

## USE OF ETHNOGRAPHY IN THE EVALUATION AND TARGETING OF HIV/AIDS EDUCATION AMONG LATINO FARM WORKERS

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Ethnography can be utilized to assess the impact of HIV/AIDS education simultaneous with the implementation of program activities. An ethnographic analysis based on field methods adapted in a Michigan program that targets migrant farmworkers highlights responses to showings of a bilingual AIDS education video; the things to which migrants attend while they are interacting with the educator and each other in HIV education presentations; the tactics they employ to direct discussion when talking about HIV/AIDS, and the manner in which they use language to "distance" themselves from the topic of HIV infection and AIDS. Migrants in Michigan experience the same risks to health as farmworkers in other states; their pay is low, their hours are long, and the time they spend in the state is seasonal (summer). They engage in risk behavior while in the state (primarily consensual/contracted sex). Some migrants through use of drugs may come closer to exposure to the HIV virus outside the state than when they are working as migrants in Michigan.

Agriculture is one of the most hazardous industries in the U.S. For migrant and seasonal farmworkers,<sup>1</sup> there are risks to health from exposure to allergenic elements, improperly operated and/or maintained farm machinery, poor sanitation in the camps and fields, and the stress and long hours of work (Coye, 1985; Denver, 1991). AIDS cases among farmworkers are no less common than among the general population (Castro & Narkunas, 1989), but exposure to the HIV virus may occur among farmworkers through risk behaviors that differ from those that typify urban populations.

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<sup>1</sup>Migrant workers travel across county/state boundaries to perform agricultural labor, spending more than 24 hours away from their permanent residence, whereas seasonal farmworkers work close enough to home to return each night, but do not work year-round.

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The three states with the most farmworkers (Texas, California, Florida) have more than one-third of the AIDS cases in the U.S. Ranked 18th in cases of AIDS, Michigan, the focus of this paper, ranks fourth in number of farmworkers and has mostly migrants from Texas, Florida and Mexico. Migrants in Michigan work from May through October, and their numbers peak in June and July. Originating from two states among the highest in AIDS cases, migrants may have been exposed to HIV prior to their arrival (Frees et al., 1992) or they become infected through risk behaviors while in the state.

Ethnography was used by the author to improve understanding of why migrants as a distinctive rural population are at risk to HIV infection. Ethnographic research on HIV education took place in the camps where migrants were receiving intervention and education information, and it focused on how migrants sought to keep informed through "talk" of the things that concerned them the most.

*HIV Risks.* Little is known about HIV risk behaviors among migrants. One study of eastern stream migrants claims that they use needles for vitamins and medications, but not illicit substances (Lafferty, 1991). Ear piercing and tattooing are other possible uses of needles among migrants. No data exist on migrants and use of injectable drugs in Michigan. Substances of preference among Michigan migrants are alcohol and marijuana. Nonetheless, the author found the men using popular names for different drugs, an unlikely occurrence among persons unexposed to drugs. One of the preferred substances (alcohol) may be an antecedent to, or co-occurring factor with, risky sexual behavior (National Institute on Alcohol Abuse and Alcoholism, 1992; Stall, McKusick, Wiley, Coates, & Ostrow, 1986), but few studies produce findings that show more than a weak relationship between alcohol consumption and risky sexual behavior (Bolton, Vincke, Mak, & Dennehy, 1992).

Unprotected sex is a more likely risk behavior among migrants in Michigan and includes contracted sex with sex workers, and consensual sex between men, and between women and men. Little is known about contracted or consensual sex among migrants or whether sexuality issues replicate those emphasized in Latino HIV education (Amaro, 1988; Bletzer, 1991; Carrier & Magaña, 1991; González Rivera, 1992; Singer, Castillo, Davison, & Flores, 1990a). Migrants know that contracted sex takes distinctive forms in Mexico and Michigan. Sex workers in Mexico City, for example, are described by the men in areas called "dating strips" which have regulated houses of prostitution (*zona registrada*, also *zona de citas*), whereas American-style prostitution for the most part entails the services of women as well as men who are "in the life" and work the streets. Migrant men know where to locate sex workers "on the stroll" in towns and cities, but they more often talk about prostitutes who work in local taverns, and more readily avail themselves of the services of women who visit the migrant camps as sex workers, that is, as "heels on wheels." More research is needed on this phenomenon: the women typically are local; they may work full-/part-time near the camps, drive cars with Michigan license plates, travel in teams of two or three, know the men by first-name, and re-visit the same camps on a regular basis. There also are reports of women whom the men have "live-in," since local law enforcement cannot "harrass" or "arrest" them on private property, unless the property is "posted" (Luna, 1990, 1991).

