HIV/AIDS in Migrant and Seasonal Farm Workers

Barbara Aranda-Naranjo, RN, PhD, and Susan Gaskins, RN, DSN

Description of the Population

Throughout the world there is a history of human migration to follow food supplies. In the United States today, migrant and seasonal farm workers (MSFW) follow three major agricultural streams. The East Coast stream consists mostly of native African Americans, Latinos, and Caribbean Islanders. The central stream is made up primarily of Mexicans and native-born Spanish Americans. The West Coast stream also consists of mainly Mexicans. Overall, the group composition consists of mostly Latino (about 70%) and African Americans and Caribbean Islanders (about 27% combined) (Go & Baker, 1995; Organistra & Organistra, 1997). The majority of MSFW are Mexican migrants. The states that employ the largest numbers of MSFW are California, Texas, Florida, North Carolina, and Washington (Go & Baker, 1995). The exact number of MSFW is difficult to determine because of their transient nature, migration in and out of the country, undercounting of workers who do not meet the definition of a migrant, and the desire of some workers to avoid contact with governmental agencies (Rust, 1990). Even governmental agencies have different numbers in the population because of different definitions of migrants. The Office of Migrant Health's estimate is 4.1 million and includes the farm workers and their dependents (Organistra & Organistra, 1997). Rust (1990) pointed out that the lack of accuracy regarding the actual number of MSFW affects the calculation of morbidity and mortality data for the population.

A review of the literature on MSFW and AIDS in the United States (Organistra & Organistra, 1997) found that typically the pay is low for MSFW, which means a low socioeconomic status. The education level is also low at between 4 years and 7 years of education for Mexican migrants and 9 years for Blacks. The majority of the workers are young (average age is 25 years) and male.

The population's poverty, limited education, and constant mobility all influence health care practices. Additional factors are language and cultural barriers, the long hours they work, and the isolated areas where they live. Environmental stressors include poor housing, limited sanitation facilities, inadequate diet, and limited access to health care (Bechtel, Shepherd, & Rogers, 1995). Access to health care may be limited by a lack of transportation, the inability to leave work, and long distances to health care facilities. MSFWs are often not knowledgeable or do not qualify for health care services in a community (Casetta, 1994).

HIV/AIDS in Migrant Workers

Studies have found disproportionately high rates of HIV among MSFW despite the difficulty in obtaining accurate figures (Organistra & Organistra, 1997). Jones et al. (1991) found 13% of 198 migrant farmers from 15 camps in South Carolina to be HIV-antibody positive. Most of the workers were Black, male, and single. One study by the Centers for Disease Control (CDC) found higher rates of HIV in MSFW who are Black in the southeastern states (CDC, 1988). Schoonover Smith (1988) reported differences in

Barbara Aranda-Naranjo, RN, PhD, is the Lillian Dunlap Professional Chair at the University of Texas, Health Sciences Center at San Antonio. Susan Gaskins, RN, DSN, is an associate professor at the University of Alabama, Capstone College of Nursing.

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North American Black and Mexican American MSFW that could explain the ethnic differences in the incidence of HIV/AIDS. The majority of Mexican Americans in the sample were married and living in camps in family units, and monogamy was highly valued. Most of the North American Blacks were single and lived with nonfamily members in barrack-style camps.

The prevalence rates of HIV in MSFW appears to be low in western stream immigrants, although few studies have been done on this population. However, many of the workers migrate to states (Texas, Florida, and California) with high prevalence rates of HIV, which underscores the need for preventive efforts (Organistra & Organistra, 1997). There is also a concern that Mexican MSFW will bring HIV infection home to their families (McVea, 1997). A study of 100 Mexican women married to migrant workers found that the majority engaged in unprotected sexual contact with their spouses who visited them once a year (Salgado de Snyder, Diaz Perez, & Maldonado, 1996).

High-Risk Behaviors for HIV Transmission Specific to MSFWs

Health care issues, socioeconomic issues such as poverty, and the largest ethnic minority composition of MSFWs are all red flags for increased HIV transmission. Other specific behaviors of MSFWs that increase the likelihood of HIV transmission include their condom use practices, the rather common use of prostitutes among the men, and their needle-sharing practices.

