

Self-esteem and its relationship with risky sexual behavior for HIV in migrants: systematic review

Autoestima y su relación con la conducta sexual de riesgo para el VIH en migrantes: revisión sistemática

Autoimagem e sua relação com o comportamento sexual de risco para o HIV em migrantes: revisão sistemática

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Abstract

Introduction: The situation of vulnerability faced by the migrant brings with it emotional changes that can facilitate or hinder their adaptation to risky behaviors; self-esteem can be relevant in the sexual behaviors presented by the migrant. **Objective:** To analyze scientific evidence on the relationship between self-esteem and risky sexual behavior for HIV in migrants. **Methodology:** A systematic review was carried out based on the recommendations of the PRISMA protocol. The literature search was performed in the following electronic databases: Pubmed, Ebscohost, Scopus, Web of Science and SciELO Citation Index. For the search strategy, the DeCS/MeSH descriptors were established and the quality of the literature was validated. **Results:** The relationship between self-esteem and sexual behaviors is not consistent, higher self-esteem predicts risky sexual relations (lower probability of using condoms) ($\beta = -40, p < .01$), and there is an association between lower self-esteem and a higher probability of sex and unsafe sex with a casual partner (OR = 1.82). **Conclusions:** There is inconsistency in the evidence about whether self-esteem is a protective or risk factor for migrants' sexual behavior. However, the studies analyzed do not highlight risky sexual behaviors for contracting HIV; therefore, it is proposed that we continue to address the issue, especially in the migrant population, which is in constant change and with multiple factors that influence their decision making and behavioral changes.

Key words: Migrants; Sexual behavior; Self-esteem; HIV (DeCS).

Resumen

Introducción: La situación de vulnerabilidad que enfrenta el migrante, trae consigo cambios emocionales que pueden facilitar o dificultar su adaptación a conductas de riesgo, la autoestima puede ser relevante en las conductas sexuales que presenta el migrante. **Objetivo:** Analizar la evidencia científica sobre la relación de la autoestima y la conducta sexual de riesgo para VIH en migrantes. **Metodología:** Se realizó una revisión sistemática basada en las recomendaciones del protocolo PRISMA. La búsqueda de literatura se realizó en las bases de datos electrónicas, Pubmed, Ebscohost, Scopus, Web of Science y SciELO Citation Index. Para la estrategia de búsqueda se establecieron los DeCS y MeSH, se validó la calidad de la literatura. **Resultados:** Se destaca que la relación de la autoestima con las conductas sexuales no es consistente, mayor autoestima predice las relaciones sexuales de riesgo (menor probabilidad de usar condones $\beta = -40, p < .01$), se presenta asociación de menor autoestima con una mayor probabilidad de sexo y desprotección con una pareja casual (OR = 1.82). **Conclusiones:** Existe inconsistencia en la evidencia acerca de si la autoestima es un factor protector o de riesgo para la conducta sexual de los migrantes. Sin embargo, los estudios analizados no destacan conductas sexuales de riesgo para VIH, por ello se propone que se continúe abordando el tema, principalmente la población de migrantes que se encuentra en constante cambio y con múltiples factores que influyen en su toma de decisiones y cambios de comportamiento.

Palabras clave: Migrantes; Conducta sexual; Autoestima; VIH (DeCS).

Abstrato

Introdução: A situação vulnerável que o migrante enfrenta traz mudanças emocionais que podem facilitar ou dificultar sua adaptação a comportamentos de risco; a autoestima pode ser relevante nos comportamentos sexuais que o migrante apresenta. **Objetivo:** Analisar as evidências científicas sobre a relação entre auto-estima e comportamento sexual de risco para o HIV em migrantes. **Método:** Uma revisão sistemática foi realizada com base nas recomendações do protocolo PRISMA. A pesquisa bibliográfica foi realizada nas bases de dados eletrônicas Pubmed, Ebscohost, Scopus, Web of Science e SciELO Citation Index. DeCS e MeSH foram estabelecidos para a estratégia de busca, validando a qualidade da literatura. **Resultados:** Destaca-se que a relação de auto-estima com comportamentos sexuais não é consistente, maior auto-estima prevê relações sexuais de risco (menor probabilidade de usar preservativo $\beta = -40, p < 0,01$), associação de menor auto-estima com maior probabilidade de sexo e falta de proteção com um parceiro casual (OR = 1,82). **Conclusões:** Há



inconsistência nas evidências sobre se a auto-estima é um fator protetor ou de risco para o comportamento sexual do migrante. No entanto, os estudos analisados não destacam comportamentos sexuais de risco para o HIV; portanto, propõe-se que essa população continue sendo abordada, que está em constante mudança e que múltiplos fatores influenciam sua tomada de decisão e mudanças comportamentais.

