

**NATIONAL COUNCIL OF LA RAZA
CENTER FOR HEALTH PROMOTION**

HIV/AIDS FACT SHEET

FARMWORKERS AND HIV

by Frank Beadle de Palomo
Coordinator, Hispanic Health Liaison Project

INTRODUCTION

The farmworker population in the United States is a multicultural mosaic of Blacks, Whites, Hispanics, and other racial and ethnic groups. The migrant and seasonal farmworker population is estimated at between 2.7 and four million people; with four million being the most commonly used estimate. Approximately 2.8 million are Hispanic.

Data on farmworkers are scarce. The only comprehensive national study of U.S. farmworkers is the National Agricultural Workers Survey (NAWS), conducted as a requirement of the Immigration Reform and Control Act (IRCA) of 1986 by the U.S. Department of Labor, which provides information on the characteristics and work patterns of U.S. agricultural workers performing seasonal agricultural services (SAS).^{*} According to the 1990 NAWS¹ (conducted between October 1, 1989 and September 31, 1990), the farmworker population was composed primarily of young, male immigrants of Hispanics origin. The median age for farmworkers was 31 years; non-Mexican-born Hispanics were the youngest farmworkers, with a median age of 24 years. Most SAS workers were foreign-born (62%) as opposed to U.S.-born (38%). Hispanics accounted for over two-thirds (71%) of SAS workers; more than half (57%) were Mexican. The figures on the next page provide ethnic breakdowns of the population. Contrary to popular belief, 81% of foreign-born farmworkers, including Hispanics, are legally authorized to work in the United States. About 27% of foreign-born farmworkers are either naturalized citizens (2%) or legal permanent residents (25%).

The Hispanic farmworker population is an extremely disadvantaged part of the nation's lower socioeconomic strata. The common problems of farmworkers are well known: substandard housing, contaminated water supplies, and lack of access to health care.

* The terms "seasonal agricultural services workers" and "farmworkers" are used interchangeably in this report. Both terms include migrant and seasonal farmworkers and other similarly employed individuals.

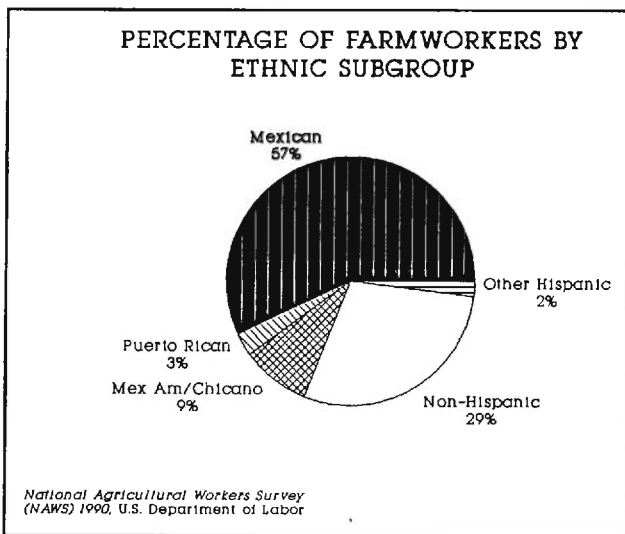


In addition, malnutrition, HIV, sexually transmitted diseases (STDs), and substance abuse are major problems for this population. Farmwork is one of the most dangerous occupations in the nation; farmworkers face daily exposure to pesticides and other toxic chemicals and other employment-related injuries.

BIRTHPLACES OF FOREIGN-BORN FARMWORKERS, 1989-90			RACE/ETHNICITY OF U.S.-BORN FARMWORKERS, 1989-90		
BIRTHPLACE	% OF FOREIGN-BORN	% OF TOTAL	ETHNICITY	% OF U.S.-BORN	% OF TOTAL
Mexico	92	57	White, Non-Hispanic	60	23
Other Latin Am.	4	2	Hispanic	34	13
Asia	3	2	Black, Non-Hispanic	5	2
Caribbean	1	1	Other	1	1
Total Foreign-Born	100	62	Total U.S.-Born	100	38

Source: U.S. Department of Labor, National Agricultural Workers Survey (NAWS) 1990.

