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 Back**Culture and Gender Sensitive AIDS Prevention with Mexican Migrant Laborers: A Primer for Counselors****Record: 4**

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Author(s): Organista, Pamela Balls; Organista, Kurt C.

Abstract: Presents a primer to counselors in United States for a culture and gender sensitive AIDS prevention with Mexican migrant laborers. Mexican migrant laborers' risk for HIV/AIDS; Prostitution use; Needle sharing; AIDS and condom knowledge; Addressing acculturation, education and migratory labor issues.

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CULTURE AND GENDER SENSITIVE AIDS PREVENTION WITH MEXICAN MIGRANT LABORERS: A PRIMER FOR COUNSELORS

The purpose of this article is to explicate research-informed culture and gender sensitive AIDS prevention strategies aimed at Mexican migrant laborers living and working in the United States for extended time. This unique and extremely marginalized Latino population is yet another emerging high risk group for contracting the HIV virus. Counselors interested in applying their knowledge of psychology and minority groups to preventing such an AIDS epidemic will be challenged by the complex factors that frame this problem.

This article addresses the following questions based on pertinent literature and original research by the authors and their associates: (a) What is the risk of contracting HIV/AIDS for Mexican migrant laborers living and working in the United States? (b) What are the factors related to culture, gender, and migratory labor that need to be considered by counselors? and (c) How can professional counselors use this information to assist them in providing effective HIV/AIDS prevention strategies with this unique Latino population?

Counselors working with a population at risk for HIV infection are often responsible for the delivery of prevention services in nontraditional settings, including primary health care centers (Kaplan, 1991; Myers, 1992). In particular, Mexican migrant laborers are a new at-risk population that counselors may encounter in federally funded and nonprofit rural health and mental health centers as well as urban county hospitals. In addition, counselors may assume the roles of consultants and case managers as they consult with other health care providers (Dworkin & Pincu, 1993).

MEXICAN MIGRANT LABORERS' RISK FOR HIV/AIDS

It is hard to imagine a Latino group in the United States that is more socially and geographically marginalized than Mexican migrant laborers. The Department of Health and Human Services (DHHS) estimated that there are over 4 million migrant laborers and seasonal farmworkers (including family members) in the United States, and they are predominantly of Mexican origin (DHHS, 1990). Recent reviews of the literature on the threat of AIDS to migrant laborers indicated considerable risk in this unique population (National Commission to Prevent Infant Mortality, 1993; Organista & Balls Organista, 1997).

Certain primary risk factors include significant prostitution use, susceptibility to sexually transmitted diseases (STDs), male homosexual contact, and female migrants having high-risk sexual partners (Carrier & Magana, 1991; Lafferty, 1991; Lopez & Ruiz, 1995; Magana, 1991). In addition, problems in actual knowledge regarding HIV transmission and proper condom use

have been reported (Organista et al., in press).

Prostitution use. In one survey we conducted in-depth interviews with 501 Mexican migrants that have lived and worked in the United States during the past 15 years (Organista et al., in press). Female as well as male migrants were surveyed in five prototypical "sending communities" in Jalisco, Mexico, with historically high rates of out-migration to the United States. Findings revealed that 43% of the 342 men surveyed reported using prostitutes while in the United States. In fact, compared with single men, married men were as likely to use prostitutes, but were less likely to use condoms.

STDs. Susceptibility to STDs has been documented in a limited number of studies. Lopez and Ruiz (1995) reported a 9% lifetime history of STDs and two active syphilis cases in a sample of 176 Northern California Mexican farmworkers. Carrier and Magana (1991) found that epidemics of syphilis and chancroid had recently occurred in migrant laborers and the prostitutes they used in Orange County, California. In both of these studies, either no active cases of HIV or a very low number of HIV cases were identified. However, researchers cautioned that because of the high rates of unsafe sex practices and resultant high number of STDs, prevention efforts must be taken with this population to impede a likely HIV epidemic in the near future.

Homosexual behavior. Despite limited research on homosexuality in Mexican migrants, reports have indicated that homosexual/bisexual contact accounts for 65% of AIDS cases in immigrant Latinos born in Mexico, Central America, Cuba, and South America (Diaz, Buehler, Castro, & Ward, 1993). Based on interviews with Mexican migrants, Bronfman and Minello (1992) concluded that homosexual contact is more likely to occur with migration as a result of loneliness, isolation, and fewer sexual restrictions in the United States.

Needle sharing. Another risk factor, needle sharing, is practiced by some Mexican migrants. Although intravenous illicit drug use poses an obvious threat of HIV infection, therapeutic injections of vitamins and antibiotics may present an even greater danger. Lafferty (1991) reported that 2.9% of 411 predominantly Mexican farmworkers reported intravenous illegal drug use, however, 20.3% reported therapeutic self-injection of vitamins and antibiotics. Of these, 3.5% reported sharing needles for therapeutic injections.