Palavras-chave: Migrantes; Comportamento sexual; Autoimagem; HIV (DeCS).

Introduction

In recent decades, the human immunodeficiency virus (HIV) has become a major public health problem, especially in low- and middle-income countries. Approximately 37 million people live with HIV worldwide; in addition, it is estimated that 35 million people have died from HIV-related causes. Regarding Mexico, 75 thousand cases of HIV have been reported from 1984 to the first quarter of 2018, according to the World Health Organization and the Ministry of Health, 2018 ^(1, 2).

Migration is the movement of people to another country or state. It is estimated that 3.3% of the world's population (247.7 million) leave their country in order to obtain better living and economic conditions and to avoid factors that endanger their physical and psychological integrity. The situation of migrants in transit is dangerous, it is considered a public health problem due to their lack of opportunities, lack of records for medical care; during 2015 more than 5,000 women, men and children lost their lives on migratory routes in all countries ⁽³⁾.

The situation of vulnerability faced by migrants brings with it emotional changes that can facilitate or hinder their adaptation during the migration process, which can translate into behavioral or learning changes, such as the acquisition of risky sexual behaviors that expose them to sexually transmitted diseases such as HIV ⁽⁴⁾.

During transit, migrants face difficulties such as living in shelters, living with other migrants, exposure to substance abuse and exposure to risky sexual behavior, among others. Self-esteem has been identified as a basic self-perception that generates attitudes where the person gives himself a value of self-respect that allows him to face all kinds of situations. According to the evidence obtained, self-esteem in



the migration context may influence decision making for the practice of sexual behaviors, which may lead it to be a protective or risk factor ^(5, 6, 7, 8).

Risky sexual behavior is defined as various risky sexual behaviors and practices with a tendency to provoke personal and partner eroticism. In the same sense, risky sexual behavior for the migrant population can be considered as the exposure of the individual to circumstances that may cause harm to his or her health or to the health of another person, indirectly or directly ⁽⁹⁾.

Therefore, it is considered important to conduct a systematic review with the aim of learning the results of studies that evaluate the relationship between self-esteem and risky sexual behavior in migrants.

Methodology

The study protocol was performed according to the recommendations of PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) ⁽¹⁰⁾.

We included studies of descriptive, correlational, predictive and association design, in English and Spanish. Inclusion criteria were: studies conducted in migrant population, including all migrants from all countries, men or women, of all ages. Repeated articles or those that did not meet the eligibility criteria were eliminated from the search results.

The search was carried out in the following electronic databases in the health field: PubMed, EBSCOhost, Scopus, Web of Science and SciELO Citation Index. For the search strategy in the aforementioned databases, the following keywords were established: self-esteem, sexual behavior and migrant; for their search, Descriptors in Health Sciences (DeCS) and Medical Subject Headings (MeSH), synonyms, related terms, orthographic variation, abbreviations and wildcards were used, combined by means of the Boolean operators AND, OR and NOT (See Table 1). The period of the searches was from October 1, 2018 to December 1, 2018.



Table 1. DeSC/MESH descriptors, related terms and Boolean operators used to search for studies.

