

AIDS and Condom-Related Knowledge, Beliefs, and Behaviors in Mexican Migrant Laborers

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Kurt C. Organista
University of California, Berkeley

Pamela Balls Organista
University of San Francisco

Javier E. García de Alba G.
Marco Antonio Castillo Morán
University of Guadalajara

Héctor Carrillo
University of California, Berkeley

AIDS and condom-related knowledge, beliefs, and behaviors were assessed in Mexican migrant laborers. The sample consisted of 55 men and 32 women who were administered a modified version of the Hispanic Condom Questionnaire. Results indicated that respondents were knowledgeable about actual modes of HIV transmission but that a third to half of the sample believed they could contract AIDS from unlikely sources such as mosquito bites, public bathrooms, and kissing on the mouth. Knowledge of proper condom use was problematic, and frequency of condom use during the past year was no higher than half of the time. Concern about contracting AIDS was generally low but was highest for migrants that were younger and for those with multiple sex partners. Although respondents reported few negative beliefs about the consequences of condom use, most believed that women would be seen as promiscuous for carrying condoms.

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Current estimates of AIDS cases in Mexico are as high as 25,000 (Ruiz & Aranda, 1992) with the majority of cases reported in large urban centers. For example, the number of cases per million is highest for the city of Guadalajara (523 per million) in the state of Jalisco, which accounts for 22.6% of AIDS cases in Mexico. Although most cases of AIDS in Mexico have occurred in middle class persons in urban areas, the proportion of cases among lower income groups is increasing (Valdespino & Garcia, 1991) and so is concern about the potential for an epidemic in the rural areas, particularly in small "sending communities" with historically high rates of seasonal out-migration to the United States. For example, in the state of Michoacán, it was found that of 323 cases reported, 110 were in people returning from the United States ("AIDS: Growing Problems," 1992).

Despite growing concern, little is known about Mexican migrants' knowledge of transmission of HIV. There is also a scarcity of data on Mexican migrants' behaviors and beliefs regarding safer sexual practices. Although information is scarce on migrant laborers in general and on Mexican migrants in particular, a review of the literature indicates that migrant laborers have inadequate knowledge about AIDS, are not engaging in safer sexual practices, and are at increasing risk for contracting HIV (Organista & Balls Organista, in press). For example, Foulk, Lafferty, Ryan, and Robertson (1989) examined a small male sample ($N = 67$) of mostly Black (54.8%) and Latino (38.7%) migrant farmworkers in rural Georgia. These researchers found that only 61.2% knew AIDS was fatal, that more than 50% reported never having used condoms, and that these migrants were below the national average with respect to information on the transmission of AIDS from blood transfusions and needle sharing. Foulk et al. also found that 75% of their sample reported that they were sexually active, 33% reported multiple sex partners, and 35% reported at least one sexually transmitted disease during the previous year.

Although these results are difficult to generalize to Mexican migrants, they are consistent with related work on U.S. Latinos. For example, a national survey showed that Mexican-descent respondents consistently were lower than non-Hispanic Whites and Puerto Ricans in exposure to AIDS information, correct identification of major modes of AIDS transmission, discussions of AIDS with their children, and ratings of condoms as very effective in preventing the spread of AIDS (Biddlecom & Hardy, 1991). Hence we would expect condom use to be low in Mexican migrants and need to investigate factors related to condom use in this group.

It is also important to consider cultural factors that could possibly affect Latino sexual practices. One such factor that is particularly relevant to Mexican migrants and Latinos in general is that of acculturation. For example, Marín and Marín (1990) conducted a telephone survey to assess knowl-

edge about AIDS and HIV transmission in a representative sample of 460 Latinos in San Francisco. Comparisons were made between respondents classified as low in acculturation to the U.S. culture and those classified as high in acculturation based on their answers to an acculturation scale by Marín, Sabogal, Marín, Otero-Sabogal, and Pérez-Stable (1987). Results indicated generally good knowledge of the actual modes of transmission of HIV, but respondents also incorrectly identified several "casual" modes of transmission (e.g., public toilets, mosquitos, sneezes). Subjects low in acculturation had many more erroneous beliefs about casual transmission than did subjects higher in acculturation even after controlling for education.

