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HIV/AIDS Risk Behavior of Mexican Women Working in a Maquiladora

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Compendio

El objetivo de este estudio era explorar el comportamiento de riesgo de VIH/SIDA en 101 mujeres trabajadoras en una maquiladora en Mexicali, Baja California. Las participantes llenaron donde se les preguntó sobre el uso de drogas y alcohol; comportamiento de riesgo sexual; y información demográfica. El uso de drogas casi no se observó, presente el uso de alcohol. Se encontró que era más probable que solteras y mujeres que habían participado en sexo hubieran ingerido alcohol durante los seis meses anteriores. El uso más común de agujas era para inyectar medicamentos legales; ninguna participante compartió agujas o limpió una aguja para usarla otra vez. La actividad sexual más frecuente fue el sexo vaginal, pero el uso de condones fue bajo. Se encontró que teniendo sexo con una mujer tiene otras parejas femininas sexuales y teniendo sexo con una pareja que estaba bajo la influencia de alcohol estaba relacionada significativamente con el uso de condones durante sexo vaginal. Mujeres que tenían sexo con una mujer y hombres reportaban el número más alto de parejas masculinas.

Palabras clave: VIH; Síndrome de Inmunodeficiencia; conducta de riesgo; prevención del SIDA.

Conducta Riesgo al VIH/SIDA de Mujeres Mexicanas Trabajando en una Maquiladora

Abstract

The objective of this study was to explore the HIV-related risk behavior and knowledge of 101 women workers in Mexicali, Baja California. Participants filled out a questionnaire asking about use of drugs, needles, sexual risk behavior, and demographic information. Drug use was nearly nonexistent, but alcohol use was present in women and those who engaged in vaginal sex were significantly more likely to use alcohol in the past six months. The common use of needles was to inject vitamins and legal medications; no participants shared needles or cleaned them to use it again. Vaginal intercourse was the most frequent sexual activity, but condom use was low. Having sex with a woman who has other female partners and who was under the influence of alcohol were significantly related to condom use during vaginal sex. Women who indicated they had sex with both women and men reported the highest number of male partners.

Keywords: HIV; Acquired Immune Deficiency Syndrome; risk behavior; AIDS prevention.

The first case of a woman diagnosed with AIDS in Mexico occurred in 1985 (del Río-Zolezzi et al. 1995). Since that time the number of women living with HIV/AIDS in Mexico has increased and they now make up 14.3% of the total estimated AIDS cases in Mexico (Magis-Rodríguez, Bravo-García, & Rivera Reyes, 2000). Just as in the U.S., heterosexual contact is the leading exposure category for HIV/AIDS among women in Mexico; unlike the U.S., exposure to HIV/AIDS through injection drug use is less than 1% among both women and men (UNAIDS/WHO Working Group on Global HIV/AIDS

that have proliferated in the last 10-15 years in Mexican states adjacent to the U.S.-Mexico border).

Women constitute approximately 50% of the employees in the maquiladora industry in the U.S.-Mexico Border and Regional Economic Studies (U.S. Census Bureau, Indicators, 2001, May). Women working in maquiladoras tend to be young, single, and either childless or have young children, although the number of older and married women is increasing (Guendelman & Silberg 1999; von Glasco, Vázquez, González,

such as exposure to chemicals, ergonomic risks, noise, and work-related stress (Cedillo Becerril, Harlow, Sánchez, & Sánchez Monroy, 1997; La Botz, 1994; Moure-Eraso et al. 1997); suffer greater musculoskeletal complaints (Harlow, Becerril, Scholten, Sánchez Monroy, & Sánchez, 1999; Moure-Eraso et al. 1997); and may not receive adequate safety training or personal protection equipment (Takaro, Gonzalez Arroyo, Brown, Brumis, & Knight, 1999). In addition, at least one study of reproductive outcomes suggests that maquiladora women workers in both the electronics and garment industries are more likely to have lower birthweight babies than women service workers (Eskenazi, Guendelman, Elkin, & Jasis, 1994). Finally, women working in maquiladoras have been subject to sexual harassment and sex discrimination on the job, with little protection from the Mexican government or from international factory owners, and little power or resources to alter this situation (Human Rights Watch 1999; Nathan, 1999).

