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HIV/AIDS Knowledge and Prevention Needs Assessment of Migrant Seasonal Farm Workers

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participants to want a prevention educational program that includes a developmental approach. That is, participants would be able to build their knowledge and enhanced their communication and other skills in increments. In this study MSFWs strongly verbalized the need for farm owners to support an HIV prevention program at the working sites. The need to have the support and involvement of farm owners might be interpreted as a sign of being genuinely concerned for the health and well being of MSFWs. This might also imply that if prevention programs on site are important and valued by farm owners it must be important for migrants as well.

The findings of this study suggest that a cultural perspective to HIV/AIDS prevention added to our knowledge of the assets and barriers MSFWs encounter in accessing prevention education. The study sheds light on the need to give careful consideration to the health beliefs, socio-cultural values, learning styles, and capacity of migrants in Washington State to learn prevention related to HIV/AIDS behaviors. In particular, the life-styles imposed by the migratory patterns of this group and difficulties to access and utilize health preventive services point to the need for collaboration among outreach programs, local community-based programs and states within the migrant streams.

RECOMMENDATIONS

The recommendations stated below only offered as ways to improve HIV/AIDS prevention programs for migrants in Washington State.

1. Expand the outreach educational programs to include interventions to build communication skills and capacity for the purpose of prevention.
2. Consider different learning styles that are based on culture.
3. Collaborate with local farm owners in the implementation of HIV/AIDS prevention programs.
4. Provide opportunities for outreach workers to collaborate with other outreach workers throughout the Western stream states.
5. Utilize settled out, bilingual bicultural former migrant workers as natural helpers to reach this community.
6. Include this population in federal and state research initiatives related to HIV/AIDS prevention.
7. Disseminate findings to the Latino community and the health professionals that serve them.

their knowledge about the way HIV/AIDS is transmitted. It can also be argued that MSFWs have become more aware of the risky sexual behaviors they have been engaging in and the negative consequences to their community. The sentiment among female participants was that HIV/AIDS has moved south of the border. We don't have to come north to get infected. In this study, getting tested for HIV/AIDS was considered an embarrassment. This might reflect the stigma attached to being HIV positive among Latinos. It might also explain why participants see the need to have everyone tested. These findings suggest that testing everyone lessens the stigma and the embarrassment of being singled out. This is also significant in that feeling stigmatized might not motivate a person to be tested. This attitude increases the vulnerability of exposure to the virus for this population.

The signs and symptoms of HIV/AIDS that the groups reported more frequently were related to visible physical changes that occur during the late stages of AIDS. This might be related to how AIDS is portrayed in the media. As explained before, fotonovelas and novelas (soap operas) were favorite ways of media entertainment and communication among this group. In Spanish novelas (soap operas) they see actors portraying story lines related to HIV to convey prevention messages and reach the Latino population. This is especially true with programs with migrants who are in need of health education that addresses the low literacy level found in some groups (De León-Siantz, 1994).

Most MSFWs reported not knowing someone with AIDS. Having someone who has HIV/AIDS talk to MSFW may reflect their need to bring AIDS closer to home for the purpose of making the experience less esoteric. Educational outreach, using personal testimonials from Mexicans with HIV/AIDS, has been shown to predict carrying and using condoms with occasional sex partners in Mexican migrants (Organista, Organista, Garcia de Alba & Castillo Moran, 1997).

In this study, MSFWs wanted information about AIDS that include primary and secondary prevention. This finding may reflect that migrants are recognizing their misconceptions about HIV/AIDS and the need to do something to protect themselves. This finding is supported by Shain et al. (1999), who used a behavioral intervention targeted to Latina women, were successful in decreasing the rate of reproductive health infection in women at risk for sexually transmitted diseases. Similar models have been used to address the problems of HIV prevention and empower ethnic minority groups including Latinos (Amaro, 1995; Jemmott, Jemmott & Fong, 1992). Other findings that should be considered in developing intervention programs are the fear and lack of trust of MSFWs related to their undocumented status. This might reflect a concern with the threat of being deported and consequently not being able to provide for their families.

There were some differences between men and women in how they prefer to receive information about HIV/AIDS. Men endorsed activities that tended to be more general and inclusive of a greater number of people in the community. Women, on the other hand favored more personal strategies such as small, less structured discussion groups with other women (*charlas*). These findings reflect differences in learning styles that must be addressed in prevention programs for migrants. There was a strong inclination by all

puts the women at risk for getting a sexually transmitted disease. This attitude might make women feel intimated and increase their vulnerability to violence against them if they disagree (Gómez & Marín, 1996; Díaz, 1998). Another significant finding was the conviction of some male and female participants that prostitutes and homosexuals are the ones responsible for transmitting HIV/AIDS to others. This association might be a sign of a cultural attitude that rejects these sexual life styles among this population (Díaz, 1998).

A prevalent cultural belief among participants was that wearing condoms interferes with the pleasure experience in an intimate encounter. Sexual partners might tend to sanction men who use condoms and refer to them as not being macho enough (Diaz, 1998). This finding reflects a high tolerance by many in this community for risky behaviors. This behavior is also reported to be responsible for increased unwanted pregnancies, sexually transmitted diseases and HIV cases among young Latinos (National Latina Institute for Reproductive Health 2001). Not knowing how to use condoms could also be explained by the lack or limited exposure to prevention methods that many MSFW from rural areas in Mexico experience.

Migrant and seasonal farm workers are a difficult population to reach. Many MSFW are monolingual Spanish speaking, have low literacy levels, lack transportation, work long hours, live in rural areas far from health services, are very mobile and many are undocumented. All these barriers prevent many health services and health education efforts from reaching this population (Pinzón & Pérez, 1997). Studies that have examined issues of prevention with Latino populations suggest that educational programs should be conducted in their primary language (Spanish), at the camps and/or at the work sites. Bringing education to the farm workers through outreach programs and insuring that it will be conducted in the language that they will understand will minimize many of the barriers that this community faces (Denboba, Bragdon, Epstein, Garthright, & McCann Goldman, 1998; Porter & Villaruel, 1993).