*Intervention.* HIV education messages disseminated for Latinos in Michigan have been minimal, not unlike the scarcity of information on AIDS for Latinos across the U.S. in the early years of the epidemic (Singer et al., 1990b). The state campaign includes media and print in English since January 1989 (radio, television, newspapers, posters, leaflets), which was expanded to include paid ads on major net-

works and PSAs on cable television in English and Spanish in June 1990 (Ruff, 1992). Many migrants who work in the state lack sufficient language skills to benefit from information aired through the broadcast media, and even more lack the literacy skills to benefit from written messages.

Migrant HIV education first took place in Michigan in Ottawa County. Visits to the camps were conducted as substance abuse outreach by a trained counselor, who began to include AIDS education materials the summer before release of "Ojos Que No Ven" (Latino AIDS Project, 1987). The AIDS literature and this bilingual video, however, were designed to target urban-based populations, where needle-sharing with injectable drugs was, and still is, a primary risk behavior. By 1989, as minority HIV funding became available, other programs for migrants in Michigan followed the Ottawa County initiative. One of them, described in this paper, was sponsored by a statewide non-profit organization which received funds for its program through a five-state (five-agency) consortium.

Ethnographic data was used as an evaluation tool to assess the migrant HIV education program as it was being implemented in rural areas of Michigan. The statewide program took as its charge rural counties that had farmworkers but lacked local AIDS initiatives for migrants. For three summers the collection of ethnographic data occurred concurrently with program activities. Data were used to evaluate the design of the curriculum for camp outreach, and, finally, review the format of presentations conducted in the camps.

## MODEL

Farmworkers earn wages below the national average and lack the protection won or received by other U.S. workers who are organized through occupation-specific labor unions (Gonzalez, 1985; Hintz, 1981), two conditions which predispose them, and their families, to less than adequate health care coverage (Chavez, Flores, & Lopez-Garza, 1992; Slesinger, Christenson, & Cautley, 1986). Migrant life is characterized by a seasonality and uncertainty in its work, health risks owing to physical demands on the body, exposure to hazardous substances and infectious agents, and low pay and long hours. Diversity in farm labor is constrained by the system of labor recruitment (family-centered units vs. contractual arrangements with crews). Persons of the same language and ethnicity are concentrated by regions of the country and locales within states such as Michigan, where 60% to 80% of the migrant workers speak primarily Spanish (Santana, 1988).

The smaller migrant camps in Michigan are occupied by one to two families, whereas several families occupy the larger camps. Married men without wives and single men (called *solos*) are found in camps of all sizes. Migrants often return to the state from one summer to the next, sometimes to the same grower. The practice of visiting that occurs regularly within and between the camps allows migrants to create and renew friendships, and it generates a series of multi-stranded intra- and inter-camp networks throughout the state. The fact that visiting occurs despite the demands of physical labor (and low pay) indicates its importance in providing a context for discourse on topics of concern to farmworkers, among which is that of HIV infection and AIDS.

That portion of the human services infrastructure in Michigan that targets farmworkers is office-based and most of its services are crisis-oriented: food stamps and emergency housing in times of need, medical care through the migrant clinics,

and legal assistance with work-related problems or domestic disputes. Education initiatives are rare, and include early childhood education through migrant Head Start. Migrant HIV education initiatives in Michigan on the other hand are camp-based; the approach that is used is participatory not crisis-oriented. Intervention strategies employ models of learning for non-literate adults and strategies of behavioral change operative for substance abuse programs, where overcoming denial to admit to having a problem is a first step. Methods of teaching incorporate the *collapsible scripts* of one-on-one contacts, similar to techniques of substance abuse outreach, where the message "hooks" a person's attention, and the *expandable scripts* of group presentations (Taylor & Lourea, 1992), which permit question-and-answer discussions through focus groups that reach many people and teach them to make behavioral changes. Both teaching methods encourage migrants to direct AIDS discussion to concerns they may have.