#1 (((((((((((((((((((("self contempt"[title/abstract]) or "attitudes") or "self respect"[title/abstract]) or "self satisfaction"[title/abstract]) or "intelligence"[mesh terms]) or "coping"[title/abstract]) or "self"[title/abstract]) or "self concept"[title/abstract]) or "concept, self"[title/abstract]) or "esteem, self"[title/abstract]) or "perception, self") or "self perception"[title/abstract]) or "self esteem"[title/abstract]) or "self confident") or "emotional intelligence"[title/abstract]) or "social skills"[title/abstract]) or "positive attitude"[title/abstract]) or "average self esteem")
#2 (((((((((((((((((((("sexuality"[title/abstract]) or "sexual relations"[title/abstract]) or "sexual risk behavior"[title/abstract]) or "fornication") or "sexual behavior"[title/abstract]) or "comportamento sexual"[title/abstract]) or "premarital sex"[title/abstract]) or "activity, sexual"[title/abstract]) or "behavior, sex"[title/abstract]) or "behavior, sexual"[title/abstract]) or "sexual activities"[title/abstract]) or "anal sex"[title/abstract]) or "oral sex"[title/abstract]) or "sexual activity"[title/abstract]) or "sexual orientation"[title/abstract]) or "sex under the influence"[title/abstract]) or "reproductive behavior"[title/abstract]) or "coitus"[title/abstract])
#3 (((((((((((((((((((((((((((((((((((((((("emigration behavior"[title/abstract]) or "border crossings"[title/abstract]) or "emigration"[title/abstract]) or "immigrant") or "international migration") or "immigration"[title/abstract]) or "immigrant women"[title/abstract]) or "illegal immigrant"[title/abstract]) or "illegal immigrants"[title/abstract]) or "illegal immigration"[title/abstract]) or "immigrants residing"[title/abstract]) or "undocumented immigrant"[title/abstract]) or "new immigrant"[title/abstract]) or "forced migration"[title/abstract]) or "deportation"[title/abstract]) or "refugee"[title/abstract]) or "immigrant children"[title/abstract]) or "immigrant chinese"[title/abstract]) or "immigrant adolescent"[title/abstract]) or "immigrant adolescents"[title/abstract]) or "return migration"[title/abstract]) or "temporary migration"[title/abstract]) or "labor migration"[title/abstract]) or "turnaround migration"[title/abstract]) or "migrant"[title/abstract]) or ("emigrants[title/abstract] and immigrants"[title/abstract])) or "emigrant"[title/abstract]) or "immigrant"[title/abstract]) or "return migration"[title/abstract]
#1 AND #2 AND #3 AND #4

Note: Example taken from PUBMED search engine.

A total of 320 primary articles were obtained, 17 from EBSCO Host, 143 from PUBMED, 107 from SCIELO Citation, 10 from SCOPUS, 42 from Web of Science and 1 from Google Scholar for gray literature; the elimination of duplicate articles was performed with the END NOTE software, 22 were eliminated.

When screening by title, 119 articles were excluded because the variables contained in the title were not related to the topic; when screening by title and abstract, 31 articles were eliminated because they did not address the migrant population completely; when full-text screening was performed, 72 articles were eliminated because the method used did not correspond (non-migrant population and study objective with a variable other than self-esteem); when the critical reading cards were made, 71 articles were eliminated because the study was not related to the objective of the review; the result was 5 articles to review (see



Figure 1). It should be noted that the screening performed always considered the variables of interest; also, the quality of evidence was evaluated using the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) tables, which allowed the identification and evaluation of the methodology and structure of the selected articles. Cards were also used to document the critical reading (See Figure 1).

The articles (studies) assessed were published between 2001 and 2017 and were descriptive, correlational and/or longitudinal, cross-sectional design studies. The sample of participants ranged from 146 to 408 migrant adolescents and adults. In general, the characteristics of the populations addressed in the different studies were male and female migrants, aged between 11 and 58 years (See Table 2).

Results

The articles selected to answer the research question of this systematic review were five, of which one has a high level of evidence and four have a medium level of evidence. For practical purposes, taking as a reference the main objective, which is to know the relationship between self-esteem and risky sexual behavior for HIV in migrants, we were able to group the results of interest shown below. In the selected articles, the sample is 1,543 migrants, men and women, adults and adolescents, aged between 11 and 58 years old. Regarding the resolution of the objective, the relationship between self-esteem and risky sexual behaviors for HIV in migrant population is not clear; the results found in the analysis of the articles show that higher self-esteem predicts risky sexual relations, lower probability of using condoms consistently ($\beta = -40, p < .01$)⁽¹¹⁾. For their part Pack, Crosby, & Lawrence⁽¹²⁾ emphasize that there is similarity in the practice of unsafe sex and self-esteem ($\beta = 81.017, p < .001$), they refer that self-esteem is associated with risky sexual behaviors.

