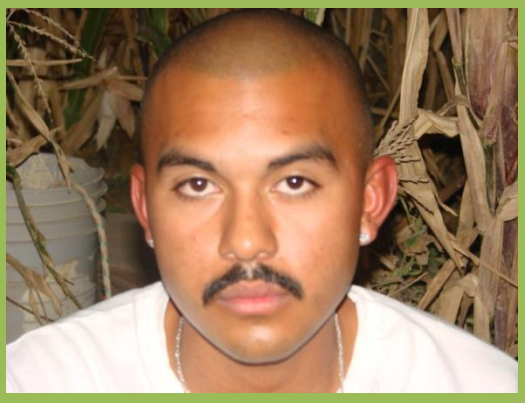
2011

HIV/AIDS Education for Latino "Solo Male" Farmworkers:

The results of a series of focus groups with stakeholders



About the National Center for Farmworker Health

The National Center for Farmworker Health (NCFH), is a private nonprofit corporation established in 1975, located in Buda, Texas. NCFH provides information services, technical assistance, and training to a network of more than 500 private and federally funded migrant health centers as well as other organizations and individuals serving the farmworker population.

NCFH's mission, as established by the Board of Directors is: "To improve the health status of farmworker families through appropriate application of human, technical and information resources." Its vision is "To proactively support the work of migrant health centers and the empowerment of farmworker communities in our mission to improve health status. We are determined to eliminate the barriers to health care and increase access for farmworker families to culturally appropriate quality health care."

Acknowledgements

The National Center for Farmworker Health (NCFH) would like to thank the following organizations and individuals for making these focus groups possible:

- Everglades Community Association, Homestead, Florida
- Migrant Health Promotion, Weslaco, Texas
- Salud Para la Gente, Watsonville, California
- the farmworkers and lay health workers from Homestead, Weslaco, and Watsonville who dedicated their time to participating in the focus groups

The development of the *Hombres Preparados: HIV/AIDS Education and Training Program* was supported by cooperative agreement #HHMP041004 from the Office of Minority Health and the Office of Public Health and Science, of the U.S. Department of Health and Human Services. Preparation and development of this report was supported by grant number U30CS09737 from the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services.

For further information or to order copies contact NCFH:

1770 FM 967
Buda, TX 78610
(800) 531-5120
www.ncfh.org

TABLE OF CONTENTS

PURPOSE

Many health center staff, administrators, and grant writers struggle to find resources to provide HIV prevention education that meets the unique needs of their farmworker clients, especially farmworker men who travel without their families. This group of farmworkers is of particular concern because research has shown that they are more likely to engage in risky behaviors related to HIV, including the use of prostitutes, men having sex with men, needle sharing, and unprotected heterosexual sex.

In order to address this need, NCFH obtained funding from 2004-2007 to develop the *Hombres Preparados HIV/AIDS Education Program* through a cooperative agreement from the Office of Minority Health and the Office of Public Health and Science, of the U.S. Department of Health and Human Services. **The purpose of this report is to** inform the work of health and social service providers, researchers, and policy makers as they promote increased access to HIV/AIDS information, knowledge, and resources for the farmworker population.

EXECUTIVE SUMMARY

THE PROBLEM

According to a 2002 report of the National Agricultural Workers Survey, 57% of farmworkers live apart from their nuclear family while migrating. The vast majority of this subgroup is male and Latino. Latino solo male farmworkers' lives are characterized by hardships such as frequent mobility, overcrowded housing, and isolation from family and community.

These hardships often result in loneliness and depression, which can lead to substance abuse and risky sexual practices such as sex with prostitutes, having multiple partners, or men having sex with men. Mexican and Mexican-American cultural beliefs and practices related to the use of condoms and the sharing of needles to inject vitamins and antibiotics increase the risk of HIV/AIDS in this population. Latino solo males' HIV/AIDS risk is further increased because of financial, geographical, cultural, and linguistic barriers to HIV/AIDS testing and education.

Even though Latino solo males have many risk factors for HIV/AIDS, organizations that serve this population struggle to find culturally appropriate HIV/AIDS prevention education resources. Additionally, these organizations face financial and human resources limitations to adopting and effectively utilizing these education resources.

RESPONSE

The hard to reach nature of Latino solo males demands unique, cost-effective strategies and the utilization of existing resources to assure that preventive education is delivered to farmworkers in a culturally appropriate and effective way.

In response to this health education need, the NCFH obtained funding from the Office of Minority Health to develop and pilot an HIV/AIDS training program. The program aims to expand the capacity of lay health workers (LHW) to provide culturally competent HIV/AIDS education and referral services to Latino solo males.

METHODS

A literature review and a series of focus groups were carried out to guide the development of bilingual, culturally tailored HIV teaching aids, including a flipchart, lesson plan guide, and a LHW curriculum. Findings from the formative work guided the development of the program messages, to assure that they addressed the unique needs of the target population.

A total of six (6) focus groups were conducted with farmworker men and lay health workers (LHWs) in Florida, Texas, and California. One focus group was held with each stakeholder group in each location. Nineteen (19)

farmworker men and 22 LHWs participated in the focus groups.

KEY FINDINGS

Below are the most significant themes that arose from the focus groups with Latino solo males and lay health workers.

LATINO SOLO MALES

Information sources - School, mass media, and friends were farmworkers' main sources of knowledge about HIV/AIDS.

Transmission – Most participants knew that they could get HIV/AIDS from unprotected sex and from sharing needles. Nevertheless, there was some confusion and misinformation about other ways they could get the disease, for example, through kissing, handling raw animal meat, and through a mother passing it on to her child through her genes.

Prevention – All participants were aware that HIV could be prevented by condom use or by abstinence. The Texas and California groups mentioned the use of clean needles (either new needles or sterilized needles) as another preventative measure.

Barriers to Protective Behavior– Participants explained that heavy alcohol and drug use is more common in the U.S. and use of these substances can lead to risky behavior like unprotected sex.

Testing - Many participants believed that they had been tested for HIV, but further discussion and probing revealed apparent misconceptions about how to obtain a test and what the test entails. Many of the participants **assumed that they had been tested as a result of regular checkups** with their doctors. Participants said that if their doctors told them everything was okay, they assumed they were healthy and HIV negative. **For those who had been tested, t**he **two week wait for test results was also a major barrier to going back to get the test results**.

Prior HIV/AIDS Education – The men that had been tested reported limited or no patient education during their testing visit and during their visit to receive test results.

Learning Preferences – Most participants said that they would prefer to learn about HIV/AIDS through an educational session with a LHW rather than from a printed brochure. They expressed their dislike of brochures because they are too wordy, don't have enough pictures, and use "doctor" words.

According to the participants, the four most important topics to cover in an education program were transmission, testing, prevention, and resources. Reproductive anatomy and the disease's impact on the farmworker population were the least important to them.

LAY HEALTH WORKERS

Logistics – LHWs considered it challenging to find the right time and an appropriate place that allowed farmworkers to feel comfortable and attentive. Many of the LHWs reported conducting outreach at the work site, which was not an ideal setting for HIV/AIDS education.

