

Developing Culturally Sensitive Materials for AIDS Education Specifically Targeted to Migrant Farmworkers

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Abstract

Migrant farmworkers are an isolated and hard to reach population who are at considerable risk for contracting AIDS. Latins comprise the largest segment of the migrant farmworker population and account for eight percent of the total population in the United States. While Hispanics comprise a relatively small percentage of the total population, they account for 15 percent of the male cases of AIDS and 20 percent of the female cases of AIDS in this country. These people are sequestered from mainstream America by distance, economic status, language, and cultural factors. AIDS education efforts targeted to migrant workers and their families must pay special attention to cultural and special idiosyncrasies of Hispanic farmworkers because they are socially and culturally different from Hispanic people in urban areas of the United States. These programs also must take into account the fact that migrant farm work dictates an itinerate lifestyle for the workers and their families. Educational programs in such an environment

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occur only erratically and infrequently in formal settings. This article explores the need for AIDS education for migrant farmworkers and some of the critical cultural and social issues that must be considered in their planning.

Former Surgeon General C. Everett Koop expressed concern that isolated populations are not getting the message about AIDS and that they are at considerable risk for contracting the disease. Migrant farmworkers are one of these hard to reach groups. They are sequestered from mainstream America by distance, economic status, language, and cultural factors; therefore little is known of migrants' knowledge, attitudes, and sexual practices relative to AIDS. Information about these populations is necessary before appropriate educational strategies can be developed. Because of the scarcity of information and the migrants' social isolation, there have been few organized efforts to develop materials that address specific educational needs in a way that is culturally sensitive.

Background

Although AIDS affects all racial groups, Blacks and Latins are represented disproportionately. In the United States 15 percent of the males and 20 percent of the females who have AIDS are Hispanic. While Latins account for only eight percent of the population, they account for a disproportionate percentage of AIDS cases. Though prevalence rates for AIDS in this popu-

lation are quite high, little attention has been directed toward this high risk group. Factors peculiar to this group, such as the isolation of Hispanics have failed to look at cultural subtleties which may have a dramatic effect on AIDS related behavior. A void in data concerning ethnic and cultural differences in the migrant population resulted in Georgia Southern University's conducting a preliminary factfinding study on migrant farmworkers in the state of Georgia. That exploratory and descriptive study revealed a number of AIDS risk behaviors and a lack of knowledge about AIDS among migrant workers in Georgia (Foulk, Lafferty, Ryan, & Robertson).

In order to document the prevalence of AIDS, the Centers for Disease Control (CDC) conducted a national serosurvey of HIV among migrant farmworkers. Results of this study revealed a significant seroprevalence in the Eastern Stream. Narkunas and Castro (1989) found a preliminary HIV seroprevalence rate of 0.1 percent (15/2966) among seasonal and migrant farmworkers. The majority of the HIV positive cases (86.7 percent) were from the Eastern Migratory Stream. They also concluded that the disproportionately high rate (87%) suggested a heterogeneity in the distribution of HIV. Most of the HIV positive participants were Italian or Hispanic, indicating a need to develop language and culture specific education programs.

Lafferty, Foulk, and Ryan (1990) explored critical knowledge of AIDS, patterns of sexual behavior, and self-injection for "therapeutic" reasons among migrant workers. Surveys took place primarily in farm labor camps but were done also in primary and migrant health care centers. Data were collected through face to face interviews with 411 migrant workers. Results were less than encouraging: (1) 25 percent did not know the transmission routes for the AIDS virus, (2) 38.8 percent did not know that AIDS is a fatal disease, (3) 33 percent reported multiple sexual partners in the last year, (4) 15 percent reported homosexual or bisexual activity, and (5) 55 percent never use condoms.