The fact that MSFWs stated they need to be careful when involved in sexual encounters and have personal accountability for their actions to prevent AIDS, were significant findings. Both men and women were supportive of this position. It has been reported that some Latino groups tend to believe that external forces control their behavior (Caudle, 1993; Grothaus, 1996). The need to learn how to properly use a condom might reflect the desire and readiness by this population to change that attitude. This attitude may also be related to the emphasis placed on the use of preventive barriers such as condoms by outreach prevention programs in this community. The migratory patterns of MSFW might also be a determining factor in the need to emphasize the use of condoms among this population. Educational programs like condom education are very important since many MSFWs lack the knowledge and skills for proper condom use and the resources to acquire them (Marin et al, 1995). This finding is supported by Organista & Organista (1997) who found that half to two thirds of the MSFWs surveyed in Mexico were unaware of basic knowledge of male condom use.

MSFW men did not differ from women on when they should be tested for HIV/AIDS. This consensus among participants that everyone should be tested can be explained by

might be a sign of the low literacy level of this population. It might also reflect the need to use an entertaining way to ease the stress of learning about a very serious topic.

Both men and women stated that they would like to have separate discussion groups. Also, there was a prevalent belief that men should talk to their sons and that women should talk to their daughters about HIV/AIDS. Both men and women agreed that the Mexican culture value of "machismo" was a barrier that prevented couples from discussing risky behaviors and HIV/AIDS. These findings suggest that cultural and gender norms play an important role on how men and women communicate with each other about HIV/AIDS (Marín, Gómez, Tschann & Gregorich, 1997). Participants did not favor talking with family members about sexual topics such as behaviors that put people at risk for HIV/AIDS. However, subjects were motivated to learn how to dialogue freely with family members, such as children, about sexual risky behaviors and HIV/AIDS. The process of acculturation might be a significant factor motivating this way of thinking. As people become more exposed to other cultural norms they tend to acquire the values of the majority group (Marín & Marín, 1990).

Most participants stated valid causes of HIV/AIDS, with exchange of bodily fluids being the most predominant cause mentioned. Misconceptions about what causes HIV/AIDS were also found in this MSFW groups. These findings support similar results from surveys conducted with Mexicans in California that found that migrants knew how HIV/AIDS was transferred. Subjects also believe that HIV/AIDS could also be transferred through casual modes (Organista, et al., 1997). Reasons given to why people get AIDS were consistent with findings from other studies (Carrier, 1989; Catania, Kegeles & Coates, 1990). The attitude among both men and women was that risky sexual behaviors and not using protective barriers were inappropriate behaviors. Many of the risk factors that are found in studies conducted in other states can also be attributed to MSFW in Washington State. For example, MSFW are young and leave their families in their home state and/or country. Many may develop conditions of prolonged loneliness, isolation and deprivation of affection (Bronfman & Minello, 1992; Organista & Organista, 1997). This psychosocial conditions could lead men to engage in risky behaviors with women who are not their partners, prostitutes, and having sex with men. This study also revealed that alcohol consumption is a contributing factor for engaging in sexual risk behavior. A socially isolated outlook on migrant life may lead the men to use alcohol as a form of coping with their feelings (Caetano, Schafer& Cunradi, 1995). There is a strong body of literature that suggests that feelings of depression are related to alcohol consumption (National Institute on Alcohol Abuse and Alcoholism, 2002). In this study, alcohol consumption was reported to be high among migrants and used as a way to pass time or entertainment.

The Latino culture may contribute to the increasing number of Latinos with HIV/AIDS through several traditional beliefs (Marín & Gómez, 1999). As reported by the participants, sexual issues tend to be taboo and are not discussed by parents with their children, or considered a topic of discussion between husband and wife. Moreover, there is a strong cultural belief that men can and should have multiple sex partners even when married. The attitude of most men is that women should accept this behavior even if it

Risky sexual behavior was not considered a comfortable topic of conversation among the participants. Not having enough knowledge about HIV/AIDS and feeling embarrassed were reasons for not talking about it. However, participants wanted to learn more and feel proficient in discussing this topic. Most of the causes of HIV/AIDS were accurately identified. Inaccurate knowledge of the causes of HIV/AIDS among some participants came from informal sources such as acquaintances. Getting HIV/AIDS was attributed to some cultural practices such as "machismo" and engaging in behaviors that reflect lack of personal integrity and consideration to others.

The attitude that prostitutes and homosexuals were the major carriers of the HIV virus was prevalent among both men and women. Social and personal behaviors were considered the most effective way to prevent AIDS. Protective barriers such as using a condom during intercourse were correctly identified. However, some participants lacked the knowledge and skills to use one. Participants positively identified when people should be tested for HIV. However, access and cost was a precluding factor for being tested. The late signs and symptoms of AIDS were recognized despite the fact that the majority of participants had never seen anyone with the disease. Primary prevention information was preferred by the migrant sample. The use of cultural celebrations with entertainment and media were educational strategies favored by participants. Barriers to prevention as well as cultural and social assets of the population were acknowledged as important factors for the effective implementation of HIV/AIDS prevention programs.

DISCUSSION

The findings of this study support earlier reports (Kaiser Foundation, 2001) which suggest that Latinos have knowledge that AIDS is an infectious disease. The participants also know about prevention behaviors related to HIV/AIDS but want to become more proficient (*capacitados*) in talking about sexual behaviors with their partners and their families. Already existing community-based prevention programs and outreach strategies targeted to the MSFW population might explain this finding (J. Vela, personal communication, September 18, 2002). Groups could not differentiate between the HIV virus and AIDS. The same characteristics were attributed to both the HIV virus and AIDS. This finding is supported by Ford, King, Nerenberg & Rojo (2001) who reported that Midwest farm workers were not able to differentiate the terms AIDS and HIV.