## METHODS

Lacking problem-related, context-specific data on which to base hypotheses or design an outreach curriculum, the author's rationale for collection of field data was born of necessity. There were no studies of migrant sexuality, no context-specific data on rates of HIV infection among migrants and little information on introducing health-related materials among residents of migrant camps. The transiency of migrant life, moreover, precluded spending time in the camps on a pilot study, and the long hours and irregularity of work schedules limited arranging interview sessions. Hence the author took field notes on language use and behavioral responses to educational materials, as he collected program data (number of persons contacted, relative age, sex, setting, context of contact, responses to contact). The kinds of ethnographic data collected and the techniques of analysis included:

- a. Notation of responses to video showings that included verbal comments as well as non-verbal reactions.
- b. Notation of educator-group and participant-participant interactions, which evolved into a more systematic collection of data for assessment by discourse analysis (what some do as an "ethnography of talk"),
- c. Interviews with adults, adolescents, men, women, as well as couples; some of the data were amenable to discourse analysis.

Notes were written on the spot or taped as the author drove between camps, similar to techniques described by González Rivera (1992).

Sometime into the second summer, the *author-as-educator* eliminated his dependence on migrant services staff to schedule presentations and began using one-on-one contacts during outreach visits to ascertain whether camp residents were interested in having a presentation, if not that same evening, at least within the coming week. Time was saved, and the program was streamlined: 31 pre-arranged presentations were conducted at 31 of 76 camps reached in 1989, 40 pre-arranged presentations were conducted at 44 of 180 camps reached in 1990, and 26 presentations (some pre-scheduled, some spontaneous) were conducted at 26 of 348 camps reached in 1991. Impromptu discussions increased from 25 the second summer to 35 the third summer, and the number of counties covered increased from five the first summer to 11 the second summer and 21 the third summer.

## DEVELOPMENT OF METHODS

Ethnography provides a means to systematize impressions of human behavior and make them amenable to analysis or applicable to the resolution of real-world problems, by considering what is available locally and how that knowledge can best be applied to the task at hand. The trademark of ethnography is capturing the tone and flavor of what it's like to experience life as a member of another culture. But all the time that differences are being noted, there is something common that inevitably will surface, whatever it might be. The author learned that migrants were not totally insulated from aspects of the AIDS crisis that occur in other sectors of society. For example, he collected a version of the "AIDS Mary" story, now common in many parts of the U.S. (Fine, 1987):

A man was with a woman. Really attractive woman. She left the hotel room. He didn't know when, but when he awoke, he saw written on the desk: "Welcome to [the world of] AIDS." (*un hombre estaba con una muchacha, bien bonita ella, ella salió* [reference to hotel room from preceding topic of discussion], *él no sabía cuando, pero cuando despertó, vió en la mesa* ((gestures handwriting)): *bienvenida al SIDA*) [men only discussion, 10-10-91].

Ethnography complemented and further strengthened the process of disseminating HIV education information. As an example of how the ethnographic imagination was applied in the camps, the author-as-educator responded to a question one night on why mosquitoes were not transmitters of the HIV virus, indicating that there is no exchange of blood, and that the blood and the virus are retained in the mosquito's body. Then he listened as one of the men reworded his response for the man who had asked the question and included the empirical observation that mosquitos finish feeding when they are full, that

They are seen in the evening, full of blood staying on the walls. Then, you kill them and notice all the blood they had (*se ven por la tarde en la pared, lleños de sangre, parados ahí, entonces, los mata y se ve toda la sangre que tenía*). [men only focus group, 7-28-89]

The author-as-ethnographer shifted roles and subsequently included this version of an explanation when he was asked, as educator, if HIV can be transmitted by mosquitoes.

*Response to video showings.* One of the first issues examined was the relevance for rural populations of a focus on needle sharing in AIDS education materials. It was not possible to conduct a pilot study on the prevalence of drug use, but it was possible to observe people responding to information about injection as a risk behavior. A working hypothesis was formulated that the emphasis on injection as a mode of transmission in bilingual AIDS videos reflected a bias toward urban-based audiences. This hypothesis was tested in the camps against responses to video content, by assuming that responses represent inferences made by participants on what they perceive is taking place in the story according to cultural background and a folklore generated by access to discourse on AIDS.