Indigenous Groups – A lack of population specific information and being culturally competent were challenges for some of the LHWs working in areas with indigenous farmworkers.

Trust – LHWs reported that it is difficult for some farmworkers to talk to them about

sensitive issues like HIV, especially if they don't personally know the farmworker.

GENDER ROLES – Social norms of the farmworker community make it socially unacceptable for men to talk about sensitive subjects like HIV/AIDS and other personal health issues in front of other men. LHWs explained that farmworker men are reluctant to acknowledge their health problems, especially in front of their peers during a presentation. Additionally, they felt that farmworker men were only willing to go to the clinic and ask for help when they had an urgent health issue.

RECOMMENDATIONS

Essential aspects of a successful HIV prevention program with this population include:

- attention to survival needs and case management,
- increased access to HIV education and clinical services through outreach, 'in-reach', and service coordination between clinical, administrative, and outreach staff, and
- cultural competence.

These factors are essential to being able to deliver effective HIV prevention education due to the many risk factors and barriers to care experienced by Latino solo males. Lay health workers are an excellent mode of program dissemination, especially for sensitive issues like HIV education. Education programs should use non-traditional modes of education, like fotonovelas, to overcome literacy barriers and provide positive modeling of HIV prevention behaviors.

A comprehensive needs assessment, including a literature review and a series of formative focus groups, was conducted in order to develop an educational program. The purpose of the literature review was to understand the Latino solo male population in general, to identify important factors influencing behaviors related HIV/AIDS prevention, and to identify any existing programs.

LITERATURE REVIEW

BACKGROUND

It is estimated that there are more that 3 million migratory and seasonal agricultural farmworkers (MSFW) in the U.S.[1] Some work in agriculture in their communities on a seasonal basis[2] and others travel across the country to find agricultural work.[3] Some of those migratory workers travel as family units and others travel as Latino solo males[4] who, out of economic necessity, leave their loved ones behind to 'follow the crops'.

According to the National Agricultural Workers Survey (NAWS),[5] 80% of MSFWs are Hispanic men of Mexican and Central American heritage and 31% are under 24 years of age.[6] Agriculture is the only industry that allows the employment of children as young as 13 years old and it is estimated that a total of 450,000 adolescents and young adults are working in the fields[7,8]. Of these, 320,000 are young men. These young men have prematurely taken on the role of an adult, and many leave their home as migratory farmworkers, working "more than a child, less than a man" to either partially or entirely support their families.

Groups of Latino solo males constantly migrate to follow the crops—a way of life that is difficult for an adult and even more so for an adolescent. They perform physically demanding work; experience the stress of the responsibility of financially supporting a family[9]; travel in unfamiliar and sometimes hostile territory; have limited contact with the rest of society, including women; lack recreational opportunities; and live in overcrowded and sub-standard living quarters. Adolescents and young adult Latino solo males must face these burdens while negotiating one of the hardest stages of human development and living without the support of their families.

In order to face the overwhelming stress and loneliness caused by these burdens, they often turn to high risk behaviors such as the use of alcohol and illegal drugs and unprotected sex with prostitutes and with other men. Also, cultural practices such as sharing needles to inject self-prescribed medication and vitamins, and the cultural perceptions of condom use put them and their partners at high risk for HIV infection.

HIV/AIDS RISK BEHAVIORS

[1] Larson, A.; Plascencia, L. "Migrant Enumeration Study". Washington, D.C.: Office of Minority Health, 1993

[2] Seasonal agricultural workers

[3] Migratory agricultural workers

[4] *Solo Male* is defined as a male farmworker who travels without his family to seek agricultural work.

[5] National Agricultural Workers Survey, 2002; US Department of Labor

[6] Ibid.

[7] This number excludes the non-working children living in farmworker families.

[8] Ibid

[9] Schmidt, A (1994). Cultivating Health: An Agenda for Adolescent Farmworkers. Collected Workers–Conference Proceedings.

Estimates of the prevalence of HIV infection in migrant and seasonal farmworkers are limited. Nevertheless, the few case studies that have been conducted indicate the making of such an epidemic in Mexican farmworkers due to four major exposure categories related to migration and cultural factors:[10]

- use of prostitutes
- men having sex with men
- needle sharing
- unprotected heterosexual relations

USE OF PROSTITUTES - According to Bletzer, a common risk behavior among male farmworkers is the practice of unprotected sex and the patronage of prostitutes.[11] In 1998, Organista conducted a survey with 342 males and found that 44% of them had had sex with prostitutes while working in the United States, and that the use of condoms was very low among both migrant workers and the prostitutes that they patronize.[12] Their contact tends be limited to a small number of prostitutes who may be available at the camps on their pay days. With the limited number of prostitutes, Latino solo males may not have many other alternatives than to have homosexual relations among themselves, or to share sessions with the same prostitute—this practice is known as "Hermanos de La Leche [Brothers of the Milk].[13]

MEN HAVING SEX WITH MEN - According to Bronfman and Minello, homosexual relationships are more prevalent during migration, since the solo males are lonely, isolated, and experience fewer sexual restrictions in the United States.[14] Several studies indicate that about 65% of the AIDS cases among immigrant Latinos born in Mexico, Central-America, Cuba and South America were related to homosexual/bisexual contact.[15]

It is important to note that the concept of homosexuality among Latino solo males is often defined by the role of each player in the sexual encounter. The man who adopts the passive role and is penetrated is considered the homosexual while the man who adopts the active inserter role is not considered homosexual--to the contrary, he is considered to be more masculine and identified as heterosexual. [16],[17]

NEEDLE SHARING - Because of the cost and inconvenience of going to a physician, many

[10] Organista, K.C., (1998). Culturally Competent HIV Prevention with Mexican/Chicano Farmworkers. JSRI Occasional Paper # 47, The Julian Samora Research Institute.

[11] Bletzer, K.V. (1999). *No Da, No, Si Da! HIV Risk Reduction Education and Latino Farmworkers in Rural Michigan,* JSRI Working Paper #18, The Julian Samora Research Institute.

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

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

[14] Bronfman, M., & Minello, N. (1992) Hábitos Sexuales de Los Migrantes Temporales Mexicanos a Los Estados Unidos de América, Practicas de Riego Para La Infección por VIH. *El Colegio de México*

[15] Diaz T., Buehler, J.W., Castro, K.G., & Ward, J.W. (1993) AIDS Trends among Hispanics in the United States. American Journal of Public Health. 83(4), 504-509

[16] Organista, C., Organista, B. P (1997). Migrant Laborers and AIDS in the United Status: A Review of the Literature. *AIDS Education and Prevention 9(1). 83-93,* 1977 The Guilford Press.

