



MIGRANT HEALTH

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Study Yields HIV Prevalence for New Jersey Farmworkers

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Introduction

In the summers of 1990 and 1991 the Farmworkers Support Committee (CATA) AIDS Prevention Project, in cooperation with Bridgeton Area Health Services, a federally-funded migrant health center, organized an HIV counseling program in the migrant camps of southern New Jersey. CATA hired and trained two women farmworkers to be AIDS educators and HIV counsellors. They provided an hour-long AIDS prevention program in the camps, followed by immediate on-site HIV counseling and testing for participants who requested the test. Five-hundred and

fifty-four workers were tested, following sixty presentations. Pre-test counselling included the use of the Centers for Disease Control's HIV Counselling and Testing Report Form, which provided very useful information concerning the migrant farmworker population. An analysis of the results follows.

The Sample

Ninety-eight percent of the farmworkers tested were men, of whom 89 percent were Puerto Rican and 8.7 percent Mexican. Their age breakdown was as follows: 3.1 percent were less than 18 years old, 24.8 percent were aged 18-24, 34.8

percent were aged 24-34, 19.0 percent were aged 35-44, and 18.4 percent were over 45. Of the 746 farmworkers who participated in the AIDS educational programs, 554 (74.3 percent) decided to be tested.

Results of HIV Tests

Eighteen farmworkers (3.2 percent) of the 554 workers tested were HIV positive. Of the farmworkers tested, 36.8 percent said they had no high risk behaviors, 5.6 percent had had sex with another man, 9.4 percent were IV drug users, 48.2 percent had heterosexual sex, and 14.1 percent had sex with a prostitute.

The HIV-positive farmworkers had the following characteristics:

- All were male.
- 88.8 percent were Puerto Rican; 5.6 percent were Mexican.
- 5.5 percent were under 18 years old, 11.1 percent were 18-24, 44.5 percent were 22-34, 27.8 percent were 35-44, and 11.1 percent were over 34.
- 16.7 percent said they had no high risk behavior, 38.9 percent used IV drugs, 50 percent had heterosexual contact, 16.7 percent had sex with an IV drug user, and 22.2 percent had sex with a prostitute.

Conclusions

This project demonstrates a great demand from migrant farmworkers for HIV counselling and testing. The challenge is to make the counselling and testing easily accessible. Thus, in past years when HIV counselling was not offered in the camps, less than 2 percent of the participants in the AIDS prevention programs sought testing in the counselling and testing sites or migrant clinics in New Jersey. However, when coun-

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Glossary Will Help HIV Counselors

By James M. Alexander, IV, MA

A glossary of sexual slang and proper terms specific to Mexican Spanish is being developed by the National Migrant Resource Program (NMRP). The purpose of this glossary is to enable health care providers, counselors, and interpreters to communicate more effectively with Mexican clientele when taking sexual histories, giving patient education presentations, and providing counselling with regard to sexually transmitted diseases. The glossary is seen as a potentially useful tool for providing culturally relevant attention to specific target populations.

This project derives from efforts in Colorado to provide such glossaries for participants at HIV/AIDS conferences. One goal of the project is to expand the glossary over time, enlisting the help of other migrant health professionals. Another goal is to spark interest in the development of similar glossaries specific to other populations at risk for HIV infection.

Copies of the glossary are available from NMRP, which will make periodic expansions and revisions. Anyone wishing to contribute items to the glossary or suggest revisions should contact the project coordinator, James Alexander, at Colorado Migrant Health Program, P.O. Box G, Palisade, CO 81526, (303) 464-5862.

The Clinical Supplement to *Migrant Health Newslines* is developed by the Migrant Clinicians Network. To submit clinical articles for consideration or for more information about MCN, contact the Network at 2512 South IH35, Austin, TX 78704, (512) 447-0770.

Knowledge of AIDS Among Female Hispanic Migrant Farmworkers in Virginia

By Thalia M. Vasilion, MS, RN, FNP

Introduction

A descriptive correlational study was done to assess the AIDS knowledge and beliefs of female Hispanic farmworkers on the eastern shore of Virginia. The study was conducted during the fall of 1990 at Delmarva Rural Ministries migrant health project.

Methodology

The research was designed to determine if there was a relationship between questionnaire responses, test scores, and various demographic variables. The instrument contained 34 items with three subscales: knowledge, misconceptions of casual transmission, and perceived susceptibility. Possible responses included True, False, and Don't Know for all items. The instrument was made available in both Spanish and English, and was assessed for validity and reliability by its developers.^{1,2}

A non-probability sampling method was used due to the exclusive and diverse nature of this population. Women were asked if they would like to participate at the time of a clinic visit; 60 women participated in the study. A translator was used during the interview if participants could not speak English or read Spanish. Additionally, various demographic information was obtained.

