



HIV/ AIDS Farmworker Factsheet

HIV is a deadly virus that is a major health threat to the United States population and has also become a global health issue. If left undiagnosed or untreated, HIV can remain asymptomatic and eventually lead to AIDS, a dangerous disease which severely weakens the immune system and leads to death. Lack of health care access due to legal, financial, geographical, and linguistic barriers coupled with a lack of material and social support all place an especially heavy burden on migrant and seasonal farmworkers for contracting HIV and/ or AIDS. The migrant lifestyle, often characterized by constant mobility, geographic isolation, separation from family, lack of health education, and varying cultural attitudes and beliefs about sex safe sex practices further escalates these risks.

General HIV/AIDS Facts

- The terms HIV and AIDS are often confused or used interchangeably, but in fact, they are very different. Human Immunodeficiency Virus can be transmitted through acts of unprotected vaginal or anal sex, blood transfusions or from mother to child through pregnancy, birth or breast milk.¹ Once infection has occurred, the virus destroys a specific type of blood cell, the CD4+ T cells, which are crucial for immunity and fighting diseases.² As the infection progresses and CD4 T cell counts decrease, it can then be diagnosed as AIDS.
- Acquired Immunodeficiency Syndrome is determined by two main diagnostic methods: those of the Centers for Disease Control and the World Health Organization.
 - CDC classifies an AIDS diagnosis based on the number or range of the CD4 cell count. This requires lab tests and blood work. Logically, the lower the cell count, the higher risk there is of an AIDS diagnosis.³
 - WHO determines an AIDS diagnosis based on 4 different clinical stages of HIV infection according to the group of symptoms or specific clinical conditions that the person is experiences. The last stage, 4, is an AIDS diagnosis.⁴ The method is still successful in determining treatment options especially in those settings where clinical CD4 testing (lab work and exams) is not readily available.⁵
- By the end of 2008, the cumulative estimated number of total HIV infections in the United States and its dependent areas totaled 1,178,350.⁶
- The three highest methods of transmission within the year 2009 include: male to male infection through sexual contact (23,846 cases), male to female infection through sexual contact (8,461 cases) and female to male infection through sexual contact (4,399 cases).⁷
- In the year 2009, the estimated number of new HIV diagnoses within the United States and dependent areas was 42,959. The estimated breakdown of these HIV diagnosis in 2009 by ethnicity was 11,803 cases among non-Hispanic Whites, 21,652 cases among non-Hispanic African Americans, and 7,347 cases among Hispanics.⁸

- Also in the year 2009, the age bracket most susceptible to an HIV diagnosis was 20 to 24 with 6,237 cases, 25 to 29 with 5,591 or cases and 40 to 44 with 5,519 of cases.⁹
- From the beginning of the epidemic through 2009, 190,263 Hispanics in the United States have been reported as diagnosed with AIDS.¹⁰ For Hispanic/Latino men living with HIV/AIDS, the most common methods of HIV transmission include:
 - Sexual contact with other men at 45 percent of total cases
 - High-risk heterosexual contact at 25 percent of total cases
 - Intravenous drug user at 22 percent of total cases
 - Sex with men AND injection drug use at 6 percent of total cases
 - Among men born in Puerto Rico, injection drug use accounts for a significantly higher proportion of cases than male-to-male sexual contact.¹¹
- Since the beginning of the epidemic until 2008, there have been a total of 111,438 deaths among Hispanics/ Latinos due to AIDS.¹²

Farmworker HIV/AIDS Facts

Prevalence

- Data regarding the incidence of HIV/ AIDS in migrant or seasonal farmworkers is very difficult to find and by majority conducted on small, local populations. Some research has identified infection rates that range from as low as 2.6 percent of farmworkers with HIV to as high as 13 percent.¹³ Frequently, these numbers have been doubted as they do not fairly encompass the farmworker population.¹⁴
- As far as estimating the prevalence among the farmworker population, the overall Hispanic/Latino estimates are the nearest reliable comparison. In 2009, there was among Hispanics: 7,347 new diagnoses of HIV, and 6,719 AIDS diagnoses.¹⁴
- In one study, it was noted that HIV diagnoses increased 7.8% annually between 2003 and 2006 along the U.S.- Mexico border. Increases were particularly significant for those men who have sex with other men.¹⁵
- Latinos are disproportionately affected by HIV; in 2009, Latinos represented only 16% of the total United States population and 20% of new HIV infections.¹⁶