Further, in a study by Mikawa et al. (1992), specific Latino cultural factors related to condom use were measured in a sample of mostly recent Mexican immigrants ($N = 190$) with an average of 8.27 years in the United States. In fact, 73% of Mikawa et al.'s sample was classified as either "very Mexican" or "Mexican-oriented bicultural" based on responses to the Acculturation Rating Scale for Mexican Americans (Cuéllar, Harris, & Jasso, 1980). Mikawa et al. (1992) found that subjects lowest in acculturation and education tended to endorse attitudes and behaviors related to lower condom use. For example, lower acculturated male subjects endorsed more machismo and fatalistic items, had more negative attitudes toward women, were less willing to share contraceptive responsibility with women, and had less fear of AIDS than did male subjects higher in acculturation.

In the current study, we assessed AIDS and condom-related knowledge, beliefs, and behaviors in a sample of Mexican migrants who travel back and forth across the U.S./Mexico border to live and work in the United States for extended periods of time. We examined interview responses from Mexican migrants from an old Mexican community with a historically high rate of out-migration to the United States. In this respect, the study provides insight into an underresearched Latino population at the lower end of the acculturation continuum that appears to be at increasing risk for contracting AIDS.

Method

Subjects

Subjects were 87 Mexican migrants that have lived and worked in the United States since 1982. The sample consisted of 55 males and 32 females with a mean age of 33.7 ($SD = 11.7$) years, 7.1 ($SD = 3.8$) years of education, and 6.4 ($SD = 6.2$) years spent in the United States since 1982 (i.e., during the major years of the AIDS epidemic). Among the sample, 56% reported

being married/living with someone. Two thirds of the sample reported currently residing in the sending community surveyed, whereas one third reported currently living in the United States.

Procedures

In collaboration with faculty in the School of Public Health at the University of Guadalajara, the survey was conducted in a small sending community 210 kilometers from the city of Guadalajara. According to the 11th Mexican census conducted in 1990, this agricultural town is about 200 years old and has a population of about 1,200 inhabitants from 220 families. About 50% of the population is under 14 years of age, and it is estimated that an average of two members of each family have lived or are currently living in the United States.

The first author and a team of medical students from the University of Guadalajara and research assistants from the United States spent 3 days at the research site interviewing subjects. Every household in the community was approached, inquiring for migrants who had lived and worked in the United States during the past 10 years. Participation was voluntary and anonymous, and there were no refusals from eligible subjects asked to participate. Migrants who were currently living in the United States were visiting for the Christmas holiday and for the community's annual celebration of its patron saint.

Interviewers were trained by the fifth author, a Mexican doctoral student with 6 years of work experience at the San Francisco AIDS Foundation, where he trained hotline volunteers how to talk openly and sensitively about sexuality and AIDS-related topics. The 6 hours of training over a 3-day period included becoming familiar with the questionnaire, holding group discussions of how to discuss sexuality in a professional manner, having participants interview each other in pairs, and finally assessing interviewing skills by having each participant interview the trainer on especially sensitive sections of the questionnaire.

Measures

Subjects were administered a modified version of the Hispanic Condom Questionnaire (HCQ) developed by Barbara VanOss Marín and associates at the Center for AIDS Prevention in San Francisco. The HCQ is composed of various single items and subscales that assess AIDS and condom-related knowledge, beliefs, and reported sexual practices as well as level of acculturation and sociodemographic background information. Items used the term "AIDS virus" rather than "HIV" because respondents might not understand

that specific terminology. Most HCQ items are arranged on 4- or 5-point Likert scales. The HCQ has been used to describe (Marín, Gomez, & Hearst, 1993) and to predict condom use (Marín, Gomez, & Tschann, 1993) in a nine-state sample of U.S. Latinos.

