

Knowledge of AIDS Among Female Hispanic Migrant Farmworkers in Virginia

By Thalia M. Vasilion, MS, RN, FNP

Introduction

A descriptive correlational study was done to assess the AIDS knowledge and beliefs of female Hispanic farmworkers on the eastern shore of Virginia. The study was conducted during the fall of 1990 at Delmarva Rural Ministries migrant health project.

Methodology

The research was designed to determine if there was a relationship between questionnaire responses, test scores, and various demographic variables. The instrument contained 34 items with three subscales: knowledge, misconceptions of casual transmission, and perceived susceptibility. Possible responses included True, False, and Don't Know for all items. The instrument was made available in both Spanish and English, and was assessed for validity and reliability by its developers.^{1,2}

A non-probability sampling method was used due to the exclusive and diverse nature of this population. Women were asked if they would like to participate at the time of a clinic visit; 60 women participated in the study. A translator was used during the interview if participants could not speak English or read Spanish. Additionally, various demographic information was obtained.

The data were analyzed by several methods. Demographic data were evaluated qualitatively and quantitatively, to provide sample characteristics. The frequency of responses for each survey item was analyzed. Test scores were evaluated with selected demographic variables to determine if differences did exist, and differences were further analyzed to determine significance. The significant difference was determined using the Spearman's rank order correlation coefficient.

Summary/Findings

The sample consisted of 50 percent between the ages of 15 and 24, 33 percent aged 24-34, and 12 percent aged 35-54. Seventy-three percent were born in Mexico, 13 percent in the U.S., and 4 percent each in Guatemala and Nicaragua. Sixty-two percent reported 1-6 years of education, 22 percent 7-11 years, 8 percent high school, 5 percent no school, and 3 percent some college. Sixty-five percent were married.

Fifty percent had lived in the U.S. for over four years, 35 percent 1-2 years, 8 percent less than one year, and 7 percent

3-4 years. Additionally, 30 percent reported having worked as a farmworker for less than six months, 30 percent 1-2 years, 22 percent over six years, 10 percent 5-6 years, and 8 percent 3-4 years. Participants were asked to select a source where they would like to receive more information about AIDS; 33 percent selected a medical facility, 28 percent television, 17 percent brochure or booklet, 15 percent newspaper or magazine, and 7 percent AIDS hotline.

Evaluation of the knowledge subscale survey items showed that 52 percent answered incorrectly that AIDS could not be transmitted from women to men; 52 percent did not know if drugs were available to treat AIDS; 58 percent did not know if a vaccine was available; and 50 percent did not know AIDS could damage the brain or that it was a condition in which the body could not fight off disease. Seventy-two percent or more of the sample correctly answered test items reflecting misconceptions, except for the item which stated that you can get AIDS by being around someone who has it: 39 percent answered this item incorrectly and 23 percent didn't know. Evaluation of perceived susceptibility showed that 50 percent did not know if they were less likely to get AIDS than most people.

Further analysis of the survey included total scores for all three subscales and correlational analysis with the demographic variables. Positive correlations with significant differences were found between all three test scores and the variable of education. A positive correlation was also found between the misconception score and years in the U.S.

The results revealed that the population as a whole had some general information about AIDS; approximately 50 percent were able to answer 14 of the 26 knowledge items correctly. However, specific information about transmission routes, causes, and treatments was lacking. Over half the sample were unaware that AIDS could be transmitted from women to men or that one could not be infected by giving blood. Almost half the sample did not know that a cure has not been developed, and a third answered this item incorrectly. Additionally, more than half the sample were not sure if vaccines were available. This population also had greater perceived susceptibility, possibly due to knowledge deficits.

Differences were found between knowledge scores and respondent age. Women under 25 years old had lower knowledge scores than women 25 or over. Lower knowledge scores were also found

for participants with fewer years of education; however, the findings also revealed that less educational attainment did not necessarily indicate lower levels of knowledge. Respondents born in the U.S. had greater knowledge than those born in other countries. In addition, participants who had been in the U.S. longer than four years had greater knowledge than those in the U.S. less than two years.

Conclusions/Recommendation

The results of this study have contributed to the recognition that AIDS knowledge deficits are not uncommon in the farmworker population. The study provides valuable information to assist health care providers in understanding special needs for this group and to help develop educational programs and identify ways to best disseminate this knowledge. Although knowledge is only one factor in promoting behavior change, the educational encounter after survey completion by respondents in this project sug-

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New Jersey Study

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selling and testing were offered in camps following the educational programs, 74.3 percent of the participants sought counselling and testing.

The 3.2 percent HIV-positive prevalence documented in New Jersey farmworkers is eight times the national rate of 0.4 percent. It is also eight times the rate found in a 1988 study of farmworkers conducted by the Centers for Disease Control. That study tested only workers seeking health care, a variable which would generally tend to produce an upward-skewed prevalence rate.

