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## 10 Migrant AIDS Education: Social Participation and Ethnographic Evaluation

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### BACKGROUND

Agriculture is ranked consistently among the three most hazardous industries in the United States (Coye 1985), and the conditions it generates affect the working environment and residence arrangements where farm workers spend most of their time (Whitener 1985). These conditions include substandard and/or crowded housing, poor sanitation in the camps and fields, exposure to allergenic elements such as pesticides, and low wages (Dement 1985:4-13, 46-50; Hintz 1981:19-82, 316-332). Compared with the U.S. population, farm workers have different and more complex health problems, such as heavier parasitic loads and higher rates of infectious disease, diabetes, skin disorders, and hearing problems (Dever 1991; Spielberg Benitez 1983; Walk 1986).

The national per capita income of \$13,270 for a nonfarm family is more than three times higher than the annual income of U.S. farm workers, which was \$4,299 in 1981 (Dement 1985:18). The mean annual income of migrant farm workers from agricultural and nonagricultural employment was \$3,995 in 1981 (Gonzalez 1985:97-99). Annual income for migrants in the state of Michigan is estimated at \$6,800 for a family of four (Inter-Agency Migrant Council 1990). Farm labor performed in Michigan generally is arranged by contract (Rochin et al. 1989:8-10). Migrant workers in Michigan dislike the contract work, which places a limit on earnings and commits a worker's time; they seek temporary seasonal work, where the hours are flexible and one is paid for the work performed.

The three "home-base" states of Texas, California, and Florida rank one, two, and three in estimated number of U.S. farm workers.<sup>1</sup> Michigan ranks fourth and has more migrants than any northern "recipient" state. An estimated 45,000 or more migrant workers and family members travel to

Michigan each year to perform agricultural labor: clear weeds, arrange trellisworks, trim trees, harvest and sort the crops (Rochin, R., Santiago, A., Dickey, K., 1989). The seasonality of agricultural work places them in the state from April to October; the peak months of work are June through August. The migrants who come to Michigan originate mostly from the home-base states of Texas and Florida, but more than one-half of their earnings from working in the Midwest are spent (remain) in the Midwest (Barger and Reza 1984:4). The Migrant and Seasonal Agricultural Worker Protection Act provides special allowances for hiring aliens. Workers from Mexico and Central America join African Americans from the Midwest, Native Americans from the South and Canada, as well as persons of Arabic descent (Anahid Kulwicksi, personal communication, 1992).

The smaller migrant camps in Michigan are often occupied by a single family, whereas the larger camps are occupied by more than one family. Single men (called *solos*) may be found in camps of all sizes. In the camps workers form new friendships or renew friendships from previous summers. Visiting within and between the camps in Michigan occurs regularly and generates a multistranded series of intracamp and intercamp social networks. Visiting occurs despite the low wages and basic demands of physical labor and suggests the presence of a context for discourse on topics of concern to farm workers. Among these topics is acquired immunodeficiency syndrome (AIDS).

When combined, California, Florida, and Texas ranked two, three, and four, respectively, in the number of recognized cases of AIDS in 1990 in the United States. Florida and Texas, the two states from which originate most of Michigan's migrant workers, have 15 percent of the cases of AIDS in the United States (Special Office on AIDS Prevention 1990). A number of persons who perform agricultural labor in Michigan complement their annual income by working in packing plants, warehouses, and short-term construction projects, where participation in risk behaviors may occur. Migrant men can repeat the popular names of substances to which non-farm workers have exposed them, but since the substances of preference among migrants are alcohol and marijuana, few report that they have actually used injectable drugs. Thus, the potential exists for human immunodeficiency virus (HIV) infection among migrants, since they have come into contact with behaviors that promote spread of the HIV virus (for a similar consideration among Puerto Rican youth in the Northeast, see Amaro 1988).

This assumption of potential contact is supported by research on seropositivity among the migrant population in selected locales. Clinical data collected from 14 clinics in ten states that utilize migrant labor (Florida, North Carolina,<sup>2</sup> Texas, Michigan, Utah, California, Washington, and the combined three-state area of Virginia-Maryland-Delaware) resulted in an overall seroprevalence rate of 0.51 percent (15/2,966 blood samples); there are no comparable data for the U.S. population, since official statistics list

only AIDS cases. The ratio of male/female seroprevalence among the farm workers was 1:1 (Castro and Narkunas 1989), suggesting heterosexual transmission as a primary mode of HIV infection. Migrants tested seropositive in nearly all of the ten states, including Michigan. Unpublished reports from the Michigan Department of Public Health,<sup>3</sup> other agencies,<sup>4</sup> and the migrants themselves provide evidence for the existence of HIV infection among the migrant population in Michigan, but to what extent is not known. Research conducted in central Florida indicates a higher seropositivity rate (close to 5.0 percent) among migrant farm workers (Frees et al. 1992).