Because the HCQ was used only with Latinos in the United States, modifications were necessary to make the HCQ appropriate for Mexican migrants. Modifications were based on discussions with Marín and information gathered from two focus groups conducted by the first author at the study site 6 months prior to the survey. The purpose of the focus groups was to facilitate open-ended discussions on AIDS, condom use, and sexually related issues specific to the community. It was hoped that the groups could illuminate norms within the community and reveal specific areas of agreement and disagreement on the part of the informants. One focus group was conducted with 12 men and the other with 24 women. Focus groups each lasted about 90 minutes, were tape-recorded, and later were reviewed by the first and fifth authors to guide adaptations of the HCQ to the target population.

Examples of HCQ modifications included the addition of questions about AIDS transmission from kissing, perspiration, and the AIDS test, because several focus group participants inquired about these areas as possible modes of transmission. Another modification of the HCQ was changing the wording of items to create a gender-neutral version of the instrument. In the original HCQ, there is a version for men and another for women that inquires about sexual relations with the opposite sex. In the current study, it seemed more convenient and neutral not to bias inquiry toward heterosexual practices (e.g., the term "sex partner" was used in place of the terms "male sex partner" or "female sex partner").

Items and subscales from the modified HCQ are described in the following subsections. Coefficient alphas were calculated on HCQ subscales used in the current study, and in most cases poor items were deleted to produce more reliable factors.

Knowledge of AIDS Transmission and Condom Use

Ten items were used to assess knowledge and misconceptions about the transmission of HIV (e.g., getting AIDS from blood and from public toilets, respectively). Subjects also were asked, "Have you personally known someone that had AIDS or was infected with the AIDS virus?"

Knowledge of proper condom use was assessed by three items that asked, "Do you think vaseline is a good lubricant for condoms?," "Is it necessary to unroll a condom before putting it on the penis?," and "Is it necessary to grab the condom while withdrawing the penis after ejaculating?"

Subjects were asked whether they had ever used condoms in their lifetimes, how frequently they had used condoms during the past 12 months with regular and with occasional sex partners, and how frequently they carried condoms.

Beliefs About AIDS and Condom Use

Worry about contracting AIDS was assessed by the single item, "How often do you worry about contracting AIDS?" A five-item subscale was used to assess negative beliefs about the consequences of using condoms: "Would you feel less sexual pleasure?"; "Would your partner feel less sexual pleasure?"; "Would you feel guilty?"; "Would you feel embarrassed?"; "Would it interrupt the sex act to put on a condom?" ($\alpha = .61$).

A three-item factor was computed to assess beliefs about condom use with a regular sex partner: "If you insisted on using condoms, do you believe your regular sex partner would get angry?"; "would refuse to have sex with you?"; "would become violent?" ($\alpha = .70$). A four-item factor was computed to assess beliefs about condom use with an occasional sex partner: "If you insisted on using condoms, do you believe your occasional sex partner would get angry?"; "would refuse to have sex with you?"; "If you used a condom with your occasional sex partner, do you believe you could contract a venereal disease such as syphilis or gonorrhea?"; "do you believe you could contract AIDS?" ($\alpha = .60$).

A single item was used to assess subject beliefs about whether men or women were responsible for carrying condoms: "Who has the responsibility for carrying condoms?" Subjects also were asked three questions about possible negative social reactions to carrying condoms. They were asked whether they believed that their friends would think badly of them if they were to carry condoms and whether they believed that a woman carrying condoms was ready to have sex with someone she just met; female subjects were asked whether they thought men would perceive them as ready to have sex with acquaintances if they were to carry condoms.

Acculturation and Other Background Information

The HCQ contains an acculturation subscale consisting of four language-related items from the Short Acculturation Scale (Marín et al., 1987). Items are arranged on 5-point scales ranging from *only Spanish* (1) to *only English* (5) with *both equally* (3) as a midpoint. As expected, this factor had a mean of 1.4 ($SD = .62$), indicating very low acculturation in this migrant sample ($\alpha = .75$). In addition to acculturation, various questions about sociodemographic background were asked.

