Gay Men and Loose Women – Southeast Idaho Mexican Migrant Women's Beliefs about Who Gets HIV

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Abstract

Since the beginning of the HIV/AIDS epidemic in the 1980's, there have been stereotypes about certain groups of people being infected with the disease. This paper is based on a qualitative study consisting of twenty (n=20) interviews with Mexican migrant women in Southeast Idaho. The study investigated who Mexican migrant women believe are most likely to be infected with HIV, and then analyzed the beliefs in a socio-cultural context, examining a loss of both social and material capital as a catalyst for these beliefs.

Keywords: Mexican, migrant, HIV/AIDS, rural health

Introduction

Medical anthropologists have long been at the forefront of studying HIV and AIDS since the epidemic began in the early 1980's (Brandt, 1989; Parker, 1987). The research done by medical anthropologists focuses on three main areas: 1) Behaviors for getting the disease 2) Perceptions about HIV positive people 3) Explanatory models of HIV (Farmer, 1992; Pigg, 2002). Many anthropologists such as Paul Farmer (1992, 2003) and Nancy Scheper-Hughes (1994) couple their interview-based findings with epidemiological data in order to gain a more holistic understanding of the pandemic, and by doing so strive to create innovative and creative ways of preventing the disease.

While studying risk behaviors associated with HIV the majority of anthropologists rely on qualitative research methods such as interviews and focus groups. Qualitative studies of high-risk behaviors associated with contracting HIV have been done in many countries including the United States, Mexico, the Caribbean nations and Africa (Carrillo, 2002; Farmer, 2003; Parker, 1987). The majority of the qualitative research has been done on minority groups such as women, people of color and homosexuals (Carrillo, 2002; Pigg, 2002; Scheper-Hughes, 1994).

There has been a small but influential amount of research done on the stigmatization of people with HIV (Carrier, 1995; Farmer, 1992; Herdt, 2001; Perez & Conner, 1996). This research has found the stigma associated with HIV differs from culture to culture and depends on a plethora of different factors (Carrier, 1995, Herdt, 2001). Much of the research done on the stigmatization of HIV-infected people is taken from secondary data focusing on the explanatory models that health care providers and patients have toward HIV. (Carter, Lantos, & Hughes, 1996). Part of the stigma associated with HIV positive people is stereotypes about the people who most often contract the virus.

This paper offers one possible "new" explanation of why the stereotype of gay men and women of the street being the most infected groups with HIV, has prevailed as a stereotype among women in the Mexican migrant population. This new explanation hypothesizes that Mexican migrant women view HIV as a disease that impacts immoral people (namely gays and "loose women"), who steal the partners of "moral" women. In a sense, HIV is a biological disease that is seen as a moral weapon in order to create a scenario in which the woman's husband or boyfriend will return to her. HIV will make the immoral person, namely the gay man or the loose woman "that stole him away," physically unattractive.

After a survey of the literature, the above theory on why Mexican migrant women still stereotype gay men and women of the street as the groups most likely to contract HIV seems to be new. Other researchers normally attribute the stereotyping to cultural influences, including mass media such as people portrayed on television with HIV (Carrier, 1995; Farmer, 1992).

Methodology

The principal investigator conducted 20 interviews using open-ended questions with Mexican women in the American Falls, Idaho area. The interview questions were open-ended but specifically asked the women about individual and cultural beliefs regarding HIV, cultural views of biomedicine, possible barriers to obtaining medical services, general knowledge about HIV/AIDS, and community perceptions regarding the disease and people who have the disease.

The questions were translated by the principal investigator, checked for cultural accuracy by four female community members whose first language is Spanish, and then back translated by the researcher. Along with grammatical and dialectical suggestions, the community members also made suggestions to help refine the questions to best fit the Hispanic population in southeast Idaho

Snowball sampling was utilized as a way to recruit participants into the study. Snowball sampling is a non-random method of recruiting participants that employs the social networks of individuals to access other possible informants (Rice & Ezzy, 1999). Because this is a non-random method of recruitment, there is a possible selection bias in the sample. However, snowball sampling has been shown to be successful in other projects with a comparable design (Stahlman, 2004).

The principal investigator began the interviews with primary informants, Health Promoters from the Hispanic Health Projects. The Hispanic Health Projects, at the Department of Anthropology at Idaho State University, is a grass roots based organization that engages community members, academic professionals, service providers and policy makers in efforts that increase health status and health awareness in southeast Idaho and Mexico. From those informants the researcher was directed to other possible informants and from those informants often received the names of other possible informants.