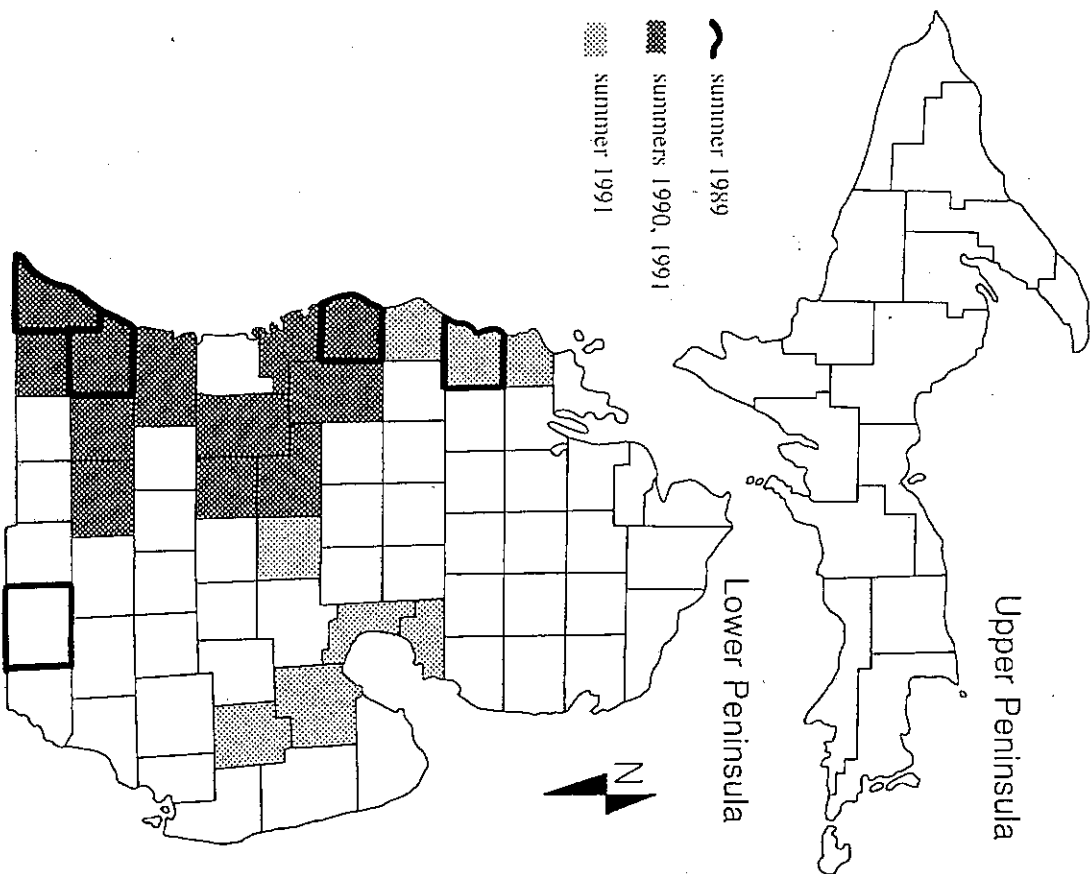
#### INITIATING AIDS EDUCATION AMONG FARM WORKERS

Early interest in mounting an AIDS initiative among migrant workers in Michigan began when agency personnel noted the development of AIDS programming in other parts of the country and recommended that the same be done where they worked. The idea went no further than "talk" in a number of these agencies (cf. Singer et al. 1991:74-75), owing to a lack of funds to create new program initiatives to deal with AIDS.<sup>5</sup> This occurred despite efforts to surmount such hurdles by the statewide Commission on Spanish Affairs (1988; cf. Singer et al. 1990:203).

As the major migrant-serving agency in the state since 1967 (see Figure 10.1), Michigan Economics for Human Development (MEHD) was asked to join with similar agencies in the Midwest to develop an AIDS education program for migrant farm workers. Five agencies<sup>6</sup> collaborated on a joint proposal, which was awarded funding through a five-year grant from the Centers for Disease Control in 1988. Thus, the Midwest Regional Migrant Farmworker AIDS Education and Prevention Consortium was formed in response to a felt need through pooling grant-writing skills and organizational expertise. Greater leverage for funding generated by multistate consortium building is further illustrated by the formation of other "regional" efforts, such as the Northeast Hispanic AIDS Consortium, which comprises Connecticut, Massachusetts, New Jersey, New York, Pennsylvania, and Puerto Rico (Singer et al. 1991:78; Singer et al. 1990:203), and the Midwest Hispanic AIDS Coalition, which comprises Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Regional collaboration enabled a successful bid for the awarding of funds in all three cases, which might not have been possible if an agency from one state had attempted the same task. This trend in coalition building is encouraged by government-sponsored Request for Proposal competitions that emphasize interorganizational linkages.