Most of the information participants learned about HIV/AIDS were through informal interactions and multiple media sources. Informal sources of information about HIV/AIDS for men of Mexican origin were considered an effective way of educating this population (Carrier & Magaña, 1991). In our study, fotonovelas (comic strip format), radionovelas and radio calling programs were favored media sources of information. Fotonovelas have been successful with MSFW because they tell a story with very few words and use pictures depicting characters to get the point across. The fotonovelas proved to be very successful, not only as a means of communicating high-risk behavior and HIV infection to Latinos in Orange County, but also at the state level (Carrier, 1991). Both strategies were preferred over written educational materials. These preferences

- At a public accessible place
- Weekly

Barriers to Education

Some barriers to having educational programs for migrants were identified during discussions with some groups. Few participants expressed being fearful of attending meetings because the INS might come and deport them. The migratory pattern is also considered a problem to maintaining consistency in attending educational programs. Language and level of literacy was a prevailing difficulty for most group members. Some men expressed that they feel *embarrassed* about listening to information that reflects unsafe behaviors in which they might have engaged. This feeling was common among the men who consider themselves *hard headed and who don't want to listen* to safe sexual behavior advice. When asked what educational prevention programs can do to change or modify this behavior, men said that *repeating the information over and over* might be a good way for them to listen. Opposition from farm owners to support access to educational programs was also mentioned as a barrier for learning preventive information. Working long hours, living and working in remote sites, and limited means of transportation were also considered obstacles. Consenting to be tested for HIV was considered an admission to engaging in risky sexual behavior. These barriers need to be considered when planning and implementing prevention programs.

Assets to Education

During discussions both cultural and personal factors were identified as assets that facilitate the educational process in this population. Examples of these were willingness to participate and learn prevention behaviors and being receptive to different cultural ways of communicating with spouses and children about sexual topics. They wanted to develop the skills to initiate informed conversations about HIV/AIDS prevention with spouse/partners and families. Most of the participants also admitted that they have cultural beliefs that prevent them from changing their behavior. Therefore, they needed and want to change this attitude. Most single men travel together and interact as a family. A familiar environment can facilitate discussions of this content in a more comfortable way than having to go to a clinic or attending an educational program.

SUMMARY

This study assessed the HIV prevention needs of a sample of male and female migrant seasonal farm workers (MSFWs) in the state of Washington. In addition, it examined the sources of information on HIV/AIDS and the educational preferences to learn preventive information. MSFW identified HIV/AIDS as a disease that is contracted through unprotected sexual intercourse and blood transfusions from someone who has the virus. Most of the information about HIV/AIDS was learned through the media and from informal conversations with friends and families. A few of the participants, who were recent migrants, did not know what HIV/AIDS is. Participants were also unclear about the difference between the HIV virus and AIDS.

man or woman who is HIV positive or has AIDS. The majority expressed that they have never seen anyone with the disease. Seeing how someone with AIDS looks like would deter them from getting involved in behaviors that would put them at risk.

Some groups said that listening to the testimony of someone with AIDS would also make people *more conscientious and fearful.* For example, a small number of men had participated in traffic school where they had seen footage of car accidents where people had been seriously injured or killed and suggested such a strategy to *scare* people. Their sentiment was that seeing films with real accident situations left a powerful impression on them. Another suggestion given by the majority of participants was to *seek the support of farm owners* in developing a collaborative prevention program. Several men have participated in programs in California where farm owners allowed them to have radios in the field and listen to educational programs sponsored by HIV/AIDS educational agencies. Others have worked on farms where the farm owner made it mandatory for farm workers to receive HIV/AIDS education. They felt this program was successful in making men *feel supported* to take more responsibility for their behavior.

Responses to "Preferred ways of Receiving Information about AIDS?".

- Education in Spanish through (how)
    - Organize entertainment
    - Videos, movies, soap operas
    - Group discussions (*charlas*)
    - Separate men and women
    - Discussion of 2 or 3 points at a time
    - Personal testimonies
    - Radio calling show
    - Listening to radio shows while they work in fields
    - A school at the camp sites
    - Mandatory education at work place (fields)

- Education by:
    - Someone who has AIDS
    - Health care professionals
        - Social worker
        - Nurse
        - Doctor
    - A well trained community leader

- Education at:
    - A school at the camp site
    - In collaboration with farm owners at site
    - Mobile vans

- When to do education:
    - In the evening after work
    - On Sunday after church

participants wanted to know about the things they need to do to prevent getting contaminated with AIDS such as *the proper methods to put on and use a condom.* Women participants also supported what the men stated and added that they wanted information that emphasizes responsible behavior such as *thinking before having a sexual relation* and *practicing fidelity between couples*. A few young male participants wanted information about how Immigration and Naturalization Services (INS) deal with undocumented migrant workers who test positive for HIV/AIDS.

Responses to "Type of Information Migrants Want to Know about AIDS".

- Prevention
    - Primary
        - Types of protection
        - How to use a condom
        - Ways people can get infected
        - Messages about responsible behavior
            - How to have fun with limits
            - Don't drink
            - Think before you act
            - Don't live *la vida loca*
            - How to talk to men so they protect their partner
            - How to bring up the subject with children/adults
    - Secondary Prevention
        - Where to go for testing in confidence
        - Cost of testing
        - What to do if HIV positive
            - Treatment available
            - Where to go for treatment
            - Prospect in life (prognosis)
- Other information
    - Time when one can avoid the disease
    - Immigration and Naturalization Services (INS) implications

<u>Preferred ways of receiving information about HIV/AIDS</u>

Most participants endorsed the use of various educational methods as the most effective way to deliver the information. Participants acknowledged that many people don't read and/or write in English and/or Spanish. Pamphlets with written information were not considered a very effective way to deliver the message to the majority of this population due to low literacy. Groups consistently expressed that visual aids such as videos, movies and personal testimonies are a more powerful way to convey prevention information.