All of the informants were female, Mexican, and ranged between the ages of 18 and 61, with 35.8 being the mean age. All women were able to fully understand the consent form before the interview started and all of the participants spoke Spanish as their first language. However, several of the participants also spoke fluent English. The interviews were conducted in the language of choice of the participant. All interviews were conducted in the Hispanic Health Project office in American Falls, Idaho, the home of the participant, or the house of a friend of the participant. All interviews were then transcribed and coded by the researcher.

Results

When asked who contracts HIV, the two groups that were often mentioned were homosexual (homosexuales) and prostitutes or whores (mujeres que andan la calle, prostitutas).

P-¿Cuales grupos en particulares son propensos al VIH o SIDA?
What groups in particular have a propensity for HIV or AIDS?
R-Pues, homosexuales y mujeres que andan con muchos hombres
Well, homosexuals and women that goes with a lot of men.
(Interview 9J)

P-¿Cuáles grupos en particulares son propensos al VIH o SIDA?
What groups in particular have a propensity for HIV or AIDS?
R-Prostitutas u homosexual. Que ellos han sido con muchas personas.
Prostitutes or homosexuals. They have been with many people.
(Interview 14L)

P-¿Qué dice la gente acerca de personas con el VIH?

What do people say about persons with HIV?
R-Depende, si es un hombre dice que es homosexual, si es mujer dice que es prostituta.
It depends, if it is a man they say that he is gay, if it is a women they say that she is a prostitute.
(Interview 15N)

What is also interesting is that when all 20 of the women interviewed described signs or symptoms of HIV or AIDS, they often talked about physical symptoms that would make a person appear ugly. Death was never mentioned as an end result of HIV or AIDS.

P-¿Cuales son las señales o síntomas del VIH?
What are the signs or symptoms of HIV?
R-Estas personas son delgado, casados, vomitan mucho, tienen manchas en la piel.
These people are skinny, tired, they vomit a lot and have rashes on their skin.
(Interview 12M)

P-¿Cuáles son los síntomas o señales de una persona con el VIH?
What are the symptoms and signs of a person with HIV?
R-No se, están flacos, pálidos. No comen mucho. Vomitan muchisimo. Creo que depende en la persona.
I don't know, they are skinny, pale. They don't eat much. They vomit a lot. I think it depends on the person.
(Interview 17H)

Analysis

Mexican women interpret HIV on two different levels. The first level is that HIV/AIDS is a punishment for the immoral, namely sodomites and prostitutes. Consequently these are the two groups that these womens' intimate male partners normally leave them for. On the second level, the women see HIV as sort of a blessing. If the lover of the husband becomes ugly, has rashes, is extremely thin and is constantly vomiting, their husband will not be interested in them anymore and will return home to them. When asked if she had ever heard anyone in her community talk about HIV or AIDS one of the respondents provided the following narrative:

Pues, una vez recuerdo que conocí una chica y su novio la dejo para otra mujer.
Well, once time I remember that I met a girl and her boyfriend left her for another woman.
Ella empezó de hablar de ella. Que probamente tenia SIDA y cosas así y que iba llegar fea y que la dijo que iba estar enferma con SIDA y que su novio iba a regresar.
She began to talk about her. That probably she had AIDS and that she was going to become ugly and that she was going to be sick with AIDS and that her boyfriend was going to come back.
(Interview 18S)

Although only one person stated so directly that she had heard of a woman using the sickness of AIDS in order to get her significant other back, she represents five percent of the people that were interviewed. This makes her story a significantly important piece of evidence to support our explanation. This is significant in several ways.

First, it shows that women do not perceive themselves at risk. It is as if the women don't realize that if the person their partner is cheating on them with is infected, there is a possibility that their partner is infected as well. This fact was never brought up in any of the interviews. This further supports the findings that the Mexican women view HIV as an immoral disease, which only immoral (in this case gays and women of the streets), are infected with.

The second issue that arises is that even though women do not see themselves at risk for AIDS, they also don't perceive themselves at risk for other sexually transmitted infections which may be as deadly as HIV. These diseases are contracted in much the same way that HIV is contracted - through bodily fluid. So, even if a woman decided to get tested for HIV, she may not perceive herself at risk, and therefore not ask to be tested for other sexually transmitted infections as well.

