Risks for HIV/AIDS and Sexually Transmitted Infections (STI) among Mixtec-Zapotec men who migrate within Mexico and to the U.S.

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1. Executive Summary
Employment opportunities in Juarez City, Chihuahua and other border cities of Mexico and the United States attracted immigrants from Mexico. It is estimated that 6% of the population of Juarez City constituent indigenous people. In California, it is estimated that 20% are indigenous Mexicans who offer 20% of the workforce in the agricultural fields, 10% of these come from Oaxaca. The rural-urban migration of Indigenous people exposes them to risks for contracting HIV / STIs but few studies have identified factors associated with HIV / STIs in male Mixtec and Zapotec. We are interested in learning what are the behaviors and other factors that place Mixteco-Zapoteca men from the state of Oaxaca who migrate to cities within Mexico and to the U.S. Using interviews in Vista, CA, Chihuahua, CHI, and Oaxaca, OAX, we explored the factors that are known to be associated with HIV and STIs (e.g. reason for and routes of migration, income sources, sexual and gender identity, risk behaviors, and sexual partner(s)) among Mixteco-Zapoteca men. We had teams in all three sites, including university students, to support this investigation. We are requesting funds to pay for the staff and equipment.

2. Background

a. Funding
This project was financed by The Research Program on Migration and Health (PIMSA) during 2011-12 ($45,000; expiration 5/30/2012). These funds were used to pay for field staff and student salaries, incentives for participants, travel, and equipment for the study.

b. Collaborators
The research team consisted of field groups and students with their respective plans of work and monitoring. Professor Jesús Vaca Cortés from the School of Psychology (ELPAC-UCC) and Dr. Oralia Loza from the University of Texas at El Paso (UTEP), College of Health Sciences are co-principal investigators. The team in Chihuahua, CHIH consisted of the principal investigator Professor Jesús Vaca Cortés and two co-investigators Ana Imelda Gameros Ponce and Alfonso Chávez Salcido. The team in Oaxaca, OAX was headed by Amaranta Gómez Regalado, Secretariado Internacional de Pueblos Indígenas y VIH/SIDA, and supervised by Professor Jesús Vaca Cortés from ELPAC. The team in Vista, CA consisted of two members José Conde and Eduardo...
Gomez with vast experience in the community, and were supervised by Dr. Loza from UTEP.

3. Introduction
In Chihuahua, diverse indigenous groups co-habit. Some of them are native of the state such as the Rarámuri, Pimas, Guarojos, O’dame, or North Tepehuanos. As result of well-established migration social networking based on family relationships, friendship, or social solidarity, ethnic groups have been settling together, mostly in Ciudad Juarez, such as the Tarahumaras, Mazahuaz, Mixtecos, and Zapotecos. Currently, 603 Mixteco and 477 Zapoteco speakers 5 years old and older live in the municipality of Juarez.

a. Vulnerability
Belonging to a culture with practices, language and minority traditions, essentially different from the dominant majority, becomes a good number of people in subjects with difficult access to a decent life or quality of justice, technology, to education or health.

The vulnerability according to ethnicity accompanies aging - especially the extreme age, infants and the elderly. Other aspects are correlated, migration and forced displacement, gender or have physical disabilities or cognitive.

People who are an essential part of this study add several conditions that can affect aspects of their health and in relation to Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) and Sexually Transmitted Infections calls (ITS) usually because they also face barriers to obtaining health services, as well as social and institutional discrimination and may refuse to use-or simply ignore the fact that existing reproductive health services available. Usually live in inaccessible rural areas and if they live in urban areas, may face problems of acculturation, racism and discrimination. Especially women, speak only their native language and are difficult to operate in the dominant culture. They (and they) may feel more comfortable at their own belief systems on health, its suppliers and therapists with traditional Western medicine. These and other conditions together, make a group of indigenous people with large unmet needs in terms of reproductive health services and the risk of STIs or HIV-AIDS.

Their marginalization has contributed to racism and discrimination and exacerbating their poverty and lack of access to services. Usually, indigenous groups deliberately reject government services due to fear of being persecuted, deported, or human rights abuses. Low levels of literacy and education aggravate the problem and added to the cultural, economic, and language that has limited the access of indigenous school system.