[17] Carrier, J. (1995). De los Otros: Intimacy and Homosexuality among Mexican Men. *New York:Columbia University Press*

farmworkers use over-the-counter, self-prescribed medications such as injectable vitamins and antibiotics. In border areas, many prescription medications are readily available without a prescription or the advice of a medical doctor. Injections are very popular because they are thought to work quickly and be very effective. Because it is very difficult for farmworkers to obtain disposable syringes and needles, it is not uncommon that those available are sometimes shared among family members.[18]

UNPROTECTED HETEROSEXUAL RELATIONS - Available research reports low use of condoms among farmworkers and that several cultural factors prevent their use.[19] Additionally, studies report that knowledge concerning the use of condoms is a problem among farmworkers. A 1998 study reported that more than 60% of the participants believed that Vaseline was a good lubricant to use with condoms, and of those who had been sexually active, 75% reported almost never carrying condoms.[20] According to research, Latino solo males put their partners at greater risk for HIV infection when they had engaged in unprotected sex with prostitutes and/or homosexual encounters or by sharing needles to administer therapeutic or illicit substances[21]. In addition to having a lack of knowledge about HIV/AIDS, many girlfriends/wives are at a disadvantage for self-protection due to the cultural norms which relate to female obedience and obligation and views about the use of condoms.[22]

HIV/AIDS KNOWLEDGE AND ATTITUDES

Several studies reveal that farmworkers have a low level of accurate knowledge about HIV/AIDS. Cultural believes, constant mobility, low literacy levels, and a limited command of the English language may contribute to farmworkers' limited knowledge about HIV/AIDS.[23] In a study conducted in 1998, between 25% and 50% of the participants thought AIDS could be caught by sharing a drinking glass, swimming in a public pool, being coughed on, or giving blood. 43.8% thought mosquitoes could transmit AIDS, while 37.5% thought transmission was possible through public bathrooms or kissing. More than 25% felt that AIDS was solely a problem for homosexuals and drug addicts, and a small number believed that they could determine whether someone was infected by their physical appearance and felt the test for HIV could cause AIDS.[24] [25] [26] Another study

[18] Be Aware! Common Cultural Practices and AIDS. (1987). *Migrant Health Newsline, 4.*

[19] Organista, K.C., (1998). Culturally Competent HIV Prevention with Mexican/Chicano Farmworkers. *JSRI Occasional* Paper # 47, The Julian Samora Research Institute

[20] 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.

[21] Lopez, R., and Ruiz, J.D. (1995) Seroprevalence of Human Immunodeficiency Virus Type 1 and Syphilis and Assessment of Risk Behaviors among MSFW in Northern California. *Manuscript Prepared for the office of AIDS, California Department of Health Services.*

[22] 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.

[23] Organista, K.C., (1998). Culturally Competent HIV Prevention with Mexican/Chicano Farmworkers. *JSRI Occasional Paper # 47*, The Julian Samora Research Institute

[24] 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.

[25] Wyatt, G.H. (1994) The Sociocultural Relevance of Sex Research: Challenges for the 1990s and Beyond. *American Psychologist*, 49(8), 748-754

reported that 24.8% of the participants did not know that AIDS could be transmitted from women to men, or from men to women and almost 26% did not know it could be transmitted through shared hypodermic needles.

[26] Organista, K.C., (1998). Culturally Competent HIV Prevention with Mexican/Chicano Farmworkers. *JSRI Occasional* Paper # 47, The Julian Samora Research Institute

A series of focus groups were then conducted to validate and further explore the findings of the literature review.

FOCUS GROUP METHODOLOGY

A total of six (6) focus groups were conducted with farmworker men and lay health workers (LHWs) in Florida, Texas, and California. One focus group was held with each stakeholder group in each location.

COORDINATION WITH PARTNERS

Focus group logistics were coordinated by an HIV Project Coordinator based at The National Center for Farmworker Health office in Buda, Texas. The HIV Project Coordinator worked with partner organizations in Florida, South Texas, and California to set dates for focus groups, coordinate logistics, and recruit participants.

Table 1 contains the location of each partner organization and the dates that the focus groups took place. The HIV Project Coordinator was also responsible for developing focus group guides and forms, serving as the focus group moderator, and providing incentives to participants.

Table 1: Focus Group Locations, Partner Organizations, and Dates

Location	Partner Organization	Date(s)
Weslaco, TX	Migrant Health Promotion	March 2-3, 2006
Homestead, FL	Everglades Community Association	March 29, 2006
Watsonville, CA	Salud para la Gente	April 18, 2006

Figure 1: Map of Focus Group Locations

DEVELOPMENT OF FOCUS GROUP GUIDES

The objective of the focus groups with farmworker men was to gather information on the participants' knowledge, beliefs, attitudes, behaviors, and related barriers to HIV/AIDS protection, as well as their learning styles and preferences for HIV/AIDS education. The objective of the lay health worker focus groups was to obtain information about:

- experiences providing HIV/AIDS education, and outreach,
- barriers they have encountered in providing education and outreach, and
- feedback on preliminary HIV/AIDS education program materials.

A focus group guide was developed for each participant group based on its specific objectives. The guides were developed, translated into Spanish, and shared with both program staff as well as a technical advisor for comments and feedback. In addition to the focus group guides, other pertinent forms were developed and translated, including:

- an informed consent form,
- a sign in sheet (including age, gender, and race/ethnicity),
- a LHW work experience questionnaire, and
- an incentive receipt form.

Recruitment of Participants

Participants in the farmworker groups had to be male and a current or former farmworker. Participants in the LHW focus groups could be male or female LHWs with current or previous HIV/AIDS education/ outreach experience with farmworker men. A contact person was established at each site and was responsible for participant recruitment and on-site logistics. This contact person proved to be invaluable in the recruitment, planning, and facilitation of the focus groups.

Focus Group Process

To ensure the reliability of the focus group data, the following protocol was used to assure that each focus group was conducted in the same manner. Participants were welcomed by the moderator and the observer and were asked to register by signing the sign in sheet. Once all participants were registered, the moderator read an introduction and guidelines from the focus group guide out loud. The moderator then read the consent form out loud and asked the participants to sign the consent form if they agreed.

A note taker observed and recorded information during each focus group. Audio recordings of the groups were also taken for later reference. The groups lasted for approximately two hours, with each session being summarized and repeated back to the group by the moderator at the end of each session. At the end of each focus group, participants were given a $25 incentive for their participation upon signing an incentive receipt log.

Analysis

The recordings and notes were then reviewed and summarized to explore the participants' perspectives and opinions in regard to the focus group objectives. The focus group participants were not intended to, nor did they, reach consensus. Common themes that emerged at all three sites were identified and described, as well as differences among the three locations.

PARTICIPANT DEMOGRAPHICS

FARMWORKER MEN

A total of 19 farmworker men participated in the three focus groups (Table 2), with eight (8) participants in Florida, four (4) in Texas, and seven (7) in California. All of the participants reported their ethnicity as Hispanic and their ages ranged from 17 to 49 years old.