The consortium's goal is to provide AIDS education to farm workers by moving progressively to "reach" 50 percent of the estimated farm workers in the five states the first year and 85 percent of the estimated total in the final year. Staff representatives from each of the five agencies meet three to

Figure 10.1  
State of Michigan, by Counties



Michigan Economics for Human Development (MEHD) conducted educational AIDS outreach programs aimed at migrant farm worker camps in Michigan. Shaded areas and/or areas outlined indicate counties "reached" by the program.

four times per year for planning and in-service training and to share experiences from working with the programs in each respective state.

AIDS education programs for farm workers vary by sponsor and funding in the state of Michigan, but all of them, except the program described in this chapter, occur at the county level. Active programs in Michigan are represented by dedicated staff who often work "after-hours" with the farm worker population to conduct AIDS outreach in the camps. Their agencies unfortunately lack the funds to hire additional outreach workers. Given their dedication and interest, they could "cover" more territory, but jurisdictional constraints limit their activities to county-defined service areas. Migrant AIDS programs in Michigan for 1989 through 1992 include:

- American Red Cross: close to all 58 Ottawa County camps, 1989 (assisted by a staff member from the local substance abuse agency, who was active in the camps from 1986 to 1989), 1991-1992.
- county social service agency: 36 of 62 Ottawa County camps, 1990.
- interagency mobile team: 6 of 7 Lenawee County camps, 1989, 1992.
- community based organization: 14 of 15 Ingham County camps, 1990-1991.
- community education program: 28 camps in two townships of Kent County, 1990.
- minority AIDS project: 10 camps in 1989, 1 camp in 1990, Kent County.

The manner in which migrants are reached is by AIDS education sessions, generally in the evening, and outreach visits, both in the afternoon and evening. Four of these six programs incorporated administration of an evaluation instrument into their sessions, but, since "educators" also serve as "evaluators", none have the resources to "tabulate" or "distribute" their findings, except for internal usage. Integration of evaluation research with implementation of a program is necessary to assess its effectiveness (e.g., Vincent, Clearie, and Schlucker 1987) and assure funding sources that program goals are being met.

One innovation implemented by the statewide and the Ottawa County programs was to incorporate volunteers into their respective AIDS outreach efforts in 1990. Eight camp residents<sup>4</sup> were recruited and trained to serve as AIDS liaisons or camp volunteers (CAVOS), whereas the Ottawa County program utilized 32 nonmigrant volunteers in their efforts. The term *camp volunteer* was chosen by the statewide program since it was more reflective of the initiative taken by camp residents in promoting AIDS education among themselves. The model for MEHD's pilot project was adapted from similar programs using community health workers in urban areas of this country (Broadhead and Fox 1990) and other countries overseas (Bastien 1990). Limitations in program budgets make volunteers a viable strategy for assuring that AIDS risk reduction education reaches the camps.

At the time the author was hired by MEHD for the AIDS coordinator

position, the major initiatives on AIDS education among Latinos in Michigan were the Ottawa County migrant program and two urban-based programs, the Minority AIDS Project in Grand Rapids and Vida Latina in Detroit.<sup>7</sup> All three programs were formed with limited resources and continue to the present, each with a different funding base (one has government grants, one receives local and private donations, one receives nonprofit monies from a national office). From visits with staff at these programs and technical cooperation, the author exchanged ideas on developing an AIDS education program for farm workers. By attending local, state, and regional conferences, the author was trained in state-of-the-art AIDS education strategies, derived primarily from urban-based models of intervention. Discussants at the early conferences frequently voiced concern over the reluctance of Latinos to "own" the AIDS problem and an indifferent attitude toward homosexuality among Latinos (see Singer et al. 1991:73-74; cf. Friedman et al. 1987:456-457). However, these issues rarely appear as concerns in presentations at recent conferences and workshops on AIDS at the local, state, and regional levels.

Establishing an AIDS education program for farm workers, then, had little more to draw on than the information being disseminated through inter-agency infrastructural networks and insufficient baseline data on the assumed characteristics of the migrant population, which, in Michigan, for the most part, represents Latino (Chicano) culture.