Ganczak, Czubińska, Korzeń, & Szych,⁽¹⁵⁾ reported that low self-esteem in migrants is associated with a higher probability of sex and unsafe sex with a casual partner (OR = 1.82); similarly, McCoy, Shehadeh, Rubens, & Navarro⁽¹³⁾ reported that there is a negative correlation between self-esteem and unsafe sex, as well as greater episodes of unprotected vaginal sex and unsafe sex with casual partners ($r = -0.09, p = 0.032$).



Inconsistencies were identified with the results because it would be expected that according to the concept of self-esteem, if high self-esteem is present, it would represent a protective factor for risky sexual behaviors ^(14, 16, 17), which would mean a positive relationship in the reduction of risky sexual behaviors; however, results with low self-esteem and high self-esteem that are related to sexual risk behaviors were identified.

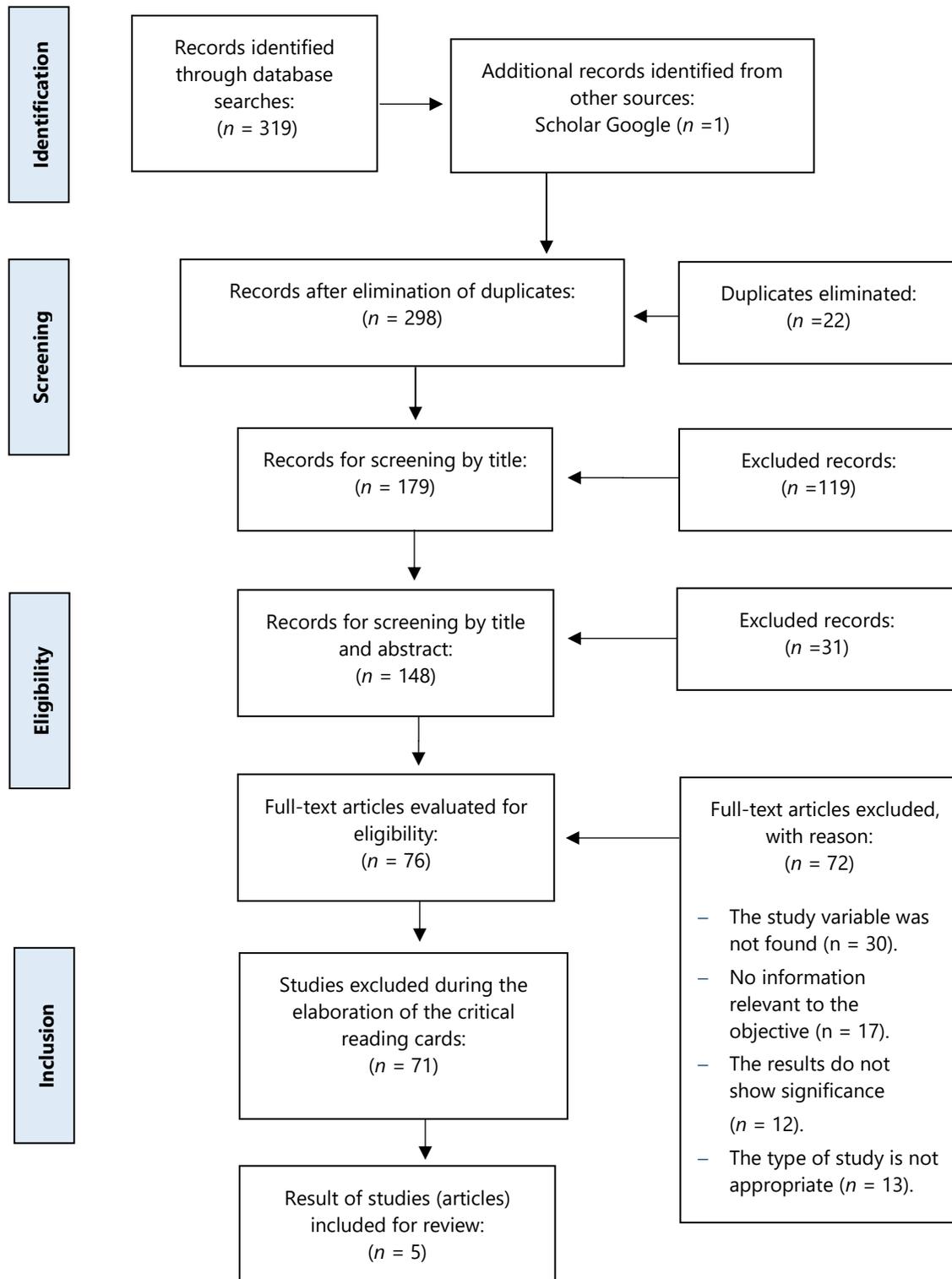
Discussion

It is important to keep in mind that the inconsistency in the results regarding self-esteem as a protective or risk factor for sexual behavior can be explained by the fact that low self-esteem translates into dissatisfaction with oneself and attitudes of rejection, some manifestations of which are not daring to say no to any sexual request for fear of not being valued or taken into account by their partner. On the other hand, high self-esteem expresses the feeling of being good enough, the individual feels that he/she is a person of value capable of engaging in sexual behaviors; however, given the lack of knowledge of prevention methods, they have more unsafe sexual practices characterized by multiple sexual partners, unprotected sex and sexual relations with prostitutes ^(5, 16).

While it is true that self-esteem is a personal factor, it may be related to the migrant's age, gender, schooling, low risk perception and poor knowledge of sexual behaviors. Given this situation, nursing professionals suggest continuing to study the concept of self-esteem and risky sexual behaviors for HIV in the migrant population due to their high vulnerability. International studies show the opportunity to identify strategies to address this population in order to reduce the number of new HIV cases ^(18, 19).



Figure 1. PRISMA Flowchart, $n=320$ articles.



Source: Prepared by the authors.



Table 2. List of selected articles.