And because the Indians receive less education and cultural processes themselves, start their economic activities at an early age. However, many work in agriculture and low-paid activities in the informal sector. Sometimes circumstances lead them and make them more vulnerable to prostitution, alcoholism and other forms of substance abuse. For example in peri-urban areas of the Mexican state of Chihuahua, some girls and young people are involved in situations of child sexual abuse, child prostitution.
misnamed, which can lead to high rates of sexually transmitted infections and HIV-AIDS.

Likewise, the excess consumption of alcohol is a serious health problem among indigenous groups and increasingly seen growth rates of marijuana, cocaine and some injecting drugs.

However, as stated by Rafael Mazin (2011):

- "While not breaking down the meaning of <<vulnerability>> and to analyze the effects of the same about everyday life individual, family and community the term is an empty phoneme, redundant: "the poor people suffer from poverty". Thus, the definitions of vulnerability that are limited to conceive around platitudes such as "poverty", "marginal" or "lack of social power", says a lot and say nothing. The construction of concrete highly effective and culturally appropriate requires a thorough understanding of the vulnerabilities of communities and individuals within those communities. The asymmetries of power that constitute the backbone of the vulnerabilities are found among communities and within the same."-

b. Migration
Migration is a very complex demographic phenomenon influenced by a diversity of factors (e.g. political, cultural, family, economy, traditions, and natural or social catastrophes). Migration generally has favorable aspects as the relief of some problems of overpopulation, decrease of the unemployment, achievement of more cultural and political homogeneity, rejuvenation of the population, technical and socio-cultural innovations, contributions of capital and labor, increasing of cultural diversity, and increasing consumption. In addition, there are unfavorable aspects such as the aging of the population due to the emigration of the young population (e.g., of reproductive age), decrease of public revenue, decline in school performance, disproportion in the population regarding age and sex; opening of political, linguistic, and religious diversity; formation of marginalized groups; need for services of healthcare, education, and unemployment.

Of the 47% of the population that come into the State of Chihuahua to live primarily come from the states of Veracruz, Durango, Coahuila, Chiapas, and Oaxaca. Chihuahua is a state of high rates of immigration, as opposed to emigration, indicating some stability of its population.

The labor force is concentrated in the capital of Chihuahua and the border city Ciudad Juarez, as it has been for many years, and is the main reason that motivates thousands of people to emigrate and improve their quality of life with better paying jobs due to the fast growth of the export industries (maquiladoras) since the mid-seventies and gateway for migration to the U.S. In Ciudad Juarez, the employment scenario has led to a high population growth (presently has approximately one million of inhabitants). According to Raul Baca (2009), 6,864 indigenous persons have been identified, which represents 7% of the city’s total population. Of these, 54% are monolingual and 1,517 are younger than 5 years. From 100 indigenous who live there, 40 are Raramuri and 34 are indigenous from Oaxaca.
The indigenous population of Oaxaca have established migration routes to the north of Mexico, and after this they go to California, but compared with the mestizo population, indigenous migrants arrive into the United States most disadvantaged (e.g., language barriers, racism, more difficult economy situation, lack of access to health care).

c. HIV/AIDS
As a response to HIV/AIDS, malaria, and other diseases, the United Nations and the Millennium Project have established objectives and goals known as: “The Eight Millennium Development Goals” which have, as a main goal, to achieve better global quality of life and achieve this through applied research and development projects that would guide the countries towards these goals.

In Latin America, the rates of HIV and AIDS correspond to almost two million of infected people. Mexico occupies the fourth place. However, there are few reports on the seroprevalence of HIV among indigenous populations in Latin America. Some research indicates higher prevalence of HIV in indigenous communities as compared to the general population. For example, studies on HIV/AIDS in Honduras, Panama, and Canada indicated the prevalence among indigenous communities was six times higher than that of the general population. Similarly, studies conducted in Surinam in 1997 showed that 17% of all the HIV cases corresponded to a population known as Marron that only constitutes the 10% of the general population, showing a higher prevalence of the disease in this indigenous groups.

In the case of Honduras, those most affected by HIV are the Garifuna and Mistkitos. All cases are related to risky practices, marginalization, migration, alcohol and drug use, and high-risk sexual intercourse; only 25% use condoms as a prevention method.