Table 2: Demographics of Latino Male Farmworkers

Location	#	Age Range	Race/Ethnicity
FL	8	17-49	8 Hispanic
TX	4	17-36	4 Hispanic
CA	7	Unknown[27]	7 Hispanic
Total	**19**	**17-49**	**100% Hispanic**

LAY HEALTH WORKERS

A total of 22 LHWs participated in the three focus groups (Table 3) with seven (7) in Florida, six (6) in Texas, and nine (9) in California. While all participants in Texas and California reported their ethnicity as Hispanic, there were Hispanic, White, and Black

reported ethnicities in the Florida group.

[27] Participants of the California focus group declined to disclose their age.

Table 3: Demographics of Lay Health Workers

Location	#	Age Range	Gender	Race/ Ethnicity
FL	7	43-57	5 female 2 male	4 Hispanic 2 White 1 Black
TX	6	33-54	6 female	6 Hispanic
CA	9	13-50	6 female 3 male	9 Hispanic
Total	**22**	**13-57**	**77% female 23% male**	**86% Hispanic 9% White .5% Black**

SUMMARY OF FOCUS GROUPS WITH FARMWORKER MEN

KNOWLEDGE, BELIEFS, AND CONCERNS

SOURCES OF HIV/AIDS INFORMATION

The participants in all three focus groups had heard of HIV/AIDS, but the extent of knowledge varied considerably among groups. When asked what they knew about HIV/AIDS, the majority responded by saying that it was a disease or virus and that, while there is no cure, there are treatments. They also mentioned that it causes death.

Sources of HIV information varied, but the most common way that participants first learned about HIV/AIDS was in school. Other participants mentioned mass media (specifically television), conversations with parents or friends, and one participant had heard about it in church.

DISCRIMINATION

Both the Texas and Florida groups brought up the issue of discrimination against people infected with HIV. They talked about their

fear of being diagnosed because of the stigma associated with it, and they recognized their own biases towards those who are infected.

Transmission

The participants in the Texas and California groups were generally more knowledgeable about the transmission of HIV than those of the Florida group. Overall, participants named the following routes of transmission:

- unprotected sex
- sex with multiple partners
- homosexual sex
- intravenous drug use
- accidental needle sticks
- tattoo needles
- shared needles
- cuts
- blood transfusions with infected blood
- saliva from kissing, primarily because of infected blood in the mouth
- infected raw meat (working in a restaurant)
- mother to child transmission

Prevention

All participants were aware that HIV could be prevented by using a condom or practicing abstinence. Some participants knew that using clean needles (either new needles or sterilized needles) was another preventative measure.

> *Saliva also has the virus in it, I dunno, like from a kiss from an infected person. I'm not sure if that also would spread it.*
>
> *--Male farmworker, CA*

Testing

Getting tested for HIV/AIDS was also mentioned as an important component of prevention because it keeps one from giving the disease to others.

None of participants in the Texas group had been tested for HIV. The participants in California and Florida that had been tested reported receiving the test at either a local clinic or a hospital. They believed that if someone tested negative they were 'clean' and that 'being clean' was a form of prevention in and of itself.

They were aware that there were two methods of HIV testing, oral and blood.

Treatment

With the exception of the California group, the participants knew little about the treatment of HIV/AIDS. The California group discussed the importance of getting treatment, diet, and staying positive in alleviating the symptoms of HIV/AIDS.

Barriers To Prevention

Barriers to Safe Sex

Many participants mentioned that loneliness and the desire for companionship when traveling alone increased their likelihood of engaging in risky sexual behavior without thinking about the consequences. They explained that the culture of the U.S. is more liberal and that heavy use of alcohol and drugs is more common than in their native country. They said that use of these substances can cause men to get caught up in risky behaviors.

Barriers to HIV Testing

Misunderstandings about testing emerged as a significant barrier to HIV prevention. Participants expressed frustration with their lack of knowledge about the HIV test procedure, and stated the importance of receiving this information.

Many respondents believed that they had been tested for HIV, but further discussion and probing revealed that there might be some misconceptions about how to obtain a test and what the test entails. For example, when the Florida men were asked if they had been tested for HIV, all participants believed that they had been tested. Further discussion revealed that none of the men remembered signing consent forms or requesting the HIV test. The facilitator briefly explained the HIV test procedure, consent forms, etc. After this clarification, only three participants confirmed ever receiving the HIV test. A participant in California believed he had been tested while applying for amnesty and that he didn't go to a clinic to get the test.

> *"…when you migrate somewhere to work, well, you go by yourself, without your spouse without your family, and it's lonely, and you want someone's company, you know? You can get caught up….and you don't think about the consequences.*
>
> *--Male farmworker, TX*

Many of the participants assumed that they had been tested as a result of regular checkups with their doctors. Participants said that if their doctors told them everything was okay, they assumed they were healthy and HIV negative. In other words, they assumed that during a checkup they get tested automatically for HIV without their request or consent.

Inconsistent and incomplete patient education at the time of testing also seemed to be a common experience for those that had been tested. For example, some did not remember being told about partner notification at the time of testing and some had not received any educational materials or condoms.

For those who had been tested, the two week wait for test results was also a major barrier to going back to get the test results. They said that the worst part about getting the test was the two weeks of wait time to get their results back. Some didn't go back to get their results. One person expressed concern over confidentiality and feared that the person on the other line would recognize his voice or recognize him at the clinic where he would be sent. He said he would prefer traveling further for an HIV test to avoid running into people he may know at a local clinic.

Resources

Many participants stressed the importance of knowing where to go if you find out you are infected with HIV. There was a lot of concern about what to do if you find out you're infected, what help exists, what treatments are available. They mentioned there is simply a lack of information and resources for HIV/AIDS treatment.

When asked where they would go if they had questions about HIV/AIDS most of them responded by saying that they would go to those closest to them such as: close friends, family members, doctors, wives, girlfriends, or even priests. They said they would also consider calling a toll free line such as the Call for Health Program.[28] They stressed the importance of spreading awareness about such resources.

Learning Styles and HIV/AIDS Education Preferences

Delivery Methods

Most participants said that they would prefer to learn about HIV/AIDS from an educational session with a lay health worker (LHW) rather than from a printed brochure. They expressed their dislike of brochures because they are too wordy, don't contain enough pictures and use "doctor" words. In fact, only two (2) of the 19 participants liked learning from brochures. The California group brought up the idea of disseminating information via radio in addition to brochures and pamphlets. They said since many farmworkers have radios, radio spots and pamphlets would be a good idea.

The majority preferred that the session with the LHW take place at home. Only two stated their preference for receiving HIV information at a community center or in the field. Most men agreed that they would not like to receive the information at work and that they preferred evening visits lasting from 15 minutes to no more than one hour.

Most participants said that the gender of the LHW did not make a difference in HIV/AIDS education as long as the person was knowledgeable, trustworthy, and well-prepared. Nevertheless, when asked to pick between a male or a female LHW, most of the California participants said they preferred to receive information from a man. One of the Florida participants said that he would like to receive information from a male LHW who is from his community, close to his age, and who 'uses his words'.

Materials

Most participants liked the idea of using a **video** during the session. They thought that the video format was entertaining and that it would reinforce the information from the session. Their second preference was a **flipchart,** but only if the presenter was not reading straight from the flipchart and if the flipchart had color photographs, not illustrations.

