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Exploring AIDS-Related Knowledge, Attitudes, and Behaviors of Female Mexican Migrant Workers

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

Abstract: Presents a study conducted on female Mexican migrant workers' knowledge of acquired immunodeficiency deficiency syndrome (AIDS), attitudes, behaviors and general contraceptive use, who lived and worked in the United States since 1982. Demographic characteristics of the female workers who took part in the study; Beliefs relating to AIDS and the use of condoms; Details on the women's sexual behavior.

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EXPLORING AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIORS OF FEMALE MEXICAN MIGRANT WORKERS

AIDS-related knowledge, attitudes, and behaviors were assessed in female Mexican migrant laborers. Thirty-two women were administered a modified version of the Hispanic Condom Questionnaire. Respondents were knowledgeable about the major modes of HIV transmission, but one-third to one-half of the women believed that they could contract AIDS from unlikely casual sources. Although respondents reported few negative beliefs about condom use, actual condom use with sex partners was low and knowledge of proper condom use was problematic. Consequently 75 percent reported never carrying condoms. Implications of these findings for future research and provision of services for female Mexican migrants are discussed.

During the past 10 years, women have become the fastest growing group likely to contract AIDS, and women of color are the majority of these cases (Nyamathi, Bennett, Leake, Lewis, & Flaskerud, 1993). Although Latinos constitute only 8 percent of the U.S. population, Latino women, or Latinas, represent 21 percent of all adult female AIDS cases (Amaro, 1988). A review of the literature shows that the risk of contracting AIDS is between eight and 11 times greater in Latinas compared with non-Latino white women, primarily as a result of unprotected sex with high-risk partners (Marin & Marin, 1992; Singer et al., 1990; Yep, 1995). Compared with white women, Latinas also differ in having higher fertility rates and lower contraceptive use (Amaro, 1988), lower condom use (Marin, Tschann, Gomez, & Kegeles, 1993), and greater reluctance to suggest condom use to their male partners (Marin & Marin, 1992). Hence, both risk of contracting AIDS and barriers to prevention are formidable where Latinas are concerned.

There are approximately 4.1 million migrant workers in the United States, predominantly of Mexican background (U.S. Department of Health and Human Services, 1990). Although Mexican migrants have historically been almost exclusively male, the number of females participating in migratory labor has increased. During the past two decades, 50 percent of all Mexican immigrants have been women (Vernez & Ronfeldt, 1991). Thus, Mexican women are a significant portion of the Mexican immigrant population and migratory labor population.

Although AIDS-related data are slowly beginning to emerge on U.S. Latinas, almost nothing is known about marginalized subgroups such as Mexican migrant laborers, who are part of a unique population at increasing risk of contracting AIDS. In a recent review of the literature, Organista and Balls Organista (1997) reported that HIV screening at labor camps in South Carolina and Florida revealed infection rates ranging from 3.5 percent to 13 percent in migrant farm workers. With regard to Western stream migrants, less information is known. One study by Lopez and Ruiz (1995) found a 9 percent lifetime history of sexually transmitted diseases (STDs) and two active cases of syphilis in their sample of Mexican farm workers (N= 176). In addition, 9.1 percent of women reported sex with someone who injected drugs during the past year. These investigators

concluded that although no cases of HIV were identified, high rates of unsafe sex practices reported by respondents warranted prevention efforts with this population.

Many migration-related factors frame a significant risk of health problems, including exposure to HIV. These factors include limited education; cultural, linguistic, and geographical barriers to health care; and the poverty-related low wages, hazardous working conditions, chronic underemployment, constant mobility, and substandard housing (National Commission to Prevent Infant Mortality, 1993). At this time, much research is needed to begin to gather data on AIDS-related knowledge, beliefs, and behaviors in migrant laborers to inform prevention policies and programs. Such information should consider both gender-related and cultural factors.

Although AIDS-related information on Mexican migrants is scarce, the few studies that do exist indicate problematic knowledge and very low condom use (Bletzer, 1990; Bronfman & Minella, 1992; Organista, Balls Organista, Garcia de Alba, CastilloMoran, & Carrillo, 1996). There are indications that female Mexican migrants are far less knowledgeable than their male counterparts. For example, Schoonover Smith (1988) compared knowledge of STDs in black ($n = 60$) and Mexican ($n = 60$) farm workers and found that Mexican workers knew less about transmission, treatment, and prevention, and that Mexican women were the least knowledgeable on all subjects.

