My research program focuses on the unique role of migration in shaping sexual and reproductive health disparities among immigrant ethnic minorities. Immigrants are at increased risk for poor sexual and reproductive health outcomes but sorely neglected in targeted prevention efforts. Sexual and reproductive health outcomes such as teen pregnancy and sexually transmitted infections have considerable social welfare and economic implications: Sexually transmitted infections cost the health care system an estimated $15.9 billion annually, and teen pregnancy costs tax payers an estimated $9.4 billion each year due to increased health and social service costs and lost tax revenue from high school dropout and low income among teen parents. The lifetime costs of HIV care in the U.S. are estimated to be over $16 billion. As immigrants comprise a rapidly growing proportion of the nation’s population, my research seeks to better understand their health behaviors and identify specific predictors of positive sexual health outcomes. The long-term goal is to develop effective evidence-based interventions aimed to decrease risk behaviors and health disparities among the immigrant population.

Current gap in the empirical literature:
The extant research on the sexual health of immigrants has primarily focused on the population within the current contexts in which they reside. The tendency to compare immigrants in the United States to their supposed native-born counterparts confines strategies for improving health behaviors and outcomes to individual level characteristics that are often unamenable to change. Migration is a multistage process in which distinct contexts are involved and greater understanding of migration as a time-variant process in relation to specific health behaviors and outcomes are warranted. My research seeks to address this gap in the empirical literature.

My scholarly research encompasses three main areas:

1. To document the sexual and reproductive health behaviors and outcomes of immigrants, particularly Latino, Asian and other neglected racial/ethnic groups.
2. To examine the relationship between migration and sexual health outcomes and identify specific points or stages of elevated vulnerability along the migration process.
3. To develop effective interventions that address specific migration processes to reduce sexual and reproductive health disparities among immigrant groups.
My dissertation project focuses on issues of health care access among immigrant groups, which have long been barriers to health care service. I examine how perceived access to HIV testing influences routine HIV testing behaviors among Latino immigrants along their migratory process. The project focuses on the specific domains of (1) migratory stages, (2) social capital, and (3) perceived vs. actual access to HIV testing services. Notably, public policies and socioeconomic transitions may superficially remove access barriers for immigrants and make health services more accessible. However, whether and how such large scale efforts contribute to increases in perceived access to and engagement in services is less known. My project is novel in its multi-level theoretical approach that integrates macro and individual level factors to understand and impact sexual health behaviors and outcomes among immigrants in the United States.

Taken as a whole, my research moves beyond static descriptions of immigrants’ contextual influences and examines patterns of important health related behaviors, taking into account current political and socioeconomic shifts. I aim to identify the specific mechanisms through which migration impacts behaviors among immigrants and identify novel approaches to reach and engage this population. The overall goal is to contribute to significant reductions in sexual and reproductive health disparities among immigrant minorities.