants integrate in their destination country establishes their vulnerability level to HIV/AIDS, which is directly connected to the sociocultural context of the home country, mostly to the social control wielded over the migrant's sexual identity.

However, the interviewees' statements highlight the multidimensional character of vulnerability:

At first, I thought about it for two months before going to a sauna, because I learned of it through an acquaintance. I had been desperate because I had no work, could not find one, even worse when I did

not have papers or work permit and I was offered to do it. I had to think it over because I never thought I would do it, but the circumstances made me do it so be it, the first time I went was shocking because I did not know what to do, or how to do it, or anything, but after a month you either get used to or quit, and I do not think of going back to my country anyways. (ES_Martín_24)

This story shows a series of factors related to the migratory status, unemployment and reasons of the migrant to stay in Spain, as well as his unawareness of the sexual contexts of the destination country that may influence his vulnerability to HIV/AIDS, thus, the vulnerability may be determined by several social, economic and personal aspects that may influence differently according to the life trajectories of the migrant.

Also, the stigma, the stereotypes and discrimination connected to the sexual orientation of the migrants may originate vulnerability circumstances in the host countries, thus the stigmas that reflect an attitude or belief about immigrants may cause discrimination acts or behaviors, into which prejudice has a core role. This is shown by the following statement:

I was offered money once, I was at a disco that I did not know was a place for hustlers. I had no idea, I did not know what a hustler was. A man made me an offer, asked me if I was a hustler and I did not get it, then I did not respond and he offered me money to go with him, an older man around 80, 85 years old. (ES_Camilo_19)

This sort of social connotations had created an stigma over the Latin immigrants, also related to a sexualization process due to their origin, skin tone or their youth. This situation can lead the immigrant to new sexual trajectories, including sex work, because some of them are doomed to this work following personal experiences in places of leisure and recreation, where the immigrants were not aware of male sex work activity and, therefore, the norms regulating such activity inside these

places. Thus, the situational contexts to which the immigrants integrate the destination country establish the vulnerability level they will face; as said by Bustamante (1998), this vulnerability relates to the stereotypes and prejudice that come to justify the inequalities between the natives and the immigrants.

However, we can point out that the immigrants interviewed do not have major deficiencies in terms of their knowledge of the HIV/AIDS infection or condom usage to reduce the infection risk with this and other STD. Still, when the men start to integrate into the new sexual contexts in Spain, some risky practices are evidenced in their interviews. These often happen by a combination of multiple factors, the ignorance of the norms guiding certain sexual encounters, the lack of negotiation of condom use, a result of “sexual silences” (Restrepo, 2016), the sexual excitement of the moment itself and the construction of trust and intimacy feelings with the partner. An example is given by an immigrant:

You know, I only had sexual intercourse without a condom with my steady sex partners. Why we did it? Because I believe a trust relationship is built, by getting to know the other, into which one gets to develop an affectional bond beyond sex. (ES_Jacob_29)

These factors connect both individual and social elements, in which immigrant men can act under home country’s own cultural expectations unaware that these do not work the same way in the destination country and, therefore, create vulnerable circumstances. This is the case of with the trust in a sexual partner, in which the care expectations are not necessarily mutual, as well as the fact of engaging into other affective-sexual relationships that do not involve partner’s sexual exclusivity and allow the building of links unknown to the immigrant. Consequently, the social vulnerability does not rely exclusively on social, cultural or sexual contexts of the destination country, but is rather directly related and connected to the knowledge, attitudes, social practices, norms, values, interests

and behavior patterns built by the migrants in their home countries.

Final remarks

Considering what was exposed throughout this article, it is necessary to recognize the migrants inside a social and sexual context unknown to them, which in certain cases may favor the risk of HIV infection. That is, the migrants' vulnerability is not innate, and, for this reason, its management must consider them in a permanent relationship with the destination country context and the circumstances they face. Thus, the set of knowledge, personal experiences, perceptions, imaginaries, and social representations of HIV/AIDS, the sexuality and sexual health in general that migrants bring with themselves from their home country are still present in the destination country, conditioning the attitudes and sexual practices they assume, therefore, it is mandatory to recognize such aspects in the design of promotion and prevention of sexual health campaigns in the destination countries.

