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# **What do we know about Latino male migrants and their risks of HIV/STD infection in new Latino destinations in the southern United States?**

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## **Latinos in the United States**

More than 33 million in 2000

- \* 12% of U.S. population
- \* Increase of 58% from 1990
- \* Half live in California and Texas
- \* Most growth has occurred in California, Texas, Florida

Increases from 1990 to 2000

- \* California = 43%; Texas = 54%; Florida = 70%
- \* 100%+ increases in southern states that have not been traditional Latino destinations



State	% increase 1990 – 2000	No. in 2000
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North Carolina	394	378,963
Arkansas	337	86,866
Georgia	300	435,227
Tennessee	278	123,838
South Carolina	211	95,076
Alabama	208	75,830
Kentucky	173	59,939
Mississippi	148	39,569
Virginia	106	329,540

(Grew & Suchan, 2001)



## **Latino migrants defined**

Latinos who travel to U.S. destinations from their home countries or from other U.S. locations to live and work for varying lengths of time; many of those who come from outside the U.S. periodically return to their home countries

### **Numbers of migrants in the United States (1990)**

- \* 1-2.7 million migrant farmworkers
- \* More than 4 million migrant farmworkers and dependents



No more recent estimates



## **Numbers of Latino migrants (1996 -1998)**

No global figures

- \* 79% of 4000+ interviewed farm families were Mexican or Latin American-born

*Limitations of much existing information on Latino migrants*

- \* No/limited coverage of undocumented workers
- \* Includes farmworkers only
- \* No information on rapidly growing numbers in urban and suburban areas



## **What do we know about Latinos and Latino migrants in their new southern destinations?**

- \* State-level data on numbers and circumstances limited and difficult to access
- \* States may refer to U.S. census
- \* We examined data from the 2000 Census 5% Public Use Microdata Sample (PUMS) for five new Latino destination states (U.S. Census Bureau, 2003)

Alabama, Arkansas, Georgia,  
North Carolina, South Carolina



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**What Do We Know About Latino Male Migrants and Their Risk Of HIV/STD Infection In New Latino Destinations In The Southern United States (PP)**

**Latinos' (and Latino migrants'?) demographics in five southern states**

54-59% were males

- \* 52-62% of males were aged 15-39; includes many migrants  
(would include more with higher upper age limit)
- \* 66-80% of 15-39 year old males were foreign-born



Foreign-born Latino males, aged 15-39

- \* 47-64% in U.S. for five years or less
- \* Residence five years earlier:
  - 13-18% at same location, same state
  - 16-27% at different location, same state
  - 55-71% were living elsewhere
    - \*\* U.S. – California, Texas, Florida, etc.
    - \*\* Outside the U.S. – Mexico, Guatemala, El Salvador, Honduras, Colombia, etc.
- \* 86-93% with 12 years or less of education



- \* 51-72% living in Metropolitan areas
  - “Hypergrowth” in some cities (1980-2000)
    - \*\* 800%+ increase in Latinos in Atlanta, Raleigh, Greensboro, Charlotte
    - \*\* Nearly 1000% increase in metro Atlanta  
From 24,550 to 268,851 =  
62% of Latinos in GA
- \* 64-76% of migrant-age males were unaccompanied by women
  - Never married (50-53%)
  - Wives left at home (13-18%)
  - Separated, divorced, or widowed (4-6%)



**Latino migrants' jobs**

A wide range of production and service jobs ... many low-waged

- \* Filled niches left by White or African-American workers
  - Onion workers (GA); poultry processing (several states)

Examples:

- \* Construction
- \* Services: restaurants (cooks, waiters, dishwashers), etc.
  - Prepare diverse ethnic foods in Atlanta
- \* Manufacturing: carpet and textile mills, mobile homes, boats, yachts (GA, NC)



- \* Agriculture (planting, cultivation, maintenance, harvesting)
  - Vegetables (Vidalia onions in GA; sweet potatoes, pickle cucumbers in NC; potatoes, tomatoes in AL)
  - Fruit (peaches, apples in AL, GA, NC, SC, VA)
  - Blueberries, strawberries
  - Tobacco (NC)
- \* Meat processing: beef, pork (AL, AR)
- \* Poultry processing: chickens, turkeys (AL, GA, NC)
- \* Catfish farming (AL)
- \* Fish and shellfish processing (AL, NC)
  - Latina numbers may be significant