The video first used in the migrant camps was "Ojos Que No Ven." Set in a *barrio* (neighborhood) in an unnamed community, the main characters form an

interconnected network of dyadic relations that are based on family and friendship. The video's title is shortened from a well-known proverb, *ojos que no ven, corazón que no siente* ("an uncaring heart arises from eyes that won't see"). Use of the first half of this proverb in the title refers to the need to see the impact of AIDS to care enough to become involved (Mata, 1989). The style of the video is generic: all of the characters speak Spanish, except Cindy, a local prostitute, and no one mentions a country of origin nor a place of residence. The way the video is framed and performed resembles the features that define the verbal performance of a proverb among Mexicanos (Briggs, 1988:101-135). A number of migrants noted this resemblance to verbal performance; they refer to its "Latino style" (*onda Latina*) as the opening scenes link the present to the past through a montage of Aztec murals interspersed with street scenes of Latinos. Ideas framed in the video are not about distant bygone days, but those emerging with the AIDS crisis.

"Ojos Que No Ven" contains 20 scenarios showing dyadic and triadic interactions, which can be collapsed into nine sets which depict behavior that may place a person at risk to HIV infection: sex between men, risks which occur in needle-sharing, prostitution, and a woman's pregnancy where her partner engages in a risk behavior, among others. A content analysis of reactions and comments was generated from field notes taken during 31 education sessions at 31 camps in 1989 and 14 of the 40 sessions conducted in 1990, when this video was shown. All 14 sessions in 1990 were attended by adults (mean = 12.6 for 14, 12.9 for 40 total sessions); close to one-half also were attended by adolescents (mean = 7.1 for 10, 5.8 for 24 total sessions) and/or children (mean = 7.7 for 9, 6.0 for 20 total sessions). Notations from sessions over two summers generated data on types of salient reactions by whom (older/young adults, adolescents, children), and occurrence at what point in the session. (Future efforts should consider quantification of responses by intensity, duration, frequency and effect on flow of the session.)

Based on exclamations of *surprise* and expressions of *laughter*, the two most salient reactions, observations indicate that the things noticed the most by migrant audiences were extramarital sex and sex between men regardless of their marital status. Surprise reflects an unanticipated stimulus and redirects audience expectations. Laughter among members of the audience contextualizes significant affect, and the incongruity of humor reduces tension. Verbal comments to the video support what was learned from observing the reactions of migrants as they watched the video. The content analysis showed a need to substitute a more migrant-focused video and suspend the needle-cleaning demonstrations, both of which were implemented during the second summer. Considered below are the four scenarios from "Ojos Que No Ven" receiving the most responses (comments and reactions), which indicate migrants bring a different set of cultural models to this video than a focus on needle sharing. (Letters denote ordering of 20 scenarios, A-T.)

A. A dialogue in the opening scene occurs between two co-workers, Doña Rosa and José Luis, as he brings her home in his car. Their talk concerns several misinformed aspects of AIDS (he will not eat in restaurants, and he prefers to drive his car to work, not ride the bus). At one point, she asks him:

Rosa: *Don't tell me that you are gay* (del otro lado)? ((smiling playfully))  
 José: *Who knows?* ((hand under chin, affected))

People of all ages have chuckled at José Luis' imitation of a gay man in this scene, the first in the story to reference gay-ness, which sets the stage for later references to gay

behavior. There were no exclamations of surprise to this scenario. Very few people provided specific comments on this scene in the focus groups that followed the video.

C. The most frequent response occurs with the scene of Manuel and Gabriel on the couch, found there by Manuel's mother, Doña Rosa, as she arrives home. Sex between the two young men is implied, not shown. Exclamations of surprise came as the two men (shown as a close-up), both dressed, sit up, and Manuel, upon seeing his mother, exclaims: "¡Mamá!" Since each man has a visible moustache, there is no doubt to the intended reference in this scene. People who chuckled at this scene generally were older than those who reacted with surprise. A few people made comments on their getting caught by Manuel's mother, and several verbalized the distress that she might be feeling. No one commented on the implied riskiness of their behavior or argued for the moral impropriety of sex between men.

Q. People of different ages chuckled at Manuel's reference to "wearing a dress," as he has a brief chat with his sister after her outburst to the confession he made to her and their mother that he is gay. In the dialogue below, Isabel has apologized to her brother.