Table 1. Knowledge of AIDS Transmission ($n = 87$) (percentages of subjects responding)

	Yes/Probably Yes	No/Probably No
Do you believe it is possible to contract the AIDS virus from:		
Mosquito bite?	48.2	50.5
Sitting in public bathrooms?	33.3	65.5
Kissing someone on the mouth?	28.7	70.1
A man's semen?	95.4	4.6
A woman's vaginal fluids?	87.4	10.3
Blood?	97.7	2.1
Perspiration?	12.6	85.1
The AIDS test?	33.3	66.7
Do you believe that AIDS is only a problem for homosexuals and drug addicts?	24.1	75.8
Do you believe that it is possible to know by appearance that a person has the AIDS virus?	25.2	74.7

NOTE: All items were arranged on 4-point scales: (1) *yes*, (2) *probably yes*, (3) *probably no*, (4) *no*.

Results

AIDS and Condom-Related Knowledge

Knowledge of AIDS Transmission

As can be seen in Table 1, accuracy was high regarding actual major modes of HIV transmission (i.e., blood, semen, and vaginal fluids), but half the sample thought that AIDS could be contracted from mosquito bites and a third of the sample indicated that AIDS could be contracted from public bathrooms, kissing on the mouth, and the AIDS test. In addition, a quarter of the sample indicated that AIDS is a problem only for homosexuals and drug addicts and that it is possible to know by appearance that someone has the AIDS virus. Finally, subjects generally reported not knowing someone with AIDS, as indicated by a mean of 3.5 on this 4-point item, which is midway between *probably not* (3) and *no* (4).

To better understand knowledge of AIDS transmission in the current sample, analyses of variance (ANOVAs) were conducted to compare subjects differing on selected sociodemographic variables. Using average percentage correct across all 10 AIDS transmission items as the dependent variable, it was found that younger subjects ages 18-31 ($n = 41$) were more accurate in their knowledge of AIDS transmission than were older subjects ages 32-83

($n = 41$), as indicated by a significant one-way ANOVA for age, $F(1, 81) = 5.7, p < .02$. Percentages correct for these two age groups were 81.0% and 73.4%, respectively. It was also found that subjects with 7 or more years of education ($n = 35$) were more correct than were subjects with 6 or fewer years of education ($n = 47$), as indicated by a significant one-way ANOVA for education, $F(1, 81) = 4.34, p < .04$. Percentages correct for these two groups were 81.1% and 74.5%, respectively. No differences in knowledge of AIDS transmission were found between subjects differing by gender, marital status, or number of sex partners.

Knowledge of Condom Use

Knowledge of proper condom use was problematic in the current sample. Two thirds of the sample said either *yes* or *don't know* to the items asking whether vaseline was a good lubricant for condoms and whether one should unroll a condom before putting it on the penis. Also, only a little more than half of the sample knew to grab a condom while withdrawing from a partner after ejaculation. Comparisons between subjects with correct knowledge of condom use versus those who were wrong or did not know the answers showed no differences by age, education, gender, marital status, or number of sex partners.

Condom-Related Behaviors

Of the 87 subjects, 68 reported being sexually active during the past year. During this time period, 46 subjects reported having one sex partner and 20 reported two or more sex partners (2 subjects did not indicate). Among the entire sample, 60% reported having used condoms at some time in their lives. Men were more likely than women to have used condoms (70.9% vs. 41.9%), $\chi^2(1) = 7, p < .008$, and subjects with two or more sex partners ($n = 20$) were more likely than subjects with one sex partner ($n = 46$) to have used condoms (95.0% vs. 60.9%), $\chi^2(1) = 7.9, p < .005$. No differences were found between subjects differing in age, marital status, or education.

The actual reported frequency of condom use during the past year was midway between *half of the time* and *less than half of the time* ($M = 3.5$) with a regular sex partner and about *half of the time* ($M = 2.8$) with occasional sex partners, and this difference was significant, $t(47) = 3.47, p < .001$. Men reported more condom use with occasional partners than did women ($M_s = 2.7$ vs. 3.6), but there was no gender difference with regard to condom use with regular partners ($M_s = 3.6$ vs. 3.7).