The characteristics of the HIV/AIDS epidemic in Mexico have changed. Transmission patterns are different between regions and countries. Risk factors for transmission include culture, values, social conditions, and sexual behavior.

The possibility of adopting new non-risky sexual behaviors are different in each society and vary among individuals depending on the type of link between them. The transmission of sexually transmitted diseases (STDs) and HIV/AIDS, therefore depends on local customs, types of sexual activity, sex industry, patterns of drug use and abuse, all of them directly influenced by the socioeconomic and political structures.

The United Nations has warned, without greater significance in Latin American countries, that it will be necessary to place special emphasis on the care of the poor and indigenous groups, who are also mostly poor, who do not have access to the relevant information, and among whom the majority do not have access to health care.

d. Migration and HIV/AIDS
Mexican migration to the United States, whose points of traditional destination have been the cities along the border states of California and Texas, is remarkably high.
among the Southern Mixteca from the Mexican states of Puebla, Guerrero, and Oaxaca. This are a predominantly rural and indigenous regions, dedicated to rain-fed farming growing, especially of maize, beans, squash, and watermelon, as well as the breeding of goats.

The Mixteca region was one of the regions that suffered the most from the consequences of the Mexican economic crisis in the eighties. Such effects were intensified by certain liberalization policies in the Mexican countryside and by trade agreements such as the North American Free Trade Agreement (NAFTA).

Since the sixties, the Mixtec and Zapotec have migrated to the northern states of Mexico, such as Chihuahua, and the southern states of the U.S., such as California, creating settlements and support for the displaced along the migratory routes. This migration was due to the growth of the agriculture industry in the Northwest. In the state of California, despite of the nearly 40 years of migration experience, the Mixtecos generally continue to work in agricultural fields, frequently in appalling conditions. Some of them are already positioned in the construction and service area. In contrast, Zapotecos have resisted most to the agricultural work and they participate more in the area of restaurants of West Los Angeles, a type of work that has had a positive impact on that community.

In general, migrants are habitually more vulnerable than local populations, either because they work in agricultural camps (primarily men) or, as in the case for some women, because they enter the trade sex in order to survive through the migration process. In the meanwhile, the wives of migrants are at greater risk when their partners return from countries with a high prevalence of HIV/AIDS. Due to the structural vulnerability of undocumented people, they usually wait on average five years to look for a social service or institution in the United States. During that time, they tend to live and work in harsh and experience loneliness.

A study sponsored by the Population Council Engenderhealth, headed by Kendall and Langer (2006), pointed out that the estimated HIV prevalence among immigrants is three times higher than in the general population, particularly among men who have sex with men (MSM). The same institution referred to a study by Salgado de Snyder, Diaz Perez, and Maldonado (1996) among women married to migrants working in U.S. Of every 100 women who participated in the study, only five of them reported the use of condom as a protective factor. Machismo is imposed on the return and the men refuse to use condoms with their partners because according to some migrants, their working areas are “AIDS-free zones”.

Estimating that one of every two migrants have never used a condom, HIV could spread extremely fast in the coming years among Hispanic migrants in the U.S. In addition, due to the current changes and climate regarding immigration laws, many migrants will continue their avoidance of clinics and hospitals.

**e. Migration routes**

According to figures from the Ministry of Social Development by the year 2010 in Mexico were a total of 3.4 million laborers, of these 73% said their living exclusively from
wage labor and the rest have a combination two activities. The laborers in this period accounted for 45.4% of agricultural workers, migration routes of such workers in the country are: Pacific, migration presents from Oaxaca and Guerrero to Sinaloa, Sonora, Baja California Sur, Jalisco and Nayarit. Gulf, migration presents from Oaxaca, Veracruz, Hidalgo and Puebla to the plantations of Tabasco, Tamaulipas and Veracruz. Centre, comprised of San Luis Potosi, Guanajuato, Zacatecas, Durango, Coahuila and Chihuahua, entities that cause an intricate series of interregional migration flows. Southeastern states, is comprised of Oaxaca, Chiapas, Yucatan and Tabasco. This circuit is incorporated large numbers of Guatemalan Indian laborers working in coffee and banana plantations in Chiapas (op. cit).

f. Present

"... The dry season is the hardest time and difficult for indigenous communities because they are the months when the hunger (mayantlli) comes to town and cause great calamities. At this time families have to wander out of the mountain in search of corn is needed for children to grow and work in the field. They are hungry pilgrims, the disinherited ... a bondage submissive willing to endure all the abuse and scorn in return for a paltry salary18."