To date, almost no studies have examined the HIV risk of women who work in maquiladoras even though their younger ages, low income and education levels, and exposure to both work-related health hazards and sexual harassment may directly or indirectly place them at higher risk. The purpose of this study is to add to existing research on risk factors associated with HIV/AIDS among Mexican women, focusing on women working in maquiladoras. Specifically, we explored women's risk due to their sexual behavior, and drug, needle, and alcohol use. We also examined their HIV test history and status. Because so little research is available on HIV risk behavior of women working in maquiladoras, exploratory analyses were performed to uncover the predictors of women's alcohol use and condom use behavior.

Method

Participants

The convenience sample of 101 women was recruited from a power tool assembly plant in Mexicali, Baja California that employed approximately 1500 persons; of these approximately 600 were women. The average age of participants was 29.62 years ($SD = 7.46$) and ranged from 18 to 49. Median educational level was completion of the U.S. equivalent of ninth grade. The median income range was approximately \$150-\$212 U.S.

California (Castañeda, 1999). In particular, drug, needle, and alcohol use behavior items from the questionnaire study were used here. The questionnaire was translated into Spanish and back-translated using techniques of Berman and VanOss Marin (1991) to assure equivalence of meanings. The final Spanish version of the questionnaire was reviewed for understandability by three women who had worked in Mexicali and who spoke Spanish. Based on their input, small revisions were made in the questionnaire. The questionnaire contained 50 close-ended questions following four areas:

1. Eight items regarding participant characteristics including age, education, employment status, income level, marital status. For those women not currently married, asked whether they had a current close relationship partner. For persons who were not married and did not have a current close relationship partner, a follow-up question asked the gender of the close relationship partner. For participants to describe their sexual preferences (prefer sexual partners of opposite sex), (prefer sexual partners of the same sex), bisexual (prefer sexual partners of both sexes), or other.

2. Six items regarding HIV/AIDS status including whether currently receiving medical care; whether participant had ever had an HIV test (location of facility in which test took place); and HIV risk perception was measured on a scale of low to high risk.

3. Twelve items on use of alcohol, drugs, and needles such as paint or glue, marijuana, methamphetamine, heroin), and needles (use of needles to inject drugs, or body piercing, cleaning a needle). Frequency was measured 1 = never to 5 = very frequently. The last question in this section was the last question in the questionnaire.

4. Nineteen items on sexual and condom use. Frequency was measured 1 = never to 5 = very frequently. There was an item that asked how often a participant had sex with a partner about using a condom in the last 12 months. The time frame for all questions in this section was the last 12 months.

In addition, participants were asked how

During the data collection period, women who had included their names on the clinic list arrived at a conference room in the plant and, upon arrival, a research assistant presented each participant with an informed consent form. After reading the informed consent form the participant signed it and put it into a manila envelope, sealed it, and returned it to one of the research assistants. No women declined to participate after reading the informed consent form. The participant was then given the 10-page questionnaire to fill out and another manila envelope; after completing the questionnaire, she was instructed to put it into the manila envelope, seal it, and return the envelope again to a research assistant. When the completed questionnaire was returned, each participant received \$ 60.00 pesos for her participation along with a list of community social and health resources.