Farmworkers as a group are poor and chronically underemployed; they are part of America's working poor. Roughly half of farmworkers have incomes below the poverty level, as defined by the U.S. government,**



despite a high prevalence of farmworker families with multiple wage earners. The median family income for authorized farmworkers is between \$7,500 and \$10,000, and \$2,500 to \$5,000 for unauthorized workers. Fewer than one-fifth (18%) are recipients of needs-based social services -- Food Stamps are the type of assistance most often received. Married farmworkers without children are the least

** The official poverty level in 1989 was \$6,452 for an individual, \$8,343 for a couple, \$9,885 for a family of three, and \$12,675 for a family of four.

likely to live in poverty (30%) as compared to farmworkers with children (54%) and single workers (53%). Foreign-born workers are twice as likely as U.S.-born workers to live in poverty (62% versus 31%).

Farmworkers tend to have very limited education; only 47% of have completed eight or more years of formal education. Due to the strong presence of Hispanic immigrants and their limited access to education, most farmworkers are limited-English-proficient. Many Hispanic farmworkers are functionally illiterate in English as well as in Spanish.

Farmworkers are in poorer health than any other identified population group. A recent survey found that multiple and complex health problems existed among 40% of all farmworkers who visit migrant clinics. As a group, migrant farmworkers experience a life span approximately 30% shorter than the United States average -- 49 years compared to 73 years -- and an infant mortality rate 25% higher than the national average.² Migrant farmworkers are subject to more accidents, dental disease, mental health and substance abuse problems, and suffer a higher incidence of malnutrition than any other population group in the country. In addition, they also experience higher rates of diabetes, hypertension, tuberculosis, anemia, and parasitic infections than the national average.³

Due to the nature of their work, farmworkers have few financial resources and little time to spare for medical treatment, much less health prevention measures. Statistically, they suffer from an array of health problems for which treatments is available, but to which they lack access. Even when affordable health care facilities are available, migrant farmworkers face greater difficulties in accessing them than other population groups. A clinic's location, financial constraints, language and cultural barriers, and operating hours all contribute to farmworkers' lack of access to health care.⁴ In addition, most farmworkers do not have medical insurance, lack workers' compensation, and have few resources to spend on expensive medical examinations, treatments, and prescriptions. Because of these and other barriers, many simply do not seek medical care. Thus, diseases often remain undiagnosed and untreated. Taking time off from work to spend a day traveling to and waiting for a medical clinic appointment results in the loss of a day's wages -- which is not economically feasible. In addition, the farmworker seeking medical attention is usually accompanied by another family member or friend who may assist in transportation or interpretation services. The people who help farmworkers with these tasks are most often farmworkers themselves, and they, too, can ill-afford lost wages. Limited access to health care increases the risk of complications and mortality from diseases such as HIV/STDs and tuberculosis.

Farmworkers are casualties of a deficient health care system. There are not enough primary health care and migrant health care clinics to adequately serve the farmworker population in this country, and community health centers cannot fill all the gaps. In 1990, migrant and community health centers reached approximately 517,000 migrant patients. Based on the probable population of four million farmworkers, these centers were

able to reach just 12% of the farmworker population. The services that community and migrant health centers provide for Hispanic farmworkers are particularly important because they are usually culturally sensitive and bilingual, and location and hours of operation are often convenient for this clientele. However, most community and migrant health centers are already operating at or above capacity -- the number of patients they currently see cannot be greatly increased without additional resources.