Manuel: *Why shouldn't I accept your apology, Flaca? But if you persist in behaving this way, the next time you bring your boyfriend around, I'll wear a dress.* ((mildly playful))

Isabel: *With that moustache, the only thing he'll think is that I have a weird brother (hermano chiflado).* ((playful))

Reactions to this interchange occurred most often among the young women, who giggled or laughed loudly. Others also laughed, all seemingly at the reference to wearing a dress, not to Isabel's reply. The humor juxtaposes a mindfulness of the proper attire for men and women. Migrant women, it is true, wear pants to work in the fields, but, for the most part, under dresses, and more young women than older women wear jeans in the evening after work.

Comments came mostly from the men, who commended Manuel's concern for his sister in keeping with a responsibility to his family, regardless of his sexual orientation (information is provided in the story that the father is deceased). This aspect of the video is the one most readily remembered when people spoke with the author and recalled having seen the video earlier. Migrants who previously have seen the video use the brother/sister dyad as an anchoring point to identify the video when they describe it.

S. There occasionally is surprise and a little laughter at the closing scene, as Manuel greets Gonzalo with a kiss, as Gonzalo, seated at a table in a bar, talks with Joaquin, the man with whom he had relations. Partner notification is being illustrated, since Gonzalo has called Joaquin after his HIV-positive diagnosis. Audience response to their kiss is less than when Manuel and Gabriel appeared together on the sofa; by this point, the audience is accustomed to gay references appearing in the video. All ages have reacted to this scene.

Comments and reactions to the drug-related scenes occurred less often than to other behaviors, despite the hip language and tag of the drug-using character, who employs street language to identify the drugs he's carrying, uses expressions like

*está toda la madre* ("it's pure heaven") and calls himself *Tiro Loco* ("Crazy Shot"). Migrants attended more to the relationships of the two couples who appear among the various single persons in the video, whose pleasure-oriented escapades, and worries prior to problem resolution, pervade the story. That they notice the married men is understandable considering that labor organization in the larger camps is male-focused and family-centered. One's family anchors a person amidst the ever-changing social networks that one experiences as a migrant. Men comment the most on the extra-marital liaisons of Joaquin and Gonzalo (male-male consensual sex) and Pedro and Cindy (male-female contracted sex). They call attention to Joaquin's behavior and indicate that his secretiveness toward Alma, his wife of one year, is "disgraceful" (*una desgracia*) and "sad" (*triste*). More than once, someone has commented "He deserves his predicament, he has such a fine woman at home" (*lo merece, tiene esa mujer tan buena en la casa*): Their comments give credence to the notion that tensions will occur over the roles and activities of gay men (Carrier, 1989a), but raise questions about asserting that there is an unspoken acceptance of (safe) sex between men in Mexican society, even if one or more of the men is married (Carrier, 1989b). Women rarely commented on Joaquin's behavior.

The second couple draw frequent responses from both men and women. Pedro spends the night with a prostitute. When he returns home to his pregnant wife, Ana María, she scolds him. Reacting to her accusations, Pedro denies being with another woman and sweet-talks his wife into accompanying him inside the house (gently taking her broom and opening the door for her). Migrant men note Pedro's skills in placating his irate wife, and several have noted: "Now she'll behave" (*ahora le conforma*). Their comments allude to an idealized expectation that women owe allegiance to their spouse's desires, not their own. Migrant women bring a different perspective to this scene; many remain silent when they watch the video in mixed groups. But when they speak out, their comments question the accuracy of portraying wives as compliant. Once a migrant woman in a mixed group asked: "Why does she give in so easily?" (*¿porqué cae tan fácil?*). Women asked the educator during the focus groups, or after a session was over, what happens to Ana María, since the video is weakest on its resolution of the issue of her pregnancy and Pedro's carousing behavior, that places her, and their unborn baby, at risk to HIV infection. The last time Ana María appears in the story is when she receives literature from Doña Rosa; as she accepts the brochures, she tells her she's "well armed" (*bien armada*). The women who remain silent are reacting to the shallowness of assuming that telling a woman how she should expect to be treated will provide her with strategies she needs to confront, or change, her husband's behavior. The silence of some may reflect a worrisome recognition that they do not know what their husbands do at times they are not at home.