The data were analyzed by several methods. Demographic data were evaluated qualitatively and quantitatively, to provide sample characteristics. The frequency of responses for each survey item was analyzed. Test scores were evaluated with selected demographic variables to determine if differences did exist, and differences were further analyzed to determine significance. The significant difference was determined using the Spearman's rank order correlation coefficient.

Summary/Findings

The sample consisted of 50 percent between the ages of 15 and 24, 33 percent aged 24-34, and 12 percent aged 35-54. Seventy-three percent were born in Mexico, 13 percent in the U.S., and 4 percent each in Guatemala and Nicaragua. Sixty-two percent reported 1-6 years of education, 22 percent 7-11 years, 8 percent high school, 5 percent no school, and 3 percent some college. Sixty-five percent were married.

Fifty percent had lived in the U.S. for over four years, 35 percent 1-2 years, 8 percent less than one year, and 7 percent

3-4 years. Additionally, 30 percent reported having worked as a farmworker for less than six months, 30 percent 1-2 years, 22 percent over six years, 10 percent 5-6 years, and 8 percent 3-4 years. Participants were asked to select an source where they would like to receive more information about AIDS; 33 percent selected a medical facility, 28 percent television, 17 percent brochure or booklet, 15 percent newspaper or magazine, and 7 percent AIDS hotline.

Evaluation of the knowledge subscale survey items showed that 52 percent answered incorrectly that AIDS could not be transmitted from women to men; 52 percent did not know if drugs were available to treat AIDS; 58 percent did not know if a vaccine was available; and 50 percent did not know AIDS could damage the brain or that it was a condition in which the body could not fight off disease. Seventy-two percent or more of the sample correctly answered test items reflecting misconceptions, except for the item which stated that you can get AIDS by being around someone who has it: 39 percent answered this item incorrectly and 23 percent didn't know. Evaluation of perceived susceptibility showed that 50 percent did not know if they were less likely to get AIDS than most people.

Further analysis of the survey included total scores for all three subscales and correlational analysis with the demographic variables. Positive correlations with significant differences were found between all three test scores and the variable of education. A positive correlation was also found between the misconception score and years in the U.S.

The results revealed that the population as a whole had some general information about AIDS; approximately 50 percent were able to answer 14 of the 26 knowledge items correctly. However, specific information about transmission routes, causes, and treatments was lacking. Over half the sample were unaware that AIDS could be transmitted from women to men or that one could not be infected by giving blood. Almost half the sample did not know that a cure has not been developed, and a third answered this item incorrectly. Additionally, more than half the sample were not sure if vaccines were available. This population also had greater perceived susceptibility, possibly due to knowledge deficits.

Differences were found between knowledge scores and respondent age. Women under 25 years old had lower knowledge scores than women 25 or over. Lower knowledge scores were also found

for participants with fewer years of education; however, the findings also revealed that less educational attainment did not necessarily indicate lower levels of knowledge. Respondents born in the U.S. had greater knowledge than those born in other countries. In addition, participants who had been in the U.S. longer than four years had greater knowledge than those in the U.S. less than two years.

Conclusions/Recommendation

The results of this study have contributed to the recognition that AIDS knowledge deficits are not uncommon in the farmworker population. The study provides valuable information to assist health care providers in understanding special needs for this group and to help develop educational programs and identify ways to best disseminate this knowledge. Although knowledge is only one factor in promoting behavior change, the educational encounter after survey completion by respondents in this project sug-

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selling and testing were offered in camps following the educational programs, 74.3 percent of the participants sought counselling and testing.

The 3.2 percent HIV-positive prevalence documented in New Jersey farmworkers is eight times the national rate of 0.4 percent. It is also eight times the rate found in a 1988 study of farmworkers conducted by the Centers for Disease Control. That study tested only workers seeking health care, a variable which would generally tend to produce an upward-skewed prevalence rate.

It is clear that male Puerto Rican migrant farmworkers are at significant risk for contracting the HIV virus, and accessible HIV counselling/testing programs should focus on them. Too few women and Mexican farmworkers were tested to determine if they also should be targeted for priority testing. The project demonstrated that farmworkers—in this case women—can be very effective AIDS educators and HIV counsellors.

For more information on this study contact Mark Lyons at (609)-881-2507. ❖