HIV AND HISPANIC FARMWORKERS

National statistics on AIDS rates among migrant and seasonal farmworkers do not exist since surveillance of HIV/STD in the farmworker community is nearly nonexistent. Estimating Hispanic farmworker seroprevalence -- those infected with HIV -- is even more difficult. However, statistics from the Centers for Disease Control (CDC), the official AIDS data source in the United States, indicate that Hispanic Americans -- men, women, and children -- suffer disproportionately from HIV/STDs. While Hispanics comprise about 9% of the population, as of March 1992 they accounted for 16% of all AIDS cases: 25% of all pediatric AIDS cases (children under 13 years old), 20% of all adult and adolescent female AIDS cases, and 16% of male cases.⁵

According to the CDC's *HIV/AIDS Monthly Surveillance Report*, a total of 33,878 Hispanics had been diagnosed with AIDS as of the end of December 1991. Hispanics accounted for 16% of AIDS cases reported to CDC, non-Hispanic Blacks 29%, non-Hispanic Whites 54%, and Asians and others, including persons whose race/ethnicity was unknown, 1%. As of the same date, 3,471 children under 13 had been diagnosed with AIDS. Over three-fourths of these children were minority and one-fourth were Hispanic. Of the 848 Hispanic children with AIDS, 87% appear to have contracted the HIV virus from their mothers before birth. The large majority of the mothers either were injecting drug users (IDUs) or had sexual contact with an injecting drug user.⁶

Hispanics were overrepresented, given their proportion of the population, in every type of AIDS transmission groups except those suffering from hemophilia. The two largest groups of Hispanic AIDS cases consisted of persons 13 and over who had engaged in homosexual or bisexual contacts and were not injecting drug users (40%) and injecting drug users (40%). Another 6% fell into both of these categories; they had engaged in homosexual or bisexual contact and were injecting drug users. Another 7% of Hispanic AIDS cases appear to have been infected with the HIV virus through heterosexual contact. Hispanic heterosexual transmission was the only category which increased over the last year. Heterosexual AIDS transmission is an area of intense scrutiny and concern; although heterosexual transmission rates are still proportionately low, the chance for large increases is great. Differences between men and women in percent of cases by CDC exposure category are as follows: among Hispanic men, 46% of AIDS cases as of December 1991 were homosexual/bisexual and 39% were IDUs; another 7% fit into both of these categories;

among Hispanic women, 50% of cases were IDUs, and 39% became infected with the HIV virus through heterosexual contact, most often with an injecting drug user.

Increasingly, HIV and other sexually transmitted diseases (STDs) are being recognized as urgent health issues for farmworkers. Seroprevalence studies of farmworkers have tended to be small, regional studies focusing on local community farmworker populations. Thus, the studies may not be representational, and Hispanic farmworkers may not be significantly included. Seroprevalence rates as high as 13% have been found in farmworker surveys. One nationwide seropositivity study conducted in 1989 found a 0.5% seroprevalence rate among farmworkers who attended health clinics.⁷ This survey probably underestimated the seroprevalence rate for farmworkers -- a large number of farmworkers may not have access to health clinics, and other studies have shown that people who decline HIV testing are more likely to be HIV-positive. Another seroprevalence study of farmworkers at 14 migrant health centers, sponsored by the CDC, has provided the following preliminary data: 88.2% of all participants sampled were Hispanic; 33.3% of HIV-positive participants were Hispanic, second only to Haitians (53.3%); and a male-to-female ratio of one-to-one was found among HIV-positive people, which suggests heterosexual transmission of HIV.⁸

