
Proficiency in Condom Use Among Migrant Workers

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Consistent and correct use of condoms is important to prevent the transmission of HIV and other sexually transmitted diseases. We evaluated condom use skills on an 11-point scale in which participants were observed placing a condom on a penile model. Participants were 375 sexually active African American and Hispanic migrant workers. For analysis, subjects were divided into skilled and unskilled groups by a median split of the condom use skills score. Sexual risk behaviors were analyzed between condom use skilled and unskilled groups and level of condom use skills between African Americans and Hispanics. African Americans showed better skills in using condoms, and participants in the condom-use skilled group used condoms more frequently. Finally, a logistic regression was conducted to find predictors of condom use skills. Significant predictors were ethnicity, language, and assistance-related social support (obtaining advice from people who could provide tangible assistance).

(Journal of the Association of Nurses in AIDS Care, 25, 233-242) Copyright © 2014 Association of Nurses in AIDS Care

Key words: *African Americans, assistance-related social support, condom use skill, Hispanics, migrant workers*

More than 4 million migrant farm workers are currently located in the United States (Fitzgerald, Chakraborty, Shah, Khuder, & Duggan, 2003). Mobility, improper documentation, language and cultural barriers, substandard housing, and the challenges faced when trying to adapt to a new

environment are some of the many obstacles migrant workers face during their migrations. Migrant workers' highly mobile lifestyle is a major challenge for researchers to examine the factors that influence the health of this population (Duke & Carpinteiro, 2009).

As one of the most rapidly growing populations in the United States, it is important to monitor and evaluate the health status and needs of migrant workers (Parrado & Flippen, 2010). Migrant workers in the United States are concentrated in Texas, Florida, North Carolina, California, Washington, and Oregon (Carroll, Samardick, Bernard, Gabbard, & Hernandez, 2005). The majority of migrant workers are from Spanish-speaking countries, and many of them live alone, with spouses and families located back home (Apostolopoulos et al., 2006; Villarejo et al., 2010). The process of migration, especially from other countries, carries additional health risks. When compared to those who are born in the United States, migrant workers are more often faced with the loss of supportive networks and identities. They are compelled to adopt a new "minority status," thus forcing them to adapt to different cultural norms.

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These cultural norms may be ways of speaking and eating and even changes in behavior patterns (Apostolopoulos et al., 2006).

Migrant workers are an underserved and marginalized community in the United States that has been severely affected by HIV (Yang, Derlega, & Luo, 2007). It has been documented that HIV rates among migrant workers are increasing, possibly reaching as high as 13% (Villarejo et al., 2010). A number of factors associated with migration place migrant workers at higher risk for HIV infection, including extreme poverty, substance and alcohol abuse, obstacles with different language and culture, migration patterns, immigration status, disparities in access to health care, segregation and social exclusion, and lack of education (Rhodes, Hergenrather, Wilkin, Alegría-Ortega, & Montaña, 2006; Sowell, Holtz, & Velasquez, 2008).

Migration has been associated with higher levels of depression, loneliness, and isolation as well. Studies have shown that the sense of solitude and isolation experienced by migrant workers may be the driving force behind embracing unhealthy behaviors, such as practicing risky sexual practices (Muñoz-Laboy, Hirsch, & Quispe-Lazaro, 2009). These behaviors include engaging in sex with multiple partners, having sex without condoms, and having sex under the influence of alcohol or other drugs (Muñoz-Laboy et al., 2009; Sowell et al., 2008). Race and ethnicity have also been found to impact an individual's level of sexual risk-taking behavior because different sexual risk rates are found among various minority groups based on their ethnicity and race (Dariotis, Sifakis, Pleck, Astone, & Sonenstein, 2011). The impact of race and ethnicity on risky sexual behaviors could be due to an association between "minority status," level of ethnic identity, and socioeconomic status. These marked racial and ethnic differences in sexual risk behaviors can be demonstrated by the apparent differences in sexually transmitted disease (STD) prevalence in these groups (Centers for Disease Control and Prevention, 2012). For example, between heterosexually active African American and Hispanic women, Hispanics showed higher sexual risk behaviors by having a significantly higher number of partners and more unprotected vaginal and anal intercourse (McLellan-Lemal et al., 2012).

In migrant workers who are involved in risky sexual acts, condom use is the most practical way to reduce the risk of HIV infection for individuals who choose to have sex (Ahmed et al., 2001; Koss, Dunne, & Warner, 2009). Literature on condom use among migrant workers is scarce. Studies suggest that migrant workers who perceive sexual encounters as risky or are married with a spouse back home are more likely to practice safe sex (Koss et al., 2009; Organista & Ehrlich, 2008). The limited literature on this topic does not include studies that examine condom use skills among migrant workers, which are vital in using condoms properly. Consistent condom use has been found to reduce STD and HIV incidence significantly, and these positive effects can be accentuated if condoms are used correctly and effectively (Civic et al., 2002; Lindemann, Brigham, Harbke, & Alexander, 2005).

HIV prevention interventions have focused on increasing the frequency of condom use; the majority of these interventions have been successful in achieving this goal (Scott-Sheldon, Huedo-Medina, Warren, Johnson, & Carey, 2011). A review by Johnson, Carey, Marsh, Levin, and Scott-Sheldon (2003) found that only a few studies have focused on training or assessing skills in proper condom use; HIV/STD prevention interventions should focus on promoting consistent as well as correct use of condoms (Langer, Zimmerman, & Cabral, 1994).

Our study evaluated the general level of condom use skills among African American and Hispanic migrant workers in rural Florida. The primary aims of this study were to (a) determine the level of condom use skills among migrant workers, (b) determine the extent to which condom use skills differed between African Americans and Hispanics, and (c) identify demographic and social support factors that were most strongly associated with using condoms correctly.

Methods

Participants

Participants were drawn from an ongoing two-group randomized community study evaluating an HIV risk reduction intervention implemented in

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