- \* Forestry: tree nurseries, Christmas trees, planting pine seedlings, collecting pine straw (AL, GA, NC)
- \* Horticulture: greenhouses, nurseries (AL, NC)
- \* Landscaping, lawn care, grounds and yard maintenance, tree trimming



## What makes Latino migrants vulnerable to HIV/STD infection in their new destinations?

### Structural factors

#### Migrants' demographics

- \* Most migrants are younger men; women's numbers increasing
- \* Most men travel unaccompanied by women

#### Many come from countries with low HIV seroprevalence levels

- \* 0.30% in Mexico (2003)
- \* 0.7% in El Salvador and Columbia; 1.8% in Honduras (2003)

#### Migrants' southern destinations hard-hit by HIV/AIDS & STDs



State	AIDS (2001)		Chlamydia (2000)		Gonorrhea (2000)		Primary & secondary syphilis (2000)	
	Rate	National rank	Rate	National rank	Rate	National rank	Rate	National rank
North Carolina	11.5	18	287.4	14	233	6	6.3	3
Arkansas	7.4	30	243.8	26	142.7	18	4.1	10
Georgia	20.8	6	337	6	260.2	5	5.2	7
Tennessee	10.5	20	274.8	18	215.6	8	9.7	1
South Carolina	17.6	9	256.1	23	215.7	9	5.9	5
Alabama	9.8	23	350.7	7	276	4	2.8	15
Kentucky	8.2	25	203.5	36	86.4	25	2.1	17
Mississippi	14.6	12	456.6	2	332.8	2	4.8	8
Virginia	13.2	14	223.4	32	148	17	1.8	19



### Migrants face multiple challenges

- \* Inconsistent work schedules
- \* Periodic unemployment and underemployment
- \* Low wages, poverty
- \* Hazardous working conditions, poor housing
- \* Frequent illegal status

### Migrants' communities in new southern destinations are less well-established

- \* Concentrations of men in rural camps, urban houses, apartment complexes
  - Men may outnumber women by 2 - 5 to 1

### Relaxed social controls



### Limited exposure to information and services for disease prevention and health promotion

- \* Social and physical isolation
  - Limited mobility at destinations
  - Limited education
  - Language barriers
    - \*\* Spanish or indigenous languages
    - \*\* Shortage of foreign language-proficient staff

→ Persistent, shared misunderstandings about HIV transmission and prevention

→ Low levels of participation in screening, care, treatment, prevention – affects multiple health care areas



### Behavioral factors

#### Heterosexual contacts that increase risks of infection

- \* Unaccompanied men contact sex workers
  - Many men are unmarried
  - Married men may consider themselves "single here and married there" (Viadro & Earp, 2000)

- \* Sex workers may also contact migrants

#### A frequently described scenario:

Sex workers visit men around pay day, have sex with several men in succession, frequently without condoms

- \* Some men establish relationships and live with women in the U.S., creating second families



### Condom use

- \* With sex workers
  - NC studies report frequent condom use
    - \*\* May decline as migrants get to know sex workers better
  - Low levels of condom use among Mexican men who had traveled to the United States
    - \*\* Nearly half reported sex workers contacts
    - \*\* Married men less likely than unmarried men to report condom use (Organista et al., 1997)

- \* With wives, other regular sex partners

- Infrequent
- Believe that condoms are only for sex workers, unknown persons, or gay men

\*\* "When it's with someone they know, they don't use them." (Viadro & Earp, 2000).



#### *Sex with other men*

- \* Male-to-male sex a frequently reported HIV risk behavior among Latinos in the U.S.
- \* How common is male-to-male sex among Latino migrants in their new destinations?
- \* Evidence is largely anecdotal
  - Service providers
  - Researchers



#### *Other behaviors that increase the risks of HIV/STD infection*

- \* Drug use, particularly injection drugs, alcohol use
- \* Other injection practices
  - Self-injection of vitamins, medications
  - Injections by non-medical personnel



