

**Survey of Condom-Related Beliefs, Behaviors, and
Perceived Social Norms in Mexican Migrant
Laborers**

SURVEY OF CONDOM-RELATED BELIEFS, BEHAVIORS,
AND PERCEIVED SOCIAL NORMS IN MEXICAN MIGRANT LABORERS

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Running head: MEXICAN MIGRANT CONDOM NORMS

ABSTRACT

This study reports findings from a survey of condom-related beliefs, behaviors, and perceived social norms in Mexican migrant laborers that live and work in the United States for extended periods of time. Snowball sampling was used to recruit 501 Mexican migrants from five "sending towns" in Jalisco, Mexico, with historically high rates of out-migration to the United States. Results showed that subjects reported few negative beliefs about condom use and high efficacy to use condoms in challenging sexual situations but social norms sanctioning condoms were limited. Results also revealed mixed knowledge of HIV transmission, poor knowledge of condom use, and higher condom use with occasional versus regular sex partners. Forty-four percent of male migrants reported sex with prostitutes while in the U.S. with married men reporting less condoms use with prostitutes than single men. It was concluded that condom promotion efforts with Mexican migrants should concentrate on men to encourage consistent use with occasional sex partners, including prostitutes. AIDS prevention education should be provided with sensitivity to the language needs, limited education, and extreme social and geographic marginality of this highly underresearched Latino population.

Key words: AIDS, CONDOMS, MEXICAN MIGRANTS, LATINOS, SOCIAL
NORMS

INTRODUCTION

In Mexico, there is growing concern regarding the potential for an AIDS epidemic in small, rural "sending towns" with historically high rates of seasonal, out-migration to the United States^{1,2}. In the U.S., reviews of the literature on AIDS and migrant laborers revealed substantial risk for exposure to HIV, mixed knowledge of AIDS transmission, poor knowledge of condom use, and inconsistent condom use in predominantly Mexican and Black migrant laborers^{3,4}. For example, HIV screening at migrant farmworker labor camps revealed prevalence rates that ranged from 3.5% to 13%⁵⁻⁸.

There are an estimated 4.1 million migrant laborers and seasonal farmworkers in the United States, predominantly of Mexican background⁹. Risk factors especially relevant to Mexican migrant laborers include prostitution use, susceptibility to sexually transmitted diseases, male homosexual contact, and female migrants having high risk sexual partners¹⁰⁻¹³. For example, a recent survey found female prostitution use to be as high as 30% on the part of male Mexican farmworkers¹² in California.

Conditions of prolonged loneliness, isolation, and deprivation of affection are believed to precipitate prostitution use in male Mexican migrants in the U.S. and it is not uncommon for inexpensive, intravenous drug using prostitutes to solicit male migrants near their place of work¹⁴. In fact, one study reported

on the occasional practice of several migrant men having sex with the same prostitute in succession without condom use¹³. Hence, there is considerable need to better understand this significant HIV exposure category in the Mexican migration experience.

Unfortunately, AIDS-related data on Mexican migrants are scarce. In December of 1992, the authors conducted a small, pilot survey of 87 Mexican migrants to assess AIDS and condom-related knowledge, attitudes, and behaviors¹⁵. Results revealed high knowledgeable of the major modes of AIDS transmission (e.g., blood, semen) but a third to half of the respondents also believed that they could contract AIDS from various casual modes such as mosquito bites, using public bathrooms, and kissing on the mouth. Poor knowledge of proper condom use was also found.

With regard to frequency of condom use, one study found that 64% of their single and sexually active male respondents reported no condom use¹². Our pilot study showed that condom use, during the past year, was "Half of the time" with occasional sex partners and "Less than half of the time" with a regular sex partner¹⁵. A qualitative study of 60 Mexican migrants found almost no condom use due to the belief that condoms reduce sexual pleasure and that (according to female respondents) their spouses were faithful¹⁴.

In view of the above findings, much more AIDS-related research with Mexican migrants is warranted. The purpose of the current

study was to assess condom-related attitudes, efficacy, and perceived condom social norms in a multi-site sample of Mexican migrants that have lived and worked in the U.S. during the major years of the AIDS epidemic. The survey also assessed AIDS and condom knowledge, frequency of condom use, and sex with prostitutes while in the U.S.