We must warn that the social health campaigns aiming men who have sex with men are designed and intended to a target audience considered to be uniform, sharing the same perceptions and awareness about the issue, and which set aside the cultural and social differences that could cause increased vulnerability in the immigrants. Therefore, the doubts are not solved and only are kept in the setting of a different social, cultural and sexual context. This would be in line with one of the conclusions of the EMIS report in Spain, according to which

the immigrants had a higher HIV knowledge level than Spaniards, despite of being a collective with a high frequency of new infections (National Centre of Epidemiology, 2011). This suggests that vulnerability could be caused by cultural factors or those connected to their immigrant status. (España, 2013, p. 81, our translation)

Thus, the cultural obstacles and the ignorance of the social norms of the host society may be one of the common factors to increase the vulnerability

of migrants to HIV/AIDS and other STD, but these factors must be analyzed in permanent relation to social and cultural contexts of the migrants' home country.

References

- AIGNEREN, M. *Técnicas de medición por medio de escalas*: 2003. Medellín: Universidad de Antioquia, Facultad de Ciencias Sociales y Humanas, Centro de Estudios de Opinión, 2003. Disponível em: <<https://bit.ly/2NFEoIF>>. Acesso em: 5 dez. 2019.
- BAILE, J. *Estudiando la homosexualidad: teoría e investigación*. Madri: Pirámide, 2008.
- BOUZA, F. Xenofobia. *Glosario para una sociedad intercultural*. Bancaixa, 2002. Disponível em: <<https://bit.ly/3dNoC9h>>. Acesso em: 10 jun. 2019.
- BUSSO, G. *Vulnerabilidad social: nociones e implicancias de políticas para Latinoamérica a inicios del siglo XXI*. Santiago: Centro Latinoamericano y Caribeño de Demografía, 2001.
- BUSTAMANTE, J. *Marco conceptual de referencia sobre la vulnerabilidad de los migrantes como sujetos de derechos humanos*. Genebra: Consejo Económico y Social de las Naciones Unidas, 1998.
- COLOMBIA. Ministerio de la Protección Social y Fondo de Población de las Naciones Unidas. *Vulnerabilidad a la infección por VIH en personas en situación de calle en las ciudades de Bucaramanga y Barranquilla*. Bogotá, DC, 2011. Disponível em: <<https://bit.ly/38gGU10>>. Acesso em: 8 mar. 2020.
- COLOMBIA. Ministerio de la Protección Social. *Guía de prevención VIH/SIDA: hombres que tienen relaciones sexuales con hombres*. Bogotá, DC: 2012. Disponível em: <<https://bit.ly/2Z095Hx>>. Acesso em: 15 abr. 2019.
- DÍAZ, R. *Latino gay men and psycho-cultural barriers to AIDS prevention*. In: LEVINE, M.; NARDI, P. P.; GAGNON, J. H. (Ed.). *Changing*

times: gay men and lesbians encounter HIV/AIDS. Chicago: University of Chicago Press, 1997. p. 221-244.

ESPAÑA. Ministerio de Sanidad, Servicios Sociales e Igualdad. *Encuesta europea para hombres que tienen relaciones sexuales con hombres (EMIS): resultados en España*. Madri, 2013. Disponível em: <<https://bit.ly/31vgWWt>>. Acesso em: 8 mar. 2020.

ESPAÑA. Ministerio de Inclusión, Seguridad Social y Migraciones. *Extranjeros residentes en España, a 31 de diciembre de 2019*. Madri, 2019a. Disponível em: <<https://bit.ly/3gbMNQ1>>. Acesso em: 8 mar. 2020.

ESPAÑA. Ministerio de Sanidad, Consumo y Bienestar Social. Dirección General de Salud Pública, Calidad e Innovación. *Vigilancia epidemiológica del VIH y SIDA en España 2018*. Madri, 2019b. Disponível em: <<https://bit.ly/3ge7fQt>>. Acesso em: 7 mar. 2020.