Groups persistently agreed that seeing a real personal situation would be more effective in modifying behavior, especially among Mexican young men who might feel *invincible.* Many participants preferred to see a movie or video in Spanish that portrays the story of a

had AIDS. Those who knew someone with AIDS expressed that everyone they knew were able to access and received appropriate treatment for AIDS.

Responses to "When should a person be tested for HIV/AIDS?":

- When a man has sexual relations with a lot of women
- When a man has sexual relations with another man
- When using infected needles to inject drugs
- After receiving a blood transfusion
- Every two to three years
- Anyone who has been exposed
- Everyone should be tested
- To know if one has the disease or not

Signs and Symptoms of HIV/AIDS

All the groups described some of the physical symptoms of AIDS that commonly occur during the late stage of the disease. The main difference among the groups was that men were more specific than women in describing how someone with AIDS looks like at that stage. Some women explained that a person with visible signs of the disease is predisposed to be rejected by others. Symptoms such as skinny, weak, lack of appetite, tiredness, diarrhea, paleness, brown skin spots, weight loss, cold symptoms (*gripa*) and hair loss were cited by most male participants and some female participants depicted someone with AIDS. All the groups recognized that they could not identify signs of HIV or the early stages of AIDS. Some young male participants expressed that it was *worrisome to not know* how to recognize someone at that early stage because of the risk of getting infected.

Responses to "What are the Signs and Symptoms of HIV/AIDS?":

- Skinny
- Weak
- Lack of appetite
- Tiredness
- Diarrhea
- Paleness
- Brown skin spots
- Weight loss
- Cold symptoms (*gripa*)
- Hair loss
- Can't tell
- Don't know

Type of information migrants want to know about AIDS

The information all of the groups wanted to know the most centered around two themes, prevention methods and behaviors people need to do to prevent the disease. Male

Responses to "What Can People do to Prevent AIDS?"

- Taking precautions
  - Personal
    - Using condoms
    - Being tested
    - Informing partner if HIV positive
    - Be informed
    - Know what to do
    - Truthfulness
    - Don't trust men and protect self
  - Social
    - Share knowledge with others
    - Abstinence
    - Faithfulness

HIV/AIDS Testing

There was consensus among all participants that everyone who engages in risky behaviors such as sexual intercourse with prostitutes, other women/men and homosexuals, receiving blood transfusions, and injecting drugs with infected needles should be tested. The discussion about whom to test and when to test also raised some important issues. Some participants expressed that everyone, even those who do not have *sexual relations with other men and women* outside of the marriage, should be tested.

Some participants felt that the *cost* and *availability of testing sites* was a barrier. Others expressed that going to be tested could be considered a stigma. That is, others may view this behavior as an *admission of culpability for their errors*. Protecting the confidentiality of the individual was another barrier identified. Some participants said that once the word is out, that a person went to be tested for HIV, people would behave differently towards that person. When further probed, some participants expressed that they have known someone who was asked not to come back to work at a field when the owner learned that the person was HIV positive.

Almost all participants verbalized that HIV testing should be offered to all migrant workers as part of the first physical exam they receive early in the season when they arrive to work in the fields. Many felt that the farm owners should offer this service near the fields or at the camps where most people live. Many support the idea of a mobile van where they can go to be tested instead of going to a clinic. The sentiment of the groups was that as long as there was discretion by the part of the health professionals doing the exam people will most likely agree to be tested. Some expressed that Latinos are *too embarrassed to go to a local clinic* to be tested and thus, *some people go to other towns* to be tested where *no one knows them.*

The majority of participants did not know people with HIV/AIDS or have not seen someone with signs and symptoms of the disease. Few participants knew someone who

Responses to "Why people get AIDS?":

- Having sex with prostitutes
- Having sex with homosexuals/another man
- Getting together with other women (non-spouse)
- For not being careful (not using protection)
- For not being careful at bars and parties
- Drinking alcohol
    - Relaxes
    - Make things easier (having sex)
- Getting involved without knowing that the person is contaminated
- Infected mothers feeding their babies with breast milk
- Mothers who are infected give it to the child
- For not having monogamous relations
- Transfusions
- Young men feel invincible
- Health workers with infected needles
- Not knowing how to use a condom
- I don't know

Preventing AIDS

There were two primary prevention behaviors that were repeated in nearly every group, taking precautions and using protection. Taking *precautions* was the one mentioned the most. Participants considered that certain personal and social behaviors were necessary in order to practice *precaution*. At the personal level men expressed that *using condoms* is what they should do in order to protect themselves. Some women also expressed that men should *use condoms*. The majority of women mentioned that it was difficult to ask their partners/husbands to use a condom when having intercourse with them because the men would be suspicious about their motive for such a request. Both groups felt strongly about taking personal responsibility for being *tested for HIV/AIDS* especially if they were engaging in risky sexual behaviors.

Being *truthful* to one's partner about having HIV, taking the initiative to *become informed,* and *knowing what to do* were also considered necessary preventive personal behaviors by most female participants. Some women expressed that Mexican men could *not be trusted* because they *don't like using condoms*. There was a sense of vulnerability among the women who felt this way. They added that most of the time *men refuse to go to discussions* about HIV/AIDS.

Taking precautions during social encounters were discussed within the context of inappropriate sexual behavior. Most participants acknowledged that *abstinence* and *faithfulness* between couples is what a person can do to prevent AIDS especially if an opportunity to have sex with someone else presents itself.