The large incidence of homosexual/bisexual transmission among Hispanic males is an area of particular concern for the farmworker population. Hispanic homosexual/bisexual men are more likely to remain "closeted" about their sexuality due to strong cultural proscriptions against homosexual behavior. In addition, it has been argued that Hispanic homosexual/bisexual men are more likely than non-Hispanics to transmit the HIV virus to women because they are more likely to not identify themselves as gay, maintain sexual relationships with women as well as men, and have wives and children. Hispanic culture is characterized by very strictly defined gender roles; these strict definitions also transfer to sexual roles. Many Hispanic males who have sex with men tend to identify themselves either as bisexual or as heterosexual; male-to-male sexual liaisons are not always regarded as homosexual. If one male partner is solely anal-passive (the "receiver"), he is more likely to self-identify as gay or bisexual, while a partner who is solely anal-active (the "penetrator") is not apt to self-identify as gay or bisexual, but more likely to identify as heterosexual. The nuances involved in sexual identification among Hispanics are many and intricate. One study found that a larger proportion of gay Hispanic males with AIDS reported having sex with both men and women than did White non-Hispanics; one-fifth of Hispanics reported bisexual activity, compared to one-eighth of Whites.⁹ Although few estimates of male-to-male sexual frequency exist for Hispanic farmworkers, numbers that do exist indicate that the self-disclosed frequency is quite low.

Certain farmworker demographic and lifestyle characteristics may place them at high risk for HIV transmission. For example, as of 1989-90, a large percentage (70%) of the farmworker population reported being married; however, 30% of those who were married and/or had children lived away from their families. Males (46%) and foreign-born farmworkers (47%) were least likely to live with their families at the work site. Nearly 65%

of U.S.-born farmworkers compared to 47% of Mexican-born and 28% of Central American-born migrant farmworkers, were accompanied by their families. Over half the farmworkers who had spouses and/or children living abroad were Mexican; of these, 73% reported having spouses living in Mexico. Thus, a large number of Mexican farmworkers were not accompanied by their spouses.

Constant mobility^{*} and changing support systems play a significant role in farmworker HIV/STD transmission.** The high rate of unaccompanied males plays a significant role in high rates of STDs. Because males are unaccompanied by their spouses, they may engage in high-risk sexual behavior. Frequenting of prostitutes and multiple sexual partners is high among this population; in some areas, prostitutes are reported to wait in the fields at the end of the work day, increasing the possibility of multiple partners among both the prostitutes and the farmworkers.

THE HIV/STD TRANSMISSION RISK

The strong relationship between HIV and other STD transmission is well documented. High STD rates can be directly linked to low condom use and multiple sexual partners. Because HIV is a sexually transmitted disease, it should be treated as an STD in education and outreach efforts and CDC encourages this approach.

Farmworkers tend not to perceive themselves to be at risk for contracting HIV/AIDS. To understand the HIV/AIDS crisis among farmworkers, transmission modes and trends among farmworkers must be understood. Farmworkers in general possess strong working-class values, and fulfill rigid gender-based societal roles. They have not seen themselves as a population at great risk for contracting HIV/STDs. Traditional Hispanic culturally-based models often explain illness as a punishment from God that must be endured. This may help explain the reluctance of some farmworkers to seek medical attention for illness. In addition, most farmworkers view AIDS as a "gay, White, male" disease. Because HIV/STDs cases among farmworkers have been scattered among various regions, and tend not to be concentrated in areas traditionally identified as having high AIDS case rates. Thus, AIDS has not yet had a visible impact on most farmworkers' lives, which contributes to their not seeing themselves as at risk.

^{***} There are three predominant migratory streams or migration routes: the West Coast, the Midwest, and the East Coast; all three streams are predominantly Hispanic. The West Coast stream is overwhelmingly Hispanic, the Midwest stream is mostly a mix of White non-Hispanics and U.S.-born Hispanics, and the East Coast stream has a majority of Hispanics, but also contains large numbers of Black non-Hispanics, Haitians, White non-Hispanics, and other Caribbean immigrants.

English-oriented educational materials do not reach farmworkers because most farmworkers are either monolingual Spanish-speakers or prefer to communicate in Spanish which is the primary language for nearly two out of three farmworkers (65%). Of U.S.-born Hispanic farmworkers, 74% speak and 73% read English fluently. However, among Mexican-born farmworkers, only 7% speak and 4% read English fluently. Other Latinos report the lowest English fluency rates, with only 1% speaking and 1% reading English fluently. Because many farmworkers are both monolingual and functionally illiterate in English as well as in their native language, HIV/STD educational campaigns in English have little effect on farmworkers; and literature in Spanish may not be appropriate.