In the last 5 years, 17 women

Drug, Needle, and Alcohol Use

In the last 6 months

In the last 6 months, 72 (71.2%) women (ranging from 1-13 partners). Eleven participants who reported 13 male sex partners in the sample had the highest number of male sex partners; the average number of male partners was 3.0 ($SD = .8$). The median and modal number of male sex partners was 1 (4.9%) women reported sex with one partner (1-2 partners), with an average number of 1.00 ($SD = .81$), and a median and modal number of sex partners of one. Of the five women who reported sex with women, two also had sex with men, one participant who reported 13 men sexual partners, and four participants both had the highest number of female sex partners (seven and eight female sexual partners). Eighty-six women indicated their sexual orientation as heterosexual, three (3%) as homosexual, and two (2%) as other (unlabeled). A second cross tabulation showed that of the five women who reported sex with women, two indicated they were homosexual, and three as heterosexual. Two women also had sex with men reported themselves as heterosexual.) A second cross-tabulation showed that one woman who reported herself as HIV positive and as homosexual. No women indicated they had sex with someone who was HIV positive. Sixteen (16.8%) indicated they were currently injecting drugs. Again, because many results for the sexual risk behavior were skewed, item responses were collapsed into categories, never versus all others (infrequently, very frequently). Table 1 displays the frequencies and percentages, in descending order, for each sexual risk factor for the last 6 months. For vaginal sex, the highest frequency corresponding condom use frequency was 100%. The sexual risk behavior with the highest frequency was anal sex, followed by oral sex, had sex while under the influence of alcohol, and sex with someone who injects drugs. Anal sex was under the influence of alcohol, and oral sex was under the influence of alcohol. Condom use was highest for anal sex and lowest for oral sex. Three women indicated they had sex with a partner who injects drugs, and three (2.9) women indicated they had sex with someone who injects drugs, but no women had sex with someone who injects drugs.

Table 1.

Frequencies and Percentages for Sexual Risk Behavior (last 6 months)

In the last 6 months have you	N	%
Had vaginal sex	61	60.3
Used condom when you had vaginal sex	20	32.7
Had oral sex	35	34.6
Used a condom when you had oral sex	2	1.9
Had sex with a partner who was under the influence of alcohol	21	20.7
Had sex when you were under the influence of alcohol	20	19.8
Had sex with a man who has other female sex partners	18	17.8
Had anal sex	18	17.8
Used a condom when you had anal sex	7	6.9
Been forced to have sex when you did not want to have sex	17	16.8
Had partner who refused to use a condom	7	6.9
Had sex with a partner who was high on drugs	4	3.9
Had sex to make money	4	3.9
Had sex with partner who injects drugs	3	2.9
Had sex with someone for a place to stay	2	1.9
Had sex with a man who has sex with other men	1	.9
Had sex when you were high on drugs	0	0
Had sex to get drugs	0	0

demographic variables that had adequate frequencies for analysis. In the second stage, variables in these two first regression analyses that were moderately associated with *drank beer, wine or liquor* or *condom use with vaginal sex* ($p < .02$) were then included in a subsequent, reduced logistic regression model with each dependent variable. Below these stages for the two dependent variables are described.

Alcohol Use

The first logistic regression model with *drank beer, wine, or liquor* as the dependent variable included the following sexual risk behavior and demographic predictor variables: *oral sex; anal sex; vaginal sex; had sex with a partner who was under the influence of alcohol; had sex with a man who has other female sex partners; and been forced to have sex when you did not want to have sex; marital status* (married, unmarried); *education* (equivalent of 9th grade and below, above equivalent of 9th grade); and *age*. The sexual risk variable *had sex when you were under the influence of alcohol* had an adequate frequency for analysis, but because it contained the

dependent variable. A test of the full model against a constant-only model was significant, $\chi^2(1) = 16.14, p < .01$, indicating that, as a set, the variables distinguished between participants who used alcohol and those who did not. *Marital status* was significantly associated with alcohol use, in that single women were more likely to have drunk beer, wine, or liquor in the past six months than married women. According to the Wald criterion, women who had vaginal sex in the last six months were more likely to have drunk beer, wine, or liquor than women who did not have vaginal sex. The effect of *age* on alcohol use approached significance, in that younger women were more likely to have drunk beer, wine, or liquor in the past

Condom use

The variable *currently trying to get pregnant* was significantly associated with condom use, $r = -.29, p < .05$, therefore, it was included in both the first and second regression models. The regression model with age, condom use with

Table 2.