Topics

The facilitator reviewed a list of possible education topics with the participants and asked them to identify the topics that were most important to them. The four most important topics that emerged were transmission, testing, prevention, and resources for HIV positive individuals. Reproductive anatomy and HIV/AIDS' effects on the farmworker population were the least important to them. Topics that they thought were missing from the list presented were:

- where to go for help if you are undocumented,
- resources for treatment and support if you have HIV,

[28] Call for Health is a national patient navigation system that promotes health and well-being for farmworker families through bilingual educational publications and a national call line that responds to questions on accessing local health care resources for farmworkers.

- medications for HIV/AIDS, and
- how to deal with an HIV diagnosis.

SUMMARY OF FOCUS GROUPS WITH LAY HEALTH WORKERS

The lay health workers (LHWs) who participated in the focus groups had generally strong outreach experience but varied knowledge of HIV/AIDS.

HIV/AIDS EDUCATION AND OUTREACH ACTIVITIES

The majority of the LHWs were currently involved in doing HIV/AIDS education or outreach/case management. Only two individuals were not actively educating on this topic but had prior experience. Most participants provided STD education in conjunction with HIV/AIDS education and many provided HIV testing and counseling in the clinic.

The majority of the participants reported that their activities took place in the community in homes, community centers, bars, parks, migrant camps, or in schools. Four participants reported that their activities were limited to the clinic. Some of the California participants were youth LHWs who provided informal, peer to peer education and distributed condoms at their schools.

BARRIERS TO OUTREACH AND EDUCATION WITH FARMWORKER MEN

Two types of barriers emerged during the discussions; these were outreach barriers and health promotion and education barriers. Outreach barriers included factors that made it difficult for the LHWs to connect with farmworkers. Cultural barriers were related to inherent beliefs, attitudes, or norms held by the men that made it hard for the LHW to inform and motivate them.

OUTREACH BARRIERS

Logistics – The participants reported that when they do outreach with men at their workplace during the men's lunch break, there isn't enough time to do a full presentation and the setting makes it hard for the farmworkers to open up about difficult or sensitive issues like HIV/AIDS. Sometimes the men approach them after the session and ask if they can arrange a visit at a better time and place.

Indigenous Groups – Cultural competency was a challenge for some of the LHWs working in areas with indigenous farmworkers. The LHWs, who speak Spanish fluently and are of Mexican and Mexican-American descent, have a hard time connecting with and understanding the culture and beliefs of indigenous farmworkers, who often don't speak Spanish or English.

Funding Restrictions – The restrictions of their clinic's funding dictated what topics they can and cannot discuss. This lack of flexibility made it hard to effectively reach farmworkers with HIV education.

LHW's Personal Barriers – Some participants stated that it can be challenging to maintain a neutral, professional demeanor and not pass

judgment or show fear. Another challenge was the LHW's own embarrassment when talking about HIV.

Age and Gender Differences – Some younger participants stated that they felt that it was difficult to work with older farmworker men because they were afraid of seeming disrespectful. Additionally, some of the participants felt that, as women, it was harder to talk to men about sexual health topics. Nevertheless, opinions about whether gender and age differences between LHWs

and farmworker men was an issue varied widely and most of the participants didn't think it mattered as long as the LHW was knowledgeable and trustworthy.

Researchers and Observers – Observers and researchers are sometimes allowed to accompany LHWs in the field. Given the lack of trust of the community when discussing sensitive topics, LHWs suggested that it isn't a good idea to bring along outsiders when conducting HIV/AIDS outreach.

Cultural Barriers

Participants explained that farmworker men are reluctant to acknowledge their health problems, especially in front of their peers during a presentation. Additionally, they felt that farmworker men were only willing to go to the clinic and ask for help when they had an urgent health issue. Some participants thought that men were more fearful than women of admitting they are sick or finding out that they are sick, and so they avoid getting tested and going to the clinic in general. When they do seek care, they have a hard time understanding or accepting things like the six-month waiting period after exposure to HIV and the waiting period to get test results.

Fatalistic beliefs about their health, or that 'god cures all', made HIV/AIDS education difficult. Another challenge to HIV education with farmworker men was that basic needs were a higher priority to be addressed before talking about HIV prevention.

'Machismo' was brought up as a barrier to reaching farmworker men with HIV information. Participants felt that, in general, men are unwilling to open up about health issues and they have the attitude of "What can you teach me that I don't already know?" The participants believed that machismo also impedes condom use and willingness to seek treatment.

Social norms common among many Hispanic communities make it socially unacceptable for men to talk about sensitive subjects like HIV/AIDS and other personal health issues in front of other men. The Texas participants also mentioned that it is easier to reach younger men than older.

Unsuccessful HIV/AIDS education Strategies

Each focus group had different experiences of HIV/AIDS education strategies. Abstinence only education was identified as unsuccessful. Some participants reported that written brochures were an ineffective way of

reaching farmworkers and that they had found the brochures in the trash. Bringing outsiders to the farmworker community during outreach also caused men to tune out.

SOLUTIONS

LHW's had been successful in getting men to open up and talk about their health issues and their health questions during one on one sessions, instead of during group sessions. Another recommendation to overcoming the men's reluctance was to present to a group on general HIV/AIDS information, then follow up with individual appointments to counsel men about their personal concerns and respond to their specific needs.

> *"…in a presentation if you explain step by step what a condom is, how they should use it and, well, it really works."*
>
> *Lay Health Worker, CA*

Participants made some recommendations to help other LHWs overcome their fears about delivering HIV/AIDS education. These included practicing the session ahead of time, acting out role play scenarios, communicating at the farmworkers' level, and not being embarrassed. Other general recommendations included:

- Check to make sure that basic needs are being met before assessing their HIV needs.
- Never start talking about HIV right away. Instead, always start by chatting about simpler everyday things.
- Use humor.
- Let men know everything is confidential.

Some female participants said that they took a male co-worker with them if they were going to a place with mostly male farmworkers.

HIV/AIDS EDUCATION PREFERENCES

MATERIALS **-** All three groups stated their preference for a session that consisted of a "session" accompanied by a short video, specifically one that also taught men how to put on a condom. They liked the idea of **using a video** like the "Mi Hermano" video by the American Red Cross[29] because it portrayed very realistic situations, it would be good for farmworkers who can't read, and it covers tough subjects like men having sex with men in a culturally appropriate manner. Participants also liked the idea of a **flipchart with photographs** instead of illustrations. They also stressed the importance of including a **condom use demonstration** with a penis model in the educational session.

Other suggestions included a distribution of a kit with condoms, an educational brochure with the clinic number and testing dates, and appointment reminder cards. One group also suggested the idea of a condom key chain.

OUTREACH STRATEGIES – LHW participants suggested the following outreach strategies:

- Identify and address men's non- HIV/AIDS needs first.

[29] Mi hermano (1990), a 28 minute video produced by the American Red Cross, is a drama about the impact of HIV infection on a family. This video centers around a latino immigrant family that has lost a son to AIDS. The son has left behind a pregnant wife. Issues arise about the health of the mother and baby, death, blame, abstinence, fidelity, and living with HIV infection.