Looking just at sexually active subjects, the percentages of men who *always* used condoms with regular and occasional sex partners during the

past year were 14.9% and 48.7%, respectively, and the percentages who *never* used condoms with regular and occasional sex partners were 48.9% and 30.8%. For women, the percentages who *always* used condoms with regular and occasional sex partners were 19.0% and 22.2%, respectively, and the percentages who *never* used condoms with regular and occasional sex partners were 57.1% and 44.4%.

With regard to carrying condoms, 58% of subjects reported that they *almost never* carry condoms currently and, as expected, men reported carrying condoms more frequently than did women ($M_s = 2.8$ vs. 3.5 on this 4-point scale ranging from *always* [1] to *never* [4]). In fact, 75% of women reported that they *never* carry condoms as compared to 47.3% of men.

AIDS and Condom-Related Beliefs

Concern About Contracting AIDS

Overall, subjects in the current sample generally indicated that they *sometimes* worry about contracting AIDS, as indicated by a mean score of 2.84 on this 4-point item ranging from *very often* (1) to *never* (4). Younger subjects (ages 18-31) worried more than did older subjects (ages 32-83), as indicated by their mean scores of 2.61 and 3.02, respectively, $t(82) = -2, p < .05$; and subjects with multiple sex partners worried more than did subjects with one sex partner, as indicated by their mean scores of 2.5 and 3.0, respectively, $t(64) = 2.13, p < .05$. No differences were found between subjects differing by gender, marital status, or education.

Negative Beliefs About Condom Use

Negative beliefs about the consequences of condom use were generally low in the current sample. A mean score of 2.2 on this subscale indicated that when subjects were asked whether they believed that various negative consequences would occur with condom use, they generally said *probably not*. Subjects also answered *probably not* when asked whether they believed that a regular sex partner would become angry, would refuse sex, or would become violent if the subject were to insist on using a condom. With regard to occasional sex partners, subjects similarly indicated that they would not expect negative reactions or fear contracting AIDS or another venereal disease. Male and female subjects did not differ on these three subscales pertaining to beliefs about condom use.

Beliefs About Carrying Condoms

Regarding gender-related responsibility for carrying condoms, subjects generally reported that it was the responsibility of both men and women to carry condoms with a slight bias toward men, as indicated by a mean score of 2.75 on this 5-point item ranging from *always the man* (1) to *always the woman* (5) with a midpoint of *both* (3). A closer examination of this item revealed that male subjects considered it the man's responsibility more than did female subjects, as indicated by their mean scores of 2.5 and 3.2, respectively, $t(83) = -3.56, p < .001$. In addition, subjects with one sex partner considered it the man's responsibility more than did subjects with multiple sex partners ($M_s = 2.2$ vs. 3.0), $t(64) = 3.55, p < .001$.

Regarding negative social reactions to carrying condoms, subjects generally reported that their friends probably would not think badly of them, as indicated by a mean score of 1.96 on this 4-point scale ranging from *no* (1) to *yes* (4) with *probably no* = 2. However, female subjects reported uncertainty on this item, as indicated by their mean score of 2.5. Also, when subjects were asked whether they believed that women who carry condoms are ready to have sex with acquaintances, they generally answered *probably yes* ($M = 2.91$), in contrast to female subjects who answered *probably no* ($M = 2.3$). Finally, female subjects answered *probably yes* when asked whether men would perceive *them* as ready to have sex with acquaintances if they were to carry condoms ($M = 2.75$).

Discussion

Subjects in the current study were highly knowledgeable about the major actual modes of AIDS transmission (e.g., blood, semen), but a third to half the sample also believed that they could contract AIDS from unlikely sources such as mosquito bites, public bathrooms, kissing on the mouth, and the AIDS test. This pattern of AIDS transmission knowledge was also reported by Marín and Marín (1990) in their sample of mostly immigrant Latinos in San Francisco ($N = 460$). Foulk et al. (1989) similarly found that a third to half of their migrant sample believed they could get AIDS from public pools, sharing a drinking glass, being coughed on, and giving blood.