HERNANDO, C. et al. Infección VIH/SIDA y otras infecciones de transmisión sexual en la población inmigrante en España: revisión bibliográfica. *Revista Española de Salud Pública*, Madri, v. 88, n. 6, p. 763-781, 2014.

INFANTE, X. et al. VIH/SIDA y rechazo a migrantes en contextos fronterizos. *Revista Migración y Desarrollo*, Zacatecas, n. 3, p. 45-53, 2004. Disponível em: <<https://bit.ly/2ZD3dur>>. Acesso em: 30 jun. 2020.

OIM - ORGANIZACIÓN INTERNACIONAL DE LAS MIGRACIONES. *Migración y poblaciones lesbianas, gais, bisexuales, trans e intersexuales (LGBTI): módulo para la capacitación y sensibilización de instituciones públicas, organizaciones sociales, colectivos y activistas LGBTI en la región mesoamericana: 2016*. São José, 2016. Disponível em: <<https://bit.ly/38dqtCS>>. Acesso em: 8 mar. 2020.

ONU - ORGANIZACIÓN DE LAS NACIONES UNIDAS. *Convención internacional sobre la eliminación de todas las formas de discriminación racial*. Nova York, 1965. Disponível em: <<https://bit.ly/3ghHILt>>. Acesso em: 30 jun. 2020.

PHARR, S. *Homophobia: a weapon of sexism*. Berkeley: Chardon Press, 1997.

QUINTAL, R.; VERA, L. Análisis de la vulnerabilidad social y de género en la diáda migración y VIH/SIDA entre mujeres mayas de Yucatán. *Estudios de Cultura Maya*, Yucatán, v. 46, n. 1, p. 197-226, 2015. Disponível em: <<https://bit.ly/2NKPrQS>>. Acesso em: 30 jun. 2020.

RESTREPO, J. *Sexualidad y migración: la experiencia migratoria de los varones homosexuales y bisexuales colombianos en España*. 2014. Tese (Doutorado em Análisis y Evaluación de Procesos Políticos y Sociales) - Universidad Carlos III de Madrid, Getafe, 2014. Disponível em: <<https://bit.ly/2BUKQsm>>. Acesso em: 30 jun. 2020.

RESTREPO, J. Análisis comparativo de las percepciones sobre el VIH/SIDA de varones homosexuales y bisexuales colombianos, con experiencia migratoria o sin la misma. *Revista de Salud Pública*, Bogotá, DC, v. 8, n. 1, p. 13-25, 2016. Disponível em: <<https://bit.ly/3dNRoru>>. Acesso em: 30 jun. 2020.

RESTREPO, J. Experiencias migratorias de los varones homosexuales y bisexuales colombianos en España. *Revista Española de Sociología*, Madri, v. 26, n. 2, p. 201-216, 2017. Disponível em: <<https://bit.ly/31vsqcH>>. Acesso em: 30 jun. 2020.

SCHIFTER, J. *Ojos que no ven: psiquiatría y homofobia*. São José: Instituto Latinoamericano de Prevención y Educación en Salud, 1998.

SCHIFTER, J.; MADRIGAL, J. *Hombres que aman hombres*. São José: ILPES, 1998.

TORO-ALFONSO, J. *Vulnerabilidad de hombres gays y hombres que tienen sexo con hombres (HSH) frente a la epidemia del VIH/SIDA en América Latina: la otra historia de la masculinidad*. Cidade do México: Universidad Nacional Autónoma de México, 2002. Disponível em:

<<https://bit.ly/31wyce8>>. Acesso em: 30 jun. 2020.

VARGAS, R. *Conocimientos, actitudes y prácticas en salud sexual y reproductiva: propuesta de una escala psicométrica*. São José: Universidad Nacional, Facultad de Ciencias Sociales, Instituto de estudios Sociales en Población, 2005.

Received: 03/12/2020
Approved: 06/13/2020