- Mosquito bite

- Don't know

Reasons people get AIDS

The primary reason people get AIDS given in each group was having *a sexual relation without a condom* with someone who is *infected*. This was discussed within the context of *not being careful* and *being unfaithful,* which are considered inappropriate behaviors. Most of the female participants contended that *sleeping around* was the primary reason for getting AIDS. Two worrisome characteristics that came out in some of the women's group were related to the Mexican cultural belief of being *too macho to use a condom and being unfaithful,* which was explained as a behavior that most Mexican men exhibit. In one group some of the women gave examples of Mexican sayings (aphorisms) that the men use to justify these behaviors. For example, they explained that men refer to using a condom during intercourse as *eating a banana with the peel on* or *eating a sucker with the wrapping on*. There was a sense among the women that they had to *trust* their men are going to be careful and use protection when having sex outside of the marriage. A few women added that *"it is a disappointment"* to know that the men don't use a condom when they have sex with other women.

The men also voiced that *not being careful* and *not using* protection is why people get contaminated. A correlated pattern emerged in some groups when men expressed that *drinking alcohol* and *having unprotected sex* is a problem for some of them. When further probed they articulated that drinking alcohol *relaxes you and make things easier.* Some men also uttered that men know they are not being *careful* and *responsible when behaving this way.* Looking for sex outside of marriage, going to bars (cantinas) and getting involved with women who patronize these establishments were reported as the way some Mexican men tend to behave. Older men also reported that among the young men there is a feeling of invincibility that put them at risk for getting AIDS. A few men explained that some Mexicans believe that *they are going to eventually die* and that the *women look good,* therefore they are careless. In the Mexican culture death is believed to be a part of life, and that it should not be feared.

In few instances, *not knowing how to use a condom* was reported as a reason for getting AIDS. Not being able to access or buy condoms in confidence, also made it more difficult for some men to use protection. This was considered a barrier to prevention, especially at campsites that are inaccessible to outreach workers from clinics or mobile vans. These resources are considered by most men as one of the best ways for accessing condoms.

The few men who expressed not knowing how people get AIDS were older and had not been exposed to AIDS education as much as the younger ones. Some female participants regard older men as behaving in *more typical Mexican ways* and being *more difficult to teach to use a condom*. This traditional behavior is reported to be mostly observed in men who come from remote villages or ranches in Mexico.

- Not having a role that (parents) who talked to them about HIV/AIDS
- Not knowledgeable enough to answer specific question that some might ask about the disease

Causes of AIDS

The number one cause of AIDS articulated over and over in each group was *having a sexual relation with someone who is infected* with the disease *without using protection.* Being with prostitutes or other women besides the wife or partner was also thought of as a way of getting infected with AIDS. The majority of the men expressed that AIDS is mostly transmitted by women but that some men, such as homosexuals, can also pass it on. Some participants also mentioned that the exchange of body fluids between people also causes AIDS. Examples of this included using the same needles that drug addicts use to inject drugs, blood transfusions and contaminated blood coming in direct contact with open skin.

There seemed to be misconceptions among some participants about other causes of AIDS. For example, some participants in each group indicated that AIDS is caused by kissing someone with AIDS, bathing in the same shower used earlier by someone with AIDS, drinking from contaminated cups, using eating utensils used by someone with AIDS, sharing shaving instruments, using toilets, by mosquito bites, and using someone else's toothbrush. When further probed, the participants were vague about where they had heard or learned this information. Participants expressed that they have heard this information on the street from people, acquaintances, or friends.

Responses to "What causes AIDS?":

- Exchange of bodily fluids
  - Having sexual relations with prostitutes
  - Having sexual relations with other women other than wife
  - Having sexual relations without protection (condom)
  - Men having sex with other men
  - Drug addicts with AIDS sharing needles
  - Receiving blood transfusion
  - Contaminated blood or saliva making contact with open skin
- Other
  - Kissing someone with AIDS
  - Giving blood
  - Drinking from a contaminated cup
  - Using contaminated eating utensils
  - Sharing shaving instruments
  - From toilets
  - Using someone else's toothbrush
  - From infected dental instruments
  - Lack of hygiene and not bathing

- Nurse
- Case manager

- Others
  - Friends
  - People in the camps

Talking to family about AIDS/HIV

The vast majority of female and male participants felt that they could not talk about this topic with family members such as children and youth. Almost all participants expressed that they do not feel comfortable talking to their family about the sexual behaviors that might put them at risk for getting AIDS. Some of the reasons consistently mentioned by both men and women were; being embarrassed and ashamed to use the term sex or sexual relations, not having the skills or knowing how to start a conversation about this topic, not having educated parents talk to them about sex when they were children, and feeling that they do not have the capacity or knowledge to answer more specific questions if asked about AIDS. A small number of participants articulated that they have talked about risk and preventive sexual behaviors to their older children. This group of participants had three things in common: they had been living in the U.S. for more than 15 years, were able to speak English, and/or had at least a High School education. The groups were nearly unanimous in their need to develop the capacity to be prepared *(estar capacitado/preparado)* to talk to their children about this topic.

Almost all participants agreed that men and women should have an HIV/AIDS conversation separately. The also agreed that mothers should talk to their daughters and fathers to their sons about HIV/AIDS. Very few participants expressed the need for husbands and wives to have a conversation about the things one should do or not do to avoid getting HIV/AIDS. Yet there was consistent reaffirmation by both men and women that the Mexican cultural value of "machismo" was a factor that negatively influences the ability of couples to engage in a conversation about risk behaviors and HIV/AIDS. Men consistently admitted that *their doing (lo que hacemos)* was putting them and their partners at risk for getting *this disease* or being *infected*. That is, having *sexual contact* or *getting together with women* other than their wives/partners or *having sex with other men*. The most salient suggestion given to try to counteract this behavior was to have regular, multiple face-to-face informational sessions and discussions about prevention of HIV/AIDS. Hearing this information over and over again was considered an effective teaching strategy among the men. Conversely, the women explained that the men are not willing to participate in educational sessions as much as they are unless they are paid to attend.

