HIV/AIDS and Farmworkers in the US

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INTRODUCTION

HIV/AIDS takes an especially heavy toll on the most vulnerable and marginalized groups in US society. Poverty, low income, limited education, sub-standard housing, and limited access to health care are all factors that increase the rate of HIV/AIDS in a population. Farmworkers in the US contend with all these risk factors, plus others: limited English proficiency, mobile lifestyle, and social isolation, to mention but a few. This confluence of social and economic risk factors creates a situation in which a serious HIV/AIDS outbreak is a distinct possibility. (1) An outbreak would be particularly devastating for a population already vulnerable due to minimal physical and financial resources and poorer health status than the general population.(2)

At present, the seroprevalence rate of HIV/AIDS in farmworker communities is unknown. The vast majority of the epidemiological data on HIV incidence among farmworkers is based on small, local studies. A 1992 study of 310 farmworkers in Immokalee, FL, by the Centers for Disease Control and Prevention (CDC) found an HIV positive prevalence rate of 5%, almost 10 times that of the national rate of 0.6% at the time. (2) A few other small studies have reported rates ranging from 0.47% to 13%. (3,4,5,6)

In the absence of adequate population-based data on farmworkers, useful inferences may be drawn from statistics collected on migrant Latinos in the US, a group known to be disproportionately affected and infected by HIV. HIV/AIDS cases among Latinos are increasing in both incidence and prevalence. Latinos comprise approximately 13% of the US population, but account for 16% of all AIDS cases since the onset of the epidemic. Additionally, approximately 19% of all newly-diagnosed cases in the US are among Latinos (7).

This paper reviews the available research on HIV/AIDS in the farmworker community, supplemented with relevant findings from research with related populations, i.e., Latino, rural, migrant. The research reported in this paper focuses on behavioral, social and cultural, and structural risk factors that affect this community, as well as on ways that health care providers can help reduce HIV/AIDS risk within this highly vulnerable group.

BEHAVIORAL RISK FACTORS FOR HIV/AIDS

INCONSISTENT CONDOM USE

Condom use, or the lack thereof, has huge implications for the prevention of HIV in migrant farmworkers. For migrants, such use differs based on whether the person is the primary or occasional sex partner (1;8;9;9) With occasional sex partners, male migrant farmworkers used condoms slightly over half of the time. Condom use is also linked to whether they have a condom with them and how confident they feel in negotiating the use of protection. (9, 10) Carrying condoms and condom self-efficacy increase when they believe their friends also use condoms. (9)

The situation is very different when it comes to primary sex partners. Only about 20% of farmworkers use condoms with their primary sex partners and usage is dictated by social norms, defined as whether family and friends condone condoms or how often a person recommends, criticizes, gives, or asks for condoms (9). Therefore, not only are farmworkers at an increased risk of HIV due to their infrequent condom use, but their wives and primary partners are also put at an elevated risk.

Lack of condom use with primary partners also increases rates of HIV in home countries (11). These risks are greater for married migrant men, due to the fact that they use condoms less than single men (10). Overall, Latino men's low condom use is one of the primary factors that increases the risk of HIV transmission (12).

SEXUAL RISKS: MEN WHO HAVE SEX WITH MEN (MSM)

The primary exposure route for US Latino men living with HIV/AIDS is sexual contact with other men (55%). For most HIV-positive Latina women (69%), infections were through heterosexual contact with a man infected with HIV/AIDS (7). Farmworkers are likely to have a similar risk profile.

Men who have sex with men are at particularly high risk for contracting the HIV virus if they engage in unprotected anal sex with an infected partner. The likelihood of unprotected anal intercourse increases when men lack the knowledge, access, or self-efficacy to use condoms. Due to cultural beliefs and stigma, men do not always willingly admit to having sexual contact with other men and often lead separate lives where they have wives or girlfriends. By doing so, they may place the women with whom they have sexual relations at an increased risk of HIV infection (13, 14).

USE OF COMMERCIAL SEX WORKERS

Use of commercial sex workers is common within the migrant farmworker community. These farmworkers are young, male, and

unaccompanied. The shortage of women in the rural work communities creates a social imbalance that drives some men to pay for sex (15). Only 5% of married men traveling with their wives use sex workers (8), whereas the frequency of use by single and unaccompanied married migrant and seasonal farmworkers is reported to be as high as 44% (10, 16). What is worrisome here is that sexual encounters with sex workers are often conducted without the use of condoms (11, 14, 15 17, 18, 19, 20, 21).