The cited findings speak strongly to the need for further research on the problem of AIDS in migrant laborers generally, and female migrants in particular, so that health care workers can design cultural- and gender-appropriate prevention programs. This article reports findings from a pilot study that assessed AIDS-related knowledge, attitudes, behaviors, and general contraceptive use in a sample of female Mexican migrant workers who travel back and forth across the U.S.-Mexico border to live and work in the United States for extended periods of time.

METHOD

Participants

Participants were 32 Mexican migrant women who have lived and worked in the United States since 1982. These women had a mean age of 34.2 years ($SD = 13.6$), 7.16 ($SD = 3.96$) years of education, and 6.1 ($SD = 5.8$) years spent in the United States (Table 1). This sample was part of a larger sample of 87 Mexican migrants (32 females and 55 males) surveyed. Although most female participants were originally from the sending community surveyed, 50 percent reported currently living in the United States.

Procedures

In collaboration with faculty at the School of Public Health at the University of Guadalajara, we conducted the survey in December 1992 in a small agricultural sending community 210 kilometers from the city of Guadalajara in Jalisco, Mexico.

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 percent of the population are 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 second author, a team of medical students from the University of Guadalajara, and research assistants from the United States spent three days at the research site interviewing respondents. Eligibility criteria were that participants must have lived and worked in the United States during the past 10 years (that is, during the major years of the AIDS epidemic) and that they must be at least 18 years old. Every household in the community was approached. Participation was voluntary and anonymous, and there were no refusals from eligible participants. Migrants that were currently living in the United States were visiting for the Christmas holiday as well as the town's annual celebration of its patron saint.

Interviewers received six hours of training over a three-day period that included becoming familiar with the questionnaire, group discussions of how to discuss sexuality in a professional manner, having participants interview each other in pairs, and finally an assessment of interviewing skills. Potential interviewers that manifested excessive difficulty with the questionnaire were excluded from the study. Female migrants were interviewed by female interviewers in a private setting, either in the respondent's home or nearby.

Measures

Respondents were administered a modified version of the unpublished Hispanic Condom Questionnaire (HCQ) developed by

Marin and associates (1993) 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 use the term "AIDS virus" rather than "HIV" because respondents might not understand the latter terminology. Most HCQ items are arranged on four- or five-point Likert scales. The HCQ has been used to describe condom use (Marin, Gomez, & Hearst, 1993) and to predict condom use (Marin, Gomez, & Tschann, 1993) in a nine-state sample of U.S. Latinos.

Because the HCQ has only been used with Latinos in the United States, modifications were necessary to make the HCQ appropriate for Mexican migrants. Modifications were based on discussions with Marin and on information gathered from focus groups (one with women and another with men) conducted at the study site six months before the survey. 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 are two versions, one for men and another for women, that inquire about sexual relations with the opposite sex. In the current study it seemed more convenient and neutral not to bias inquiry toward heterosexual practices (for example, the term "sex partner" was used in place of the terms "male or female sex partner").

Knowledge of AIDS Transmission and Condom Use. Ten items were used to assess knowledge and misconceptions about the transmission of HIV (for example, getting AIDS from blood and from public toilets). Participants 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: (1) Do you think Vaseline is a good lubricant for condoms? (2) Is it necessary to unroll a condom before putting it on the penis? (3) Is it necessary to grab the condom while withdrawing the penis after ejaculating? Participants were asked if they had ever used a condom in their life, 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.

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 condom use: (1) Would you feel less sexual pleasure? (2) Would your partner feel less sexual pleasure? (3) Would you feel guilty? (4) Would you feel embarrassed? (5) Would it interrupt the sex act to put on a condom? ($\alpha = .62$).

