

Crossing Borders:

HIV/AIDS and Migrant Communities

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Sexual Practices of Seasonal Mexican Migrants: Risk Factors for HIV Infection¹⁰

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Background

The spread of HIV infection worldwide has been associated with migratory movements. The seasonal movements of workers across borders has been identified as a determining factor for the introduction and spread of infection in populations of origin. In the case of Mexico, seasonal migration of workers to the USA is a phenomenon of great importance, given that migrants come from areas where HIV infection are much lower than areas of destination. This is compounded by the fact that in Mexico, information about sexuality that is based on reliable information is almost nonexistent, in the case of migrants, altogether absent.

Although migratory streams from Mexico to the U.S. have been significant since the end of the last century, characteristics of the phenomenon have modified little by little : new regions of origins and destinations are added, the level of skill among the labor force is increasingly higher: women are added to the labor force; workers join different sectors in addition to the ones they have occupied traditionally, and permanent moves are on the increase.

The continuous migration of Mexicans to the United States is fundamentally a response to the demand in some sectors of the North American economy for workers to fill positions that are traditionally rejected by "native" workers, because the pay is low and/or the level of physical effort required is too great.

The majority of migrant laborers come from the rural areas of Mexico and are uneducated. Many are illiterate and their knowledge of the English language is practically nil. Very few have the documentation that would permit them to work and reside legally in the U.S. The great majority remains only temporarily in the U.S., either because they are deported, their work comes to an end, or because they are accustomed to spending part of the year in their places of origin.

From the point of view of risk of HIV infection, it is worth noting that the age and sex composition of the migratory flow is very similar to that of AIDS cases registered in Mexico. Although this coincidence by itself does not permit the assumption of a relationship between the two phenomenon, migrants do display other characteristics that could translate into risk of HIV infection. The majority belong to the most

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sexually active age group: more than half are single. They are new-comers to a society with sexual customs more "open" than their own. Receptiveness to HIV/AIDS prevention campaigns is very low given their living conditions, low educational levels and lack of English language skills. These considerations allow us to suppose a high probability that the group will acquire and maintain risky sexual practices.

HIV/AIDS incidence rates in migrants' destinations are much higher than the areas of origin. In January 1993, the Pan American Health Organization registered a rate of 990 cases per million in the U.S., while in Mexico it was 136. Within the U.S., the states most affected by AIDS (New York, California, Florida, Texas, New Jersey, and Illinois) contain 72% of all Mexican migrants to the U.S. Approximately 30% of AIDS cases in the U.S. are found in the southern states -- in other words, in migrants' principal destinations or along their thoroughfares.

In 1984, 75% of migrants originated from Chihuahua, Michoacán, Baja California, Jalisco, Guanajuato, Durango and San Luis Potosí. In 1992, 50% of total national AIDS cases were found in these Mexican states that sent 75% of the total migrants to the U.S., despite the fact that only 35% of the total national population lives in these areas. In addition, 10% of AIDS patients in Mexico have reported a history of residence in the U.S., and their demographic profile is very similar to Mexican migrants. In the state of Michoacán, 30% of AIDS patients have reported U.S. residence; in the area of Zamora, the percentage was 50%.

The Study

This paper is based on an ethnographic study among Mexican migrants and their families who are residents of two communities: the community of origin in Mexico (Gómez Farías, in the state of Michoacán) and the destination, Watsonville, in Santa Cruz County, California. The study analyzes information about possible changes in sexual behavior among the migrant population, the characteristics of the context of migration and the inter-relationship between these factors. The technique chosen to collect information, other than systematic observation, was in-depth interviews with community members and key informants. To carry out interviews, we developed a guide that specified topics to be covered, and the information that was collected was processed by "Ethnograph," a computer software package.

The general objectives of the study were:

- to identify sexual habits of seasonal Mexican migrants, and those of the non-migrating population;
- to evaluate the impact of migration in the modification of sexual habits of both groups;
- to identify and evaluate the sources of information about AIDS available to both groups; and
- ♦ to define the impact that AIDS and the available information about AIDS had on changes in the sexual habits in both groups.