Responses to "Do you talk about AIDS/HIV with your family?":

- Reasons MSFWs do not talk to their families about HIV/AIDS.
  - Not feeing comfortable talking about sex
  - Being embarrassed
  - Being ashamed use terms like sex or sexual relations
  - Not skilled at starting conversations

Responses to "What is HIV?":

- A disease
  - Mortal
  - Contagious
  - Causes death
  - Incurable
- Don't know
- The same as AIDS
- Initial stage of AIDS
- You are contaminated
- Not the same as the disease (AIDS)
- More advanced
- HIV is the beginning
- I am not sure

Where participants learned about HIV/AIDS

The majority of male and female participants learned or heard about HIV/AIDS from informal conversations with family members such as their children who learned about it at school, health care professionals in clinics and hospitals, outreach workers, friends, centers where preventative information was available, and through the media. Media examples included a Spanish soap opera, TV reality shows and radio programs where they can call to ask questions. Written information, such as pamphlets, was not mentioned much as a conduit of information. Reasons for not using written information to learn about AIDS included not being able to read or write in English or Spanish, and level of understanding of terms used.

Responses to "Where have you learned about HIV/AIDS?":

- Family members
  - Uncle
  - Own children
- Media
  - TV soap opera
  - TV announcement
  - Radio (Spanish)
  - Advertisements
  - Newspapers
  - Pamphlets
- Outreach Programs
  - Community-based educational program (DOH)
  - Clinics
  - Hospital
  - Mobile van
- Health Professionals
  - Social worker
  - Doctor

Study findings reflect the experience of the subjects in this sample and should not be generalized to other MSFW groups. The data provides insightful information about what participants are learning and know about HIV/AIDS prevention and how this information is being acquired. We also gained insight into some of the cultural beliefs and attitudes that are considered barriers and assets that can be used to develop strategies to refine and expand health prevention programs.

Knowledge about AIDS

Most of the female and male participants consistently described AIDS as a *disease (enfermedad)*. A few participants *did not know* what AIDS is. Yet others compared AIDS with cancer and identified it as a *venereal* disease. Those who responded that AIDS is a disease used specific words to emphasize the life-threatening aspect of the disease. Some refer to AIDS as a *dangerous* and *serious* disease. That is *fatal, mortal* and that it *kills* people. Participants also referred to AIDS as *"incurable"* and a *virus* that is *difficult to control.*

- Responses to "What is AIDS?":
    - Dangerous
    - Grave
    - It kills people
    - Mortal
    - Contagious
    - Causes death
    - Incurable
    - Damaging
    - Serious
    - It's like cancer but worse
- Don't know
- A virus

Knowledge about HIV

Most participants also identified HIV as a *disease*. In addition, participants used some of the same terms used to described AIDS to described what HIV meant to them. Many expressed that HIV and AIDS are *the same thing* or that they *did not know* what it is. Some participants responded that HIV is *the initial stage of AIDS* but the disease is *not in full force yet.* Many expressed confusion about the difference between HIV and AIDS. For some participants HIV meant *the carrier of the disease* (AIDS) or that the *disease comes first and then the virus*. The few participants who distinguished HIV as a *virus* and AIDS as a *disease* tended to have more years of education. They also participated in HIV/AIDS information sessions here in the U.S. and Mexico.

Working patterns and length of time living and working in the U. S. were also compared between the two samples (Table 3 & 4). Female subjects had been working longer in Washington State and the U. S. (M=7.3 and 9.5 respectively) than their male counterparts (M= 6.8 and 8.3 respectively). Female subjects had lived longer in the U.S. (M=13.3) than male subjects (M=7.8). Most male subjects had worked in California (34%), other parts of Washington State (30.2%) and Mexico (26.4%) before coming to Eastern Washington. In contrast, half of the female subjects had worked in Washington (50%) and Mexico (12.5%) before coming to Eastern Washington. Some male and female subjects had worked in Arizona, Illinois, Mexico, Nevada, Oregon and Texas before coming to work to Eastern Washington. Female subjects (75%) were going to stay in Eastern Washington to work, whereas less than half of the male subjects (43.4%) were going to work in Washington. Thirty-Four of male subject were going to work in California after the season was over. More than seventy-five percent of the female subjects (78.1%) live in Washington State, Mexico (15.6%) and Texas (6.3%) most of the time. Male subjects live most of the time in Washington (45.3%), Mexico (28.3%) and California (26.4%).

Table 3 Working Patterns by State

Variables	*Female (n=32) N (%)*	*Male (n=53) N (%)*
Where did you work before?		
California	*3 (9.4)*	*18 (34.0)*
Washington	*16 (50.0)*	*16 (30.2)*
Texas	*2 (6.3)*	*0 (0)*
Oregon	*1 (3.1)*	*1 (1.9)*
Mexico	*4 (12.5)*	*14 (26.4)*
Arizona	*0 (0)*	*1 (1.9)*
Nevada	*0 (0)*	*1 (1.9)*
Others	*1 (3.1)*	*1 (1.9)*
Missing	*5 (15.6)*	*1 (1.9)*
Where are you going to work later?		
California	*0 (0)*	*18 (34.0)*
Washington	*24 (75)*	*23 (43.4)*
Oregon	*0 (0)*	*3 (5.7)*
Mexico	*0 (0)*	*5 (9.4)*
Missing	*8 (25)*	*4 (7.5)*
Where do you live most of the time?		
California	*0 (0)*	*14 (26.4)*
Washington	*25 (78.1)*	*24 (45.3)*
Texas	*2 (5)*	*0 (0)*
Mexico	*5 (15.6)*	*15 (28.3)*