Perceived Condom-Related Social Norms. 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 (1) would get angry? (2) would refuse to have sex with you? (3) would become violent? ($\alpha = .72$). A four-item factor was computed to assess beliefs about condom use with an occasional sex partner: (1) If you insisted on using condoms, do you believe your occasional sex partner would get angry? (2) Would your occasional partner refuse to have sex with you? (3) If you used a condom with your occasional sex partner, do you believe you could contract a venereal disease like syphilis or gonorrhea? (4) Do you believe you could contract AIDS? ($\alpha = .53$). Although this factor had below satisfactory internal consistency reliability, the mean score was so similar to the score for beliefs about condom use with a regular partner that we decided to report it.

A single item was used to assess participants' beliefs about whether men or women were responsible for carrying condoms: Who has the responsibility for carrying condoms? A five-item factor was computed to assess negative social reactions to women carrying condoms. Did participants believe: (1) that their friends would think badly of them if they were to carry condoms? (2) that a woman carrying condoms was ready to have sex with someone she just met? (3) that men would perceive them as ready to have sex with acquaintances if they were to carry condoms? (4) that a regular partner would respect them for carrying condoms? (5) that occasional sex partners would respect them for carrying condoms? ($\alpha = .74$).

Finally, a three-item factor was used to assess how many friends carried and used condoms with a regular partner and with occasional sex partners ($\alpha = .83$).

Acculturation and Other Background Information. The HCQ contains an acculturation subscale consisting of four language-related items from the Short Acculturation Scale (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987). Items are arranged on five-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 1.46 ($SD = .74$) indicating very low acculturation in this migrant sample ($\alpha = .80$). In addition to acculturation, various questions about sociodemographic background were asked, including information about contraceptive use in general.

RESULTS

AIDS and Condom-Related Knowledge

Results were mixed regarding knowledge of AIDS transmission (Table 2). Whereas accuracy was high for knowledge of actual major modes of HIV transmission (that is, blood, semen, and vaginal fluids), nearly one-half (43.8 percent) of the respondents thought that AIDS could be contracted from a mosquito bite, and one-third (37.5 percent) indicated that AIDS could be contracted from public bathrooms, kissing on the mouth, and one-fifth (21.9 percent) thought AIDS could be contracted from the AIDS test. In addition, one-fourth of the respondents indicated that AIDS is a problem only for homosexuals and drug addicts and one-fifth that it is possible to know by appearance that someone has the AIDS virus.

Knowledge of proper condom use was problematic for this group. Two-thirds of the respondents said either "yes" or "don't know" to the items asking if Vaseline was a good lubricant for condoms and if one should unroll a condom before putting it on the penis. Also, fewer than half of the respondents knew that a condom should be grabbed while withdrawing after ejaculation.

Condom-Related Behaviors

Forty-two percent of the 32 participants reported having used a condom at some time in their life. Thirty-four percent of the women reported having no regular or occasional sex partner within the past year. Of the 21 women who were sexually active during the past year, the percentage who had always used condoms with regular and occasional sex partners during the past year was 28.6 percent and 22.2 percent, respectively, and the percentage who had never used condoms with regular and occasional sex partners was 57.1 percent and 44.4 percent, respectively. Also, 75 percent of respondents reported that they almost never carried condoms currently.

AIDS and Condom-Related Beliefs

Overall, the 32 participants in the current sample indicated that they had some worry about contracting AIDS. Thirty-one percent reported that they worried "frequently to very frequently" 50 percent stated that they worried "a little," and 19 percent stated that they "did not worry at all."

Negative Beliefs about Condom Use. An obtained mean of 2.3 on the scale measuring beliefs about condom use indicated that when respondents were asked if they believed that various negative consequences would occur with condom use (for example, feel less pleasure, interrupt sex act) they answered "probably not."

Perceived Condom Social Norms. Respondents did not believe that a regular sex partner would become angry, would refuse sex, or would become violent if they were to insist on using a condom ($M = 3.2$ on four-point subscale ranging from yes = 1 to no = 4). With regard to occasional sex partners, respondents similarly indicated that they would not expect negative reactions and would not fear contracting AIDS or another venereal disease if they were to use condoms ($M = 2.9$).