METHODS

Subjects

Subjects were 501 Mexican migrant laborers that have lived and worked in the United States since 1982. The sample consisted of 342 men and 159 women with a mean age of 31.6 (SD=11.4) years, 7.8 (SD=3.8) years of education, and 5 (SD=4.2) years spent in the U.S. Subjects also averaged 6 trips to the U.S. from 1982 to December 1994. Fifty-six percent of subjects reported being married/living with someone, 39% were single, and 5% were divorced or widowed. One-third of the sample reported currently residing in the U.S.

Procedures

In collaboration with the School of Public Health at the University of Guadalajara, the survey was conducted in five "sending towns", in Jalisco, Mexico, selected for their long histories of high out-migration to the U.S. At each survey site, a coordinator and interview team of Mexican medical students spent five days in the field conducting interviews. Because no other sampling strategy was feasible in these small, remote, rural towns,

snowball sampling was used to approach homes, work, and social setting; inquiring for adult migrants with a history of migration to the U.S. since 1982. Participation was voluntary and anonymous and no more than 10% of eligible subjects refused to participate as indicated by refusal counts. Subjects were interviewed alone by interviewers of their own gender. All interviewers received six hours of intensive training on how to conduct sensitive, AIDS- and sex-related interviews.

Measures

Subjects were administered a modified version of The Hispanic Condom Questionnaire (HCQ) which assess AIDS and condom-related knowledge, beliefs, and reported sexual practices, as well as level of acculturation, and socio-demographic background information. The HCQ has been used to describe¹⁶ and to predict¹⁷ condom use in a nine-state sample of U.S. Latinos, and a modified version of the HCQ was used in our pilot study of migrant laborers also from a sending town in Jalisco, Mexico. Pilot study findings, as well as focus groups, were used to further modify the HCQ for the current survey. As with the original HCQ, all additions to the revised version were back translated into Spanish by a bilingual team of Latino researchers. Items and subscales used in the current survey are described below.

AIDS and condom knowledge. 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). To get some sense of perceived vulnerability, subjects were also asked, "How often do you worry about contracting AIDS?" and "Have you personally known someone with AIDS or infected with the AIDS virus?"

Knowledge of proper condom use was assessed by three items: "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?".

Condom use. Subjects were asked how frequently they had used condoms in the past 12 months with a regular and with occasional sex partners, and how frequently they carried condoms.

Condom-Related Beliefs and Social Norms

Negative beliefs about condom use. Negative beliefs about the consequences of using condoms were assessed with a five-item scale: Would you feel embarrassed; would you feel less sexual pleasure; would your partner feel less sexual pleasure; would it interrupt the sex act to put on a condom; and would you feel an emotional barrier ($\alpha=.67$).

Condom efficacy. The condom efficacy subscale consisted of 20 items that assessed how capable respondents felt about negotiating condom use with partners in a variety of challenging sexual situations. For example, subjects were asked how capable they would be of insisting on condom use if a sex partner was to:

get angry; not want to use a condom, threaten to leave, etc. Other items assessed condom use capability with a sex partner that the respondent was in love with, that was using another form of birth control, that wanted to have a baby, etc. These items were arranged on five-point scales ranging from 1 (Definitely yes) to 5 (Definitely no) with 3 (Maybe) as a midpoint. This scale had high internal consistency reliability ($\alpha=.91$)

Condom social norms. A 19-item subscale was created to assess the frequency with which respondents, as well as their friends and family members, sanctioned condom use. For example, subjects were asked how frequently they have told friends or family members that they use condoms. Subjects were then asked how frequently friends or family members have told them that they use condoms. Other items assessed the frequency of recommending, criticizing, giving, asking for condoms, etc. Items were arranged on scales ranging from 1 (Very frequently) to 4 (Never) and the scale had satisfactory internal consistency reliability ($\alpha=.80$).

Respondents were asked if they believed that their friends would think badly of them if they were to carry condoms; did they believe that a woman carrying condoms was ready to have sex with someone she just met; and female subjects were asked if they thought men would perceive them as ready to have sex with acquaintances if they were to carry condom. Item scales ranged from 1 (Yes) to 4 (No).

Prostitution Use in The United States

An 11-item subscale was constructed to assess prostitute use in the U.S.. In addition to the frequency of sex with prostitutes, male subjects were also asked the frequency with which they solicit, are solicited by, encourage friends to use, are encouraged by friends to use, use condoms with prostitutes, etc. Subjects were also asked the frequency with which they had participated in the practice of several men "taking turns" having sex with the same prostitute ($\alpha=.70$).

Acculturation and other background information.