One of the reasons that this couple leaves an impression on migrant audiences is that there is no effort to hide the couple's background; Pedro uses the second person *vos* form common in rural Mexico (e.g., *calmate vos*), and his wife's hair coiffure and dress reflect highland fashion. Many farmworkers come from small towns in Mexico or the Valley (south Texas), where men and women recognize an ideal set of role behaviors for the sexes: male in control, female as compliant. Ana María is irate over his carousing and expresses concern that "Immigration Services might have grabbed him" (*lo había agarrado la migra*), and occasionally the men call Pedro a "wetback" (*mojado*) suggesting that not only are they seeking in his rustic origins an excuse for his behavior, they also are embarrassed over any similarities to Pedro's and their own behavior. Migrant women laugh less often; they



find little humor in the distress that Ana María is experiencing. Having been there themselves, their silence over scenes with Joaquin and Pedro may signal worry over a partner's behavior, whether informed or uninformed and whether related to extramarital liaisons with men or women.

*Analysis of migrant talk.* Notation of comments and related behavior from interviews, discussions and presentations provided the data for discourse analysis to figure out "what was really being said," identify what was most salient and determine what is entextualized (Kuipers, 1989) in what migrants know about AIDS. Use of language for referential distancing and as a tactic to direct discussions were considered for analysis.

Talking about AIDS and talking about sex are affect-laden, and that may require adjustments to minimize a speaker's ties to a particular issue under discussion, obligating "speakers to wrestle with these conflicts and come to terms with them in some way" (Leap, 1991:277). The common form of referential distancing when migrants talk about AIDS in a formalized setting is the use of a generalized other more often than specificity by ethnicity, age, sex, or reference to self.

Use of third person among migrants allows the speaker to speak knowledgeably on a topic related to risk behavior but maintain distance and not disclose if he/she has been careful in his/her behavior. Use of a generalized other is common (examples *a, b, c, d*, below). Migrants draw upon domains of major concern, such as the partner with whom one has sex (*a, c, d*), the male sex drive (*b*) and sanitation in camp bathhouses (*d*).

- a.* One needs to know one's partner (*hay que conocer la pareja*). [men only focus group, 7-16-90]
- b.* Abstain from sex (*dejar el palito*) [to avoid risks]. [male teen, interview, 7-29-90]
- c.* One cannot mess around with just anyone (*no puede meter con cualquier*). [men only focus group, 8-19-90; other variants]
- d.* One needs to be careful (*hay que cuidarse*), one never knows where one's partner has been; it's like bathing in contaminated water (*agua sucia*). [male adult, interview, 9-11-90; other variants]

Men also recognized that an ideal world where sex workers in Mexico have regular check-ups is not all that safe. One night one man took the idea of regulated sex to its logical extreme, hinting that precautions in sex relations require personal responsibility (*e*).

- e.* It isn't really safe if someone else visits the one you want between the time she has her check-up and you want to be with her (*hay peligro cuando el hombre quiere estar con una de ellas, si él no llega primero, después del chequeo*). [men only focus group, 10-8-89]

Migrants also distance themselves referentially by blaming others for behaviors which may hold true for them. When migrants, for example, ask why the government doesn't send HIV-infected gays to sacrifice their life in war (Operation Desert Storm and the invasion of Panama occurred during the time period covered in this paper), they are suggesting that "homosexuals" (*jotos*), or anyone who is reputed to have an active sexual life (such as themselves), are wasting their youth in sexual exploits not to the benefit of society. As a people, migrants distance themselves from

the AIDS problem in the U.S. by referencing conditions (poverty) that lead to cholera in Latin America, but they juxtapose as distinct conditions in Latin America (government indifference) which inhibit a response to cholera and conditions in the U.S. (volunteerism) which contribute to an education-prevention campaign against AIDS.

Statements in the first person permit the speaker to share with the educator from her/his personal experience, and bring her/him closer to the topic of AIDS and HIV infection. Hank's (1990) study of referencing among speakers of Spanish/Maya indicates that the use of first person reflects a speaker's search for mutual responsibility in public communication. For example, a migrant woman admitted in an interview that she, if not her husband, was concerned that marital sex placed her at risk to HIV infection (*f*). Her statement alluded to a misinterpretation of warnings about how HIV is transmitted by sex with an infected person; she avoided any expression of concern she may have felt over the faithfulness of her husband. Another time, a man gave a more direct (male) view that wives are concerned that husbands might "mess around" and bring the virus home to them (*g*).