Day laborers are those temporary workers who engage in field planting, harvesting and gathering, usually travel with their families and are of Indian status most of these farm workers are invisible to the authorities of the three levels of government, are always passing and is therefore difficult for the authorities intend to address them. According Nashiel Ramirez (2008) in Mexico about 406 000 families are constantly moving between their home communities and areas to which they migrate.

In the National Survey of Day Laborers (ENJO) prepared by the SEDESOL in 2009 states that three out of five laborers or laborers who migrate come from municipalities with high or very high marginalization mainly in the states of Chiapas, Oaxaca, Guerrero and Veracruz. Where the state of Guerrero is the first place19 and the same paper reports that about three out of ten Mexicans are migrants and of these nine out of ten are internal migrants. An estimated 3.5 million people are internal migrants, the majority of indigenous origin20.

Migration has become a survival strategy that resort to entire villages, of which 9 out of 10 do their job without a formal contract. The 72% gains by the day or day of work, 61% work six days a week and 14% every day, which means few opportunities for rest or recreation21.

As the state of Guerrero which ranks first nationally internal migration, more than 500 indigenous communities in the state expelled strong contingent of farm laborers21. 74% of municipalities with indigenous inhabitants of the state, they have the ability to provide alternative employment to its mostly indigenous population.

Following the data, 90% of the municipalities in those areas have a "high" or "very high" level of poverty –For example the municipality “Chochoapa El Grande” is considered by the United Nations Program for Development22 as the municipality with the lowest human development comparable only with Zambia in Africa.
For the state of Chihuahua and according to the National Institute of Statistics, Geography and Informatics (INEGI), there are 1.3 thousand hectares devoted to agricultural work on four estates, southeast, center-west, northwest and north, which are occupied by approximately 25 thousand people attend as many only be temporarily crossing status with the United States.

The laborers established in Chihuahua, originate mainly from the Sierra Tarahumara, Sinaloa, Durango, Hidalgo, Guerrero, Oaxaca and Veracruz, which must live in borrowed houses, shelters, or the less fortunate, weather protecting rubber only that used as ceiling. Although many speak Spanish can not read or write, do not receive benefits, some have no medical service and those are only a small part, except that their families can not receive the same attention.

g. Mixtecs

“The root of the migration of us, the Mixtecs is palpable, taking into account the following points: (1) The extreme poverty and marginalization imposed 502 years ago by the European invaders, (2) the land eroded and unproductive due the looting of the woods by the big companies sawmills and bad care of forests by district officials, members of the Partido Revolucionario Institucional (PRI), (3) products that are grown only in the region are maize, beans, squash, chili, products from the most basic and common throughout the region, (4) lack of guaranteed prices to the above products and cattle, which do not have a good price in the market to ensure the survival, (5) the absence of jobs and real wages paid according to cost of living in every age. We must take very seriously these five points, to understand this phenomenon of migration is given to national and international level, both among indigenous and non indigenous people.”

The traces it is historical background are considered older referenced to the High-Mixtec and are dated 8000 years ago. In turn the Druvavka Mindek (2003) defines to the Mixtecs as “the present inhabitants of Mixtecapan (land of the Mixtecs) or Mixtlan (instead of clouds), as the Nahuas people, called themselves Ñnuu Savi in Castilian means “Village of the rain”.

About the year 1522, Pedro de Alvarado began the conquest of Tututepec intended to occupy the territory of the Mixtecs and is favored to exist in this town rivalry with the neighboring towns in that period, from 1525 to 1530 were also introduced in the technologies field work geared toward the cultivation of wheat, barley, citrus, figs, olives, grapes and bananas by plowing and the use of carts pulled by oxen. Also introduced animals such as donkeys, horses, mules, oxen, sheep, goats, pigs, poultry added to the silk industry was the most developed and prosperous lasted nearly fifty years.