#### ASSESSING MIGRANT AIDS PROGRAM INITIATIVES

Several techniques were used by the author to generate ethnographic information to evaluate the program:

- Notation of social interaction during prearranged AIDS presentations and impromptu discussions conducted in the migrant camps
- Notation of responses to video showings
- Knowledge-attitude-beliefs survey administered at the start of the presentations
- Interviews with migrants from selected camps among the 76 visited in 1989, 180 visited in 1990, and more than 300 visited in 1991

The procedures of discourse analysis were used to assess the data for all but the survey data. Discourse refers to "an emerging and emergent interface between language and culture . . . [that situates] language in natural contexts of use" (Sherzer 1987:296).

One of the first issues examined through the research plan developed by the author was the relevance for rural populations of the focus in AIDS education materials designed for urban populations. Video showings were considered a primary element for incorporation into AIDS education ses-

sions in the camps. A working hypothesis was formulated that the urban-oriented content of AIDS videos, then available, represented an "elitelore" (privileged production) created by Latinos for Spanish-speaking audiences in the United States. This hypothesis was tested in the camps against responses to video content, by assuming that responses represent inferences made by the participants on what they perceive is taking place in the video story according to their cultural background and a *folklore* generated by access to discourse on AIDS. Comparison of elitelore and folklore has been applied under similar conditions: Herrera-Sobek (1979) synthesizes material from novels depicting the migrant experience in this country, then contrasts this with aspects of the migrant life history materials she has collected.

The first video used in the migrant camps was *Ojos Que No Ven* (Latino AIDS Project 1987), at least until one or two migrant-oriented and rural-focus videos became available in 1990. *Ojos* is set in a barrio (neighborhood) in an unnamed community in which the main characters form an interconnected network of dyadic relations that are based on family and friendship. The video's title is shortened from the well-known proverb "Ojos que no ven, corazón que no siente,"<sup>8</sup> which approximates the English saying "Out of sight, out of mind." Use of half this proverb in the title refers to the need to "see" the impact of AIDS in order to "care" enough to become involved (Adolfo Mata 1989, personal communication; Ricketts 1987). All of the characters in *Ojos Que No Ven* speak Spanish,<sup>9</sup> yet there is no mention of a country of origin or a place of residence for any of them.

The manner in which the video is framed and performed resembles some of the features that define the verbal performance of a proverb (Briggs 1988:101-135). A number of migrants have noted this resemblance to verbal performance, by referring to the "Latino style" (*onda Latina*) of the video, as the opening scenes "link" the present to the past through a montage of Aztec murals interspersed with street scenes of Latinos. The ideas "framed" in *Ojos Que No Ven* are not about distant "bygone days" (Briggs 1988:107-108) but are those that have emerged concurrently with "AIDS hysteria." The video contains some 20 scenarios showing dyadic (and some triadic) interactions, which can be collapsed into nine sets that directly or indirectly depict behavior that places a person at risk to HIV infection: sex between men, as well as risks that occur through drugs, needle sharing, prostitution, and a woman's pregnancy where her partner engages in a risk behavior.

A content analysis of overt reactions and comments was generated from field notes taken during AIDS presentations in 31 camps in 1989 and 22 camps in 1990.<sup>10</sup> Two general domains of behavior caught people's attention: extramarital sex and sex between men regardless of marital status.

The following examples<sup>11</sup> consider the four scenarios in *Ojos Que No Ven* that received the most responses.

First is the dialogue between two coworkers, Doña Rosa and José Luis,

as he brings her home in his car in the opening scenes. Their talk concerns some misinformed aspects of AIDS (he will not eat in restaurants and prefers to drive his car to work, rather than ride the bus, for instance). People of all ages have chuckled at José Luis's imitation of a gay man in this scene, the first one in the video to reference gayness, which sets the stage for the references to gay behavior that follow. There were no exclamations of surprise to this scenario.

The most frequent response among migrants occurs with the scene of Manuel and Gabriel on the couch, caught there by Manuel's mother, Doña Rosa, as she arrives home. Sex between the two young men is implied, not shown: close-up of feet together at the foot of the sofa, then a close-up of a pair of hands caressing a back. An exclamation of surprise comes as the two men, both dressed, sit up (shown as a close-up), as Manuel, upon seeing his mother, exclaims: "[Mamá!]" Since each of the two young men has a visible moustache, there is no doubt to the intended reference in this scene. The people who chuckled at this scene generally were older than those who reacted with surprise.

People of different ages have chuckled at Manuel's reference to "wearing a dress," as he has a brief chat with his sister over her outburst to the confession he made to her and their mother that he is gay.<sup>12</sup> In the dialogue below, Isabel has just 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 [bermano chiflado] (playful)

Young women, watching the video in mixed groups, respond to Manuel's reference to wearing a dress, not to the comeback comment Isabel makes. On one occasion, several young women wearing jeans laughed rather loudly; perhaps they recognized their own incongruity by attending an evening session in jeans, not dresses, which is the more customary after-work attire among migrant women.