Table 4 Length of time working and living in U. S. in years

Variables	*Female (n=32) mean (SD)*	*Male (n=53) mean (SD)*
Number of years worked in WA	*7.3 (6.9)*	*6.8 (6.4)*
Number of years worked in the US	*9.5 (8.5)*	*8.3 (7.0)*
Number of years lived in the US	*13.3 (13.9)*	*7.8 (7.1)*

RESULTS

Sample Demographics Characteristics

The two samples were compared on age, education, place of birth, place of birth of parents and yearly income (Table 2). The female sample was older (M=32.4) than the male sample (M=29.8). Both male and female subjects had three years of education or less (69.8% and 65.5% respectively). Male subjects were more likely to have completed High School than their female counterparts (19.8% and 15.6% respectively). Female subjects were more likely to have two or more years of college education than male subjects (9.3% and 1.9% respectively). Almost all subjects and their parents were born in Mexico (95.3% and 98.8% respectively). Men were more likely to have higher yearly incomes than women.

Table2 Characteristics of participants

Variables	*Female (n=32) N (%)*	*Male (n=53) N (%)*	*Female (n=32) mean (SD)*	*Male (n=53) mean (SD)*
Age (years)			*32.4 (13.3)*	*29.8 (11.5)*
Education				
Primary	*21 (65.6)*	*37 (69.8)*		
Intermediate	*3 (9.4)*	*3 (5.7)*		
High school	*5 (15.6)*	*10 (18.9)*		
Technical	*0 (0)*	*1 (1.9)*		
2 years of college	*1 (3.1)*	*0 (0)*		
Bachelor degree	*1 (3.1)*	*1 (1.9)*		
Graduate school	*1 (3.1)*	*0 (0)*		
Missing		*1 (1.9)*		
Country born				
Mexico	*28 (87.5)*	*53 (100)*		
U. S.	*4 (12.5)*	*0 (0)*		
Country parents born				
Mexico	*31 (96.9)*	*53 (100)*		
U. S.	*1 (3.1)*			
Yearly income (K)				
0-5K	*14 (43.8)*	*8 (15.1)*		
6-10K	*9 (28.1)*	*22 (41.5)*		
11-20K	*5 (15.6)*	*9 (17.0)*		
21-30K	*0 (0)*	*1 (1.9)*		
31-40K	*0 (0)*	*1 (1.9)*		
Missing	*4 (12.5)*	*12 (22.6)*		

NOTE:

*All italicized words or phrases are direct quotes from the focus group participants.

**Due to the qualitative characteristics of the data the following terms were used to report the findings. The term "all" was used when more than 100% of participants responded in the same manner or agreed. The term "most" was used when more than 80% of participants responded in the same manner or agreed. The term "some" was used when at least 45% of participants responded in the same manner or agreed. The term "few" reflects the opinion of less than 10% of participants.

available that specifically assess prevention methods that are considered culturally appropriate by the MSFW population.

This information was gathered by conducting focus groups in Spanish. Focus groups were conducted at migrant camps in four Washington state counties: Douglas-Chelan, Okanogan, Yakima, and Benton-Franklin. An incentive of a $25 gift certificate to buy groceries was given to participants of the focus groups. A total of 53 MSFW men and 32 MSFW women took part in the assessment. This needs assessment will provide valuable knowledge to the agencies that fund programs to develop community-based HIV/AIDS prevention programs for the migrant and seasonal farm workers in the state of Washington.

METHODS

A qualitative methodology was chosen for this study among migrant and seasonal farm worker men and women because of the exploratory and descriptive nature of the study objectives and goals. Separate focus groups were used to elicit information on HIV/AIDS prevention, knowledge and needs of participants. In addition, participants offered suggestions on culturally appropriate strategies to use when developing educational programs to deliver HIV/AIDS information to this population.

SAMPLE

Convenience samples of Latino seasonal/migrant men (n = 53) and women (n = 32) working in Eastern Washington between the months of July and October were invited to participate. Subjects were recruited from Douglas-Chelan County (n = 22), Okanogan County (n = 13), Yakima County (n = 34), and Benton-Franklin County (n = 16).

SAMPLING PROCEDURES

Recruitment sites were selected because they were representative of the targeted group and subjects were willing to participate in the study. Community outreach workers from the Migrant Health Centers and local health departments recruited subjects who represented one of the targeted groups. Potential subjects were approached on an individual basis at migrant camps after they returned from work. The recruitment process followed the protocol approved by the Washington State Internal Review Board (WSIRB) to protect subject's confidentiality. An explanation of the study was given and subjects were informed of the day, time and location of the focus group meeting. Each group was identified by a number. As an incentive to attend, participants received a meal 30 minutes prior to the discussion and a gift certificate for $25 from Safeway after the focus group discussion was completed.

MEASURES

Focus Groups

An open-ended semi-structured Spanish language questionnaire was used to guide the focus group discussion (see Appendix A). The questions elicited information on knowledge, attitudes and behaviors on HIV and AIDS prevention among participants. In addition, participants were asked about the type of prevention information they wanted to learn and the most culturally appropriate and effective methods to deliver the information. Each participant took turns to respond to each question.

Demographic Characteristics

Demographic data was collected with a survey after participants completed the discussion. Demographic characteristics that were assessed included gender, age, education, subject and subject's parents birth place, last place of work, next place of work, place of living, years working in Washington state, years working in the U.S., years living in the U.S. and annual income. Education was coded on an 8-point scale. The education scale categories were: "1" = 1st to 3rd grade (primaria), "2" = 4th to 8th grade (intermedia), "3" = 9th to 12th grade (secundaria), "4" = technical school, "5" = two years of college, "6" = four years of college (bachillerato), "7" = graduate school, and "8" = medical/doctorate.

Procedures

The focus groups were carried out in four different counties in Eastern Washington. Dates, times, locations of the groups as well as the facility were chosen to accommodate the working schedules of participants (Table 1). Group discussions were conducted in the evening and in a private area of the camps or clinics.