Author	Design	Population	Self-esteem	Sexual behavior	Statistic
Robinson, Holmbeck, & Paikoff, 2007 ⁽¹¹⁾	Longitudinal and cross-sectional	(n=146) Migrant teenagers. (n = 65) Men. (n = 81) Women. Ages 11 to 16 years old.	Self-esteem to have sexual relations.	Risky sexual behaviors (less likely to use condoms consistently).	$\beta = -.40$ $p < .01$
Pack, Crosby & Lawrence 2001 ⁽¹²⁾	Descriptive and correlational	(n=478) Refugee and migrant teenagers with an average age of 15 to 19 years old.	Self-esteem.	Predicts risky sexual relations.	$\beta = .16$, $p < .05$
McCoy, Shehadeh, Rubens, & Navarro, 2014 ⁽¹³⁾	Descriptive and correlational	(n =255) Hispanic men and women with an average age of 14 to 55 years old.	Less personal identity (lower self-esteem).	Negative correlation with the number of episodes of unprotected vaginal sex and the number of sexual partners.	($r = -0.09$, $p = 0.032$)
Guerra-Ordoñez et al., 2017 ⁽¹⁴⁾	Predictive and cross-sectional	(n=256) Migrants aged 18 to 58 years old.	The greater the permissiveness the (lower the self-esteem).	Unsafe sex practices.	($\beta = 0.17$, $t = 4.16$, $p < 0.001$)
Ganczak, Czubińska, Korzeń, & Szych, 2017 (15)	Descriptive	(n=408) Migrants, 176 men and 232 women between the ages of 19 and 57 years old.	Lower self-esteem.	It was associated with an increased likelihood of unprotected sex and casual partners.	(OR = 1.82)

Source: Own development.

Conclusions

There is inconsistency in the evidence on whether self-esteem is a protective or risk factor for migrant sexual behavior, because with higher or lower self-esteem, risky sexual behaviors are presented; however, it is important to note that migrants are in a process of emotional and attitudinal instability that can lead them



to experience the main risky sexual behaviors that affect this population, such as unsafe sex, not using condoms systematically, and having multiple sexual partners. It should be noted that the studies analyzed do not mention risky sexual behaviors for HIV, so it is proposed that we continue to address this vulnerable population that is in constant change and that multiple factors influence their decision making and behavioral changes.

Conflicts of interest

The authors declare that they did not have any conflict of interest.

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