Migrant farmworkers have very inconsistent condom use, especially with commercial sex workers. Although on average they use condoms more than half of the time, consistent with the data on use of condoms with secondary partners, there are still about 15% that admit to never using condoms with commercial sex workers. Occasionally, migrant men will even pay commercial sex workers extra to have sex without condoms (14). As long as migrant men continue to travel unaccompanied by female partners, their high rate of unprotected sex with sex workers will remain a risk factor.

SUBSTANCE USE

ALCOHOL

Heavy alcohol use is linked to an increased risk of HIV and other sexually transmitted infections (22, 23, 24, 25, 26). People who drink consistently report a higher number of sex partners (26) and a lower rate of condom use (23, 26). Alcohol is a concern when it is consumed prior to sex with an occasional sex partner (23). Heavy alcohol consumption is identified as a problem in many migrant communities (1, 15, 17, 22, 27, 28). Drinking is not only part of a social routine or a way to relax , it is also linked to the idea of *machismo*, the sense of male pride (14). With studies showing up to 52% of migrants drinking alcohol before or during sex, this is a risk factor that should not be ignored (17).

DRUG USE

Drug use, although limited to certain groups, can be found in farmworker communities. Farmworkers use drugs as a way to unwind, offset the stress of working in the fields, and increase productivity (12, 14, 17, 27). In some camps, drugs are as readily obtainable as alcohol. As is common in the commercial sex work arena, crew leaders are often responsible for providing the drugs and may even encourage their use (29). In some locations, people enter the camps for the sole purpose of selling drugs to the farmworkers (14), most likely with the hope of getting them hooked. Methamphetamine, also know as *meth*, *crystal*, *tina*, or *ice*, is popular among farmworkers because of its stimulant effect and may increase in use (27, 30, 31). Other drugs found in farmworker

communities include speed, crack and marijuana, which may be combined with alcohol consumption (27).

Although less common, injection drug use can be found in some farmworker communities. This carries an increased risk because of the potential for sharing unsterilized needles, an important route of HIV infection. Users of injection drugs may also engage in other high risk behaviors such as sex for pay as a way to pay for their habit. Many injection drug users share unsterilized needles and engage in high risk sexual activity, such as unprotected sex (1).

LAY INJECTIONS

Many Latino migrant farmworkers participate in lay injection practices (1, 19, 20, 21, 32, 33). Lay injection, which is distinct from the injection of recreational drugs, is the practice of injecting vitamins and antibiotics by members of the community who have no medical training (32). The injection of antibiotics and vitamins does not carry an inherent risk of HIV transmission; the injections become a health risk when needles are shared without being sterilized. Many Mexican farmworkers seek out these remedies, believing they are stronger than pills, but US doctors are at times unwilling to administer injections. If they are unable to obtain injections from health professionals, migrants will secure injections from community members (32). When there is a lack of syringes, lay injectors reuse needles and syringes, which are often not cleaned properly (21, 32). This inevitably increases the risk of transmitting HIV, along with other blood-borne pathogens.

SOCIAL AND CULTURAL RISK FACTORS FOR HIV/AIDS

STIGMA AND HOMOPHOBIA

Stigma and homophobia act as powerful barriers to HIV prevention, particularly in isolated, rural migrant Latino communities (34, 35). Stigma may keep farmworkers from accessing prevention services, obtaining testing, or discussing HIV. They fear that doing any of these activities would signify that they are infected, engage in risky behaviors, are unfaithful, or are homosexual (36, 37). Stigma may also impede safer sex discussions, exchanging status information, or negotiating condom use. People living with HIV/AIDS in the farmworker community fear that revelation of their status will lead to ostracism of themselves and their families (38). Additionally, the stigma that surrounds HIV and risk behaviors can make data collection difficult. Thus, getting an accurate picture of the depth of HIV prevalence in this community is challenging (13, 37, 39).

Latino MSM experience homophobia from both the broad US culture and the Latino community. This internalized homophobia may cause them to hide their sexual orientation, thus affecting their self-esteem and openness to discuss prevention methods and seroprevalence status, and their willingness to get tested. (39, 40, 41). Latino MSM who are the insertive partners (penetrators, or "*activos*") often do not identify as homosexual because they are taking what they perceive to be the dominant sexual role (39). This may lead to a false sense of security (i.e., I am not homosexual and only homosexuals are at risk for HIV).