- f.* I thought if we had sex (*si tenia relaciones*) [we would give it to each other], but it's not like that. [female, married couple interview, 8-9-90]  
*g.* Our wives (*mujeres*) think we will bring the virus (*traerlo*) home to them. [male, married couples' focus group, 9-23-90]

The more intense and closer to oneself a personal experience, the more likely migrants were to make use of first person to talk about HIV infection and AIDS, unlike speakers of American English studied by (Leap, 1991); difference between the two findings may be due to the setting in which the data were collected (hospital wards versus camps) or a difference in the status of the speaker (HIV seropositive versus status unknown). Use of first person among migrants facilitates a balance in a perceived asymmetry between levels of knowledge held by migrants and the educator regarding sexual relations outside marriage (*b, i, j*), the importance of the blood test (*k, l*) and attitudes toward the use of condoms (*m, n, o, i*). First person also permits a speaker to demonstrate the experiential cost of knowing someone who has AIDS (*j*) or the necessity of continuing to change in the wake of the AIDS crisis (*i*). Men more often than women referred directly to safer sex practices. Contrary to beliefs about the reticence of migrant women to talk about sex and similar to González Rivera (1992:132) who found in her study of Ingham County migrant camps no reluctance among men and women to talk about sex (except among older couples), a number of young women described their concerns (*f, j*) and alluded to their own behaviors (*b, l*). Moreover, one man alluded to the assertiveness of Texas women (*i*). There are reports from one migrant clinic which suggest that married migrant women who seek treatment for STDs after having multiple partners is not unknown (Johnson, 1991).

- b.* Here, let me put [the condom] on you (English). [female only teen focus group, comment during talk on ways to reduce risk, as demonstration, that adolescent was aware that HIV education strategies were designed to "empower women," 8-11-90]  
*i.* I'm in Alanon, I've heard (*yo sé*) what drugs can do . . . After I left my wife (*la dejé*), the first woman I was with asked me to use (*poner*) a condom. I agreed (*dije que sí*) . . . I was away for a year, but when I came back, I still use

- it, because I cannot be sure what she has done. [men only discussion, 6-22-90]
- j. I know this matter is important, not for me, but my daughter. She might do things [that place her at risk]. (pause) My son was gay (*homosexual*), he has AIDS (*tiene AIDS*). (pause) But because that's difficult to share with us (*decirnos*), he got married to hide it (*taparlo*). (pause) Now, he's dying (*ahora es para morir*). (pause) Not for me, but for my daughters. [mother of PWA, interview, 8-19-90]
- k. I've had the blood test (*prueba*) in Texas. [men only discussion & interviews with men; several examples from men]
- l. I've taken the exam (*ya recibí el examen*), they told me I was negative. [female teen, family focus group, 7-19-91; variants include married women and a woman who recently gave birth, after noting a AIDS brochure was the same one she received in migrant clinic during pregnancy tests, 6-25-91]
- m. Just because we get (*nos dan*) condoms, we may not use them. [teen, men only focus group; 8-12-89; few examples, variants given in the third person]

Migrants make frequent use of questions when they wish to generate discussion (*n, o, p, g*) or direct talk to an area of personal (*r, s*) as well as general (*t, u*) concern. Questions vary from wanting to know whether AIDS has a cure (*n*), what symptoms appear with AIDS (*o*), what routes of transmission pass the virus (*s, t, u*), where the epidemic started (*p, q*), and whether people such as prostitutes may be infected in the nearby towns (*s*).

- n. AIDS has no cure, right? [mixed groups & men only focus groups; several examples]
- o. How does one look (*parece*) who has AIDS? [mixed groups & men only focus groups; many examples, several variants]
- p. Did AIDS start with monkeys? (*changos*) [mixed groups; several examples]
- q. Which people (*raza*) have the most cases? [mixed groups & men only focus groups; many examples]
- r. Can one get the virus from kissing? [mixed groups & men only focus groups; interviews with teens of both sexes; several examples]
- s. Are there women with AIDS in [local town]? [men only focus groups; several examples, variants for four different towns]
- t. Can one get the virus from the toilet/bath (*excusado/baño*)? [mixed groups & interviews with both sexes, all ages; several examples, several variants]
- u. Can the virus be passed if two people place open wounds (*cortadas*) one atop the other? [mixed groups & interviews; several examples, several variants using ostensive referents, generally placing backs of the hand atop each other]

The educator used questions that considered material presented in the video to assess comprehension of its content, especially the first summer. For example, asking people why Doña Rosa is not at risk when she kisses Tomás (PWA) in the hospital directs thinking to the issue of casual contact. He later noted while giving migrants more time to participate in the focus groups that they used questions for much the same purpose, primarily as a tactic to give direction to and focus a discussion.