Maria Eugenia Anguiano (2009) explains that the Mixtecs are from a region located in the states of Oaxaca, Guerrero and Puebla ranked the Mixtec region of high poverty, infant mortality, illiteracy, lack of potable water, basic services, lack of schools and good roads, which is why its inhabitants emigrate in large proportions.
Besides the above, the same investigator mentions that:

"In their continued mobility, these migrants have created an extensive and well integrated network of social relations. Preserved as an ethnic group links have allowed their collective survival ... The broad concepts of family and kin own Mixtec culture full charge current when they depend on the survival of the group."

Victor Clark Alfaro reference the presence of Mixtecs in Tijuana since late 1950. However, it was until early 1970, mass migration of them started. This promoted by agribusiness in the states of Sinaloa, Sonora and Baja California, states need, at the time, manpower, then enter the United States, especially the states of California, Oregon, Washington and Florida. The same authors led by Zabin say that during the period of greatest job in the harvest season in California employ nearly 50,000 Mixtecs. At the same time, note that usually counts only addressed to migrant farm workers and do not provide data on Mixtec in urban centers such as San Diego, Los Angeles or San Francisco and also consider other indigenous groups such as the thousands of Zapotec concentrated mainly in the Los Angeles and North County San Diego and at the present moment, apart from the Oaxacan indigenous Purepecha joined in South Carolina and Illinois; Nahua in Chicago, Texas and California, and many others in New Jersey, Washington, Oregon and California phenomenon known as the "Mexicanization" or re-Mexicanization of the United States.-Emphasis and concept of re-Mexicanization corresponds to Vaca-Cortez (2012).

Thus, in practice, indigenous communities have turned what looked like a disaster, due to high rates of migration of its population, a source of life for its social and cultural reproduction. Autonomy, understood as the mechanism to regulate and exercise authority, has been instrumental in responding to the phenomenon of migration, redefining the incorporation of indigenous people scattered across many geographical boundaries.

h. Zapotecs
Historically, the Central Valleys of Oaxaca are Zapotec territory. It is believed that the first nomadic tribes that came to populate the Central Valleys of Oaxaca dating back about 10,000 years lived in the caves of the mountains and engaged in the collection.

Past studies Zapotec as D. Coronel and J. Whitecotton, indicate that Monte Alban was the site where the Zapotecs developed a culture as complex as the Aztec and Mayan.

During the colonial era sixteenth and eighteenth centuries, the life of the Zapotec changed following the introduction of new political, economic, political, social and cultural rights. The Zapotec population suffered a decline as a result of three factors 1) The dispossession of their lands, which led to an agricultural crisis, 2) Submission to work hazardous work and 3) the spread of diseases transmitted by Europeans, unknown to natives. Rank third among the indigenous population of Mexico with about 500,000 speakers scattered throughout the country and, indeed, beyond.

An ancient legend of the tradition of the Tehuantepec Isthmus Zapotec tells the story of the ancestors, the binnigulaza, the "fathers of the race", were chosen by the gods and
men were giants: the clouds were born to be warriors and sages, had the ability to turn into animals.

The *binnizá*, "People who came from the clouds," currently make up the majority indigenous people of the Isthmus of Tehuantepec and constitute the largest group in the state of Oaxaca.

The *binnizá* have motivated the creation of one of the most representative imaginary Mexico in regard to ethnicity and something similar happens with the image of *muxe*, "a man-woman" that accounts of male homosexuality in communities Isthmus Zapotec. Data are "man womanish" since colonial times and actually is part of the "generic composition of society"; the "*Muxe*" is particularly valued and has a place in the home and community.

In general, the Zapotec people in a situation of high shortages of basic services such as adequate education for a chance to better jobs and personal development. According to the Department of Population of Oaxaca (DGEPO), 54.5% of the region's indigenous municipalities are located in the range of very high poverty and 45.5% report high poverty.

The 50% of people in 25 of the 43 municipalities Zapotec engaged in agriculture, the rest of trade and craftsmanship but even when you combine these two forms of production with wage labor and petty trading, quality of life in most household's remains precarious.

Nevertheless the Zapotec represent the core of one of the most dynamic country that has shown a great capacity to rebuild and reaffirm their identity from their traditional practices and skills that enhance their business in the festival seasons, as Easter (March-April), Day of the Dead on November and Christmas on December.