- Network with other programs to provide referrals to other services in addition to HIV resources.
- Distribute condom key chains and informational wallet cards with clinic phone number on it.
- Distribute LHW business cards at community events in case men want to call the LHW for one on one counseling in private.

Recommendations to encourage testing included:

- providing on-site testing at community events like health fairs,
- making testing free and providing incentives for getting tested,
- using financial incentives like coupons for free food or services, and raffles, and
- letting LHWs deliver testing results to the men instead of making the men pick them up.

DELIVERY STRATEGIES

LHWs recommended doing a group session to deliver general HIV/AIDS information first and then following up with participants through individual sessions to assess risk, provide referrals, and answer questions.

The group sessions should last for 30 minutes to one hour, and they should not be during working hours or while telenovelas are on. They should be held in a home, community center, or labor camp, but not at work.

They recommended interactive, multimedia formats such as a short video that is no longer than 15-20 minutes, a flipchart for group sessions and condom use demonstrations with penis models. Youth theater was also suggested. The group sessions should cover the following topics:

- basic HIV information (overview)
- local statistics
- what is HIV/AIDS?
- signs & symptoms
- transmission
- prevention
- testing resources
- male to male sexual encounters
- proper condom use

The participants thought that one on one sessions should be done in a private setting like a home and that follow up sessions should achieve the following objectives:

- identify and address needs (HIV and non-HIV related) and assist with referrals,
- assess risk and problem solving, and
- if possible, schedule an HIV test.

LHW TRAINING PREFERENCES

As for the length of the LHW training, the Texas LHW's suggested one to two days. The Florida & California groups were less unified in their responses and they suggested one to five days with the median length at two to three days.

They said that a good training is one conducted by a motivating, dynamic, humorous, and talented instructor that uses guided practice, role plays, and how-to instruction in the training.

LHW comments regarding the content of the curriculum included:

- provide local statistics about HIV/AIDS rates,
- arrange mentoring relationships between new and experienced LHWs,
- include a referral mechanism for HIV/AIDS testing, and
- consider including gay, transsexual, and transgendered populations in the content of the curriculum.

RECOMMENDATIONS[30]

Latino solo males make up a unique subgroup of farmworkers that is at higher risk for contracting HIV/AIDS and is harder to reach than other kinds of workers travelling with their families. Little is known about best practice models for the delivery of HIV/AIDS prevention services for Latino solo males. To best assist program administrators and planners, the following recommendations were formulated based on the focus groups with Latino solo males and LHWs.

ATTENTION TO SURVIVAL NEEDS

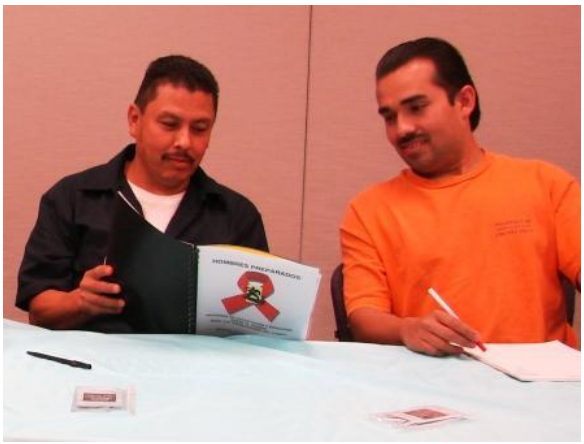
The most successful organizations are those that commit resources to addressing the basic survival needs of migrant farmworkers and advocating on their behalf. These needs include legal services addressing immigration status, housing and nutrition assistance, employment and vocational training, and accessing public benefits. Often, these services must be coupled with transportation, interpreting and navigation services.

ACCESS

Long working hours and lack of transportation are considerable barriers to seeking assistance and care. Successful programs are more likely to bring services to the workers through mobile vans or on-site clinics, to provide transportation to and from services, to provide services outside of normal business hours, to limit waiting time, and to provide information and referrals through a 24/7 toll-free, bi-lingual hotline.

While the focus of the *Hombres Preparados* Program was outreach and education, a clear message from the focus groups was the importance of convenient, non-threatening HIV testing services.

Clinical protocols for testing services are important to make sure that educational services are provided in conjunction with HIV testing. A low literacy take-home brochure that covers prevention, partner notification, and available services is recommended. Providers, health educators, or LHWs should inform Latino solo males that testing does not protect them from the virus. Rather, the only way to prevent HIV is by always using a condom during sex and using clean needles.



Make it convenient to get tested by providing testing services in non-clinical settings, where men are more comfortable. Seek ways to make it easy and convenient for farmworkers to receive their results. Guarantee confidentiality and provide a safe avenue for finding out test results. Make sure you have agreements with HIV treatment services in the case that tests are positive.

CULTURAL COMPETENCE

The results of the focus groups validated that cultural competency is a key factor in the success of an HIV prevention program for Latino solo male farmworkers. Below are

[30] MSFW Health Care Access and HIV in this Population. Statewide AIDS Services Delivery Consortium Advisory Group New York State Department of Health AIDS Institute.

some important cultural concepts to keep in mind when planning, developing, and implementing an HIV/AIDS prevention program. However, it is essential to stress that these values represent broad generalizations that may or may not apply to any individual patient or in any given situation.

FAMILISMO – Familismo, or familism, refers to collective loyalty to extended family and commitment to family obligation. Familism can be a powerful incentive in encouraging Latino solo males to protect themselves. LHWs should emphasize that taking care of yourself is important in protecting your family, especially your partner, from HIV/AIDS.

RESPECT – In Latino culture, respect towards other people based on their age, sex, social position and/or authority is a central value. This may keep some Latino clients from asking questions of LHWs and other service providers. Health providers should let participants know that it is acceptable and expected to ask questions.

CONFIANZA – Confianza, or trust, in Latino culture is gained either through conduct and/or through social networks and it implies a strong, reciprocal relationship. Lay health workers can establish trust with their clients by visiting with them on more than one occasion and stopping by to ask about the client's family and loved ones. Once trust is earned, Latino solo males may be more willing to talk about sensitive topics such as sex and drug use.

PERSONALISMO – Personalismo refers to the tendency for Latinos to value their personal relationship with a service provider, as opposed to the institution that he or she represents. Therefore, it is a good idea to provide a client with a personal contact at referring agencies. For clients that already receive services at other agencies and organizations, it is important to remember that they may tend to remember the name of the individual who serves them rather than the name of the agency. In this case, further questioning would be necessary to fully assess what other agencies the client has contact with.

FATALISM – Fatalism refers to a general belief that the course of destiny cannot be changed and that life events are beyond one's control. It has been cited as a dominant cultural belief that deters Latinos from engaging in various early detection and other health preventive behaviors such as HIV testing and prevention. Clients should be reminded by providers and LHWs that HIV does not have to be a part of their future, that it can be prevented, and that each person is responsible for his/her actions. A popular proverb that is helpful in countering fatalistic beliefs is '*A dios rezando con el marto dando*.' The English equivalent would be 'God helps those who help themselves.'

