



# NCFH

National Center for Farmworker Health, Inc.

## **HIV/AIDS FARMWORKER FACT SHEET**

*Lack of access to health care due to financial, geographical, cultural, and linguistic barriers coupled with often scant material and social support resources cast farmworkers into a high-risk arena for exposure to the HIV/AIDS virus. The migrant lifestyle characterized by frequent mobility, geographic isolation, lack of health education and socio-economic attitudes towards the use of condoms, and needle sharing among family members exacerbate these risks.*

### **General Information**

- In 2001, the cumulative number of AIDS cases reported was 816,149. Adult and adolescent AIDS cases total 807,075 with 666,026 cases in males and 141,048 cases in females. Through the same time period, 9,074 AIDS cases were reported in children under age 13.<sup>1</sup>
- Total deaths of persons reported with AIDS in 2001 were 467,910, including 462,653 adults and adolescents, and 5,257 children under age 15, and 388 persons whose age at death was unknown.<sup>2</sup>
- The ethnic breakdown of AIDS/HIV cases were 343,889 cases among White, non Hispanics, 313, 180 cases among African Americans; and 149,742 cases among Hispanics.<sup>3</sup>
- In 2000, Hispanics represented 13% of the U.S. population (including residents of Puerto Rico), but accounted for 19% of the total number of new U.S. AIDS cases reported that year (8,173 of 42,156 cases). The AIDS incidence rate per 100,000 population (the number of new cases of a disease that occur during a specific time period) among Hispanics in 2000 was 22.5, more than 3 times the rate for whites (6.6), but lower than the rate for African Americans (58.1).<sup>4</sup>
- Cumulatively, males account for 81% of AIDS cases reported among Hispanics in the United States, although the proportion of cases among females is rising. Females represent 19% of cumulative AIDS cases among Hispanics, but account for 23% of cases reported in 2000 alone. 60% of Hispanics reported with AIDS in 2000 were born in the U.S.; of those, 42% were born in Puerto Rico.<sup>5</sup>
- From the beginning of the epidemic through December 2000, 114,019 Hispanic men have been reported with AIDS in the US. Of these cases, men who have sex with men represent 42%, intravenous drug users account for 35%, and 6% of cases resulted from heterosexual contact. About 7% of cases were among Hispanic men who both had sex with men and injected drugs. Among men born in Puerto Rico, however, injection drug use accounts for a significantly higher proportion of cases than male-male sex.<sup>5A</sup>

### **Farmworker Data**

#### **Prevalence**

- While the exact data on farmworkers infected with HIV is hard to determine, some researchers have identified rates of infection that range from as low as 2.6% of farmworkers to as high as 13%.<sup>6</sup> While the accurate rate is unknown it may be as much as 10 times the national average<sup>7</sup>
- A South Carolina study found a 13 percent positive rate among 198 migrant workers tested for HIV and syphilis at migrant labor camps.<sup>8</sup> This contrasts with a 1987 study of migrant and seasonal farmworkers attending health clinics in North Carolina, which showed a 2.6 % seropositivity.<sup>9</sup>

- In the summers of 1990 and 1991, a study of farmworkers who were tested for HIV after attending an hour-long AIDS prevention program in labor camps in New Jersey indicated that 3.2 percent of the 554 workers tested were HIV-positive. This rate is eight times the national seroprevalence of 0.4 percent, and also eight times the rate found in a 1988 study by the Centers for Disease Control.<sup>10</sup>

### **Risk Factors**

- Some labor camps are composed primarily of single males. This factor, combined with very limited recreational facilities, social isolation, and cultural sanction of prostitution, has resulted in a high incidence of sexually transmitted disease in these camps.<sup>11</sup> A high incidence of both prostitution and intravenous drug use has been observed within some farmworker communities, especially in the east coast stream where single migrant men interact with day-haul workers from large cities with large IV drug-using populations.<sup>12</sup>
- A study of 176 Mexican farmworkers in Northern California found that 9% had a history of STDs with two active cases of syphilis. While, 9% of the female respondents reported having a sexual partner that used injection drugs.<sup>13</sup>

### **Intravenous Drug Use**

- Because of the high price and inconvenience of going to a physician, many farmworkers often purchase and use medications, including injectable medications such as vitamins and antibiotics, from outside the U.S. In border areas, many classified medications are readily available without a prescription or the advice of a medical doctor. Injections are very popular because they are thought to work fast, and disposable syringes and needles are sometimes shared among family members.<sup>14</sup>
- In a study of 411 Mexican Farmworkers 20% reported self-administering lay therapeutic injections, 3.5% of whom shared needles with family members.<sup>15</sup> A 1997 study found similar results, with 12% of 532 Mexican farmworkers using lay injections to administer antibiotics or vitamins.<sup>16</sup>