There occasionally are some surprise and a little laughter as Manuel greets Gonzalo with a kiss in the closing scenes, as Gonzalo, seated at the table in a bar, is talking with Joaquín, the man with whom he has had relations. The scene illustrates partner notification, since Gonzalo has been diagnosed as HIV positive. Audience response to the kiss is less than when Manuel and Gabriel appear together on the sofa; by this point, the audience has become accustomed to the gay references that have appeared earlier in the video. All ages have responded.

The second set of responses to material in the video occurs as verbal

comments and concerns the extramarital liaisons of the two married men: one with another man and the second with a prostitute.<sup>13</sup>

Pedro spends the night with a prostitute; he is later shown returning home to his pregnant wife, Ana María, who scolds him with dramatic gusto. He eventually cajoles her into forgiving him and denies being with another woman, as he sweet-talks his wife into accompanying him inside the house (marked by taking her broom gently and opening the door for her). Migrant men have noted Pedro's skills in placating his irate wife. Several men have noted: "Now she'll behave" (*ahora le conforma*), which alludes to the expectation that women "owe allegiance" to their spouse's desires, not their own. Migrant women bring a different perspective to this scene; most remain silent, but only in mixed groups. Once a migrant woman in a mixed group rhetorically asked: "Why does she give in (*cae*) so easily?"

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. Many farm workers in Michigan come from small towns in Mexico<sup>14</sup> or the Valley (South Texas), where men and women recognize the expected roles and behavior between the sexes: male in control, female as cooperative. While irate, Ana María expresses her concern over Pedro's whereabouts; migrants frequently laugh at her worry that "Immigration Services [*la migrat*] might have grabbed him." Comments from the men indicate that they perceive Pedro as a "wetback" (*mojado*). It is the women who comment on Pedro's carousing, noting the video is weak in dealing with the issue of Ana María's pregnancy, coupled with Pedro's risk behavior, which places her and their unborn baby at risk to HIV infection.

Joaquín has an affair with a gay man but fears disclosing this fact to Alma, his wife of one year. He learns (as does the viewer) from a phone call to his home that his paramour (Gonzalo) has been diagnosed as HIV-infected. He later meets with the man in the final scenario of the video. A few men have called Joaquín's behavior "disgraceful" and indicate that Joaquín "deserves his predicament [*lo merece*], since he has such a fine woman at home." The viewer is never told whether his wife learns about her husband's extramarital affair.

This brief analysis of responses to showings of *Ojos Que No Ven* in the camps indicates some of the things "noticed" the most and suggests that migrants bring a set of cultural models to this video that differ from its intended focus on drugs and needle sharing. As such, the analysis served as an evaluation/planning tool for revising the program curriculum (see Table 10.1). The data further indicate that migrants recognize scenes referring to homosexuality as well as bisexuality, but their combined silence and critical comments raise questions about the validity for migrant (Chicano) men and women of Joseph Carrier's (1989a, b) assertion that there is an unspoken acceptance of sex between men in Mexican society.

These discursive data from the video showings are supported by data

**Table 10.1**  
**Changes in Structuring of AIDS Presentations in the Camps**

Summer 1989 (camps)	(N = 31 sessions, at 31 camps)	Summer 1990 (camps)	(N = 44 sessions, at 22 camps)
> pre-test (KAB Survey)		> DISCONTINUED	
> talk with chart on causes, risk behavior, preventive measures, roughly 30 minutes		> reduced to 5-10 minutes, rarely use chart	
> video: "Ojos Que No Ven" (urban focus), 51 minutes		> video: "Gente Como Nosotras" (rural focus), 16 minutes	
> educator-directed question and answer session, discussion		> changed to better represent migrant-directed style	
> demonstrations: condom use, needle cleaning		> condom demonstration only	
> distribution of brochures (Spanish/English)		> CONTINUES AS BEFORE	
> distribution of condoms (optional)		> CONTINUES AS BEFORE	
mean length of session: 1.98 hours high = 2.00 hours, low = 1.50 hours		mean length of session: 2.09 hours high = 3.25 hours, low = 1.00 hour	

gathered in the camps from prearranged focus groups, impromptu outreach discussions, and interviews. A few highlights from this material follow.