Risky sex partners. As stated earlier, our survey (Organista et al., in press) showed no difference in the rate of prostitute use by married men and single men. Yet, married men were less likely to use condoms with prostitutes than were single men. The risk to the wives of these men is obvious and consistent with other studies substantiating other risk factors placing Mexican migrant women at risk. For example, Lopez and Ruiz (1995) found that 9.1% of women in their Mexican farmworkers sample reported having sex with someone who injected drugs during the past year.

AIDS and condom knowledge. Findings from our surveys indicated that AIDS-related knowledge by Mexican migrants show mixed knowledge of AIDS transmission and low and inconsistent condom use (Organista, Balls Organista, Garcia de Alba G., & Castillo Moran, 1996; Organista et al., in press). For example, migrants were very knowledgeable about the major modes of AIDS transmission, but held many misconceptions about contracting AIDS from casual sources (e.g., public bathrooms, kissing on the mouth, taking the AIDS test). Misconceptions about casual modes of transmission could compromise supportive responses to friends or family members within the Mexican migrant population who are infected with HIV. Also, the fact that 50% of the sample believed they could contract HIV from the AIDS test would suggest high inhibition to obtain such screening.

We also found that knowledge of proper condom use is poor, and actual condom use is significantly higher with occasional sex partners than with a regular sex partner. Problematic knowledge about AIDS and condom use is exacerbated by cultural and migratory labor factors that must be considered in prevention strategies, such as limited education; cultural, linguistic, and geographical barriers to health services; and constant mobility.

GUIDELINES FOR AIDS PREVENTION SERVICES

Wyatt (1994) stated that an ideal AIDS prevention program would be based on an understanding of the normative sex practices for a target group as influenced by variables such as cultural values, gender, socioeconomic status, sexual orientation, and the group's degree of social marginality within society.

Addressing Acculturation, Education, and Migratory Labor Issues

As counselors attempt culturally responsive prevention intervention efforts targeting Mexican migrants, they will need to address the following pragmatic needs:

1. Basic AIDS and condom information must be disseminated in Spanish. For example, 81% of our sample spoke only or mostly Spanish (Organista et al., in press).
2. Literature should be geared to appropriate reading levels and should also include nonreading-based (i.e., hands-on) education.
3. To increase the likelihood of health and counseling service use, extensive outreach to where migrants live and work (e.g., labor camps, sending communities) must occur.
4. Because this is a transient group, counselors and other service providers should consider that most contacts will be brief, possibly only a single session. This reality presses the counselor to develop interventions that are accessible, concise, and problem-solving oriented.

Addressing Gender and Other Cultural Issues

If attempts are made to provide group psychoeducational interventions or workshops, attention needs to be given toward the tendency for traditional Latino men and women not to talk directly about sexual matters. De la Vega (1990) suggested that sex education for Latinos may necessitate placing men and women in separate rooms with same-sex sex educators, and then reuniting them afterward to begin a dialogue about preventing AIDS. Indeed, we recommend that counselors consider a number of gender- and culture-sensitive intervention issues informed by relevant research and outlined as the following:

Male-focused interventions. Our research has led us to conclude that the highest priority in prevention work is to focus on getting male migrant men to use condoms consistently with occasional sex partners, including prostitutes, in the event that these men pursue extramarital sexual relationships. Although proper and consistent condom use does not give 100% assurance against HIV transmission, it is one of the best preventative behaviors for decreasing the spread of AIDS. Furthermore, married as well as single migrant laborers need to be included in such prevention efforts, especially in view of lower condom use reported by married men.

In a rare intervention study with migrant farmworkers, Connor (1992) evaluated the effectiveness of a program designed to increase condom use with prostitutes, as well as improve AIDS-related knowledge and attitudes, in Mexican male farmworkers (N = 193). Participants in this study were provided AIDS prevention information in the form of Mexican style fotonovelas (photo novellas) and radionovelas (radio novellas) that were broadcasted daily on a local Spanish language station (participants were given radios and program times). These novellas depicted scenarios in which three male farmworkers used a condom with a prostitute, abstained from sex, and infected his wife and child with HIV, respectively. Also included were instructions on proper condom use and information on the risks of needle sharing.

All participants were given pre- and post-tests. Results showed that these participants made significant gains in AIDS knowledge and related attitudes, and in reported use of condoms with prostitutes. For example, of those men who used prostitutes during the course of the study, 20 of 37 reported condom use after participation in the study, versus 1 of 32 prior to participation.

Because our research reveals poor knowledge of proper condom use (Organista et al., 1996; Organista et al., in press), migrants should be provided with demonstrations and practice with phallic replicas. Furthermore, because carrying condoms has been found to predict condom use with occasional sex partners (Organista, Balls Organista, Garcia de Alba G., & Castilla Moran, in press), migrants should also be given condoms and urged to carry them, given their impoverished and transient lifestyles. In particular, married migrants should be urged to carry condoms because they seem less prepared for safe sex, despite rates of prostitute use comparable to single migrants.