The HCQ contains an acculturation subscale consisting of four language-related items from the Short Acculturation Scale¹⁹. Items are arranged on five-point scales ranging from Only Spanish (1) to Only English (5) with Both Equally (3) as a mid-point. As expected, this factor had a mean of 1.5 (SD=.71) indicating very low acculturation ($\alpha=.85$). Various other sociodemographic background data were also collected.

Sending towns. According to the 11th Mexican census of 1990, the five towns are small, rural, agricultural locals where approximately 40% of the population are 14 years old and younger. It is estimated that an average of two members per family have lived or are currently living in the U.S. Descriptions of subjects and sending towns are summarized in Table 1. While variance in acculturation was small in the study sample, a one-way Analysis of

Variance (ANOVA) used to compare sending towns revealed that Concepción de Buenos Aires (CBA) was higher in acculturation ($M=1.9$) than all four other towns and that Jalostitlán was higher than Teuchitlán ($M_s=1.6$ & 1.3 , respectively), $F(1,4)=10.2$, $p<.000$ (Tukey-HSD used to conduct post-hoc, pair-wise comparisons of mean acculturation scores across towns).

RESULTS

AIDS and Condom Knowledge

As can be seen in Table 2, over 90% of respondents were accurate in identifying actual major modes of HIV transmission but a third of the sample thought that AIDS could be contracted from casual sources such as a mosquito bite and kissing on the mouth, and half of the sample believed they could contract AIDS from the AIDS test. A series of one-way ANOVAs were conducted to compare subjects on selected socio-demographic variables. Using average percentage correct across all 10 AIDS transmission items as the dependent variable, it was found that younger subjects (aged 18-31) were more accurate in their knowledge of AIDS transmission than older subjects (aged 32-83) (78% & 71% accurate, respectively), $F(1,499)=18$, $p<.000$; subjects with seven or more years of education were more accurate than subjects with six or less years of education (80% and 71%, respectively), $F(1,489)=4.34$, $p<.05$; single subjects were more correct than married subjects (80% and 72.1%, respectively), $F(1,498)=23.1$, $p<.000$; and subjects with two or more sex partners were more accurate than subjects with one sex partner

(78% and 74%, respectively), $F(1,378)=5.9$, $p<.05$. While no gender differences were found, a one-way ANOVA used to compare sending towns revealed that subjects from Jalostitlán were more accurate in AIDS transmission knowledge than subjects from Teuchitlán (79% & 71%, respectively), $F(1,4)=2.4$, $p<.05$.

Subjects reported generally not knowing someone with AIDS ($M=3.1$ or "Probably not") and also reported that they "Sometimes" worry about contracting AIDS ($M=2.8$ where 3="sometimes"). No differences in worry were found between subjects differing by age, gender, marital status, education, number of sex partners, or sending town.

With regard to knowledge of proper condom use, only 69 subjects in study (13.8%) answered all three condom knowledge items correctly. Two-thirds of the sample said either "Yes" or "Don't know" to the items asking if vaseline was a good lubricant for condoms and 48.1% answered similarly to the question asking if one should unroll a condom before putting it on the penis. Only slightly more than half of the sample knew to grab a condom while withdrawing from a partner after ejaculation.

Condom Use

Seventy-five percent of subjects reported being sexually active during the past year. During this time period, 61% of these subjects reported only one sex partner and 38% reported two or more. Only 5 male subjects (2%) reported sex with men during the

past year, making this important risk factor too small for meaningfully analysis.

The frequency of condom use during the past year was approximately "Less than half of the time" ($\bar{M}=3.7$), with a regular sex partner, and "More than half of the time" ($\bar{M}=2.2$) with occasional sex partners (items on five-point scales ranging from 1 [Always] to 5 [Never] with 3=Half of the time), and this difference was significant ($t(223)=10.15$, $p<.000$).

Men reported more condom use with occasional partners than did women ($\bar{M}s=1.9$ and 3.1 , respectively), $t(235)=-4.7$, $p<.000$, but there was no gender difference with regard to condom use with regular partners ($\bar{M}s=3.6$ and 3.9 , respectively). Compared to married migrants, single subjects reported more condom use with a regular sex partner ($\bar{M}s=2.9$ & 4.1 , respectively), $t(369)=-7.42$, $p<.000$, and with occasional sex partners ($\bar{M}s=1.75$ & 2.5 , respectively), $t(235)=-3.65$, $p<.000$. Table 3 lists the percentages of male and female migrants that reported "Always" and "Never" using condoms with regular and occasional sex partners during the past year.