From the ethnographic material, we learned that risk behaviors that are typical of the migrant population differ from those that typify urban populations. Farm worker involvement with needle sharing more likely includes behaviors related to injection of vitamins and medication, ear piercing, or tattooing (Kennedy 1989). There has been little evidence to suggest that migrants in Michigan are involved in substance abuse that entails the use of needles, although they show an awareness of the substances that are available from contacts they have with nonmigrants, some of whom are extended family members. One young man told the author in English: "Mostly marijuana and drinking are [what the guys do]. Cocaine is available in the Valley, but not too many guys go for syringes" (Interview, August 31, 1990).

Sexual activity without protection is a more serious concern for those who work with the migrant population in connection with AIDS education. The talk in focus groups mostly centers on female sex workers and considers the distinctive forms that prostitution takes in Mexico and in Michigan. Prostitution for the most part is regulated in Mexico; at least this is the perception presented by the men from Mexico who perform agricultural labor in Michigan. The urban areas in Mexico where sex workers are found

are called "dating strips" (*zona de citas*), which refers to regulated houses of prostitution. Migrants to the United States from Mexico are less knowledgeable about prostitution conducted American-style, where sex workers generally are women, as well as men, who "work the streets." Migrant men in Michigan utilize the services of sex workers "on the stroll," who work the streets in nearby cities, or avail themselves of the services of women who "visit" the camps for purposes of prostitution. Outreach workers have heard reports of sex workers who provide their services in the camps, but rarely has this practice been observed by outsiders (Norma Luna 1990, personal communication).<sup>15</sup>

Attitudes differ to some extent between men raised in Mexico and those raised in Texas regarding sexual access to women; first contact for men in Mexico is with prostitutes or local girls (Carrier 1989a, b; Espin 1986). The basic distinction between sex workers in Mexico and those in the United States is the attribution of greater cleanliness to those in Mexico. According to migrant men, the women who work as prostitutes in houses on the dating strip have a medical check-up every two to four weeks. The logical extreme of this ideal world where sex workers remain clean does not escape the men; they recognize the possibility that safe sex (risk of exposure to any sexually transmitted disease) with such women is reduced, unless they are the first to visit her after she receives her check-up. As one man said: "It isn't really safe if someone else visits her between the time she has her check-up and you want to be with her" (Group interview, men only discussion, September 14, 1990).

Women in the States, on the other hand, are viewed as more assertive. As one young man told the author: "The first woman I was with after I left my wife asked me to wear [usar] a condom. I agreed [*le dije que sí*], even though I had never used one before" (Group interview, men only discussion, June 22, 1990).

Migrant men recognize that sex workers on the stroll in Michigan towns and cities may have a medical check-up by choice (or not at all) and that American sex workers prefer oral sex with clients over intercourse (see Leonard 1990; Carrier 1989a). Among migrant men, having oral sex is not considered a desirable substitute for intercourse. The men activate a "buddy system," wherein a man will accompany another who is trusted and has more experience in locating sex workers in the urban areas near the camps.

From the discourse analysis we learned that unprotected sex is discussed among farm workers in the third person when referring to heterosexual relations. The indirect reference means more than the speaker is saying and often serves as a ploy to bring closure to an aspect of discussion (examples 1, 2) or generate discussion, especially when asking a question (3). Indirectness also permits avoidance of responsibility for personal actions (4).

1. [That's basically it]; one needs to know one's partner [*pareja*]. (Men only group, July 16, 1990)

2. Abstain from sex [*dejar el patio*] [is the way to avoid risk]. (Male youth, interview, July 29, 1990)
3. Are condoms the only form of protection? (Mixed groups, discussions; several examples, several variants)
4. Are there women with AIDS in [local town]? (Men only and mixed groups; several examples, several variants)

First-person references are used to give examples that indicate a personal awareness (5, 6, 7) or rhetoric awareness (8, 9, 10) of safer sex practices. They permit the speaker to share from personal knowledge or experience.

5. I've had the blood test in Texas. (Men only discussion, July 24, 1990)
6. I thought if we had sex [we would give it to each other], but it's not like that. (Female, married couple, interview, August 9, 1990)
7. Since I have been here [this camp], I haven't gone there [place of prostitution]. (Spoken to camp patriarch, men only group, July 13, 1990)
8. Our wives [*mujeres*] think that we will bring [the virus] home to them. (Male, married couples, group, September 23, 1990)
9. We always wear a rubber when we have a lady. (English) (Men only discussion, opening statement, September 22, 1990, Spanish variant, September 14, 1990)
10. Here, let me put [the condom] on you. (English) (Female only adolescent group, August 11, 1990)

References to sex between men generally are given in the third person when seeking information (11, also 3 above) or offering an opinion (12) that alludes to the vagina as a reservoir of contamination, by which one man is viewed as infecting another (see Treichler 1988:45-49). Second person is used to tease another about (alleged) male-male sex (13, 14), if the topic of sex between men is raised in a focus group or is depicted at some point in the video.