HIV/STD knowledge in the Hispanic farmworker population is well below the national average, according to small-scale population studies and anecdotal research findings. According to a 1989 study in Georgia, 35% of the farmworker population was found to have had STD occurrences.¹⁰ A significant proportion of the population studied did not know that AIDS could be transmitted from women to men, from men to women, and through sharing hypodermic needles. A 1989 survey of farmworkers in Michigan found that a large number of farmworkers (29%) did not know that a person with AIDS could be asymptomatic -- showing no signs of illness.¹¹ Other surveys have shown farmworker responses well below the national average in knowledge about HIV/STDs infection from blood transfusions and injecting drug use, and the fatality of AIDS.

In general, sexuality is not a comfortable topic of discussion among Hispanics, much less frank discussion about HIV/STDs. Cultural taboos and religious beliefs are major factors in the reluctance of Hispanics to speak about sexually-related health issues. Most Hispanics are in some way identified with the Catholic church, which does not approve of the use of artificial contraception, including condoms. In addition, the use of condoms in Hispanic culture is associated with extramarital sex, specifically prostitution. If a female asks a male partner to wear a condom, this may be taken to imply that she may have been involved in prostitution or that the male partner has either been promiscuous or is perceived to have engaged in homosexual acts. Also, cultural constructs may restrict many females from taking responsibility or stating concerns in sexual areas, as this is often seen as the male's domain.

In a North Carolina study, sexually transmitted diseases were found to be prevalent among farmworkers. Of the five most prevalent STDs -- syphilis, gonorrhea, granuloma inguinale, lymphogranuloma venereum, and chancroid -- syphilis and gonorrhea were found to be the most common among the migrant population.¹² The study also found Mexican-American females to be less likely than other female farmworker groups to seek intervention in STD cases.

Condom use is extremely low among Hispanic farmworker populations. Safer sex has not been effectively promoted in this population. The Georgia study found that 78.3% of Hispanic respondents reported never having used a condom, as opposed to 36.4% of non-Hispanics.¹³ In general, respondents were more likely to use washing after sex and

restriction of sexual partners as their primary strategies for reducing disease. This study also divided findings between indigenous and immigrant farmworkers. The immigrant farmworkers, most of whom were Hispanic, were found to be less likely to have had a large number of sexual partners, and reported no homosexual or bisexual relationships, but were the least likely to use condoms. Only 17.9% of all Hispanics surveyed reported "almost always:" using a condom.

HIV AND TUBERCULOSIS

In addition to the HIV/STD linkage, another AIDS-related public health problem of special significance for Hispanics is tuberculosis (TB). TB cases increased markedly for minority Americans between 1985 and 1990. Increases were documented in Asian/Pacific Islanders (a 19.6% increase); non-Hispanic Blacks (26.9%), and Hispanics (54.7%). Non-Hispanic Whites experienced a 7.3% decrease. Non-Hispanic Black and Hispanic increases in TB are at least partly due to the increasing trend in TB infection in HIV-positive individuals. Approximately 4% of persons with AIDS have TB. HIV seroprevalence surveys of selected tuberculosis patients in several cities have shown positive HIV rates ranging from 1.4% to 46.3%.

States and cities with large numbers of AIDS cases began reporting increases in TB in 1978. HIV infection is by far the greatest risk factor for TB ever identified. TB is one of the few opportunistic infectious diseases associated with HIV/AIDS that is easily transmitted to other people. Because HIV weakens the body's immune system, it appears to allow tuberculosis infection to progress to an active disease stage with little or no opposition. Compounding the linkage between TB and HIV is potential for large increases in TB cases in many large cities, due to high concentrations of injectable drug users. Especially alarming is the occurrence of a new strain of tuberculosis that occurs most frequently in tandem with HIV infection and is resistant to most current drug therapies. This new TB is called multidrug resistant TB (MDR TB).