Table 1 Group Schedule and Setting

Site	Date and Time	Group	Setting
Douglas-Chelan County	July'02- 6:30- 8:00 PM	Men	Migrant camp
Okanogan County	July'02- 6:00- 7:30 PM	Women/Men	Clinic rooms
Yakima County	August'02 5:30- 7:00 PM	Women/Men	Outreach program Mobile home/Migrant residence
Benton-Franklin County	September'02 6:30- 8:00 PM	Women/Men	Migrant camp
Douglas-Chelan County	October'02 6:00- 7:30 PM	Men	Migrant camp
Douglas-Chelan County	October'02 7:45- 9:00 PM	Men	Migrant camp
Yakima County	October'02 6:00- 8:00	Women/Men	Migrant camp

All of the focus groups were conducted in Spanish and recorded on audiotape. A male Latino Health Specialist from the WACMHC facilitated the discussion with the male participants. An independent research consultant for the WACMHC facilitated the discussion with the female participants. All the audiotapes were transcribed in Spanish and then translated to English by the research consultant.

The group discussions began by giving a detailed explanation of the study using the guidelines approved by the Washington State Internal Review Board (WSIRB). Participants were asked not to discuss personal information and reminded that the information shared by participants was confidential. It was explained to the subjects that we were not looking for right or wrong answers and that they could choose not to answer a question without being penalized.

The first segment of the discussion began by asking participants what they knew about AIDS and HIV and how they learned about it. The second segment elicited their opinions about behaviors that put people at risk for getting AIDS, preventive measures or things people do in order to avoid contracting AIDS, and attitudes towards HIV/AIDS. The last segment of the session involved generating ideas about the types of prevention information they want to learn about HIV/AIDS. They were also asked to suggest culturally appropriate methods, themes and approaches to inform migrant health workers about risky sexual behavior and the use of prevention practices. This was followed by a brief discussion of how and when this information should be given and who should deliver it. Each group session lasted about an hour and a half (1 1/2). Lastly, the investigators collected demographic data on each participant on an individual basis using a semi-structured survey. Participants were thanked and compensated for their participation with a gift certificate and written prevention literature in Spanish.

Data Analysis

Descriptive statistics were used to analyze the demographic data. Content analysis of the data generated by the focus group discussions was done using a hermeneutics approach (Denzin & Lincoln, 1999; Morgan, 1997). That is, verbatim texts and audiotapes were carefully reviewed on multiple occasions. Data collection and analysis were considered to be a dialectical process. The analyses started with the first interview where answers were reviewed and used to elicit information about the following group discussions. Categories and themes were identified and summarized. This data was then shared with some of the groups in order to receive feedback and gain deeper knowledge about the themes and patterns identified. Data was translated into English by the research consultant and verified by the Latino Health Specialist in order to report the findings. The terms used in the final report were validated by a bilingual health care professional and reflect the most accurate expressions captured by the discussions.

INTRODUCTION

Latinos constitute the largest minority group in the United States (US Census Bureau, 2002). The incidence of HIV/AIDS continues to be high among male and female Latinos when compared to whites (CDC, 2001). In 2000, Hispanics represented 13% of the U.S. population (including residents of Puerto Rico), but accounted for 19% of the total number of new U.S. AIDS cases reported that year (CDC, 2000). Factors that increase their risk of exposure include multiple sex partners, men having sex with men, bi-sexual men, and injection drug use. Mexican seasonal migrant farm workers constitute one of the largest groups of Latinos in the State of Washington. There is limited information about HIV-related knowledge and risk behaviors among MSFWs in the State of Washington. There is little data available that specifically assess prevention strategies that are considered culturally appropriate by the MSFW population. The needs assessment was conducted to identify and describe the beliefs, knowledge, and prevention needs of Migrant Seasonal Farm workers (MSFW) about HIV/AIDS.

A seasonal farm worker (SFW) is an "individual whose principal employment is in agriculture on a seasonal basis and who has been so employed within the last twenty four months". In contrast, a migrant farm worker (MFW) "meets the same definition as a SFW but establishes, for the purpose of such employment, a temporary abode" (Enumeration Study Washington State 2000). In 2000 there were 186,976 migrant and seasonal farm workers (MSFW) employed in the agricultural industry in Washington State, according to a study commissioned by the Bureau of Primary Health Care Health (Enumeration Study Washington State 2000). There were 102,259 additional non-farmworker family members living in MSFW households during the same year. Thus, a total of 289,235 farmworkers and household members resided in Washington State in 2000. The majority of farm workers in this state are Latinos who have "settled out" or made their permanent home in Washington and travel within the state and other states following the various crops harvests. A smaller number (35%), migrate from other states and countries such as California, Texas, Mexico, Guatemala, Colombia, and other Central and South American Countries. Of those who migrate from other countries, the majority are men who leave their families to come to Washington State to harvest asparagus, cherries, peaches, apricots, and apples from April through early October.

In Washington State, Latinos comprise the largest group of migrant seasonal farm workers who are primarily represented by Mexicans and Mexican-Americans. The incidence of HIV/AIDS among seasonal farm workers in Washington State would be expected to be high because of several factors which include their transient working and migratory patterns, cultural beliefs and health practices, as we as literacy level and limited English proficiency (Aguirre-Molina, Molina, & Zambara 2000). Another factor that put men at risk is traveling within the state and/or from other state(s) without their partners, spouses and families in the early spring through early fall to work here. These men and women, in order to meet their sexual needs, are more likely to have the opportunity to engage in male with male sex and/or heterosexual contact with women who are not their partners. There is limited information about HIV-related knowledge and risk behaviors among MSFWs in the State of Washington. There is little data

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HIV/AIDS Knowledge and Prevention Needs Assessment of Migrant Seasonal Farm Workers