The third and final issue shows that many women seem to be stuck in a "survival mode." By "survival mode" we mean the women may

be worrying more about the present, and not looking at the long term impact of her actions. This survival mode may be exacerbated by other factors such as racism, sexism, and fear of deportation. If this ideal of survival mode is the case, it would also explain why the women would frame AIDS as a tool that could be used to get their male companions to return to them. In a capitalist society, two incomes living under the same roof are better than one. For their significant other to leave them is both an economic and a social loss.

Conclusions

Admittedly, there are limitations to this study. There is a possibility that the women being interviewed were not open with the interviewer, as he is a white male, not from their community. This may have biased the results, by the women not being completely open about their beliefs. Furthermore, the hypothesis that HIV is seen as a blessing that causes men to return to their women, may be only a small part of a bigger whole that encompasses religious, cultural, social, sexual, and medical explanatory models.

In any case, the interviews support the ideology that HIV is a disease reserved for a small percentage of the population and is not considered an immediate threat for the women or their families. Because it is not considered an immediate threat to the women and their families, there may be a breakdown of dialogue about the disease between the women, their children and their significant others. This lack of dialogue could create situations where the women do not protect themselves, because of the lack of perceived risk. By not protecting themselves, the women not only put themselves at risk, but also put their children at risk of becoming AIDS orphans and their unborn babies at risk of being infected with the virus.

In a health education context, the above discussion shows that HIV prevention programs need to address not only the biological factors of HIV, but also the socio-cultural factors of HIV. By not addressing HIV holistically a situation arises such as the one discussed where biologically the disease is understood, but there is not a perception of risk, as the disease is still seen through a moral rather than a biological lens. This lack of perceived risk could lead to risky sexual behaviors, and infection with HIV or other sexually transmitted infections.

Directions for future research might include Mexican men's views of who contracts HIV and AIDS. Also, different levels of acculturation into the United States should be studied to see if views of HIV change as a person gets more "Americanized." Furthermore, it would be interesting to study how views of HIV are acculturated from generation to generation.

References

Brandt, A. M. (1988). AIDS in historical perspective: Four lessons from the history of sexually transmitted disease. American Journal of Public Health, 78, 367-371.

Carrillo, H. (2002). The night is young: Sexuality in Mexico in the time of AIDS. Chicago, IL: University of Chicago Press.

Carrier, J. (1995). De Los Otros: Intimacy and homosexuality among Mexican men. New York: Columbia University Press.

Carter, D., Lantos, J., & Hughes J. (1996). Reassessing medical students' willingness to treat HIV-infected patients. Academic Medicine, 71, 1250-1252.

Farmer, P. (1992). AIDS and accusation: Haiti and the geography of blame. Berkeley, CA: University of California Press.

Farmer, P. (1999). Infections and inequalities: The modern plagues. Berkeley, CA: University of California Press.

Farmer, P. (2003). Pathologies of power: Health, human rights, and the new war on the poor. Berkeley, CA: University of California Press.

Herdt, G. (2001). Stigma and the ethnographic study of HIV: Problems and prospects. AIDS and Behavior, 5(2), 141-149.

Parker, R. (1987). Acquired immunodeficiency syndrome in urban Brazil. Medical Anthropology Quarterly, 1(2), 155-175.

Perez, M. A., & Conner, R. F. (1996). Evaluation of an HIV prevention program among Latino farm workers. In S. I. Mishra, R. F. Conner, & J. R. Magaña (Eds.), In AIDS crossing borders: The spread of HIV among migrant Latinos (pp. 157-184). Boulder, CO: Westview Press.

Pigg, S. L. (2002). Too bold, too hot: Crossing "culture" in AIDS prevention in Nepal. In M. Nichter, & M. Lock (Eds.), New horizons in medical anthropology: Essays in honour of Charles Leslie (pp. 58-80). New York: Routledge.

Rice, P., & Ezzy, D. (1999). Qualitative research methods: A health focus. Melbourne: Oxford University Press.

Scheper-Hughes, N. (1994). An essay: AIDS and the social body. Social Science and Medicine, 39, 991-1003.

Stahlman, J. (2004). HIV and AIDS knowledge in a rural Mexican village. Unpublished masters thesis. Department of Anthropology, Idaho State University, Pocatello, ID.

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