11. Are homosexuals at greater risk? (Several examples, several variants)
12. A man is in danger, if his wife is with another. She may leave the [other man's] semen, without [her husband's] knowing. (Men only discussion, July 24, 1990; variants refer to prostitutes, not wives)
13. Why don't you get a blood test, [Name]? (Several examples)
14. Are you listening to this, [Name]? (Several examples)

The extreme cases employ first person to indicate general awareness of sex between men (15) or an awareness from personal experience, at a great cost, as the excerpt (16) from a longer interview indicates.

15. When people are homosexual, we believe that they have AIDS. (Male, married couples, group, September 23, 1990)

16. Our son was homosexual. [pause] But because that's difficult to share with us [*dectimos*], he got married to hide it [*zaparlo*]. (Pause) Now, he's dying. (Mother of PWA, interview, August 19, 1990)

The more obvious suggestions from these data for implementing AIDS presentations in the migrant camps include: refer to sex between men, not homosexuality; refer to partners, not women; speak in general terms about risk behavior but specify routes of transmission; and speak to issues as they are raised, not because they might seem relevant for a particular group. Added to the analysis of responses and comments to the video, these data from sessions, discussions, and interviews further support the curriculum revision outlined in Table 10.1.

Among migrants the explanation of what takes place in relation to body fluids provides clues on the cultural models they use and from which they draw in seeking to avoid HIV infection. This information is important to know when emphasizing the use of mechanical barriers for sexually active individuals or reassuring people about the negligible effects of casual contact. A hydraulic model, which credits "pumping" or "pushing" actions for fluid movement (17, 18) and the replacement of body fluids from external rather than internal sources (17, 19), is generally the way comments are phrased. This model of hydraulic movement evidently holds true for adults and youth alike.

17. There's an exchange [that occurs in sexual intercourse]. A man sends something out one way, then he receives something in return. There's a danger in [unprotected] sex, unless one withdraws very quickly. (Men only group, September 10, 1989)
18. If one slaps a mosquito, will [infected] blood enter [the body]? (Female only adolescent group, August 11, 1990; also several variants)
19. When we donate blood, do we lose it? (Male, mixed group, August 1, 1989)

The effect of fluid loss on one's blood through "drainage" or "spillage" is implicit in this cultural model, for both sexes. Among the men, there are special considerations on the loss of semen (20).

20. Semen is the center of [our] system. [Touches above nose] Why do you think you feel so exhausted [*lan agfiido*] after having sex? (Men only group, July 16, 1990)

The model of displacement/replacement of body fluid is taken a step further to postulate actions that will cleanse a man after intercourse. The idea of "washing" after sex is the most common. A number of men have been told that washing with lemon juice and soap will "cut" (*cortar*) the risk of contracting a sexually transmitted disease from an infected woman.



These statements suggest the need for explicit talk on sexual practices and preventive measures for sexually active individuals.

Reference to lemons leads to jokes about sexual encounters with sex workers. The most common joke in the camps has a sex worker asking her client, as he's cutting up a lemon: "Are you going to get down to business, or are you going to make lemonade?" (cf. Reyna 1980:37, 123). Various forms of humor are sprinkled into focus groups and discussions to lighten the mood for what otherwise might become overly serious talk.

### IMPLICATIONS FOR POLICY AND PRACTICE

Program implementation that lacks an empirical grounding in the lives of the people it purports to assist is little more than action without direction. For AIDS education efforts among farm workers, this requires a knowledge of the language of the people and a consideration of particular genres they use for communication to facilitate the message being taken to them. This includes, for example, the appropriate use of direct and indirect references to sexual relations concerning oneself and others and a distinction between statements that offer information and those that request information. What is important in migrant AIDS education is ethnographic "immersion" of the outreach worker (AIDS educator) in the banter and discussion groups that take place in the camps.

The examples described in this chapter represent ways to evaluate the effectiveness and appropriateness of AIDS education as it is being implemented in the camps. If what is being implemented is not appropriate, it should be revised, as was necessary in the Michigan program.

The information culled from men in the camps are variations on the theme of a man's right to initiate sex with a woman. As such, they represent a phallogentric view of the world that reflects the dominant role assumed by migrant men in securing work to support their families and in conducting business with crew leaders and growers. Information collected among women in the camps indicates a different point of view in relation to matters of sex education (corroborating Amaro 1988; Marin 1988; cf. Castro 1982). These differences can be better negotiated by employing outreach workers of the appropriate sex or, if funds prohibit this luxury, at least hiring outreach workers who are sensitive to the attitudes and communication styles of each sex.