Sixty-six percent of subjects reported that they "Never" or "Almost never" carry condoms while only 17.6% "Always" carry them. Men reported carrying condoms more frequently than did women ($\bar{M}s=2.7$ & 3.6 , respectively) on this four-point scale ranging from 1 (Always) to 4 (Never), $t(492)=-8.11$, $p<.000$. In fact, 76.6% of women reported that they "Never" carry condoms as compared to 41.4%

of men. A one-way ANOVA used to compare sending towns showed that subjects from Teuchitlán carried condoms less often than subjects from Jalostitlán ($M_s=3.3$. & 2.8 , respectively) $F(1,4)=3.2$, $p<.01$.

Condom-Related Beliefs and Social Norms

Negative beliefs about condom use. Negative beliefs about the consequences of condom use were generally low in the current sample. A mean score of 2.7 on this scale indicated that when subjects were asked if they believed that various negative consequences would occur with condom use, they generally said "Probably not". Subjects higher in education had less negative beliefs than subjects lower in education ($M_s=2.8$ & 2.65 , respectively; $t(452)=-2.61$, $p<.01$), but there were no other differences between by age, gender, number of sex partners, marital status, or sending town.

Condom efficacy: When subjects were asked how capable they were of insisting on condom use in a variety of challenging sexual situations, they reported high condom efficacy as indicated by a mean score of 2 (Probably yes) on this 5 point scale ranging from 1 (Definitely yes) to 5 (Definitely no). There were no differences by age, gender, education, marital status, or number of sex partners on this scale. However, subjects from Teocaltiche and Cuautla reported higher condom efficacy than subjects from CBA ($M_s=1.9$, 1.9 , & 2.3 , respectively), $F(1,4)=4$, $p<.005$.

Condom social norms. Subjects reported that they themselves, as well as their friends and relatives, "Sometimes" sanction

condoms, in a variety of ways, as indicated by a mean score of 2.3 on this four-point scale ranging from 1 (Never) to 4 (Very Frequently). Sanctioning condoms was more true of men than women ($M_s=2.5$ & 2 , respectively; $t(436)=10.8$, $p < .000$), younger subjects than older subjects ($M_s=2.4$ & 2.2 , respectively; $t(435)=4.35$, $p < .000$), more educated than less educated subjects ($M_s=2.4$ & 2.2 , respectively; $t(428)=-4.54$, $p < .000$), subjects with multiple sex partners as compared to subjects with one sex partners ($M_s=2.6$ & 2.2 , respectively; $t(344)=-8.1$, $p < .000$), and single subjects as compared to married subjects ($M_s=2.5$ & 2.3 , respectively; $t(435)=4.96$, $p < .000$). A one-way ANOVA used to compare sending towns showed that subjects from Teuchitlán were lower in social sanctioning condoms ($M=2.1$) than subjects from the four other communities (M_s ranged between 2.3 & 2.5) $F(1,4)=11.8$, $p < .000$.

Beliefs about carrying condoms. Male subjects considered it the man's responsibility to carry condoms more than did female subjects as indicated by their respective mean scores of 2.5 and 2.7 , $t(83)=-3.56$, $p < .001$, on this five-point item ranging from 1 (Always the man) to 5 (Always the woman) with a midpoint of 3 (Both). Further, while subjects generally reported that their friends would probably not think badly of them for carrying condoms ($M=3$ or "Probably no"), a breakdown by gender revealed that women answered "Probably yes" ($M=2.2$) to this item while men answered "Probably no" ($M=3.4$), $t(472)=10.2$, $p < .000$. Also, female subjects answered "Probably yes" when asked if men would perceive them as

ready to have sex with acquaintances if they were to carry condoms (Mean=2.2).

Prostitution Use in the United States

Male subjects reported that they are "Sometimes" involved with prostitutes in a variety of ways (e.g., solicit and are solicited by prostitutes, encourage friends and are encouraged by friends to use prostitutes, etc.) as indicated by a mean score of 3.2 on this 11-item scale ranging from 1 (Very frequently) to 4 (Never). Involvement with prostitutes was higher in single versus married men ($M_s=3.1$ and 3.2 , respectively; $t(314)=-2.04$, $p<.05$), younger versus older men ($M_s=3.1$ and 3.2 , respectively; $t(315)=-2.74$, $p<.01$), men with multiple sex partners versus one sex partner ($M_s=3.0$ and 3.3 , respectively; $t(258)=6.2$, $p<.05$), and in men with lower versus higher education ($M_s=3.1$ and 3.2 , respectively; $t(310)=1.95$, $p<.05$). Also, migrants from Cuautla reported less prostitution use than subjects from CBA ($M_s=3.3$ & 3 , respectively), $F(1,4)=3.8$, $p<.005$.