Questions in the third person allow the speaker to demonstrate an ability to apply knowledge about transmission of the HIV virus (*s, t*). Once contextualized

(Hanks, 1990), a discussion on AIDS permits participants to alternate as co-principals, animators and addressees. Questions in the second person generally were used between participants, mostly in jesting and they occasionally were used to ask what motivates the educator in providing the presentations (*v*).

- v*. Do you think that Latinos are more susceptible to AIDS (*que el pueblo Latino es más sidoso*)? [mixed groups & men only focus groups; several examples, variants refer to *pueblo Mexicano*]

No examples of questions in the first person were collected. Knowledge of how migrants distance themselves or approach the topic of AIDS with the sensitivity of personal experience is important as an educator seeks to fine-tune the manner in which she/he presents information on HIV/AIDS in the migrant camps.

There also are tactics that were used to usurp the intent of these dialogic techniques which may undermine an educator's efforts. Rhetoric questions, for example, may deflect the focus of a discussion and permit an individual to avoid an appraisal of responsibility for personal actions (*w, x*).

- w*. What woman wants to put on (*poner*) a condom? [men only discussion, 9-9-90]  
*x*. Who wants to "get off" inside a condom? (*¿quién va a morir en un plástico?*) [men only discussion, 8-24-90; variant, 9-14-91]

Similarly, use of first person may make a statement more believable and push the limits of its credibility, as it gently mocks the person who is bearer of bothersome news (*y*). It also may provide a humorous interlude during the serious matter of participating in HIV/AIDS education (*z*).

- y*. We always wear a rubber when we have a lady (English). [men only discussion, opening statement upon arrival of educator at Oceana County camp, 9-22-90; one example in Spanish from same county used *preservativo* for "condom," 9-14-90]  
*z*. Now I'm going to operate (*operar*). ((carefully puts on blue latex dishwashing gloves, as others observe, then chuckle)) [teen during discussion of risk behaviors, men only focus group, 7-19-91; variant on theme of gloves and hands appears in Castro (1982:287-288) and the metaphor of "opening" (*chingar*) appears in Reyna (1980)]

It was a welcome respite from the stress of daily travel to the camps to encounter people who knew when to play and how to talk and, related to matters of life and death, knew when to play to reinforce what was serious, not only defusing the tension of the moment but also strengthening the likelihood of remembering crucial information.

## SIGNIFICANCE

Incorporation of ethnographic techniques to collect data concurrently with the development and implementation of migrant HIV education permits a revision in program content, or provides a proposal for change, when it is perceived as needed.

If the educator is the ethnographer, she/he can suggest changes to a supervisor and provide supporting data, or she/he personally can institute the changes. If not, the ethnographer must meet with the educator (or education team) to discuss the assessment materials that have been collected, much in the traditional manner of conducting a study to recommend changes. An analysis of behavioral data from 45 showings of one bilingual AIDS video in migrant camps of Michigan, for example, indicated that portions of its story content rarely were associated with risk factors among migrants who work in the state. After examining the ethnographic data, this video was replaced with a more migrant-focused story, and a needle-cleaning demonstration was suspended as part of camp presentations.

An educator can learn to improve her/his teaching style from a review of ethnographic data that have been collected systematically and ordered by setting and context. For example, communication skills can be refined by identifying the tactics migrants consistently utilize to direct talk in a focus group or a discussion on AIDS to areas of particular concern to them and consider how migrants commonly distance themselves from the topic of HIV infection and AIDS. Over time, the ongoing collection of ethnographic data will elucidate the things migrants want to know about HIV infection and AIDS, suggest ways they might best understand the HIV/AIDS prevention message, and document what strategies of communication are effective in presenting the kind of information most needed to educate them on how to protect themselves against HIV infection.

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