Risk Factors and Behaviors

- Characteristics of farmworkers' migrant lifestyle can contribute to an increased risk of contracting HIV. These factors include poverty, low income, sub-standard housing, limited access to healthcare, limited English proficiency, mobile lifestyle and social isolation.¹⁷
- Certain behaviors also put migrant workers at risk for contracting HIV/AIDS: including sex with prostitutes, inconsistent condom use, and alcohol and drug abuse.¹⁸
- One study done on female sex workers who frequently work near agricultural areas reported that the greatest risks involved assault or violence from clients and not being compensated, either in money or drugs, for their services.¹⁹ The same study found that condom use is often inconsistent since workers have very few first-time clients. Most prefer a small number of regulars who they trust will not assault them and who will pay them, and whom they believe, there is a very small chance of contracting STIs.²⁰

Knowledge, Attitudes & Beliefs

- A 2007 study of farmworkers in New York found that 33 percent believed that HIV is no longer a serious problem in the United States, 32 percent believed that HIV only affects gay men and drug users, 27 percent believed that a person should not have to be tested for HIV if he or she looks healthy and 13 percent believed that HIV/AIDS is curable.²¹
- Many studies over the last few years have suggested viewing the social context of migrant agricultural workers as a risk for HIV/AIDS risk as opposed to the individual acts of this group.^{21, 22} For example, a study done in 2009 concluded that for Mexican men who migrate, loneliness is a feeling that plagues this population due to the social contexts that accompany the lifestyle: immigration status, traveling alone, physically arduous work, being away from family, etc.²³
- Migration between Mexico and the United States has recently been highlighted as a source of rising HIV/AIDS rates in Mexico and Mexican officials now estimate that 30 percent of their country's HIV/AIDS cases are caused by migrant workers returning from the United States.²⁴ This is seen in the relationship between California, which has the highest HIV/AIDS incidence rate in the United States, and Jalisco, which has the highest number of migrants sent to the United States and the second-highest HIV/AIDS incidence rate in Mexico.
- One study interviewed clinicians and health workers regarding the culturally significant implications of contraceptive and safe sex practices among rural Hispanics of the Northwest. By majority, workers concluded that openly discussing sex and sexuality is received with a lot of discomfort among this group, which adds to people deterring from actively seeking contraceptives or practicing safe-sex behavior.²⁵

Unprotected Sexual Activity

- A common behavior that puts farmworkers at risk for contracting HIV/AIDS is having unprotected sex with prostitutes.²⁶
- A study of migrant male farmworkers in San Diego, California found that 70 percent of sexually active farmworkers reported sex with a sex worker, of which only 23 percent reported using condoms.²⁷
- As for Mexican migrant women, a 2003 study found that of respondents who had two or more sexual partners, only 25 percent reported using a condom during sex.²⁸
- Mexican migrant women, as well as migrant's wives who remain in their country of origin, are vulnerable to contracting HIV due to risky behaviors of their male sex partners, which include intravenous drug use, prostitution use without condoms, unprotected sex between men, and needle sharing. In a 2004 study, researchers found that 75 percent of migrant men rarely or never used condoms with their wives.²⁹
- Sex between men is the highest HIV risk category in the United States.³⁰ It has been documented that minority men who have sex with men (MSM) in the United States are at an increased risk for HIV infection. According to the CDC, of all the HIV diagnoses in 2009 (41,845), 57% of cases (or 23,846) occurred among men who have sex with men.³¹

Intravenous Drug Use

- Injection drug use is an important cause of the transmission of blood borne infections, particularly HIV.³²
- A study done on the tattooing practices among farmworkers concluded that amateur tattooing is very common and that there is very little knowledge of the transmission of blood-borne illness contracted through needle sharing.³³
- Mexicans who migrate to the United States are more likely to try drugs at least once in their lifetime and/ or develop substance abuse habits.³⁴
- Another important element is that there is a cultural perception that encourages self-medication and the lay health injection of vitamins and antibiotics as a treatment for illness.³⁵

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⁶ Centers for Disease Control and Prevention. *HIV Surveillance – United States, 1981-2008*. 2011. Available online: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6021a2.htm>

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²⁰ Ibid.

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