

# 2012 Profile of HIV in Michigan (Statewide)

## Special Populations: Arab Americans

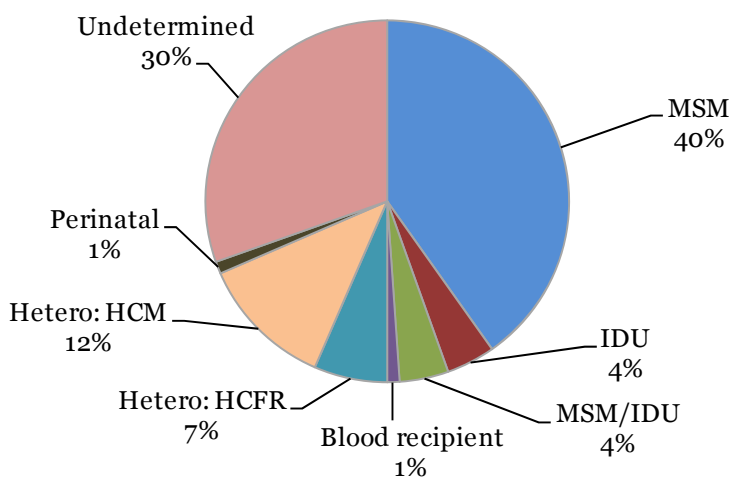
Data from enhanced HIV/AIDS Reporting System (eHARS)

Arab is considered an ethnicity and not a racial category and has not been routinely collected by the HIV surveillance system. Consequently, the numbers presented here are an underestimate. Beginning in the year 2001 and at the request of an Arab community-based organization, a question was added about Arab ethnicity on the HIV/AIDS Adult case report form that reads, “Does this patient consider him or herself Arab?”. For additional data on Arab Americans living with HIV in Michigan, please see tables 23 and 24, pages 117-118.

In Michigan, the largest concentration of Arab Americans is in the Detroit Metro Area (DMA). This is also where most of the HIV infections among Arab persons were diagnosed. A total of 126 persons of Arab descent have ever been diagnosed with HIV and confidentially reported to MDCH. Of these, 92 persons are living; 57 percent have progressed to stage 3 infection. Of those currently living, counties of residence of HIV diagnosis include Wayne (43 percent), Oakland (28 percent), and Macomb (19 percent) counties. The remaining 10 percent were diagnosed in Chippewa, Ingham, Jackson, Kalamazoo, Kent, St. Clair, and Washtenaw counties or were diagnosed out of state or have an unknown residence at diagnosis (data not shown in tables).

Eighty-four percent of HIV infection cases of Arab descent are among males and 16 percent are among females. Forty-four percent of cases reported male-male sex (including MSM/IDU). Eighteen percent of cases had a risk of heterosexual contact (HC), of whom sixty-five percent are females. Thirty percent have undetermined risk (figure 83).

**Figure 83: Arab persons living with HIV infection in Michigan by risk transmission category, January 2012 (n = 92)**



The age at HIV diagnosis is similar to the age distribution for all cases in Michigan, with five percent ages 0-19, nine percent 20-24, 23 percent 25-29, 33 percent 30-39, 23 percent 40-49, four percent 50 – 59, and two percent ages 60 and older.

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**Data from U.S. Census Bureau & ACCESS, Community Health & Research Center**

Within the U.S., the largest concentration of Arab Americans lives in Dearborn, Michigan. This ethnic group constitutes less than two percent of the Michigan population but 42 percent of the population in Dearborn. Studies show that being foreign-born makes someone more likely to face barriers to access to health care services, particularly HIV care (<http://hab.hrsa.gov/newspublications/careactionnewsletter/may2010.pdf>). Since approximately 75 percent of Arab Americans living in Dearborn were born outside of the U.S., it is important to focus HIV prevention and care efforts among this group.

From October 2003 through July 2005, the Arab Community Center for Economic and Social Services (ACCESS) conducted 15 rounds of focus group discussions with men in the Arab American community identifying as gay or bisexual. Approximately 95 percent of attendees were Arab or Chaldean and were residents of Detroit, Dearborn, and other areas of Metro Detroit. A few were residents of Toledo, OH and Toronto, ON. The age of the attendees ranged from 13 to 58. From October 2002 through September 2004, the majority of attendees were older than 25; however, from October 2004 through July 2005 the majority were men under 25 years of age.

These focus groups allowed participants to freely discuss concerns surrounding being a gay or bisexual male in the Arab community. About 80 percent of attendees rarely negotiated safer sex practices with their partners, stating that barriers were a lack of negotiating skills and exchanging sex for money, drugs, or gifts. The attendees were also afraid of getting tested for HIV for fear of the results and backlash from family and community. This discussion also uncovered a belief that if men only have sex with other Arabic or Chaldean men, they have no risk for contracting HIV.

Additionally, these participants discussed their desire for more social networks among gay Arab males, which they felt would allow for more opportunities to deliver prevention, education, and counseling on risk behaviors.