Regarding gender-related responsibility for carrying condoms, respondents generally reported that it was the responsibility of both men and women to carry condoms. However, when asked about negative social reactions to women carrying condoms, they reported uncertainty as indicated by a mean score of 2.6 on this five-item factor in which probably no = 2 and probably yes = 3. A closer examination of factor items revealed that 28 participants (89 percent) answered "probably yes" when asked if men would perceive them as ready to have sex with acquaintances if they were to carry condoms ($M = 2.75$). In contrast, the women answered "probably no" ($M = 2.3$) when asked if participants would perceive the women as promiscuous if they were to carry condoms. Furthermore, respondents answered "probably no" when asked if regular and occasional sex partners would respect them for carrying condoms ($M = 2.9$ and 2.7 , respectively) and indicated uncertainty when asked if friends would think badly of them for carrying condoms. Finally, when asked if their friends carried and used condoms with regular and occasional sex partners, respondents reported that fewer than half did so ($M = 2.47$ on a five-point scale where less than half = 2 and half = 3).

General Contraceptive Use. With regard to contraceptive use during the past year, other than condom use, 34.4 percent of the 32 women reported no current use of any type of contraceptive, 43.8 percent reported using birth control pills, 3.1 percent reported using an IUD, and 9.4 percent reported using other methods. (Data are missing for three participants, or 9.4 percent.) The women also reported an average of 2.4 children and no current pregnancies or births within the past three months.

DISCUSSION

Female Mexican migrant workers in the current study were highly knowledgeable about the major actual modes of AIDS transmission, but one-third to one-half also believed that they could contract AIDS from casual 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 Marin and Marin (1990) in their study of mostly immigrant Latinos in San Francisco (N = 460) and by Foulk, Lafferty, Ryan, and Robertson (1989) in their study of male migrant laborers. Misconceptions about casual modes of transmission could compromise supportive responses to friends or family members infected with HIV within the Mexican migrant population. Also, the fact that more than one-fifth of the respondents believed that they could contract HIV from the AIDS test would suggest high inhibition to obtaining such screening.

Participants also indicated considerable lack of basic, proper knowledge of condom use consistent with Marin and Marin's (1990) conclusion that Latinos low in acculturation have high needs for receiving fundamental AIDS and condom-related education. Health social workers charged with delivery of HIV prevention services to migrants that are culture and gender sensitive must address many basic issues including the provision of services in Spanish (91 percent of the women in the current sample spoke only or mostly Spanish), literature geared to appropriate reading levels (average seven years of education in this sample) as well as non-reading-based (that is, hands on) education, outreach to where migrants live and work (for example, Latino communities, labor camps, sending communities), use of popular Spanish media, and the development of gender-sensitive messages. Given 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-gender sex educators and then reuniting them afterward to begin a dialogue about preventing AIDS.

Although our review uncovered no interventions that used the specific population of Latina migrants, there are a few studies that have studied impoverished Latinas that lend support to the findings of the current study. Flaskerud and Nyamathi (1990) and their colleagues (Nyamathi, Flaskerud, Bennett, & Leake, 1994) have evaluated culture and gender-sensitive programs with low-income Latinas. One study included 250 Latinas, predominantly Mexican descent immigrants (Flaskerud & Nyamathi, 1990). Results showed that a 12-minute slide-tape AIDS education program was successful in producing pretest to posttest gains in AIDS knowledge that were maintained at two-to-three months follow-up in the experimental group compared with the control group. Positive changes in attitudes were also found pretest to posttest, but these were not maintained at the two-to-three month follow-up. The authors concluded that experiential learning is needed rather than simply AIDS education alone.

Regarding condom use, participants did not anticipate negative consequences for using condoms, and they did not expect negative reactions from sex partners for insisting on condom use. However, these positive attitudes did not translate to frequent condom use (for example, only about 23 percent of sexually active women had used condoms with their partners during the past year).

With regard to negative social reactions to women carrying condoms, the women generally reported that men would perceive them as promiscuous and that regular and occasional sex partners would not respect them for carrying condoms. Respondents were also uncertain about what friends might think of them and also reported that fewer than half of their friends carried and used condoms. With apparent gender-related norms like these, it is not surprising that 75 percent of the women interviewed reported never carrying condoms.