#### *What do we know about HIV & STD infection among Latinos and Latino migrants?*

Latinos – a population at risk

- \* 19% of new AIDS cases; 12% of U.S. population (2000)
- \* Latino AIDS case rate per 100,000 population = 26
  - African Americans = 76.4
  - American Indian/Alaskan Natives = 11
  - Whites = 7
  - Asian/Pacific Islanders = 5



\* Case rate for Latino men 3.5 times greater than for women (CDC, 2002)



- \* HIV/AIDS as cause of death among Latinos aged 35-44
  - Second leading cause among Latino men
  - Fourth leading cause among Latino women



#### *Latino migrants*

- \* Limited research on HIV/STD infections
  - Most studies in western U.S.
- \* *Even less known about Latinos in new southern destinations*
  - Few studies (3 + 2 in Florida)
  - Most done in late 1980s, early to mid-1990s
  - Migrant farmworkers only, not all were Latinos
  - No urban migrants
  - HIV infection among all tested migrants: 2.6 – 13%

\*\* Not all report seroprevalence for Latino migrants



\* Overview of five studies



#### *North Carolina (1987 data)*

- \* 426 existing blood samples from MSFW clinic
  - 53% males
  - 29% Latinos
- \* 2.6% of all migrants HIV+
  - All HIV+ were African American
- \* No behavioral/other risk factors reported (CDC, 1988)



### **South Carolina (1990 data)**

- \* 198 migrant farmworkers in 15 camps
  - 85% males
  - 4% Latinos
- \* 13% of all migrants HIV+
- \* 16% syphilis+
  - 14% (1/7) of Latinos HIV+
- \* Behavioral/other risk factors for HIV infection:
  - STD history or syphilis+
  - 46% of condom Q. respondents had never used condoms
  - No breakdown by race or ethnicity (Jones et al., 1991)



### **DelMarVa peninsula (1994-95 data)**

- \* 151 drug-using migrants
  - 85% males
  - 22% Latinos
- \* 4 % of all migrants HIV+
  - 12% of Latinos HIV+
- \* Behavioral/other risk factors for HIV+ Latinos:
  - Bisexual
  - Crack cocaine
  - IDU history
  - traded sex for money or drugs (Inciardi et al., 1999)



### **Florida (1992 data)**

- \* 310 farmworkers at 14 migrant camps
  - 80% males
  - 53% Latinos
- \* 4.8 % of all migrants HIV+
- \* 8% syphilis+
- \* 44% TB skin test+ (267 readings)
  - No information on % Latinos HIV+
- \* Behavioral/other risk factors:
  - HIV: >2 sex partners in last 6 months; paid sex
  - HIV & syphilis: Being U.S.-born
  - Syphilis: Crack cocaine
  - 47% of entire sample never used condoms (CDC, 1992)



### **Florida (1993 data)**

- \* 543 migrant farmworkers or sex partners who were using drugs and/or had sex with drug users
  - 84% males
  - 36% Latinos
- \* 11% of all migrants HIV+
  - 3% of Latinos HIV+
- \* Behavioral/other risk factors for Latinos:
  - Poorly educated
  - Least likely to use condoms
  - More likely to use marijuana or powder cocaine
  - Those from Mexico and C/SA less likely to be tested for HIV (Weatherby et al., 1997)



### **More recent studies of Latinos and HIV risks**

- \* Examine migrants' risk behaviors but not HIV/STD infection
  - North Carolina (Parrado et al., 2004; Viadro & Earp, 2000)
  - Florida (Femández et al., 2004; McCoy et al., 1999)
- \* Overview of North Carolina studies
  - Parrado et al. (P): Interviewed 442 randomly sampled men in Durham, 2002-2003
    - \*\* 71% Mexicans; 60% unaccompanied
  - Viadro & Earp (V): Interviewed convenience sample of 43 Mexican men, mostly in rural locations, 1996-1997
    - \*\* 24 accompanied; 19 unaccompanied



- \* Nearly a fourth of the men in both studies reported contacts with sex workers (SW)
  - Those in study by Parrado et al. averaged 8 SW visits in the last year
  - Men interviewed by Viadro & Earp also reported extramarital sex (42%)
- \* Unaccompanied men reported more
  - SW contacts (P;V)
  - Extramarital sex (V)
  - 2 or more sex partners during the last year (V)
  - More lifetime sex partners (V)



- \* Single men were 16 times more likely than married accompanied men to have SW contacts