Since 30 years the points of origin and migratory destinations have diversified, more and more women and entire families migrating out of state or country, although migration of the male population remains majority.

Most indigenous workers occupy the lower rungs of the labor market, receive wages lower paid and are willing to accept work in deplorable conditions. The vulnerability of the Oaxacan Indians allowed them to build social support networks with natives of the receiving areas. These supports are rooted in cultural traditions and continue to be a permanent resource for the creation and functioning of support networks that open the way for new migrants.

Many of the Zapotec migration flows are transferred to another federal entity or out of Mexico toward those areas where you can find better employment, better educational opportunities and overall better quality of life.

4. **Goal**
The overall goal of this project is to explore the factors that are known to be associated with HIV and sexually transmitted infections (STI) among Mixtec-Zapotec men with the
purpose of understanding how to develop appropriate HIV/STI prevention and intervention strategies.

5. Research Questions
The questions included information about Mixtec-Zapotec men in the following areas: reason for and routes of migration, income sources, sexual and gender identity, risk behaviors, sexual partner(s), abuse and drug abuse.

6. Methods
The use of quantitative methods or the use of a qualitative approach depended on what the investigator wishes to address. Where appropriate, the study can be focused primarily on qualitative methods or quantitative procedures, or combined both perspectives varying in degrees and proportions. In this study, quantitative and qualitative methods or mixed methods were applied.

Potential participants in Mexico were recruited through networking with the support of local and state organizations that have access to databases on the indigenous communities (e.g., Comisión Nacional para el Desarrollo de los Pueblos Indígenas (CDI)). In the U.S., the staff contracted from Vista Community Clinic conducted the interviews and recruited participants using strategies that have used in the past to access this population.

An honorarium of $25 USD was provided when the participant completed the quantitative interview and an honorarium of $35 USD to the participant that completed the qualitative interview.

a. Qualitative Interviews
Target population
The target population was male Mixtec-Zapotec adult laborers over the age of 18 who have migrated within Mexico (Oaxaca and Chihuahua) or to the U.S. (Vista, California). For the qualitative interviews, the sample size was of 4 participants per site (total of 12).

Inclusion criteria
The inclusion criteria for participation in the study included: (a) self-identified Mixtec or Zapotec man, (b) 18 years old or older, (c) speaks Spanish, and (d) migrated within Mexico (Oaxaca, OAX or Chihuahua, CHIH) or to the U.S. (Vista, California).

Exclusion criteria
The exclusion criteria included: (a) self-reported mental illness diagnosis or any condition that limit participation in a 90 minute interview, (b) persons under the influence of alcohol or other drugs, (c) anyone who did not wish to participate on a voluntary basis, or (d) anyone who did not meet the inclusion criteria.

Instrument
For qualitative processes, it was developed within the ethnographic model, 12 Life Stories of Mixtec or Zapotec participants. There were 12 participants of each ethnic group: four were migrants who have returned to Oaxaca, four in the agricultural fields of Chihuahua, and four in the agricultural fields of Vista, California. The method of Life
Stories, as described by Dr. Guillermo Núñez Noriega (2010), “is a strong and decisive interference in people’s lives, stirs memories and emotions and evokes a deep reflection on one’s own existence. However, Life Stories are not complete unless they are part of a broader project of knowledge that helps to understand the social causes of the interviewees’ problems and thereby contribute with its bit of sand to transcend them”. By design, the probes of the interview guide were modified based on the interviews performed. During the encoding process, data was segmented according to a chronological-biographical approach from the researcher’s personal sequence along the fieldwork or sort the records according to a preliminary thematic content (e.g., festivals, rituals, agricultural cycle, etc.).

The selection of Life Stories was taken as a paradigmatic model of sociocultural interaction. In this case, we focused on the social, cultural, and psychological factors of the Mixtec-Zapotoc migrants in Chihuahua, Oaxaca, and California. The Life Stories were complemented with quantitative interviews.

**Interview locations**
After obtaining permission from the recruitment site contacts (e.g., agricultural farms manager, labor contractors, community organization, etc.), participants were recruited and interviewed onsite or on the participants day off.