Condom use. A survey of 501 Mexican MSFW about condom-related beliefs, behaviors, and perceived social norms found few negative beliefs about condom use or high condom efficacy, but limited sanctions and promotion of condom use. Condom use was higher with occasional sexual partners than with regular sexual partners. There was a pronounced gender bias against women carrying condoms because of the belief of the association of women carrying condoms and promiscuity (Organistra, Organistra, Garcia de Alba, Moran, & Carillo, 1997).

Most other studies have reported poor knowledge of condom use and low condom use among MSFWs. Having friends who carried condoms and being married increased the likelihood of condom use and carrying condoms among MSFWs (Organistra & Organistra, 1997).

Prostitution. Prostitution use among MSFW has been found to be fairly common. Although rates of prostitution use vary in different areas of the country and among different ethnic and cultural groups, the long periods away from home and primary sexual partners make prostitution use a practice for married as well as for single male MSFWs. One study found that 44% of the male subjects in the sample reported prostitution use. The frequency of prostitute use did not differ between married and single men, but married men were less likely to use a condom with a prostitute than single men (Organistra et al., 1997). Bletzer (1995) described how local prostitutes often visit migrant camps on a regular basis in the United States. Other studies have found that local prostitutes actively solicit MSFWs and that one prostitute often has sex with a group of men (Organistra & Organistra, 1997).

The rate of injecting illegal drugs has been found to be relatively low among MSFWs. However, the practice of lay injection of vitamins, antibiotics, hormones, pain killers, and steroids is a fairly common practice (Lafferty, 1991; McVea, 1997). MSFWs from Mexico reported that injection drugs are easy to obtain at pharmacies, drug vendors, and supermarkets. Salgado de Snyder et al. (1996) found that 84 out of 100 women in their study reported receiving shots for medical reasons. The majority of the shots were given in an *inyoccionesta*'s home. An *inyoccionesta* is a person who gives shots but may not have formal medical training. Although shared needles is a concern for HIV transmission, the method of injection (intramuscular), the length of time between the injections, and the cleansing of needles decrease the risk of transmission (McVea, 1997).

There are federally funded migrant health centers in this country to meet the health care needs of MSFWs. Regardless of the resources, the health care issues continue to influence the health care practice of the population. This population is often not privy or eligible for mainstream HIV/AIDS prevention and treatment programs. Two issues related to HIV/AIDS of paramount importance in MSFW are prevention programs that are culturally responsive and receiving treatment if infected. The complexity of the new triple

therapy cocktail makes continuity of care and adherence to the regimen an incredible challenge if not an impossibility for this population.

There is an urgent need for research related to HIV/AIDS among MSFWs. At the same time, ethnic and cultural differences among the different streams of MSFWs in this country prevent generalizations of findings. Recognizing these differences are imperative in planning appropriate interventions for HIV/AIDS prevention and care in this population.

Nurses have a unique opportunity in the community to identify, assess, and refer MSFWs at risk for HIV/AIDS. They need to be aware of the many barriers to health care and educational opportunities MSFWs face. Networking in the community is one strategy for nurses to use to ensure that MSFWs are aware of resources that are available to them. La Frontera is an example of a special project designed to meet the needs of the HIV positive MSFWs in South Texas.

La Frontera

La Frontera project is a collaborative partnership headed by the University of Texas Health Sciences Center at San Antonio, migrant organizations, and HIV service delivery organizations to study and address special needs of MSFWs related to HIV in Hidalgo and Maverick counties of South Texas. The goals of the project are to (a) describe patterns of HIV disease and risk factors among Hispanic MSFW families, (b) develop and coordinate a system of accessible HIV care and support services for the families by establishing linkages between existing systems of care, and (c) promote continuation of the established linkages and replication of the coordinated care delivery system. Trained lay health workers (*consojeras* and *promontoras*) from the community being served are HIV educators. They provide pre- and posttest counseling to individuals choosing to be tested for HIV. Health-seeking behaviors and systematic and individual barriers to health care at home and while migrating among the population are being assessed. HIV-related medical care, case management, and other services will be provided through existing organizations.

La Frontera is a 5-year project that began in October 1996. During the first year, the La Frontera Partnership was formed. This partnership enabled the MSFWs to contribute their knowledge and expertise regarding attitudes and beliefs of MSFWs and their families and to assist in developing and refining survey instruments. Additionally, the fieldwork and outreach screening surveys and protocols have been developed, refined, and pilot tested.