### **Unprotected Sexual Activity**

- Although the use of injectable drugs and needle sharing is a significant factor in some areas, a more common risk behavior is unprotected sex, and more particularly, patronage of a prostitute.<sup>17</sup> Organista conducted a survey that found that 44% of the 342 male respondents had had sex with prostitutes while working in the United States. A 1991 study revealed low condom use among both migrant workers and the prostitutes they patronize.<sup>18</sup>
- Knowledge concerning the use of condoms is a problem among farmworkers. When asked about Vaseline as a lubricant with condoms, two-thirds either felt it was good or weren't sure. The majority also exhibited little knowledge about safe condom usage.<sup>19</sup> Fewer than half had ever used condoms, and of those that had been sexually active during the previous year, less than a third had used condoms each time. 75% "almost never carry condoms."<sup>20</sup>
- "Mexican migrant women, as well as the wives of migrant men back in Mexico, are at risk for HIV due to risky behaviors of their male sex partners, which include IV drug use, prostitution use without condoms, sex between men, and needle sharing." One study found that 75% of 159 female migrants reported never carrying condoms. Many believed that carrying a condom would be perceived as a sign of promiscuity.<sup>21</sup>

### **Knowledge, Attitudes & Beliefs**

- Before bearing the cost of going to a doctor, many farmworkers will attempt self-treatment with herbal compounds and other folk remedies. Thus, HIV infection may not be diagnosed until AIDS-related disorders begin manifesting, and HIV may be spread unknowingly by the HIV-positive patient.<sup>22</sup>
- A 1998 survey of migrants showed a low level of accurate knowledge about HIV/AIDS. Although the farmworkers displayed accurate knowledge concerning AIDS transmission, misconceptions were common. 43.8% thought mosquitoes could transmit AIDS, while 37.5% thought transmission was possible through public bathrooms or kissing. A quarter of those surveyed felt AIDS was solely a problem for homosexuals and drug addicts. Furthermore, one fifth felt they could determine if someone was infected by physical appearance. One-fifth also felt the test for HIV could cause AIDS.<sup>23</sup>
- Respondents in a study of migrant and seasonal farmworkers in Georgia had a low level of accurate knowledge about the AIDS virus. One-third to one-half thought AIDS could be caught by sharing a drinking glass, swimming in a public pool, being coughed on, or giving blood. One fourth answered incorrectly on questions reflecting critical knowledge of transmission routes: 24.8% did not know that AIDS could be transmitted from women to men, 25.4% did not know it could be transmitted from men to women, and 25.9 % did not know it could be transmitted through shared hypodermic needles. Over 35 % did not realize that AIDS is a fatal disease.<sup>24</sup>

- In a study of 60 farmworker women visiting a health center in Virginia, 52% of the respondents answered incorrectly that AIDS could not be transmitted from women to men, 52% did not know if drugs were available to treat AIDS, 58% did not know if a vaccine was available, and 50% did not know AIDS could damage the brain or that it was a condition in which the body could not fight off disease. 39% answered incorrectly that you can get AIDS by being around someone who has it, and 23 percent did not know the answer to this question.<sup>25</sup>
- International migration between Mexico and the United States has recently been highlighted as a source of rising HIV/AIDS rates in Mexico. Circumstantial connections include the relationship between California, with the highest incidence rate in the U.S., and the state of Jalisco, which has the second-highest incidence rate in Mexico. Most Mexican migrants make their temporary home in California, and Jalisco sends more migrants to the U.S. than any other Mexican state. In migrant-sending communities in Jalisco, women tended to have limited but accurate information regarding AIDS transmission (76% of those surveyed). However, few of those surveyed acknowledged condoms as an effective preventive measure. 34% felt at-risk for infection, yet many (64%) did nothing to prevent infection. When asked, 63% said they never used condoms, though 74% knew where to obtain them.<sup>26</sup>

<sup>1</sup> Centers for Disease Control and Prevention. (31 March 2003). *Basic Statistics* [Online]. Available: <http://www.cdc.gov/hiv/stats.htm> [3 June 2003].

<sup>2</sup> Centers for Disease Control and Prevention. (31 March 2003). *Basic Statistics* [Online]. Available: <http://www.cdc.gov/hiv/stats.htm> [3 June 2003].

<sup>3</sup> Centers for Disease Control and Prevention. (31 March 2003). *Basic Statistics* [Online]. Available: <http://www.cdc.gov/hiv/stats.htm> [3 June 2003].

<sup>4</sup> Centers for Disease Control and Prevention. (31 March 2003). *Basic Statistics* [Online]. Available: <http://www.cdc.gov/hiv/stats.htm> [3 June 2003].

<sup>5</sup> Centers for Disease Control and Prevention. (31 March 2003). *Basic Statistics* [Online]. Available: <http://www.cdc.gov/hiv/stats.htm> [3 June 2003].