These data show that migrant workers were at very high risk for sexually transmitted disease, including AIDS. The lack of preventive behavior and high rates of sexually transmitted diseases are synergistic risk factors. Many workers had multiple sexual partners, and there was considerable homosexual intercourse. Findings further show that levels of knowledge about AIDS were inadequate and that workers were not practicing safe sex. As disturbing as these factors were, there was one finding which was unexpected and perturbing. At the suggestion of Karen Mountain, National Migrant Resource Project, the researchers asked about self injection of both recreational and "therapeutic" drugs. Respondents, 82 (20.3 percent), reported self-injecting antibiotics and vitamins for medicinal reasons while only 2.9 percent reported self-injecting recreational drugs. This is a cultural idiosyncrasy that had not been explored before.

Previous investigations drug use among migrants focused primarily on cocaine, heroine, and amphetamines. This study revealed a behavior that the participants considered "healthy" because they were injecting "therapeutics" and therefore not concerned about needle use. Koenig, Gautier, & Levy (1986) reported transmission of HIV through intrafamilial needle sharing during vitamin injec-

tions. With over 20 percent of the people self injecting and given the several risk factors present, it is thought that self injection in this population is a significant risk factor and should be the target of educational programs. In the immediate sense, risk factor reduction projects should include this behavior in all attempts to deal with drug taking as an AIDS risk factor. In dealing with the issue of self injection and AIDS, what is in the syringe is less important than how the needle is used.

Exposure to additional factors which are culturally affected, such as sexual promiscuity, frequenting prostitutes, homosexual behavior, and having vaginal or anal intercourse without a condom, creates a potentially dangerous situation.

Developing Educational Programs

Educational conditions for children of migrant workers are abysmal. In an environment where economic pressures on families are great, where cultural and language barriers exist, and where frequent relocation is a reality, getting an education is a formidable goal. However, education seems to be the only means of controlling the spread of AIDS until a treatment is developed and completely implemented worldwide.

In order to develop educational programs for a group as multifarious as migrant workers and their families, it is necessary to understand the complexities of the people who make up the population. Alcalay, Sniderman, Mitchell, and Griffin (1990) indicate that there is an urgent need for Hispanic specific AIDS education efforts that address this population's characteristics and special risks. Marin (1989) indicated that education programs for Hispanics on prevention of AIDS must consider demographic characteristics, linguistic issues, variations among Hispanic subgroups, and the cultural appropriateness of the material. Marin further states that only programs that thoroughly un-

derstand and respect Hispanic culture will be effective in slowing the terrible epidemic. Going one step further, we must consider the special set of circumstances of the migrant and seasonal Hispanic farmworker. Though they share the Spanish language and many of the same social scripts with other Hispanics, they also are different as a result of the migratory lifestyle.

Migrant farmworkers usually have low levels of formal education and lack social sophistication. These factors dictate approaches which do not require reading and comprehension nor sophisticated reasoning. An example of a creative strategy is what Mark Lyons is doing in New Jersey to describe the immune system. The concept of the immune system is not understood easily by migrant farmworkers. Mark uses a graphic visualization of how the immune system functions. This is done with velcro patches which represent white blood cells and infections. It is presented like the video game pac man. White blood cells consume infections like pac man consumes his enemies (Lyons, 1989).

Less sophisticated audiences, such as migrant farmworkers, may require deceptively difficult decision making on the part of the educator. The need to simplify teaching methodology should not be confused with the nature of making complex judgments regarding selection of materials and approaches most appropriate to education for this population.

Cultural Factors

There are Hispanic social scripts which complicate perception and acceptance of educational efforts. There are some general social scripts and values which are common to most Hispanic people that should be considered when developing AIDS education programs. Studies indicate that the Hispanic culture represents a particular set of values, norms, attitudes, and expectations about the world that shapes those nurtured in the culture. It is axiomatic that many of these values and attitudes would

affect how educational programs should be presented. For example:

Simpatia - hispanic culture reinforces politeness and respect and spurns confrontation. This value is taught in most hispanic cultures. Hispanics who do not agree with educational messages presented by a teacher will not express this feeling because that would be confrontational. If they don't understand they will not ask questions because they don't want the instructor to be embarrassed nor do they want to be embarrassed themselves.