Knowledge of AIDS transmission in the current sample was highest in migrants who were younger and more educated. The positive relation between education and AIDS knowledge is consistent with reports by the National Center for Health Statistics (NCHS) on Latinos (Biddlecom &

Hardy, 1991; Dawson and Hardy, 1989) and on the general U.S. population (Dawson, Cynamon, & Fitti, 1987) and with Marín and Marín's (1990) Latino sample in San Francisco. In fact, Marín and Marín found that misconceptions about AIDS transmission were particularly pronounced for their least acculturated subjects even after controlling for the effects of education.

Misconceptions about casual modes of AIDS transmission, as well as the low worry about contracting AIDS found in the current study, may be related to not knowing individuals diagnosed with AIDS. Only 15% of the current sample said that they personally knew someone with AIDS as compared to 19% of Latinos in a NCHS report (Biddlecom & Hardy, 1989). Knowing someone with AIDS has been shown to predict condom use in Latino men with multiple sex partners (Marín, Gomez, & Tschann, 1993). Hence knowing someone with AIDS seems to sensitize people to the reality of contracting AIDS, and it is not surprising why many AIDS-prevention campaigns use people with AIDS in their outreach efforts.

Even more problematic than knowledge about AIDS transmission was the considerable lack of basic proper knowledge of condom use. Therefore, this study of Mexican migrants corroborates the conclusion reached by Marín and Marín (1990) that Latinos low in both acculturation and education are in considerable need of receiving basic AIDS and condom-related education.

Culturally responsive prevention programs targeting Mexican migrants will need to address a number of basic issues, including the provision of services in Spanish (85% of the current sample spoke only or mostly Spanish), literature geared to appropriate reading levels (subjects averaged 7 years of education in this sample) as well as non-reading-based (i.e., "hands-on") education, outreach to where migrants live and work (e.g., Latino communities, labor camps, sending communities), use of popular Spanish media, and the development of culturally sensitive messages. For example, given the tendency for traditional Latino men and women not to talk directly about sexual matters, de la Vega (1990) suggests that sex education for Latinos may necessitate placing men and women in separate rooms with same-gender sex educators and then reuniting them afterward to begin a dialogue about preventing AIDS.

Regarding condom use, Carrier (1989) maintains that "Mexican males apparently dislike using condoms heterosexually or homosexually" (p. 138) and that their use is often associated with venereal disease and condemnation by the Catholic church. Interestingly, findings from the current study do not support this position. For example, subjects did not anticipate negative consequences for using condoms (e.g., less sexual pleasure, embarrassment, interruption of sex act) or negative reactions from sex partners for insisting on condom use (e.g., anger, refusal of sex).

Further, although 94.3% of the sample consisted of Catholics who considered religion important ($M = 2.72$ on a 5-point scale in which 2 = *very important* and 3 = *important*), this variable was unrelated to the AIDS and condom-related variables examined in this study (e.g., subjects divided into high and low subgroups on the importance of religion item did not differ in past condom use). This particular finding is consistent with similar research on Mexican immigrants by Mikawa et al. (1992), who found that being Catholic and religious was not related to condom use. These researchers concluded, "The ability of Hispanic individuals to compartmentalize their religious beliefs has important implications for prevention work in the AIDS area" (p. 431).

On a related note, Marín, Gomez, and Tschann (1993) found that low acculturation predicted positive attitudes toward condoms in their nine-state sample of Latino males with multiple sex partners ($N = 361$). Thus Latino attitudes toward condom use may not be as negative as commonly thought and may be quite open to education and encouragement. It is hoped that such perceptions will translate into actual condom use, which was not impressive in the current sample.

Frequency of condom use during the past year was no higher than half of the time, and condom use with regular sex partners was significantly lower than it was with occasional sex partners. Given the emerging risk of contracting AIDS among Mexican migrants, increasing the frequency of general condom use is warranted. The finding of higher condom use with secondary versus primary sex partners is consistent with other studies. Marín, Gomez, and Hearst (1993) found that about 50% of their Latino sample ($N = 1,592$) always used condoms with secondary partners but that less than 20% always used them with primary partners. Similarly, the percentages of sexually active subjects in the current study that always used condoms with secondary and primary sex partners was 43.0% and 16.2%, respectively. Hence condom use was lower in the current migrant sample, but the pattern of use with sex partners was quite similar.