An examination of selected individual items from the prostitution use subscale revealed that 44% of male subjects reported having sex with prostitutes while in the U.S., and 70% of these men reported frequent to very frequent condom use. Twenty-four of the 144 men reporting prostitution use said that they never used condoms with prostitutes. Married and single migrants did not differ in frequency of prostitute use ($M_s=3.5$ & 3.4 , respectively) but married men did report less condom use with prostitutes than

did single men ($M_s=2.3$ & 1.6 , respectively), $t(142)=-3.43$, $p<.001$. Thirteen percent of male migrants reported participating in the practice of several men sharing the same prostitute in succession.

DISCUSSION

While the Mexican migrant laborers surveyed were very knowledgeable about the major modes of AIDS transmission, their many misconceptions about contracting AIDS from casual sources could compromise supportive responses to friends or family members infected with HIV. In addition, the fact that 50% of the sample believed that they could contract HIV from the AIDS test would suggest high inhibition to obtaining such screening.

Low concern about contracting AIDS and the finding that most subjects reported not knowing someone with AIDS warrants efforts to increase perceived vulnerability in Mexican migrants as a way of motivating precautionary behaviors. Such efforts should include educational outreach by Mexican migrants with HIV/AIDS because knowing someone with AIDS has been shown to predict carrying and using condoms with occasional sex partners in Mexican migrants¹⁸.

It has been found that U.S. Latinos low in acculturation and education are in high need of receiving basic AIDS and condom-related education²⁰. Similarly, between half and two-thirds of the survey sample were unaware of basic knowledge of condom use. In fact, subjects from the least acculturated and least educated

sending town of Teuchitlán were significantly lower in knowledge of AIDS transmission, social sanctioning of condoms, and carrying condoms as compared to subjects from the more acculturated and educated town of Jalostitlán.

Culturally responsive prevention efforts targeting Mexican migrants will need to provide AIDS and condom information in Spanish (81% of current sample spoke only or mostly Spanish) with literature geared to appropriate reading levels (subjects averaged 7.8 years of education) and should also include non-reading-based (i.e., "hands on") education and extensive outreach to where migrants live and work (e.g., labor camps, sending towns).

Subjects reported few negative beliefs about condom use consistent with our pilot research¹⁵ but in contrast to qualitative studies claiming that Mexicans dislike condoms because they decrease sexual pleasure¹⁴ and because condoms are associated with venereal disease and condemnation by the Catholic Church²¹. With regard to religion, results from our pilot study¹⁵, and research on Mexican immigrants²² and U.S. Latinos^{17,23} consistently show that being Catholic and considering one's religion as important are unrelated to condom use. Further, religion has also been found to be unrelated to general contraceptive use in Mexican American women²⁴. In the current study, 95% of subjects were Catholic yet 46% of the women surveyed reported using some type of contraceptive during the past year. Hence, the pervasive view of Catholicism as

an obstacle to condom and other contraceptive use appears greatly overestimated.

While subjects reported few negative attitudes towards condoms as well as high condom efficacy, the analysis of condom-related norms indicated that within the interpersonal, social world of Mexican migrant laborers, condoms are only sanctioned and promoted to a limited degree. In addition, there was a pronounced gender bias against women carrying condoms based on the widespread belief that such women are promiscuous. As such, it is not surprising that 75% of female respondents reported never carrying condoms.

In the current study, 27% of married men and 82% of single migrant men reported multiple sex partners during the past year. These figures are considerably higher than the rates of 18% and 60% reported for married and single U.S. Latino men, respectively¹⁷. On a related note, one survey found that the rate of married Latino men with multiple sex partners was twice as high as the rate for non-Hispanic whites (i.e., 18% & 9%, respectively)¹⁷. Therefore, it appears that while most married Latino men do not report extramarital sexual relations, their higher rates relative to non-Hispanic whites support the much discussed culture-based norm sanctioning sex outside of marriage for men²⁵. Our data suggest that extramarital sexual relations are especially pronounced for Mexican migrants men who frequently leave their spouses/primary sex partners while in the U.S.