**Data analysis**
The analysis of the qualitative component was based on the Life Stories (HV; abbreviation in Spanish), using the “grounded theory”. Life Stories do not attempt to capture the totality of events and facets that comprise the life of a participant, but rather is a collection of information regarding an event or events (e.g., migration, risk behaviors) that the participant identifies as important. The investigator documents and interprets what is seen, read, or heard during the collection of qualitative data and trying to determine the symbolic meaning. The “grounded theory”, is the base that is characterized by a consistent method of comparison that seeks to uncover the fundamental hypotheses and themes. Atlas.ti Software (qualitative data analysis software) was used for the interpretation of Life Stories.

In this work the definitions or interpretations of the situation of indigenous migration, aspects of HIV-AIDS, STIs and their implications had their own actors and their opinions on places of origin, transfer, work, treatment, education and others raised were a focal point of attention to methodological quality perspective, It’s a choice of qualitative methodology that is inserted into the variety biography (autobiography, exobiography, and biograms or biographical schemes) and consists of the detailed account of the projection who builds an individual by their experiences and actions as social members.

The HV is designed based on the direct relationship between the researcher and the informant. Verbal records were recorded (registered) and obtained through semi-structured interviews.

But the life history does not include all events and facets that make up the life of a subject, but is conceived as a set of information about the subject about an event or
events (migration, risk behavior, for example) that the individual himself can identify as important.

The HV pursued the following objectives:
- Understand and analyze opinions and perceptions that members of Mixtec or Zapotec groups have regarding health issues, criteria to migrate, risk behavior and HIV-AIDS basically.
- Identify processes of interest that may be common in the various male called and thus to generate specific strategies of attention.

With attendance at various localities in the states of Chihuahua and Oaxaca (in Mexico) and in Vista California (United States) is working with speech, with language manifest of the indigenous migrants Mixtec or Zapotec this to try to parse through his speeches, the meanings and significant constructed by them and so try to reconstruct the meaning and perceived phenomenon.

b. Quantitative Interviews

Target population
The target population was male Mixtec-Zapotec adult laborers over the age of 18 who have migrated within Mexico (Oaxaca and Chihuahua) or to the U.S. (Vista, California). For the quantitative interviews, the sample size was of 35 participants per site (total of 105).

Inclusion criteria
The inclusion criteria for participation in the study included: (a) self-identified Mixtec or Zapotec man, (b) 18 years old or older, (c) speaks Spanish, and (d) migrated within Mexico (Oaxaca, OAX or Chihuahua, CHIH) or to the U.S. (Vista, California).

Exclusion criteria
The exclusion criteria included: (a) self-reported mental illness diagnosis or any condition that limit participation in a 90 minute interview, (b) persons under the influence of alcohol or other drugs, (c) anyone who does not wish to participate on a voluntary basis, or (d) anyone who does not meet the inclusion criteria.

Instrument
The quantitative component consisted of a structured questionnaire. It included questions on the following areas: gender identity, reasons for migration, source of income, risky sexual behaviors, sexual partners, access to facilities and services, health services, health education, and knowledge on HIV/AIDS and other STIs.

Interview locations
After obtaining permission from the recruitment site contacts (e.g., agricultural farms manager, labor contractors, community organization, etc.), participants were recruited and interviewed onsite or on the participants day off.

Data analysis
The quantitative component consisted of descriptive statistics and bivariate associations, and multivariable modeling using SPSS Statistics V19 (Chicago, IL). Bivariate
statistical tests were used to find overall differences by site (e.g., Oaxaca, Chihuahua, and California). For continuous variables, ANOVA was performed. For categorical variables, Pearson Chi-Square Test were performed or the Likelihood Ratio Test when at least one expected count less than 5. A p-value <0.05 was considered significant for all tests.

7. Results

Qualitative Study Results
Interviews:
- ... Where it begins or ends these indigenous Oaxacan migrants? Does it begin or end at the Vicente Guerrero colony in Valle de San Quintin, Baja California where over 80% of farm workers are indigenous Mixtec, Zapotec and Triqui? Does it begin or end in the streets of Los Angeles, California where the past six years has been done La Guelaguetza to an audience that goes beyond the two thousand people?...34-

The introduction to the report of the qualitative interviews was supplemented by images of the field work and Chihuahua, each person is identified by the corresponding number of life history and the initial letters of his name. A more extensive report of each HV is in the file named "Documento JVC Risk for HIV 5 mayo 2012.docx" protected by Jesus Vaca-Cortes.