TRADITIONAL GENDER ROLES AMONG LATINOS

In many Latino marriages and sexual relationships, the expectations and rights of a partner are determined by traditional gender roles. In the farmworker community, these gender roles are often dictated by the twin doctrines of *machismo* and *marianismo*. *Machismo* implies strength and family protection (42), but also contributes to unequal power distribution in male/female relationships and in the workplace (43). *Machismo* may increase HIV risk by leading Latino men to feel a sense of justification in sexual promiscuity, resistance to condom use, and denial of MSM activity (44, 45). Reluctance to use condoms often stems from a sense of invulnerability, concern about lack of pleasure, or fear of erectile dysfunction. Thus, condoms are viewed as an assault on one's masculinity and manhood (46).

Similarly, Latina farmworkers may not feel they have the right to request condom use because of *marianismo*. In *marianismo*, a woman's gender identity is tied to the qualities of the Virgin Mary, including fertility and the importance of being perceived as a "good" or "decent" woman (44). Women who are traditional, submissive, and/or dependent may lack condom negotiation skills, or they may have partners who are unreceptive to condom use. Suggesting condom use may endanger the women's relationship with their partners or result in physical harm (46). In addition, some women prefer to ignore their HIV risk because it implies their partner's infidelity, or because they associate HIV with homosexuality, sex workers, and drug use (13, 46).

ACCULTURATION

About 25% of farmworkers have been in the US for less than one year (47). Customs and behaviors common in the US are thus foreign and often confusing to them. Even when they have been in the US for a few years, isolation and separation from local communities lead to continued low acculturation. Low acculturation can directly and indirectly influence

a number of HIV/AIDS-related risk factors. For many farmworkers, low acculturation is associated with lower use of testing and health services, less frequent condom use, discomfort in English-dominant environments, and increased depression, alcohol and substance abuse, as well as patronage of and employment in commercial sex work (1, 43, 44, 46, 48). Also, both married and unmarried Latino men with low levels of acculturation are more likely to have multiple sex partners, and less acculturated Latina women have the lowest rate of condom use (49).

STRUCTURAL RISK FACTORS FOR HIV

When looking at HIV/AIDS it is easy to blame individual-level risk factors like lack of HIV knowledge, lack of condom use, or lack of desire to practice safe sex, for the continued transmission of HIV. However, an individual's behavior is not the only factor putting them at risk; often there are structural/environmental factors at play that an individual has little control over. By looking at these structural risk factors, it is possible to examine the risky environments, particularly those exhibited in farmworker communities that also impact HIV transmission by limiting the power a person has in making safe decisions. Poverty and social discrimination can place people at risk for contracting HIV by creating risky environments that impact specific health outcomes. The prevention of HIV must take into account both structural and individual risk factors in order to curb the pattern of transmission.

Access to and utilization of health care is a serious problem for many farmworkers. Only about 18% of workers received services at the federally-funded migrant health centers in 2006. Overall, fewer than 20% have employer-provided health insurance. The majority of the remainder do not qualify for Medicaid or other government assistance and must pay for their health care out-of-pocket, often difficult to do on a farmworker's limited income (50). Farmworkers tend to forego health care unless they can pay for it, and are likely to prioritize work over health care if their clinic or service provider does not offer weekend or evening hours. Limited access to health care increase farmworkers' risk for HIV/AIDS because they may not receive important health education, timely HIV testing, and positive reinforcement for preventive behaviors such as using condoms, limiting the number of sex partners, and using clean needles.

Poverty and social discrimination can increase a person's powerlessness, which in turn can lead to a higher risk of HIV infection. Men who experience poverty, racism, and homophobia are more likely to engage in high risk behaviors, for example, having unprotected anal sex with non-monogamous partners (51). Financial hardship, defined as running out of money, having to borrow money for basic necessities, or

having to look for work, has also been linked to an increased risk of HIV infection (1, 17, 51). Economic concerns increase stress and the need for survival strategies such as trading sex for money or other basic needs (1). They also increase the perception that HIV infection is inevitable and cannot be controlled (51). Stressors like poverty, poor housing conditions, being away from family, language barriers, racism and discrimination, and isolation make farmworkers more susceptible to mental health problems (12), all of which in turn put them at a higher risk for HIV infection.