CONCLUSION

Much has been written about the traditional power differential between men and women in Latino culture that makes the task of empowering women to protect themselves with condoms a difficult task (Marin et al., 1993). Our findings regarding Mexican social condom norms biased against women seem consistent with this position. Mikawa et al. (1992) similarly found that condom use was associated with male gender role in their study of recent Mexican immigrants.

Although gender bias against Mexican women carrying condoms may be real, culture- and gender-sensitive strategies for increasing condom use among female migrants and Latinas in general 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. Social workers could also emphasize the Latina's role as a primary caretaker who must take care of her health to support her children and to see them grow up. In the United States 24 percent of pediatric AIDS cases are in Latino children (Centers for Disease Control and Prevention, 1993). This disproportionately high rate of AIDS underscores the urgent need to help Latinas take a more active role in protecting themselves and their children from this complex epidemic. In Amaro's (1988) discussion of AIDS prevention with Hispanic women, she stated that a logical place to begin interventions is to conduct focus groups aimed at empowering the women by discussing what they believe would be good prevention strategies.

Interestingly, the prospect of empowering Mexican migrant women to become active in self-protection against AIDS may be consistent with the gender-role expansion experienced by these women. For example, Guendelman (1987) found that seasonal migration to the United States expanded 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. As with the current study, the women in Guendelman's study also were from sending communities in Jalisco, Mexico. Hence, Mexican women in the migrant labor stream may be more ready to assume an active role in AIDS prevention than previously thought.

Although findings from this pilot study are based on a small sample, they are consistent with similar research on Mexican migrants and Latinas in the United States. Therefore, one can conclude that misinformation exists regarding casual modes of HIV transmission and proper condom use and that there is a cultural bias against women carrying condoms. Findings highlight the need for continued AIDS research that includes larger and more representative samples of Mexican migrants and the future development of culture- and gender-sensitive preventive interventions for this group.

Table 1. Demographic Information: on Female Mexican Migrant Workers
(N = 32)

Characteristic	%	M	SD
Age		34.2	13.6
Years of education		7.2	3.8
Years spent in the United States		6.1	5.8
Birthplace			
La Cienega/nearby towns	75.0		
Neighboring towns	6.3		
Other places in Mexico	12.5		
United States		6.3	
Current residence			
La Cienega	50.0		
United States	50.0		
Marital status (married/living together)	56.3		
Language (Spanish only or mostly Spanish)	90.6		

Table 2. Knowledge of AIDS Transmission among Female Mexican Migrant Workers (N = 32)% Responding

Question	Yes/probably yes	No/probably no
Do you believe it is possible to contract the AIDS virus from		
Mosquito bite?	43.8	56.3
Sitting in public bathrooms?	37.5	62.5
Kissing someone on the mouth?	37.5	62.5
Semen?	93.8	6.3
Vaginal fluids?	81.3	12.5
Blood?	100.0	0
Perspiration?	9.4	90.6
The AIDS test?	21.9	78.2
Do you believe that AIDS is only a problem for homosexuals and drug addicts?	25.0	75.0
Do you believe that it is possible to know by appearance that a person has the AIDS virus?	21.9	78.1

NOTE: All items were arrayed on four-point scales where yes = 1, probably yes = 2, probably no = 3, no = 4.

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Pamela Balls Organista, PhD, is associate professor and licensed psychologist, Department of Psychology, University of San Francisco, 2130 Fulton Street, San Francisco, CA 94117-1080; email: organistap@usfca.edu. Kurt C. Organista, PhD, is associate professor and licensed psychologist, and Pearl R. Soloff, MSW, CSW, is research assistant and doctoral student, School of Social Welfare, University of California, Berkeley. Preparation of this article was supported in part by three grants from the University of California, Berkeley to Kurt C. Organista: a junior faculty research grant (Committee on Research), a career development grant (Office of the Chancellor), and a faculty minigrant (Chicano/Latino Policy Project). The authors gratefully acknowledge the assistance of Ricardo Organism, Patricia Torres, and 20 medical students from the University of Guadalajara. Requests for reprints should be sent to Pamela Balls Organism, Department of Psychology, University of San Francisco.

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By Pamela Balls Organista, Kurt C. Organista, and Pearl R. Soloff

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