The finding that condom use was significantly higher with occasional sex partners than it was with regular sex partners is consistent with our pilot study¹⁵ and with research on U.S. Latinos^{17, 26}. These findings suggest that for Latinos generally, and Mexican migrants in particular, condom use is implicitly sanctioned for occasional but not primary sex partners. As such, condom promotion efforts with Mexican migrants need to primarily target men to promote consistent condoms use with secondary partners. Further, married as well as single migrant men need to be included in such prevention efforts in view of lower condom use reported by the former in this study.

It should be noted that only 2% of male subjects survey admitted to having had sexual relations with other men. This figure is consistent with the rate 3.5% in a survey of Mexican farmworkers¹² and the figure of 2% found in U.S. Latinos¹⁶. It is presently unclear whether these low rates represent accurate prevalence or whether the considerable stigma associated with homosexuality in Latino culture in general²⁷ and Mexican culture in particular²⁵ leads to under reporting in survey research in which subjects are interviewed by a same sex interviewer.

The current study provides important baseline data on prostitution use by Mexican migrant men in the United States. It was found that 44% of the men surveyed reported sex with prostitutes as compared to 30% reported in a smaller survey of

Mexican farmworkers and 18% in a survey of "predominantly Latino" migrant farmworkers¹¹.

Interestingly, married and single migrants did not differ in reported frequency of prostitution use yet married men reported significantly less condom use with prostitutes as compared to single migrants. Married men may use condoms less than single men for a variety of reasons including less planning around having sex, more inhibition to have condoms on hand, and perhaps even denial that they will have sexual relations while away from spouses. The risk to the spouses of married migrants is an area of concern warranting further research.

The current study is the first relatively large survey of Mexican migrant laborers to examine condom-related knowledge, behaviors, beliefs, efficacy, and perceived social norms; as well as migration-related prostitution use while in the United States. Considering the extreme social, cultural, and geographical marginality of Mexican migrant laborers, the development of culturally responsive HIV prevention services and health policies remains a formidable challenge, but one assisted by the baseline descriptive data provided by this report.

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Table 1 Comparison of Subjects from Five Sending Towns in Jalisco, Mexico

	<u>CAB</u>	<u>Jalos</u>	<u>Teocal</u>	<u>Cuautla</u>	<u>Teuchit</u>
N	101	101	124	69	106
Age (M)	32	28	30	34	35
Male (%)	64.4	79.2	75.8	70	52
Years of Education (M)	7.9	8.8	9	6.8	6.2
Married (%)	49.5	40.6	51.2	71	72.6
Acculturation (M) ^a	1.9	1.6	1.5	1.4	1.3
Spanish only or Mostly Spanish Spanish (%)	74.3	76.2	80.6	82.6	89.6
Years in U.S. (M)	6.3	4.9	5.4	4.9	3.0
Catholic (%)	91	97	96	97	98
Total town population	5,294	24,497	36,379	2,905	7,778
Number of households	1,164	4,693	7,154	588	1,666

Note: CBA=Concepción de Buenos Aires; Jalos=Jalostitlán; Teocal=Teocaltiche; Teuchit=Teuchitlán.

^afive point scale where 1=Traditional Latino; 3=Bicultural; and 5=Anglo Oriented

Table 2 Knowledge of AIDS Transmission (N=501)

	Percentage of Subjects Responding	
	<u>Yes/Probably yes</u>	<u>No/Probably no</u>
Do you believe its possible to contract the AIDS virus from:		
Mosquito bite	39.9	60.1
Sitting in public bathrooms	30.3	69.7
Kissing someone on the mouth	29.7	70.2
A Man's semen	91.2	8.9
A woman's vaginal fluids	92.9	7.0
Blood	98.4	1.6
Perspiration	21.5	78.5
The AIDS test	52.5	47.4
Do you believe that AIDS is only a problem for homosexuals and drug addicts?	20.4	79.6
Do you believe that its possible to know by appearance that a person has the AIDS virus?	26.6	73.4

Note: All items were arranged on four-point scales: (1) Yes, (2) Probably yes, (3) Probably no, (4) No.

Table 3 Percentages of Male and Female Migrants That Always and Never Use Condoms with Regular and Occasional Sex Partners ($n=378$)^a

	Sex Partner			
	Occasional		Regular	
	Always	Never	Always	Never
Male migrants	70.7%	15%	20.8%	48.3%
Female migrants	40.8%	49%	15%	56.1%

^a75% of subjects reported being sexually active during the last year¹