

4



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

17th Annual East Coast Migrant Stream Forum St. Petersburg, Florida 21-23 October 2004

Thomas M. Painter and Karen Andes Centers for Disease Control and Prevention, Atlanta, Georgia, USA



CDC

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



CDC

State	% increase 1990 – 2000	No. in 2000	
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	



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



CDC

Resource ID # 5936

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



CDC

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 shelifish processing (AL, NC)
 - -- Latina numbers may be significant



CDC

- * 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



CDC

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





	AIDS (2001)		Chlamydia (2000)		Genorrhea (2000)		Primary & secondary syphilis (2000)	
State	Rate	Nellonel renk	Rale	Nallonel rank	Rate	Netlonal rank	Rate	National rank
North Carolina	11.5	1B	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	8	260,2	5	5,2	7
Tennassee	10,5	20	274.B	18	215.6	8	9,7	1
South Carolina	17.9	9	256,1	23	215.7	9	5.9	5
Alabema	9,8	23	35D.7	7	276	4	2.8	15
Kentucky	8,2	26	203,6	36	86.4	28	2.1	17
Mississippi	14.6	12	458,6	2	392.9	2	4.9	8
Virginia	13.2	14	223,4	32	148	17	1,8	1B



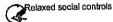
CDC

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 wellestablished

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





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





- 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



CDC

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

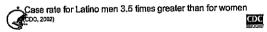


CDC

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



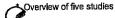
- * HIV/AIDS as cause of death among Latinos aged 35-44
 - Second leading cause among Latino men
 - Fourth leading cause among Latino women



CDC

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





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)



CDC

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 (Indiardi et al., 1999)



Florida (1992 data)

- * 310 farmworkers at 14 migrant camps

 - 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.-bom
 - Syphilis: Crack cocalne
 - 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
 - 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
- (L



- * 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)



CDC

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



CDC

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



CDC

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 pattem has been observed in other world areas



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

- Miorants' demographics and circumstances
- Structural factors that increase or reduce the risks HIV/STD. infection for migrants and their sex partners in rural and urban
- Behavioral factors that Increase or reduce risks of HIV/STD
 - -- male-to-male say

- -- 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
 - 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 nartners



CDC

- Brewer CA, Suchan TA (2001), Mapping Census 2000; The Geography of U.S. Diversity. Census 2000 Special Report no. CENSR/01-1. Washington, D.C.: U.S. Consus Bureau, June.
- CDC (Centers for Disease Control and Prevention) (1988), Epidemiologic Notes and Reports: HIV seroprevalence in Ingrant and sessonal farmworkers North Carolina, 1987, Morbidity and Moriatily Weekly Report, 37(4), 517-519.
- CDC (Centers for Disease Control and Pravention) (1982), HIV Infection, asphills, and Tuberculosis screening among migrant farm workers Floride, 1992, Morbidly and Mortality Weekly Report, 41(39): 723-725.
- CDC (Centers for Disease Control and Prevention) (2002). HIV/AIDS Surveillance Report, Casas of HIV infection and AIDS in the United States, 2002, Vol. 14, Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention, Division of HIV/AIDS Prevention. http://www.cdc.gov/hiv/state/has-link.htm. (Last accessed 13 October 2004).
- Fernándoz MI, Collazo JB, Hernándoz N, Bowen GS, Varga LM, Vile CK, Arheert KL, Perrino T (2004). Predictors of HM risk anang Hispanic Farm Wockers in South Florida: Women are at higher risk then man. AlDS and Behavior, 6(2), 165-140.
- inclardi JA, Surral HL, Colon HM, Chitwood DD, Rivers JE (1999). Drug use and HIV risks among migrant workers on the DelMarVa Peninsula. Substance Use & Abuse, 34(4-5), 653-666.
- JL, Rion P, Hollis S, Longshore S, Leverelle WB, Ziff L (1981). HIV related cheracteristics of Igrant workers in rural South Carolina, Southern Medical Journal, 84, 1068-1090.



- Keles J. Ruiz S (2002). HIV/AIDS and other Sexually Transmitted Diseases (STDs) in the Southern Region of the United States: Epidemiological Overview, Report No. 6062, Menic Park, GA: The Hony J. Kalser Family Foundation.
- McCoy HV, Weatherby N, Yu Z (1999). The effect of migration pellems on exposure to HIV prevention in a migrant community. Population Research and Policy Review, 16, 155-168.
- Organista KC, Organista PB, Gazcia de Aba JE, Morán MAC, Carrillo LEU (1997). Survey of condom-related bellefs, behaviors, and perceived social norms in Mexican migrani workers. Journal of Community Health, 22(3), 185-198.
- Parrado E.A., Filippen C.A., McClussion C. (2004). Use of Commordal Sax Workers among Hispanic Migranic in North Caroline: implications for the Diffusion of HIV, Perspectives on Soxual and Reproductive Health, 38(4), 150-168.
- U.S. Census Bureau (2003). 5-Percent Public Use Microdale Sample (PUMS) Files, Washington, D.C.; U.S. Census Bureau, Last rol/sed, September 24, 2003. http://www.census.gov/Press-Release/www/2003/PUMSS.html
- Viadro Ci, Earp JAL (2000). The sexual behavior of martied Mexican lumigrani men in North Carolina, Social Science & Medicine, 50, 723-735.
- Wealherby NL, McCoy HV, Bletzer KV, McCoy CB, Incierd JA, McBride DC, Forney MA (1997), Immigration and HIV among migrant workers in Rural Southern Florida, Journal of Drug Issues, 21(1), 155-172.