It is clear that male Puerto Rican migrant farmworkers are at significant risk for contracting the HIV virus, and accessible HIV counselling/testing programs should focus on them. Too few women and Mexican farmworkers were tested to determine if they also should be targeted for priority testing. The project demonstrated that farmworkers—in this case women—can be very effective AIDS educators and HIV counsellors.

For more information on this study contact Mark Lyons at (609)-881-2507. ❖

HIV-Related Characteristics of Migrant Workers in Rural South California

By Jeffrey L. Jones, MD, MPH; Pamela Rion, MSPH; Shirley Hollis, RN; Sharon Longshore, RN; William B. Leverette, BA; and Lori Ziff, BS; South Carolina Dept. of Health and Environmental Control (excerpts reprinted by permission from *Southern Medical Journal*, Vol. 84 No. 9, September 1991, pp. 1088-1090)

This investigation of human immunodeficiency virus (HIV) in migrant workers was initiated in 1990, after a sexual contact of a syphilis patient was offered routine counseling and HIV testing. When this person was found to be HIV positive, health department personnel decided it would be beneficial to offer counseling and testing to other workers in the area. The health of migrant workers is an important issue in South Carolina because most of the state's agricultural labor is provided by migrant and seasonal workers who register with the Employment Security Commission. Approximately 20,500 migrant and seasonal laborers work in the state each year.¹

Background

Edgefield and Saluda counties, where the study was conducted, lie in mid-western South Carolina and have a combined population of 35,740.² Peaches are the principal crop. In these counties, from March-August 1990, there were approximately 875 registered migrants working the crops.¹ Because of a severe freeze, this is approximately half the number who normally work in these counties.

Methods

Between July 17 and August 15, 1990, migrant workers at fifteen of the estimated thirty migrant camps in the two counties were offered on-site counseling and testing for HIV and syphilis. The camps were chosen because their location was known to the health department. Only migrant farmworkers were surveyed.

Each worker was read a brief questionnaire about demographics, risk characteristics, and history of sexually transmitted diseases (STDs). Interpreters were present for Spanish-speaking workers. Blood specimens from consenting workers were drawn, screened for syphilis using rapid plasma reagin, and tested for HIV

with enzyme-linked immunosorbent assay confirmed by Western blot test at the state Bureau of Laboratories. All clients were provided with counseling before and after testing and offered follow-up treatment for syphilis if indicated. Epi Info software was used for statistical analysis.³

Results

Of the 265 workers, 198 (75 percent) consented to testing. Of these, 91 percent were black, 85 percent were male, and 75 percent were single. The median age was 39 years (range, 16-69 years). Twenty-five (13 percent) were HIV positive. One hundred sixty-six of the tested workers indicated they never use condoms. Fifty-two percent indicated that their permanent residence was in Florida. Few workers had families present in the camps.

Discussion

The 13 percent seropositivity found in this study is higher than that reported in previous studies. A 1987 study of migrant and seasonal workers attending health clinics in North Carolina showed a 2.6 percent seropositivity.⁴ A nationwide study of migrant workers in 1989 found a .5 percent seropositivity in seasonal and migrant workers attending health clinics; 87 percent of the HIV seropositive workers were detected in eastern coastal states.⁵ The HIV seropositivity in our study may differ from the studies cited because testing was offered in migrant camps rather than at health clinics.

Although not all persons in the camps were tested, the seroprevalence would still be relatively high (9 percent, 25 of 265) if all untested persons in these camps were HIV negative. A previous study has shown, however, that those who decline HIV testing are more likely to be seropositive.⁶ Since there are no HIV-related data for migrant workers in other areas of the state, the findings of this investigation

cannot be generalized to workers throughout South Carolina.

Conclusion

Among migrant workers tested in fifteen camps in two rural South Carolina counties, about one in eight was HIV infected. These findings illustrate the need to target education, counseling, and testing for HIV for these workers and their families. The state Department of Health and Environmental Control plans to 1) provide educational materials in English and Spanish about AIDS and other STDs, 2) provide a resource directory to crew leaders to assist in gaining access to local and state resources, and 3) encourage health centers to apply for federal, state, and private funding for outreach and direct services.

References

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gested that the women wanted to learn more about AIDS. The findings also suggest that teaching strategies should present information which is language appropriate and culturally sensitive.

Due to the special nature of the farmworker population, AIDS is a very serious threat. If aggressive educational efforts are not implemented soon, AIDS could reach pandemic proportions.

In conclusion, this study has added to the limited body of literature addressing farmworker issues. More research is needed, not only to assess knowledge but also to assess the HIV seroprevalence in this population. The rise of the AIDS virus among minorities in general suggests that migrant farmworkers, a subset of this population, are at much greater risk for contracting the disease.

References

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