First Logistic Regression Analysis with Drank Beer, Wine, or Liquor as the Dependent Variable

Variables	B	Wald test	Odds Ratio	95% CI
Age	-0.085	2.39	0.92	0.85-1.00
Education	-0.172	0.04	0.84	0.17-4.17
Marital status	2.193	5.78	8.96	1.50-53.8
Oral sex	0.972	1.14	2.64	0.44-16.1
Anal sex	1.506	1.85	4.51	0.51-39.5
Vaginal sex	2.050	4.10	7.77	1.07-56.1
Had sex with a Partner who was under the influence of alcohol	0.477	0.26	1.61	0.26-9.71
Had sex with a man who has other female sex partners	1.687	1.02	5.40	0.20-13.5
Forced to have sex when you did not want to have sex	-0.908	1.02	0.40	0.07-2.17

Table 3.

Second, Reduced Logistic Regression Analysis with Drank Beer, Wine, or Liquor in the Last 6 Months as the Dependent Variable

Variables	B	Wald test	Odds Ratio	95% CI
Marital status	1.560	1.83	4.76	1.20-18.89
Age	-0.078	3.11	0.92	0.85-1.00
Anal sex	1.056	1.83	2.88	0.63-13.27
Vaginal sex	2.272	5.72	9.70	1.51-62.56

condom use was included as a predictor variable here as well. Simultaneous entry of variables was used at each step of the regression analyses.

Table 4 summarizes results from the first logistic regression model. At step 1, the variable *currently trying to get pregnant* was significantly associated with condom use, in that those trying to get pregnant were less likely to use a condom. At step 2, with all predictors in the model, there was no significant improvement in prediction, $\chi^2(8, N=60) = 12.07$, $p > .05$. However, examination of individual predictors indicate that the variables *currently trying to get pregnant*; *talked to a partner about condom use*; *had sex with a partner under the influence of alcohol*; and *had sex with a man who has other female partners* were all significant at $p < .02$ and they were included as predictor variables in the second, reduced logistic regression model.

Table 5 presents the results of the second, reduced logistic

significance. Participants who had sex with a partner under the influence of alcohol were less likely to have sex with vaginal sex than those who did not have sex with a partner who was under the influence of alcohol.

Discussion

These preliminary results highlight the low risk for HIV in some respects. Although 40% of women reported use of needles to inject drugs, and although 60% of women reported use of needles and vitamins, they almost never used condoms. Although 60% of women reported sex with drugs, shared needles, or re-use of needles, the majority of women were not engaged in high-risk sex with multiple or anonymous male partners. Although 60% of women reported sexually active with one male partner in the last 6 months, the low risk for HIV due to women's sexual behavior found in this study is consistent with the low risk for HIV found in other studies of women in Mexico.

The low risk for HIV due to women's sexual behavior found in this study is consistent with the low risk for HIV found in other studies of women in Mexico.

Table 4.

First Logistic Regression Analyses with Used Condom with Vaginal Sex as the Dependent Variable

Variables	B	Wald test	Odds Ratio	95% CI
<i>Step 1</i>				
Currently trying to get pregnant	-2.408	3.59	0.13	0.02-1.1
<i>Step 2</i>				
Currently trying to get pregnant	-2.864	5.34	0.05	0.01-0.4
Age	-0.055	0.93	0.95	0.85-1.0
Education	-0.060	0.01	0.94	0.23-3.8
Marital status	-0.869	1.36	0.42	0.09-1.9
Talked to a partner about using a condom	1.690	3.67	5.42	0.96-30.1
Had sex when you were under the influence of alcohol	1.105	1.49	3.02	0.51-18.4
Had sex with a partner who was under the influence of alcohol	-1.683	3.38	0.18	0.03-1.1
Had sex with a man who has other female sex partners	1.412	2.49	4.10	0.71-23.2
Forced to have sex when you did not want to have sex	0.395	0.18	1.48	0.24-9.1

Table 5.