Homophobia - Hispanics are strongly homophobic but, at the same time, it is common for Hispanic men who have sex with other men not to see themselves as homosexual unless they are the receptive partner (de la Vega, 1990). There are reports of high anal intercourse in this community as a means of contraception as well as pleasure. This would mean that messages directed specifically at "homosexuals" or "gays" may be ignored by a large proportion of those at risk (Carrier, 1985; Ronquillo, 1987).

Familism - there are many parts to familism in the Hispanic culture. One aspect is that children are highly valued. Any AIDS education program that teaches preventive measures that at the same time serve as contraception are seen as negative behaviors. Use of condoms to prevent the spread of AIDS also would prevent pregnancy, thus these education programs are less likely to be accepted.

An example of the application of these scripts to educational planning would be presentation of condoms as a positive preventive behavior. While it is a mistake to yield to the temptation of scare tactic education, research on the Eastern Stream of migrant farmworkers by Foulk, Lafferty, and Ryan (1989) indicates that workers do not seem to believe AIDS is a fatal disease. Implications are that education first should deal with the perception of severity of the disease. We should teach the farmworker critical knowledge of transmission and severity of the disease but

we should simultaneously present condoms as an "attractive" method of protection against infection. The effectiveness of this approach may be somewhat limited by the script of "familism" where the eroticism of condom use is offset by its contraceptive consequence.

For several reasons condom education attempts should be segregated by sex. First, presentation of information and demonstrations of use of condoms to an Hispanic, coeducational audience would be considered in very bad taste, as sex is not openly discussed in mixed company. Secondly, Ernesto de la Vega (1990) states that Latinas are held responsible for birth control. Therefore, condom presentations aimed primarily at males miss the mark. Condom campaigns targeted to Latinas should emphasize the contraceptive advantage of condoms. Finally, condom campaigns simultaneously should promote male condom use by presenting the health benefits of using condoms and staying well, thereby allowing the man to "take care" of the family and use the "familism" script.

Who should deliver AIDS instruction to this audience is another example of how familism impacts education. Compared to non-Hispanic Whites, Hispanics seem to be more willing to counsel family members about sensitive health matters and to accept that advice. This especially holds true for older family members (Marin, 1990). In determining who delivers AIDS education programs, this concept should be weighed.

Preventive medical treatment frequently is not available to the migrant worker. When medical care is accessed it frequently is not the type of care the migrant is used to receiving. In Mexico and many other Latin American countries it is customary for physicians to deliver most "therapeutic" agents in injectable form. When migrant workers go to physicians in the United States and receive therapeutic agents in pill and liquid form, workers feel a sense of receiving less effective medicine. As a result, traditional medicine and folk remedies take the place of allopathic medi-

cine. When a migrant worker seeks health care, often the need is acute. Preventive education efforts targeted to this population will not be effective solely in the health care facility, the agency, or formal classroom. The migrant workers' social and work environment necessitate out-reach education programs. When developing out-reach education programming it would be wise to solicit assistance of families who are to be part of the audience to assure the message will be pertinent and accepted.

Language Considerations

There are problems with translation of English words into Spanish words which have the same meaning. This is especially true with words used in AIDS education. Although Spanish is the common language of all Hispanics, many linguistic idiosyncracies exist. Translations of English materials into Spanish frequently are difficult and risky. Often, literal translations are contextually awkward for the predominately Hispanic population. Terms such as "bodily fluids" and "safe sex" are incomprehensible and should be avoided. Translations may be made, and the migrant population appears to understand, but only as the result of the script of "simpatia." Finally, there may be no universally accepted expression for a term or concept. For example, an acceptable expression in one culture for the genital organs may be offensive to people from a different country or culture. In order to avoid embarrassment and alienation, careful nomenclature and attention to selection of materials must be a priority. Involving members of the migrant community in development of programs and selection and development of educational materials will produce much more accepted methods of getting the message across.

Discussion

When developing AIDS education programs for migrants workers, several content areas should be considered, such as: immunizations, condom use, needle sharing for "therapeutic" or recreational reasons, education for HIV screening, misconceptions, and sexual behaviors that may lead to exposure to AIDS. These content areas must be approached creatively and all the above discussed implications considered.

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