CLINICAL IMPLICATIONS

As outlined above, HIV/AIDS is a concern for both male and female farmworkers, requiring positive action to promote prevention, assessment, and treatment services. Farmworkers are frequently unaware of their HIV risk and may not admit to partaking in risky behaviors. Language and cultural barriers play a role in all aspects of prevention, testing, and treatment, and should be taken into consideration throughout the process (12). Clinicians need to be aware of the risks that exist within the agricultural community and provide information and testing in a culturally appropriate manner.

When indentifying risk factors, it is important to realize that MSM activity is often stigmatized in the Latino culture, and many men do not admit to engaging in sexual relations with other men for fear of being ostracized by their family and community. However, it is a fact that men are engaging in sex with other men regardless of whether they consider themselves gay or straight.

Sex is not often discussed openly within the farmworker community, and many patients will be nervous or uncomfortable discussing these matters with a physician, especially a physician of the opposite sex. Care must be taken when broaching the topic of multiple sex partners, sex with sex workers, and condom use in order to offer assistance without offense. This is especially important with female patients. Within the Latino culture, women often do not discuss sex with their friends or family, and may be uncomfortable discussing such matters with a stranger. However, it is important to educate women that they are at risk for HIV, even if they are married, and to teach the importance of condom negotiation skills.

High alcohol consumption, which has been identified as a risk factor in the farmworker community, is a serious problem in a small but significant number of laborers. Many times it is difficult to ascertain how much drinking is occurring because there is a tendency to drink a lot in

one sitting, but not necessarily on a regular basis. Therefore, when assessing alcohol consumption it is important to not only ask how often a person drinks, but to also consider how much a person drinks at a time and how that varies by circumstances.

HIV testing should be incorporated into regular medical screenings (52). Physicians and health service providers are vital to early detection and should be offering testing at every opportunity. HIV is still stigmatized within the farmworker community, therefore getting an HIV test still has negative perceptions associated with it (52). By offering testing in routine medical screenings, the stigma surrounding HIV testing may dissipate. The use of rapid testing technology is especially appropriate for this population because it makes it possible to do the testing and counseling in the same visit. (53) Even though conventional testing is still needed to confirm the findings, studies have shown that individuals are more likely to return for the follow up visit after a rapid test than if only the conventional test is conducted. (54)

A positive result on an HIV test is only the beginning of a long and difficult process. HIV treatment needs to be continuous, and farmworkers who are HIV+ need to receive their medication on a regular basis no matter where they are or where they are going. Physicians should familiarize themselves with the treatment options available in their health center, their community, and other communities as well. Workers who migrate will need to find a new source of medications every time they move to a new location, even if only for a short time. They may also need assistance in affording the very expensive medications. The AIDS Drug Assistance Program (ADAP) is a government-funded program that provides medication assistance to low income individuals who are not covered by insurance or eligible for Medicaid (55). Eligibility for ADAP is not dependent upon residency or citizenship status, but income and other guidelines do vary by state (see "The Access Project" in *For More Information*, below).

RECOMMENDATIONS

- HIV testing should be included in routine health care, preferably point-of-service rapid testing
- Outreach staff should provide preventive education on HIV/AIDS
- Health care providers and outreach staff should encourage consistent condom use

- Migrant health centers and providers should identify a local network of treatment and service resources to which HIV+ farmworkers can be referred for follow up.

FOR MORE INFORMATION

WEBSITES

- Migrant Clinicians Network: HepTalk Project for information on how to address sensitive risk topics. http://www.migrantclinician.org/hepatitis.
- The HIV/AIDS Program: Ryan White Parts A-F: http://www.hab.hrsa.gov/aboutus.htm
- Farmworker Justice: HIV/AIDS and Migrant Workers: http://www.farmworkerjustice.org/Health&Safety/HIVAIDS.htm
- The Body Pro: HIV Resources for Professionals: http://www.thebodypro.com/index.html
- California HIV/AIDS Research Program: California-Mexico AIDS Initiative: http://chrp.ucop.edu/ResInitiatives/Cal_Mex.html
- California AIDS Prevention Studies: Current Research on Immigrants (several documents): http://www.caps.ucsf.edu/articles/article.php?kw=immigrantsmigrants
- The Access Project (http://www.atdn.org/access/index.html) provides links and phone numbers for HIV/AIDS patient assistance programs, including ADAP, for all 50 states plus Washington DC, Puerto Rico, and the Virgin Islands.

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