Second, Reduced Logistic Regression Analyses with Used Condom with Vaginal Sex as the Dependent Variable

Variables	B	Wald test	Odds Ratio	95% CI
<i>Step 1</i>				
Currently trying to get pregnant	-2.014	3.48	0.13	0.02-1.1
<i>Step 2</i>				
Currently trying to get pregnant	-2.229	3.73	0.11	0.11-1.1
Talked to a partner about using a condom	1.194	2.58	3.30	0.77-14.1
Had sex with a partner who was under the influence of alcohol	1.536	3.45	0.22	0.04-1.1
Had sex with a man who has other female sex partners	1.736	4.54	5.68	1.15-27.8

The degree of alcohol use by participants in this study stood out relative to their drug use. In addition, alcohol appears to play a role in sexual behavior as seen in the high proportion (relative to other sexual risk behaviors) of women who had sex with a partner who was under the influence of alcohol or when they themselves were under the influence of alcohol. This result is surprising because Mexican cultural norms support alcohol consumption by men, but proscribe it for

education on the risk of alcohol use and use of alcohol should be needed, particularly among younger, more sexually active women.

Condom use in this sample was low. Although heterosexual contact is the leading exposure among women in Mexico (Magis-Rodríguez et al., 2003; & Uribe Zúñiga, 2003; UNAIDS/WHO

pregnancy is not clear from this study, but this is a positive finding.

On the other hand, having sex with a partner who is under the influence of alcohol is associated with less condom use. For women, initiating condom use when a partner is under the influence of alcohol may be more difficult and women may hesitate to attempt to convince a partner to do so, or may be less successful when they try. This result highlights again the need and importance of greater HIV education, skill building, and prevention efforts surrounding alcohol use and sexuality.

Ultimately, a comprehensive approach to condom promotion among women in maquiladoras must also include a focus on men, either in men-only or couple programs (Acosta-Pérez & Peragallo, 2001; Amaro, 1995; Amaro & Raj, 2000; Hirsch, Higgins, Bentley, & Nathanson, 2002; Pulerwitz et al. 2002). Condom use is a male behavior, whereas for women condom use involves seeking a partner's cooperation to use condoms. The behavioral skills and psychological and social dynamics involved in condom use are quite different for women and men, and HIV prevention efforts must reflect these differences (Amaro, 1995; Amaro & Raj, 2000).

Because women in this sample were not engaging in typical HIV risk behaviors and most women in this sample were in an ongoing relationship with one male partner, they may be less likely to see the need for protective measures (Hirsch et al. 2002), and this is reflected in the low perception of risk for HIV and rate of HIV testing found in this sample. A focus on the close relationship context and elements such as intimacy, commitment, and caring in HIV prevention interventions may increase the relevancy and effectiveness of HIV/AIDS risk reduction efforts with this group (Castañeda, 2000; Castañeda & Collins, 1998). In addition, HIV prevention programs with women working in maquiladoras must be sensitive to and understand gendered power differentials in heterosexual relationships (Jenkins, 2000; Pulerwitz et al. 2002; Quina, Harlow, Morokoff, & Saxon, 1997).

Five women had sex with women in the last six months, and of these, two reported having sex with men. Excluding the one woman who reported 13 male partners in the last six months, these two women had the highest number of male sex partners in the sample. With six and seven male partners each, these participants stood out in a sample where the modal number

woman in this study who reported her sexual orientation as homosexual. These findings suggest that, in addition to self-applied labels, self-applied labels are important. However, self-applied labels cannot provide a full picture of women's sexual activity, and future research should include larger and more representative samples to explore the complexity of women's sexual activity, and the relationship between the two among women.

Limitations to the findings here show that this study is a preliminary and exploratory one based on a small, selected sample of women working in maquiladoras. Generalizations to the population of women working in the maquiladora industry are only cautious and should include larger and more representative samples. In addition, this study does not show how risk behaviors may differ in their risk for HIV for women who are unemployed or work in other employment settings. Despite these limitations, this study is a first step in providing information that can be used to develop more targeted, hopefully, more effective, HIV prevention efforts for women working in maquiladoras.

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