

Knowledge-Attitude-Belief Survey on AIDS/HIV among Migrants in Michigan

Keith V. Bletzer, PhD

The survey data reported here were collected through the Migrant AIDS Education Program, one of several services provided by Michigan Economics for Human Development, a non-profit organization which joins agencies in five other states as member organizations of the Midwest Regional Migrant Farmworker AIDS Education and Prevention Consortium. The lead agency for the Consortium is United Migrant Opportunity Services (Wisconsin).

Seventy-six camps were contacted in the summer of 1989 in those counties of Michigan ranking first, second, fourth, sixth and twelfth in estimated number of migrant farmworkers. More than one thousand migrants were reached, nearly one-half of whom attended formal evening presentations in the migrant camps. Data were collected in the camps using a single-page interview guide that had been designed in congress with the Midwest Regional Migrant Farmworker AIDS Education and Prevention Consortium. Migrant knowledge of AIDS was "tested" by a set of ten core questions. One side of the survey instrument was printed in Spanish and the other in English. Questions on AIDS/HIV were "equivalent" translations.

Questionnaires were distributed at the start of AIDS education sessions among nearly 300 migrants at 21 of the 31 camps receiving presentations and at four locations in the state where migrants had been invited to attend an AIDS education session. No questionnaires were administered through outreach visits to the camps, where the style of encounter is one-on-one. There were 221 respondents who made an effort to answer all, or some, of the ten questions on knowledge of AIDS, and 186 questionnaires had sufficient information to enable "cross-tabulation" of responses with respondent characteristics. The survey data do not represent a random sample, since there is no way to determine if the data

are characteristic of the particular migrant participants who attended the AIDS presentations or, more generally, if the data are representative of the migrant population that performs agricultural labor in Michigan. This is because the only statistical information available on the migrant population in Michigan represents "estimates" and, for the most part, is based on continuing projections initially calculated from a more stringent data base some 20 to 30 years ago. There also was a bias toward self-selection among migrants who were literate and could read and write, and those who were more inclined to arrive early enough at the session to complete a questionnaire, as the AIDS educator read the questions aloud in Spanish and English.

There were 85 male and 79 female respondents, and 22 respondents for whom sex was not indicated. More than two-thirds were under the age of 35. More than 75% of the 186 respondents self-identified as Mexican, Mexican American or Chicano/a; this percentage approximates those estimating the ethnic composition of the migrant population in Michigan. Twelve persons self-identified by other categories, and there were sixteen for whom no identity was provided. Language preference was rather evenly divided; there were 91 respondents who chose the Spanish version, and 95 who chose the English version (reverse side of the same questionnaire).

Roughly 88% of the 186 respondents answered eight or more questions correctly. Of these, 81 chose the English version and 65 chose the Spanish version of the questionnaire. There were 66 males and 68 females who answered eight or more questions correctly; more women than men who self-identified as "Mexican American" answered eight or more questions correctly (33 women versus 13 men), whereas more men than women who self-identified as "Mexican" answered eight or more questions correctly (44 men versus 19 women). There was little

differentiation by male and female age cohorts among those answering eight or more questions correctly.

By far the question with the fewest correct answers was the one concerning whether a person who has AIDS is asymptomatic: 'A person can be infected with the AIDS virus and not have any symptoms.' There were 132 correct responses to this question among the 221 respondents who agreed to complete questionnaires. Similar questions in national surveys of the Hispanic population also have been those receiving the fewest correct responses, ranging from 23% correct for Hispanic adults with less than twelve years of school, to 33% and 55% correct for adults with twelve or twelve/more years of school, respectively [1]. A survey of the farmworker population in three Georgia migrant camps found that a similar question frequently was missed (only 57% of their 67 respondents gave correct responses), but it was answered correctly more often than questions about the transmission of AIDS through less risky behavior, such as kissing or toilet seats [2].

The next two questions on the evaluation instrument that were answered with few correct responses represent 150 correct responses from 221 persons who knew the cause of AIDS (the HIV virus) and 154 correct responses from 221 respondents who knew 'blood and blood products are examined to see if they are contaminated with the AIDS virus.' The next five questions with correct responses aggregated to a range of 161 to 167 correct responses from the 221 respondents.

The two questions that were answered correctly the most often were those concerning transmission of the HIV virus through sexual intercourse and from mother to fetus. There were 170 correct responses from the 221 respondents to the question on transmission of the HIV virus from mother to fetus, and 180 correct responses to the question on transmission from sexual intercourse with someone who is infected. The percentage of correct responses to similar

questions on the national survey among Hispanics in the United States was higher; correct responses to the question on mother-fetus transmission ranged from 75% to 79%, and correct responses to the question on sexual intercourse as a mode of transmission ranged from 76% for those with less than twelve years of school to 86% and 89% for those with twelve or twelve/more years of school, respectively. The percentage of correct responses to similar questions on the survey conducted among farmworkers in three Georgia migrant camps also were high. Roughly three-fourths of the 67 respondents on this survey recognized that women can infect men and that men can infect women, and roughly 82% of the 67 respondents agreed that "one can catch AIDS through vaginal sex."

There is reason for concern about the level of knowledge of AIDS/HIV among migrants who work in the state of Michigan. The percentage of correct responses to basic questions on AIDS/HIV from the 1989 migrant survey was lower than that for other comparable populations for whom data are available. The fact that 108 of the 186 respondents in Michigan who missed questions neither aggregated to a particular age cohort nor were clearly differentiated by sex or ethnic identity suggests that appropriate AIDS information is rather "scattered" among this population, "isolated" as it is from the more traditional sources of public health information. AIDS education efforts to reach the migrant population, therefore, must continue, and these efforts must be relevant to the migrant experience.

References:

1. Dawson, D. A., and Hardy, A. M. AIDS Knowledge and Attitudes of Hispanic Americans: Provisional Data From the 1988 National Health Interview Survey. Advance Data From Vital and Health Statistics of the National Center for Health Statistics, No. 166, U.S. Department of Health and Human Services Publication Number (PHS) 89-1250, 1989.
2. Foulk, D., Lafferty, J., Ryan, R., and Robertson, A. AIDS Knowledge and Behavior in a Migrant Farmworker Population. Technical paper prepared by the Rural Health Program of Georgia, 1988.