These locations were chosen because they met the criteria of presenting a migration pattern that was more or less generalized and stable. The inhabitants in each population had a common destination for work. In this way, the migratory pattern permitted a study of both groups (migrants and non-migrants) in the place of origin as well as their place of destination. There is also an abundance of literature about this migratory stream.

The information is based on the results obtained from 60 interviews with community informants and 20 with key informants that were carried out in both sending and receiving areas. In Gómez Farias, 33 people were interviewed: 13 men and 20 women. Of the men, 7 resided permanently in the town, and six were seasonal migrants. Of the women, 13 had never migrated, and seven had. The remaining 27 interviews were carried out in Watsonville: 18 with men and nine with women. Variables studied were: sexual habits, condom use, knowledge about AIDS, risk practices, reliability of information, and the impact of migration on these factors. Heterosexual, bisexual and homosexual men were interviewed, whereas only heterosexual women were interviewed.

The interviews with key informants in Mexico and the U.S. covered the same themes that were covered in the community informant interviews. Two types of key informants were included: those who could give privileged information given their position as observers, such as health personnel or social scientists specializing in the study of migrants -- and those whose direct participation in activities related to sexuality in the community could give first-hand information, such as prostitutes and homosexual leaders.

For analysis and presentation of the community informants' information, they were divided into four groups according to sex and migratory experience: migrant men, migrant women, non-migrant men and non-migrant women.

Results and Findings

The majority of migrant men are heterosexual and maintain relations with their Mexican partners or with prostitutes.

Sexuality among women continues to be strongly controlled in the country of destination. Women have little decision-making power with regard to sexual practices. Sexual relations occur when her partner desires them, and few are accustomed to talking about sex with women. Requests for condom use are generally ignored, and can be met with violence. The majority of women have little information about contraceptives, condoms and sexuality in general. They ask infrequently about AIDS, and rarely seek out medical services. The decision to take preventive measures is outside women's control.

Although heterosexual men prefer vaginal sex, when they arrive to the U.S. they may experiment with new positions and anal sex with women, in particular with prostitutes. In addition to vaginal sex, they also request oral sex and masturbation from prostitutes. Many prostitutes believe that the men's first experience with anal sex took place with them.

Condom use is more frequent among those who have lived for longer periods of time in the U.S.. According to the prostitutes, Mexicans change their habits in the U.S. because prostitutes often insist on condoms. On the other hand, other informants pointed out that the majority of migrants do not use condoms, mainly because they are not accustomed to them.

With respect to sources of information, migrants generally prefer television in Spanish, radio and personal contacts. The most reliable sources of information for migrants are people living with HIV or AIDS and their families, who frequently relate their personal experiences on television.

Two notions about men who have sex with men were noted among the migrants. The first considers any man who is involved in sex with other men as a homosexual, coinciding with the U.S. perception of a homosexual. The second notion considers a man who takes the active (penetrative) role in sexual relations as heterosexual, regardless of whether his partner is male or female. This attitude was noted especially among the inhabitants of Gómez Farias.

As a consequence of this notion, bisexuals who consider themselves heterosexual, on occasion practice anal sex as the active (penetrative) partner. Oral sex among this group is also common. This divided perception of roles is the preferred one among Mexicans, given that it defines sexual preference, while North Americans assume that homosexuals generally alternate roles with their partners. What appears clear is that for the majority of migrants a social stigma is not attached to the active (penetrative) partner, because penetration (of a man or a woman) is seen as the source of masculine attributes, including virility.

According to some informants, sex between men is linked to the consumption of alcohol. It is also perceived to be closely related to commercial sex. Information obtained through the study allows us to assume that condoms are rarely used by homosexuals. Among the reasons for not using condoms are the lack of information about how to use them, embarrassment that prevents purchase, the alleged loss of sensation, the belief that taking the active role is not a risky one, and attendance at places where unplanned risky practices are more likely to occur. Finally, the notion that putting oneself at risk strengthens one's masculine self-image decreases the likelihood of preventive measures being taken.

In the information obtained through the community informants, all agree that their sexual practices are "normal", meaning heterosexual and vaginal. According to the population of Gómez Farias, normality is a quality judged in a positive light and subject to strong social control. In the case of women, "normality" means to have relations only with their regular partners.