Marín, Gomez, and Hearst (1993) maintain that condom use with secondary partners is a culturally approved behavior for Latino men and that "it may be more efficient and cost-effective for HIV prevention programs to concentrate on promoting consistent condom use with secondary partners" (p. 172). In the current sample, condom users were more likely to be men with multiple sex partners. Marín, Gomez, and Hearst's argument is bolstered by their finding that married Latino men in their sample were twice as likely to have multiple sex partners as compared to their non-Latino White counterparts (18% vs. 9%).

Emphasizing condom use with secondary sex partners may be especially appropriate with Mexican migrants, who are still predominantly male and

who often leave their spouses and primary sex partners in Mexico. Encouraging migrants to carry condoms may also be particularly important given their frequently transitory lifestyles and especially because carrying condoms has been found to be a powerful predictor of condom use in Latinos studied in the United States (Marín, Gomez, & Tschann, 1993). In the current sample, 58% of subjects reported almost never carrying condoms despite the fact that 91% said that it was not difficult to obtain condoms. If fact, subjects can obtain condoms at no cost simply by asking the nurses on duty at the satellite medical offices in their communities. Whether or not community residents take advantage of this service probably has more to do with social norms and customs than it does with availability.

Exploration of social reactions to possessing condoms revealed a bias against women consistent with Jacobson's (1992) observation that there is a general bias in Mexico against women using birth control for fear of infidelity. Whereas subjects indicated that friends would not think badly of them for carrying condoms, subjects in general and women in particular believed that women would be seen as promiscuous for carrying condoms. This finding lends support to Marín, Gomez, and Hearst's (1993) position that the power differential between men and women in Latino culture makes the task of empowering women to protect themselves with condoms a difficult prospect.

Although gender bias against women who carry condoms may be a reality for Mexican migrants and generally for Latinos low in acculturation, culturally sensitive strategies for increasing condom use among Latinas should not be abandoned. For example, the central culture-based role of being a protective mother could be used to persuade Latinas to begin thinking about precautions to prevent the congenital transmission of AIDS to children. In the United States, 24% of pediatric AIDS cases are in Latino children and 17% of women with AIDS are Latina (Center for Disease Control, 1993). Considering that Latinos make up about 8% of the U.S. population, these disproportionately high rates of AIDS underscore the urgent need to help Latinas take a more active role in protecting themselves and their children from this complex epidemic.

Further AIDS research that includes larger and more representative samples of Mexican migrants is needed. It is also essential to continue improving assessment instruments. Adapting the HCQ offered a method of assessing AIDS and condom-related information in Mexican migrants, yet some of the subscales had questionable reliability (e.g., beliefs about condom use). Further conceptualization and testing of subscales is needed. Nevertheless, the subscales used in the current study helped to corroborate findings on Latinos

in the United States and to provide baseline data on an extremely underre-searched Latino population.

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Kurt C. Organista, Ph.D., is a licensed psychologist and an assistant professor of social welfare in the School of Social Welfare, University of California at Berkeley. His research interests are in the areas of AIDS and Mexican migrant laborers and the treatment of depression in Latinos and other low-income minority populations.

Pamela Balls Organista, Ph.D., is a licensed psychologist and an assistant professor of psychology in the Department of Psychology at the University of San Francisco. Her research interests are in the areas of AIDS and Mexican migrant laborers, minority health and mental health problems, and prevention intervention services and research.

Javier E. García de Alba G., M.P.H., is the director of the Regional Institute of Research in Public Health at the University of Guadalajara, Mexico. His research interests are in the area of the epidemiological investigations of the psychosocial aspects of chronic illnesses.

Marco Antonio Castillo Morán, M.D., is a medical doctor and science teacher in public health at the University of Guadalajara, Mexico. His research interests are in the area of the development of social well-being.

Héctor Carrillo, Dr.Ph., just completed his doctorate in the School of Public Health at the University of California, Berkeley, and is currently working at the STOP AIDS Project in San Francisco. His research interests are in the area of sexuality and AIDS in Mexico and California.