### RECOMMENDATIONS FOR FURTHER STUDY

A major concern in AIDS education is the effectiveness of the programs currently under way. The way to assess level of knowledge among migrants and effectiveness of education techniques is administration of a postsurvey in the camps after AIDS outreach and education sessions have been con-

ducted (Bietzer 1990:176). Postsurvey data can provide comparable material to survey data previously collected (e.g., from summer to summer in Michigan) and would enable an assessment of the extent to which knowledge about AIDS has increased among farm workers. This has implications as an evaluation of the effectiveness of the AIDS education strategy that is being implemented as it is being revised in the camps, as well as the impact of public health information accessed by migrant farm workers from the media and other sources, such as school programs and clinics.

Another area that needs more study is the parameters that shape the context in which discourse occurs among farm workers, since discourse-centered communication is a primary influence on learning processes. We have assumed in our program that AIDS-relevant discourse occurs, indeed, is furthered, through summer participation in agricultural labor in Michigan. What happens during the other months of the year and the extent to which activity in Michigan increases (or impedes) AIDS knowledge would contribute to our understanding of the role of communication styles and discourse genres in the learning process.

### SUMMARY AND CONCLUSIONS

The program described in this chapter employed anthropological research for planning and evaluation. Discursive notation of group-agent interaction was incorporated into the AIDS education presentations and outreach, not only for the "talk" that occurred in focus groups and discussions between participants and educator but also for overt responses (reactions and comments) and comments to video content by the (migrant) audience. Data collected in interviews provided additional support for the interactional assessment and clarified what is most salient in the migrant experience in relation to concerns of serious illness and its prevention.

Working with a population that is transient and allegedly experiences a disorganization in its life-style has led to a search for research methods that can be incorporated directly into the program, as it is being implemented, in order to assess the relevancy of the curriculum and the manner in which information on AIDS and HIV infection is being presented in the camps. Careful selection of materials for use in the education process is necessary as an aspect of (administrative) planning, as is a systematic assessment of materials as they are being implemented, as an aspect of (ethnographic) evaluation.

### NOTES

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1. A farm worker is anyone who earns more than one-half of his or her annual income from agricultural labor. A migrant farm worker travels across county or state lines to seek or perform agricultural labor and spends more than 24 hours away from home. A seasonal farm worker performs agricultural labor but is not absent overnight from place of residence.
2. One of the first studies of seroprevalence among migrant farm workers was conducted in North Carolina by Rodman et al. (1988).
3. Telephone interviews with Audrea Woodruff, Special Office on AIDS Prevention, Michigan Department of Public Health, Lansing, Michigan, June 19 and 20, 1989.
4. I wish to thank Gloria Matvey, Zully Westrate, Linda Budnick, Lydia Loredo, Gloria Carrasco de Vorhauer, and Anthony Espinoza for providing information on the seroprevalence of migrants in Michigan.
5. I wish to thank Margaret Bohner, America Bracho de Carpio, Jenny Morales, Irene Garcia-Solis, Rita Sobel, and Chris Flores for information on AIDS initiatives in Michigan prior to 1988.
6. These agencies were United Migrant Opportunity Services ("red agency"), Illinois Migrant Council, Minnesota Migrant Council, Nebraska Association of Farm Workers, Michigan Economics for Human Development.
7. Portions of Vida Latina's AIDS curriculum are described in Bracho de Carpio, Carpio-Cedraró, and Anderson (1990).
8. This proverb was the second most frequent of 16 proverbs comprising the top 20 percent of a set of 3,485 proverbs collected by Mark Glazer from 1950 to 1970, then amplified and updated in 1979 by Glazer (1987:xi-xv).
9. Except for Cindy, the prostitute, whose errors in Spanish "mark" her as marginal to the video's focus on Latino culture.
10. Camps receiving prearranged presentations were among 76 camps "reached" more than 82 times in 1989 (N = more than 1,000 farm workers) and 180 camps "reached" more than 218 times in 1990 (N = more than 2,300 farm workers).
11. All translations are by the author. The Spanish version is not included, in the interest of space.
12. Estrangement and separation, for example, often occur between a gay son and his family, especially when AIDS enters the picture, for both Anglos (Lang 1991:68-69) and Latinos alike (Anthony Espinoza, 1989, 1990, personal communication).
13. All quotations are translated from Spanish, unless otherwise indicated.
14. Pedro uses the second person *vos* form, which is common in some areas of Mexico, in talking with his wife (e.g., *calmate vos*).
15. The author has observed and verified, through responses to his questions, this practice of nonmigrant women's "visiting" the camps.

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