- But married accompanied men visited SWs nearly as often (P)

- \* Married unaccompanied men and single men were equally likely to have contacts with SWs

- But the married men visited SWs less often
  - They also remitted more money more often to families in home countries (P)



- \* 90%+ of men used condoms with SWs

- Men initiated about half the time (P)

- Condom use may decline as men get to know SWs better (P)

- Infrequent condom use with wives (V)



#### *Factors associated with decreased likelihood and frequency of SW contacts (P)*

##### \* Decreased likelihood of contacts

- Men's perceptions of HIV risk, not HIV/AIDS knowledge
  - Longer residence in Durham
    - \*\* Less social isolation
    - \*\* Greater opportunities for non-SW sex

##### \* Decreased frequency of contacts

- Lower education
  - Lower wages



#### *Researchers' ideas for prevention (P;V)*

- \* Structural interventions to reduce migrants' social isolation

- \* Increased focus on increasing awareness of HIV risks

- \* Reinforce migrants' condom use, particularly as they get to know SWs better

- \* Binational prevention efforts



#### *Implications of Latino migrants' vulnerability to HIV/STD infection*

- \* Migrants may become infected while in the U.S.

- Evidence from recent West Coast studies

- \*\* Migrants infected with HIV are more likely to have been infected in U.S. than in home countries

- \*\* Low HIV seroprevalence, but frequent risk behaviors

- Evidence from East Coast studies (new destination states)

- \*\* Studies with seroprevalence data are few and dated

- \*\* Picture of linkage between risks and infection is unclear

- More studies are needed that link migrants' risk behaviors and circumstances with infection data



- \* Migrants' sex partners in the U.S. and in their home countries may become infected

- Female partners may transmit HIV to others and to infants

- \* Infected migrants who return to home countries create a bridge between high and low seroprevalence populations

- Results in home countries; e.g., Mexico:

- \*\* Increased heterosexual infections in migrant-sending areas

- \*\* A pandemic once associated with urban male-to-male sex and border drug-use has become increasingly heterosexual and rural

- Bridging pattern has been observed in other world areas



**Topics on which research is needed concerning Latino migrants in their new southern destinations**

- \* Migrants' demographics and circumstances
- \* Structural factors that increase or reduce the risks HIV/STD infection for migrants and their sex partners in rural and urban areas
- \* Behavioral factors that increase or reduce risks of HIV/STD infection
  - male-to-male sex
  - drug and alcohol use
  - condom use with SWs and other sex partners
  - other injection practice
  - other prevention practices
- \* HIV/STD infection rates linked to risk and prevention factors



**Innovative approaches are needed for HIV/AIDS prevention among Latino migrants**

- \* Mobility and isolation from mainstream institutions create challenges
  - Low testing rates for HIV/STDs
  - May postpone seeking treatment and care in multiple areas of healthcare
- \* Incorporating migrants' social support networks may provide added value to organizations that use outreach for service delivery
  - May make it possible to tap into the social capital of migrants' communities
  - A complement to existing outreach strategies



- \* No research has examined migrants' participation in these support networks relative to HIV/STD risks and prevention
- \* HIV/STD prevention programs for migrants do not appear to have incorporated support networks in their strategies
  - Contrasts with research and programs that focus on drug-related and sexual HIV transmission risks among injection drug users

**Potential benefits of incorporating migrants' social support networks**

- \* Greater cultural congruence of HIV/STD prevention interventions with Latino migrants' sociocultural milieus, through the use of their own relationships and social structures



- \* Reduced AIDS-related stigma, through the creation of opportunities within familiar social spaces for migrants to:
  - Inform themselves about HIV/AIDS and STD risks and prevention
  - Discuss openly and obtain clarification on issues that sustain misunderstandings, silence, stigmatization, and social isolation of persons with HIV/AIDS
  - Consider options for participating in HIV/STD screening, care, treatment, and prevention
- \* Increased levels of social support within migrants' communities for HIV/STD prevention
- \* Greater likelihood that prevention values and actions will be incorporated within the social norms of migrants' communities



- \* Broader coverage of migrant populations
- \* Increased HIV/STD-protective and health-seeking behaviors by migrants and their sex partners
- \* Reduced HIV/STD infection among migrants and their sex partners



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