<sup>5A</sup> Centers for Disease Control and Prevention. (31 March 2003). *Basic Statistics* [Online]. Available: <http://www.cdc.gov/hiv/stats.htm> [3 June 2003].

<sup>6</sup> Organista, K.C., (1998). Culturally Competent HIV Prevention With Mexican/Chicano Farmworkers. *JSRI Occasional Paper #47*, The Julian Samora Research Institute.

<sup>7</sup> Fitzgerald, K., Chakaborty, J., Shay, T., Khuder, S., & Duggan, J. (2003). HIV/AIDS knowledge among female farm workers in the Midwest. *Journal of Immigrant Health*, 5 (129-136).

<sup>8</sup> Jones, J. et al. (1992) HIV-Related Characteristics of Migrant Workers in Rural South Carolina. *Migrant Health Newslines*, Clinical Supplement p. 4.

<sup>9</sup> Centers for Disease Control and Prevention. (1988) HIV Seroprevalence in Migrant and Seasonal Farmworkers North Carolina, 1987. *Morbidity and Mortality Weekly Report*, 37. 517-519.

<sup>10</sup> Lyons, M. [1992] Study Yields HIV Prevalence for New Jersey Farmworkers. *Migrant Health Newslines*, Clinical Supplement pp. 1-2.

<sup>11</sup> Ryan, R., Foulk, D., Lafferty, J., and Robertson, A. (1988). Health Knowledge and Practices of Georgia's Migrant and Seasonal Workers Relative to AIDS: A Comparison of Two Groups. *Georgia Southern College, Center for Rural Health*.

<sup>12</sup> Information Release on Viviremos/Se Pou Nou Viv/Learn to Live. *National Coalition of Advocates for Students, Boston, MA*, p. 2.

<sup>13</sup> Organista, K.C., (1998). Culturally Competent HIV Prevention With Mexican/Chicano Farmworkers. *JSRI Occasional Paper #47*, The Julian Samora Research Institute.

<sup>14</sup> Be Aware! Common Cultural Practices and AIDS. (1987). *Migrant Health Newslines*, 4.

<sup>15</sup> Organista, K.C., (1998). Culturally Competent HIV Prevention With Mexican/Chicano Farmworkers. *JSRI Occasional Paper #47*, The Julian Samora Research Institute.

<sup>16</sup> Organista, K.C., (1998). Culturally Competent HIV Prevention With Mexican/Chicano Farmworkers. *JSRI Occasional Paper #47*, The Julian Samora Research Institute.

<sup>17</sup> Bletzer, Keith, V. *No Da, No, Si Da! HIV Risk Reduction Education and Latino Farmworkers in Rural Michigan*, *JSRI Working Paper #18*, The Julian Samora Research Institute, Michigan State University, East Lansing, Michigan, 1999., 1.

<sup>18</sup> Organista, K.C., (1998). Culturally Competent HIV Prevention With Mexican/Chicano Farmworkers. *JSRI Occasional Paper #47*, The Julian Samora Research Institute.

<sup>19</sup> Organista, P.B., Organista, K.C.; et. al. (1998). Exploring AIDS-Related Knowledge, Attitudes, and Behaviors of Female Mexican Migrant Workers. *Health & Social Work*, 23, 96-103. Retrieved March 27, 2003 from Academic Search Premier database

<sup>20</sup> Organista, P.B., Organista, K.C.; et. al. (1998). Exploring AIDS-Related Knowledge, Attitudes, and Behaviors of Female Mexican Migrant Workers. *Health & Social Work*, 23, 96-103. Retrieved March 27, 2003 from Academic Search Premier database.

<sup>21</sup> Organista, K.C., (1998). Culturally Competent HIV Prevention With Mexican/Chicano Farmworkers. *JSRI Occasional Paper #47*, The Julian Samora Research Institute.

<sup>22</sup> Be Aware! Common Cultural Practices and AIDS. (1987). *Migrant Health Newslines*, 4.

<sup>23</sup> Organista, P.B., Organista, K.C.; et. al. (1998). Exploring AIDS-Related Knowledge, Attitudes, and Behaviors of Female Mexican Migrant Workers. *Health & Social Work*, 23, 96-103. Retrieved March 27, 2003 from Academic Search Premier database.

<sup>24</sup> Ryan, R., Foulk, D., Lafferty, J., and Robertson, A. (1988). Health Knowledge and Practices of Georgia's Migrant and Seasonal Workers Relative to AIDS: A Comparison of Two Groups. *Georgia Southern College, Center for Rural Health*.

<sup>25</sup> Vasilion, T. M. (1992) Knowledge of AIDS Among Female Hispanic Migrant Farmworkers in Virginia. *Migrant Health Newslines*, Clinical Supplement., 2-4.

<sup>26</sup> "AIDS: Risk Behaviors Among Rural Mexican Women Married To Migrant Workers in the United States." (1996)