For Latinos, the issue of homosexual contact is complicated by the cultural factor that some Latino men who occasionally have sex with men do not consider themselves homosexual. Research in Mexico has indicated for some time that masculine men who occasionally play the active inserter role with passive, effeminate men may continue to identify themselves as heterosexual and lead predominantly heterosexual lifestyles (Carrier, 1995). In focus groups conducted by the authors, Mexican migrants commonly acknowledged the practice of macho men having sex with men, as previously described, but stopped short of admitting any such personal experience. In fact, only 2% of Mexican migrant men interviewed admitted to homosexual contact (Organista et al., in press).

AIDS prevention interventions with Mexican migrant men must directly address homosexual transmission, via unprotected anal sex, whether or not participants admit to such behavior. In addition, the risk to the females of male sex partners who engage in high risk, unprotected sex with other men needs to be acknowledged. The culture-based responsibility of "protecting one's woman" from contracting a fatal disease should be stressed. One study showed that using condoms to protect one's female partner was a more powerful predictor of condom use than self-protection in Mexican immigrants (Mikawa et al., 1992).

Female-focused interventions. Although Mexican migrants historically have been almost exclusively male, the number of women participating in migratory labor has increased over the last two decades. For example, Massey, Alarcon, Durand, and Gonzalez (1987) found that women comprised 15% to 20% of migrant laborers in four Mexican sending communities surveyed. Within the last two decades, 50% of all Mexican immigrants have been women (Vernez & Ronfeldt, 1991).

We have found that Mexican migrants in general and migrant women in particular believe that women who carry condoms would be seen as promiscuous (Balls Organista & Organista, in press; Organista et al., in press). As such, this strategy, as well as discussing condom use with male partners, runs contrary to culture and gender norms. Although the power differential in traditional Mexican gender roles places women at a disadvantage, female-focused prevention strategies should not be totally abandoned.

Strategies that activate self-protection against AIDS in Mexican migrant women may be consistent with the gender role expansion experienced by these women. Guendelman (1987) has found that seasonal migration to the United States expands the traditional roles of Mexican women to include earning wages, greater purchasing power, more involvement in family decision making, more division of household responsibility with husbands, greater feelings of autonomy, and even lower stress levels than nonworking migrant women. Perhaps the central, culture-based role of being a protective mother can be used to persuade Latinas to think about precautions to prevent the congenital transmission of AIDS to children. Furthermore, an appeal can be made to the woman's role as primary caretaker within the family, and the strong relation between her health and her ability to attend to the family's welfare.

Counselors will need to develop innovative methods of assisting traditional Latinas with the process of verbally negotiating, with their male sex partners, the use of condoms. For example, Comas-Diaz (1985) and Comas-Diaz and Duncan (1985) discussed guidelines for culturally sensitive assertiveness training with Latinas that begins by teaching women to preface their requests to men with qualifiers such as *Con todo respeto* (With all due respect), or *¿Me permite decir algo?* (Will you permit me to say something?). These statements acknowledge the status differential between traditional men and women in a respectful manner and increase the probability of more open communication. In the event that the man does not want to discuss condom use or becomes angry, a counselor can instruct the woman to say something like "I am going to feel very hurt if you do not allow me my say" or "It makes it difficult to feel close to you if you do not consider my view." Women can also remind their male partners of their responsibility to protect them, in this case by using condoms to prevent the possibility of AIDS. Counselors should liberally apply their knowledge of role playing and role reversal to provide practice for such new communication behavior.

These suggestions break new ground in Mexican gender roles, and as such can be challenging interventions. However, in the United States, Latinas represent 21% of all adult female AIDS cases (Amaro, 1988) and Latino children comprise 24% of all pediatric AIDS cases (Centers for Disease Control and Prevention, 1993). These alarming rates warrant serious thinking about the development of gender- and culture-sensitive interventions for Latinas in general, and Mexican migrant women in particular.

CONCLUSION

The counseling profession's mandate to provide culturally responsive mental health services now extends to health care issues, given the increasingly popular subspecialties of behavioral medicine and health psychology (Dworkin & Pincu, 1993; Keeling, 1993). The threat of an imminent AIDS epidemic in the Mexican migrant labor population represents a formidable yet stimulating challenge to counselors interested in applying their knowledge of counseling and ethnic minorities to the complex intersection of AIDS, sexual behavior, culture norms, gender roles, and migratory labor. Although AIDS-related data on Mexican migrant laborers are scarce, we have developed a survey data base with implications for conducting culture and gender sensitive prevention interventions with this unique and extremely marginalized population of Latinos.

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By Pamela Balls Organista and Kurt C. Organista

Pamela Balls Organista is an assistant professor in the Department of Psychology at the University of San Francisco. Kurt C. Organista is an assistant professor at the School of Social Welfare, University of California at Berkeley. Correspondence regarding this article should be sent to Pamela Balls Organista, Department of Psychology, University of San Francisco, 2130 Fulton Street, San Francisco, CA 94117-1080.

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