RELIGION – Catholicism strongly influences many accepted norms and behaviors among Latinos. These norms and behaviors may not agree with HIV protective behaviors, which can be a challenge. This may be overcome by focusing on the facts of HIV, and by motivating and encouraging Latino solo males to protect themselves while respecting their views.

ESPIRITISMO – Some Latinos find their health care in non-clinical places, relying on folk medicine and spiritual healers. This reliance does not necessarily replace modern biomedicine; rather, these often are utilized

in conjunction with Western medical care. Providers and educators should encourage Latino solo males to share with their doctor any alternative or spiritual treatments that they are receiving.

TIME ORIENTATION - In general, Latinos are not overly concerned with time and being late is not considered rude or disrespectful. Patients should be reminded that many clinics and doctors have rules on time, and if they are late to an appointment, they may not get to see the doctor that day.

SERVICE COORDINATION

Most Latino solo males work and live in communities along their migratory path for short periods of time. This requires programs to engage in intensive outreach, including frequent visits to locations where farmworkers live and/or congregate.

Successful programs include intensive case management that helps Latino solo males navigate complex health and social service delivery systems, and empowers them to seek services on their own whenever possible.

In addition to comprehensive health services, programs must also address the supportive service needs of Latino solo males, including counseling and mental health services to address anxiety and depression associated with migratory work and separation from family.

OUTREACH AND EDUCATION

Farmworkers tend to have low literacy rates and speak different languages and Spanish dialects. Therefore, outreach strategies, educational materials and programming must take these factors into account.

Use low literacy, bilingual printed materials, and novella format videos to teach about HIV/AIDS. Make sure that educational materials address the priority concerns of Latino solo males: transmission, testing, prevention, and resources for HIV positive individuals.

Effective approaches include: utilizing LHWs, a form of one-on-one peer outreach and education, the use of Spanish language radio and television for the dissemination of HIV prevention messages, fotonovelas (similar to comic books), house parties with games, and Campesino Theatre (interactive theatre addressing HIV/AIDS with the audience role playing and problem solving). The programs and teaching strategies should be grounded in the experiences and circumstances of Latino solo males.

Additionally, evidence based approaches, or approaches that have been evaluated and proven effective, should be used when possible. An excellent resource for finding evidence based approaches is The Centers for Disease Control's collection of best-evidence HIV behavioral interventions.[31] The collection includes 41 interventions that have been rigorously evaluated and have shown significant effects in eliminating or reducing sex- or drug-related risk behaviors, reducing the rate of new HIV/STD infections, or increasing HIV-protective behaviors.

Traditionally, LHWs have been a widely used and culturally accepted method of delivering health education and information to the

[31] Centers for Disease Control and Prevention, Best-Evidence Interventions Webpage, last accessed on October 28, 2010. http://www.cdc.gov/hiv/topics/research/prs/best-evidence-intervention.htm.

farmworker community. The *Hombres Preparados* program validated the acceptability of this method with Latino solo males. Because HIV/AIDS knowledge varies widely from individual to individual and from region to region, LHWs are a great way to tailor the information given, as opposed to solely written materials. Outreach protocols for LHWs should include identification of high risk individuals like Latino solo males and proactively verify their testing status, educate about prevention, testing, etc.

LHWs should be trained to skillfully navigate potential conflicts between cultural factors and the educational objectives of the HIV/AIDS program. Studies have shown that LHWs are effective outreach agents with farmworkers. The Community Health Workers National Workforce Study http://bhpr.hrsa.gov/healthworkforce/chw/default.htm#preface provides further information for starting a LHW program.

GENDER [OF LHWS] – For various reasons, most LHW programs have recruited mainly female LHWs to educate farmworkers about female reproductive health topics and chronic diseases such as diabetes. Nevertheless, case studies have suggested that male LHWs are effective in providing HIV prevention interventions to Latino farmworker men living with their families,[32] so if it is an option to hire a male LHW for HIV outreach, it may be preferable (but it isn't necessary).

PARTNERSHIPS: Given the high mobility of farmworkers, effective programs must have in place a sophisticated inter-state and bi-national system for coordination and service linkage that will allow HIV-positive clients to continue to receive uninterrupted service as they travel from state to state and back to their country of origin.

[32] Scott D. Rhodes, Kenneth C. Hergenrather, Fred R. Bloom, Jami S. Leichliter, and Jaime Montaño 2009 Outcomes from a community-based, participatory lay health adviser HIV/ STD prevention intervention for recently arrived immigrant Latino men in rural North Carolina AIDS Education and Prevention, 21, Supplement B, 103–108

RESOURCES:

HOMBRES PREPARADOS HIV/AIDS EDUCATION PROGRAM FOR FARMWORKERS

The goal of the *Hombres Preparados* program is to reach the solo male Latino farmworker population with HIV prevention information in a culturally appropriate way through the use of lay health workers. This program teaches participants about HIV/AIDS and how they can protect themselves and their families against this disease. This program and its bilingual materials are unique because they focus on the specific needs of a migrating Latino male farmworker population including issues related to the Latino culture such as religion, gender roles, and how family influences health behavior.

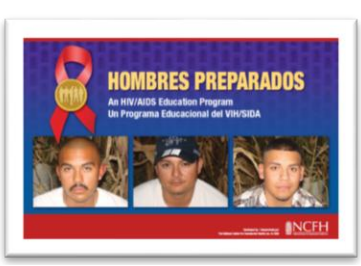
In addition to the training curriculum, we have developed an English and Spanish fotonovela style flipchart for lay health workers to use while conducting their education sessions. The fotonovela flipchart provides the most pertinent HIV/AIDS information in a story format incorporating cultural aspects of the male farmworker community. One side of the flipchart guides the lay health worker by providing him/her with a script to read, while the participants follow along with the photos, illustrations, and brief messages printed on the viewer side of the flipchart.

HOMBRES PREPARADOS TOOL KIT

- Bilingual training curriculum for LHWs
- Bilingual education materials
  - Fotonovela-style bilingual flipchart *by NCFH*
  - Video: Claudia y Diego *by Blue Ridge Community Health Services North Carolina*
  - Condom packet with instructions and HIV testing locations
- Bilingual lesson plan guide

FLIPCHART

The fotonovela style flipchart incorporates the cultural aspects of the popular storytelling format into an educational tool. The flipchart weaves cultural beliefs within a story, while addressing risk factors and barriers that were identified in the literature review and focus groups.