Already, important lessons about MSFWs and their families are being learned from the planning meetings: (a) Services for HIV/AIDS are almost nonexistent in one area involved in the study; (b) knowledge about HIV/AIDS is limited, and many MSFWs are unaware of their risk; (c) distrust in the community and fear of deportation, job loss, or other consequences related to undocumented family members are possible barriers to gathering data; and (d) access to primary care for MSFWs is limited, and specialty care is almost nonexistent. Actions are being taken to address the issues so that La Frontera can meet the ultimate goal of refining existing systems of health care into a coordinated delivery system to identify and to provide HIV health care and other social services for MSFWs along the Texas-Mexican border.

References

Bechtel, G. A., Shepherd, M. A., & Rogers, P. W. (1995). Family, culture, and health practices among migrant farm workers. *Journal of Community Health Nursing, 2*(1), 15-22.

Bletzer, K. V. (1995). Use of ethnography in the evaluation and targeting of HIV/AIDS education among Latino farm workers. *AIDS Education and Prevention, 7*(2), 178-191.

Cassetta , R. A. (1994). Needs of migrant workers challenge RNs. *The American Nurse, 26*(6), 34.

Centers for Disease Control and Prevention (CDC). (1988). HIV seroprevalence in migrant and seasonal farm workers—North Carolina, 1987. *Morbidity and Mortality Weekly Report, 37*, 517-519.

Go, V., & Baker, T. (1995). Health problems of Maryland's migrant farm laborers. *Maryland Medical Journal, 4*(1), 606-608.

Jones, J. L., Rion, P., Hollis, S., Longshore, S., Leverette, W. B., & Ziff, L. (1991). HIV-related characteristics of migrant workers in South Carolina. *Southern Medical Journal, 84*(5), 1088-1090.

Lafferty, J. (1991). Self-injection and needle sharing among migrant farm workers. *American Journal of Public Health, 81*(2), 221.

McVea, K.L.S.P. (1997). Lay injection practices among migrant farm workers in the age of AIDS: Evolution of a biomedical folk practice. *Social Science Medicine, 45*(1), 91-98.

Organistra, K. C., & Organistra, P. B. (1997). Migrant laborers and AIDS in the United States: A review of the literature. *AIDS Education and Prevention, 9*(1), 83-93.

Organistra, K. C., Organistra, P. B., Garcia de Alba, J. E., Moran, A. C., & Carrillo, L.E.U. (1997). Survey of condom-related beliefs, behaviors, and perceived social norms in Mexican migrant laborers. *Journal of Community Health*, *22*(3), 185-198.

Rust, G. S. (1990). Health status of migrant farm workers: A literature review and commentary. *American Journal of Public Health*, *80*(10), 1213-1217.

Salgado de Snyder, V. N., Diaz Perez, M., Maldonado, M. (1996). AIDS: Risk behaviors among rural Mexican women married to migrant workers in the United States. *AIDS Education and Prevention*, *8*(2), 134-142.

Schoonover Smith, L. (1988). Ethnic differences in knowledge of sexually transmitted diseases in North American Black and Mexican-American migrant farm workers. *Research in Nursing and Health*, *11*, 51-58.

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Barbara Aranda-Naranjo of the University of Texas, Health Sciences Center at San Antonio, and Susan Gaskins at the University of Alabama report on the issue of HIV among migrant and seasonal farm workers (MSFWs). Overall, it is estimated that Hispanics comprise 70 percent of migrant workers, while African-Americans and Caribbean Islanders comprise about 27 percent. One study of HIV among MSFWs found a 13 percent HIV prevalence in South Carolina, although others show lower rates in different areas. These workers travel and intermingle, which could lead to an increase in HIV incidence among the population. Additionally, some of the workers have families they visit who remain stationary and who could be affected. It has been reported that 44 percent of male MSFWs, whether married or single, have used prostitutes. The study found that married men were less likely to use a condom when having sex with a prostitute. Injection drug use was observed to be low among the population, although higher rates of injection of vitamins, antibiotics, hormones, pain killers, and steroids were reported. While there are federally funded migrant health centers, mainstream HIV/AIDS prevention and treatment programs are often not accessible to MSFWs. Additionally, some treatments, such as triple drug combination therapy, may not be feasible in this population due to the complex adherence regimen.

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