Information about sexuality among men was more easily obtained than that among women, probably because their sexual activities are not as restricted by social mores. Men also prefer "normal" sex, but in this case, relations with prostitutes are also included in the definition of "normality."

Condom use appears to be infrequent, even with prostitutes. The principal reason given for not using a condom is the loss of sensation. Another limit on condom use among men is the shame surrounding purchase of condoms. It is also possible that condoms are associated with the practice of homosexual relations, although homosexuality and masculine bisexuality were hardly mentioned.

With respect to the changes in sexual habits undergone by the population as the result of migration, the general opinion of the informants in Mexico is that changes are minimal or nonexistent. However, it is possible that social control does not allow migrants to express openly the changes in sexual behavior. As a result, those who do not emigrate cannot perceive said changes.

Migrants may also permit themselves to engage in certain practices while they are in the U.S. that they wouldn't engage in at home, or at least not in the same way. When they go home, they possibly return to the lifestyle they had before they left, observing old codes of conduct, and abandoning the majority of practices incorporated during their stay in the U.S.

A significant number of migrants consume illegal drugs. However, intravenous drug use is not reported, mainly due to fear of the needle, fear of addiction and the high price of drugs.

Conclusions

The following conclusions can be drawn from the study

Changes in sexual practices occur as the result of the migratory process. However, these vary according to sexual preference and migratory conditions.

- ◆ Sexual activities and the adoption of risky behaviors by migrants is strongly linked to lack of affection caused by leaving their spouses and families behind and their marginal social condition.
- ◆ When seasonal migrants return to their places of origin, they maintain only some of the risky practices acquired during their stay abroad, but they choose not to take preventive measures, given that doing so would mean admitting that they were involved in risky practices while they were away.
- ◆ Prevention campaigns should be formulated on the basis of these profound motivations and not be based exclusively on rational parameters given that, as has been observed, the level of information and knowledge about the illness is acceptable.

Utilization of the Results

The results described here constitute the first attempt at compiling the necessary information needed to design specific education strategies for migrants.

The study's findings gave impetus to the production of a television program produced by a joint effort between the National Council for AIDS Prevention and Control, the National Program for Solidarity and a private producer, Television International Syndicators, Inc. This program took the form of a soap opera that presented information in a colloquial and socially acceptable way.

Various aspects of risky behaviors for HIV and other sexually transmitted diseases among migrants were covered by the shows. Issues uncovered in the study and dramatized in the soap opera were:

- ◆ Contact with a society that has a more "open" sexual atmosphere.
 - ◆ Feelings of loneliness that result from being away from family and urgent sexual and emotional needs.
 - ◆ Returning home, abandoning risky practices and returning to traditional sexual practices.
- ◆ Individual's failure to protect themselves from STDs, including HIV/AIDS.
 - ◆ Difficulties in transforming information and level of knowledge into preventive behavior in sexual life upon return to places of origin.

The program was transmitted by television networks in more than 40 cities in the U.S., especially where migrant populations reside. The program was broadcast on cable to more than 90 Mexican cities where

there are significant migrating populations. The impact that the program had can be measured in three ways:

The Spanish-language telephone hotline offered by the Centers for Disease Control (CDC) reported an increase in the number of calls, a large number of which made reference to the program and the need to produce more of its kind, given the requirements for information of the population that migrates to the U.S.

The potential audience size was estimated at 22 million people: more than 6 million watched the program.

- ♦ Commentaries made by Mexican consulates in various cities in the U.S. indicated that the program was received with interest on the part of the Mexican-American community. The need to increase the diffusion of educational programs of this nature was also emphasized.

The ultimate impact of the intervention should become apparent in reduction of risky practices, an increase in preventive measures, and finally, a reduction in the incidence of HIV/AIDS. This evaluation should be conducted in the near future. Meanwhile, with the goal of constructing culturally relevant and pertinent interventions, we have initiated a study that is similar to the one we have presented here among Mexican migrants in Los Angeles, where sexual options are more diversified and sophisticated and, because it is a large city, social control will be less rigid. Field work is underway, and next year the results of the study should be available for dissemination, along with recommended action strategies.