CONCLUSION

Hispanic farmworkers are at increased risk for contracting HIV and other STDs. Inadequate health knowledge, poor accessibility to health care, a mobile lifestyle, limited case finding and follow-up, lack of and discomfort with the use of condoms, language barriers, and myths of health and illness all contribute to this increased risk.

The majority of farmworkers seek care for acute problems rather than for preventive services, such as periodic physical exams, that focus on health education and patient risk status. Symptoms such as weight loss, fatigue, swollen glands, recurrent skin rashes, and fungus infections may be attributed to pesticides or toxic chemicals instead of HIV/STDs. Such misdiagnosis can hasten death from AIDS-related illnesses. Farmworkers as well as

their health care providers need to be specifically educated as to the risk of HIV/AIDS and other STDs.

Well-designed national, state, and local HIV transmission studies are badly needed for farmworker populations -- including all ethnic subgroups. National HIV/STD surveillance as well as sexual attitudes and behavior studies among Hispanics and Hispanic farmworkers would greatly facilitate the creation of appropriate farmworker HIV/STD education and prevention programs.

ENDNOTES

1. "Findings From The National Agricultural Workers Survey (NAWS) 1990: A Demographic and Employment Profile of Perishable Crop Farm Workers," Office of Program Economics, Research Report No. 1. Washington, D.C.: U.S. Department of Labor, Office of the Assistant Secretary for Policy, July 1991.
2. "Medicaid and Migrant Farmworker Families: Analysis of Barriers and Recommendations for Change." Washington, D.C.: National Association of Community Health Centers, 1991; and Interstate Migrant Education Project, "Interstate Migrant Task Force: Migrant Health." Denver, Colorado: Education Commission of the States, 1979.
3. G. E. Alan Dever, "Migrant Health Status: Profile of a Population with Complex Health Problems." Austin, Texas: National Migrant Resource Program, Inc., 1991.
4. Migrant Health Program, "Outreach Health Services to Migrants: The Reality, the Dream." Rockville, Maryland: U.S. Department of Health and Human Services, 1990.
5. Emily Gantz McKay and Frank Beadle de Palomo, "AIDS in the Hispanic Community: An Update." Washington, D.C.: National Council of La Raza, March 1992.
6. *HIV AIDS Surveillance: Year-End Edition*. Washington, D.C.: Centers for Disease Control, January 1992.
7. "HIV Seroprevalence in Migrant and Seasonal Farmworkers." In *Morbidity and Mortality Weekly Report*. Atlanta, Georgia: Centers for Disease Control, Vol. 37, 1988.
8. Ken Castro, M.D. and John Narkunas, MPA, "Preliminary results: Seroprevalence of HIV Infection in Seasonal and Migrant Farmworkers." *The Migrant Health Newslines*. Austin, Texas: National Migrant Resource Program, Inc., July/August 1989.
9. "AIDS in the Hispanic Community: An Update," *op. cit.*
10. David Foulk, Jerry Lafferty, et al., "AIDS Knowledge and Risk Behaviors of Migrant and Seasonal Farmworkers in Georgia." *The Migrant Health Newslines*. Austin, Texas: National Migrant Resource Program, Inc., July/August 1989.
11. Keith V. Bletzer, Ph.D., "Knowledge-Attitude-Belief Survey on AIDS/HIV Among Migrants in Michigan." *Migrant Clinicians Network Clinical Supplement*. Austin, Texas: National Migrant Resource Program, Inc., January/February 1991.
12. Linda Schoonover Smith, "Ethnic Differences in Knowledge of Sexually Transmitted Diseases in North American Black and Mexican-American Migrant Farmworkers," *Research in Nursing and Health*. 12. 1988.
13. "AIDS Knowledge and Risk Behaviors of Migrant and Seasonal Farmworkers in Georgia," *op. cit.*