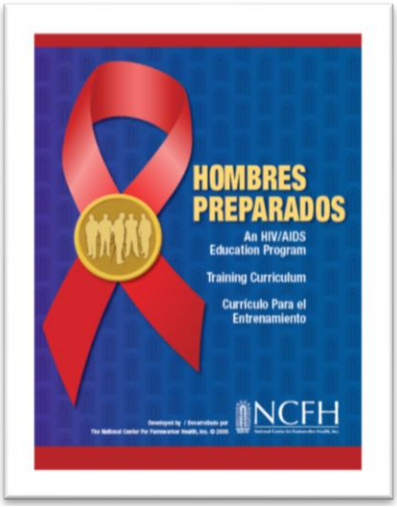


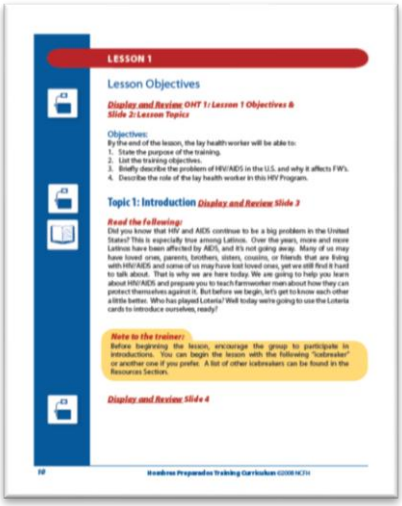
CURRICULUM

The curriculum includes seven detailed lessons with activities for LHWs that can be conducted in 1½ days.

Contents:

- Lesson 1: Introduction to the Training
- Lesson 2: Migrant Health 101: An Overview of the MSFW population
- Lesson 3: Raising our Cultural Awareness of the MSFW population
- Lesson 4: The Basics of HIV/AIDS
- Lesson 5: Popular Education for Latino Males
- Lesson 6: Reaching the Latino Male Farmworker Community on HIV/AIDS
- Lesson 7: Accessing HIV/AIDS Resources




LESSON 1

Lesson Objectives

Display and Review ONT 1: Lesson 1 Objectives & Slide 2: Lesson Topics

Objectives:
By the end of the lesson, the lay health worker will be able to:
1. State the purpose of the training.
2. List the training objectives.
3. Briefly describe the problem of HIV/AIDS in the U.S. and why it affects FW's.
4. Describe the role of the lay health worker in this HIV Program.

Topic 1: Introduction Display and Review Slide 3

Read the following:
Did you know that HIV and AIDS continue to be a big problem in the United States? This is especially true among Latinos. Over the years, more and more Latinos have been affected by AIDS, and it's not going away. Many of us may have loved ones, parents, brothers, sisters, cousins, or friends that are living with HIV/AIDS and some of us may have lost loved ones, yet we still find it hard to talk about. That is why we are here today. We are going to help you learn about HIV/AIDS and prepare you to teach farmworker men about how they can protect themselves against it. But before we begin, let's get to know each other a little better. Who has played Lotería? Well today we're going to use the Lotería cards to introduce ourselves, ready?

Note to the trainer:
Before beginning the lesson, encourage the group to participate in introductions. You can begin the lesson with the following "icebreaker" or another one if you prefer. A list of other icebreakers can be found in the Resources Section.

Display and Review Slide 4

APPENDICES

LAY HEALTH WORKER FOCUS GROUP GUIDE

1. Tell me what work (if any) you do in HIV education or HIV/AIDS case management?
2. Tell me (if not already mentioned) about your HIV/AIDS outreach activities.
3. What do you think may be some barriers in conducting outreach of any type with men?
4. Tell me what you tried in the past in educating men on HIV that did not work well?
5. What materials are you or your organization using in HIV outreach with men?
6. What materials would you like to use, but do not have OR have not found available?
7. If you had to talk to men about HIV/AIDS what type of materials would be helpful for you?
8. Tell me what strategies you have found to be helpful in conducting HIV outreach with men.
9. What barriers/challenges should we consider when developing strategies for HIV outreach with men?
10. If you were to teach farmworker men about HIV/AIDS-tell me what your session would be like?
11. What would you teach during your HIV session? What topics are most important?
12. Have you received training on HIV/AIDS? Tell me about it…
13. What would be a reasonable amount of time for the training?
14. What makes a good training?

Curriculum Specific

15. Tell me what you liked best about the curriculum.
    PROBE: what section or what ideas do you feel were particularly well done?
16. Tell me what we left out, that you feel would be important to include.
    PROBE: what section(s) will require further work or revision?
17. Tell me how the curriculum considers the unique needs of male farm workers.
    PROBE: is material respectful and culturally responsive and language appropriate for male farm workers?

FARMWORKER FOCUS GROUP GUIDE:

General Thoughts and Concerns about HIV/AIDS

1. Tell me what you know about HIV or AIDS? (If needed, briefly clarify the distinction between HIV as the virus that causes AIDS, and AIDS as a condition where one is susceptible to other kinds of illness.)
2. Tell me about the first time you heard about HIV and AIDS.
3. PROBE: who (friend, family, other persons), where (home town; on the season), when (adolescent, adult)
4. Do you think you can get it? How do you think you can get HIV/AIDS?
5. Tell me your concerns regarding HIV / AIDS.
6. What can you do to help prevent HIV/AIDS?
7. What can be done to cure it?
8. How can you find out if you have it?
9. How would you feel if you learned that someone you knew had AIDS?

AIDS Education and Learning Styles

10. What information on HIV and/or AIDS would you like to learn more about? What is most important?
11. What education materials do you think would be most helpful to teach you about HIV / AIDS? What would make it fun?
12. If you had a question about HIV/AIDS how would you feel about calling someone on a bilingual 1-800, free line?
13. Tell me what information on HIV/AIDS you feel is embarrassing to teach/talk about with others.
14. Probe: How can someone make it less embarrassing?
15. Tell me what style and what format is best to teach you, your friends and co-workers about HIV / AIDS? How would you like to receive the info?
16. Tell me what is the best way to teach people you know who are at risk for HIV.

HIV/AIDS Testing and Counseling

17. If you have been tested for HIV/AIDS, please tell me about your first and last experience.
18. What prompted you to get tested?
19. How did you learn about the testing site?
20. What do you remember most about the site?

Information about Lay Health Workers

21. Where or from whom do you get the majority of your health information?
22. What kinds of health information did you receive from these lay health workers *or other person*?
23. Tell me what you liked most about receiving this health information.
24. Tell me what you liked least about receiving this health information.
25. Tell me (if ever) about receiving HIV/AIDS information from a lay health worker or other person.

26. From this information you received, tell me what you shared with someone else.

Curriculum Topics:
Let's talk about the curriculum we have developed to train LHWs. These LHWs will go out to your community to give you this information. This lesson will cover basic information on HIV/AIDS, including transmission and prevention methods.

27. Tell me what information you think is most important for you to learn about?

Topic 1: What is HIV/AIDS?
Topic 2: Male and Female Reproductive Anatomy
Topic 3: Transmission Methods
Topic 4: Symptoms of HIV and AIDS
Topic 5: How do I know if I have HIV?
Topic 6: HIV/AIDS Treatment and Follow-up
Topic 7: Prevention Methods
Topic 8: How does HIV/AIDS affect Latino solo males?
Topic 9: Attitudes towards those with HIV/AIDS

28. If a LHW was giving you a presentation on HIV/AIDS, how much time would you have to listen to it?