HV1. - August 21, 2011. Km 90 road Delicias to Naica in Chihuahua State. Mr. RGH, Mixtec, 45 year-old from San Miguel, Oaxaca. Interviewer: Jesus Vaca-Cortes (JVC).
Studied until the third grade, is married and have two sons and a daughter. Since his youth was devoted to agricultural or field work at the time of the interview perceived about $1,200 Mexican pesos per week -about 90 USD-. 

RGH is responsible to transfer a group of Mixtecs from Oaxaca to Chihuahua and return, is also the contact between his group and people who hire them to work in the fields of road from Delicias to Naica since a decade. They return to their communities of Oaxaca in October and returned to Chihuahua in February or March, so they are outside their home areas an average of 8 months a year.
Imelda Gameros and Mixtec migrant. Hostel at SEDESOL, Km 92, road Delicias-Naica, CHIH.

He says that other people earn about $800 pesos per week ie an amount about $60 USD. He is assumed as a Catholic and says that has transmitted the Mixtec language instruction to their offspring.

RGH reports that it was only two decades ago (1990) when people began migrating in large quantities from several localities in Oaxaca.

Now in the shelter of SEDESOL not pay rent to live there unlike other immigrant communities who if they must pay a monthly fee and even pay for the months they are not in Delicias “so to retain the right to use their rooms and are not allocated to other migrants”- In this space all you pay is the gas mainly used to prepare food but are exempt from payment of electricity, water and what is already written, income for living in the hostel.

About targeted sites to migrate from their community are Guadalajara (Jalisco), Chihuahua, Sinaloa and Baja California in Mexico and more sites in United States (USA) mainly, but he does not know which regions in the United States being that he has never gone over there.

He has not received lectures or talks about sex education but has heard about HIV-AIDS although he does not remember what he has heard, also unknown if anyone in the Mixtec ethnicity known by him, has been or is a carrier of human immunodeficiency virus. He says he does not think it likely that he may be HIV positive, being -“he does not walk in bad things”-, but in reality do not known the reasons of disease and if there is cure for the same. Meet male condoms but never been used, he does not known about the female condom, and firmly believes that neither the people living in that shelter SEDESOL the know or know more about the subject claiming it is due to ignorance of people. He has not had relations with prostitutes, or has injected drugs nor has consumed otherwise.
At the end he reported that if on their home communities had worked do not come to venture into distant lands.

"Here I am comfortable. Equally comfortable that if I lived in Oaxaca"- Concluded.

HV2. - August 21, 2011. Km 90, road Delicias-Naica, Chihuahua. Mr. SGL, Zapotec, married, age 60, a native of Ocotlan de Morelos, Oaxaca. Interviewer: JVC.

SGL. Christian religion, has seven children and illiterate but says he knows very little writing and reading through a friend who taught him. Some of their children also accompany him to work at the site of the interview and before becoming a migrant laborer working is looking for and selling firewood. Agree that although still earning little money (4000 Mexican pesos per month, an estimated 285 USD) is better than if I lived in Oaxaca. In this regard the Zapotec language states that the same was taught by his father and later he taught his children.

Jesus Vaca with Mixtec migrant in km 92 of road Delicias-Naica, CHIH.

His child, youth and adult life, his life since has been one of constant work and the first time it came from the community went to the fields of Culiacan, Sinaloa at age 40, traveling with his wife and one of its children, and a group of peasants who also moved from Ocotlan to Culiacan, in those times when the trip lasted about 50 hours where the only food was tortillas and water. Then other students told him about the fields in Delicias and now travel to that place where he lives in a little house "at loan" for five months of the contractor and as RGH is only responsible for paying the gas they consume.

Predicts a migration cycle by asserting that children, who are out there now playing at the hostel, then come with their husbands, wives and children. Children now expressed would be happier if their parents, adults earn more money. He has not received lectures on sexually transmitted infections or HIV-AIDS, moreover, argues that had not even heard the word "AIDS" and does not know what is a condom, as stated already
has 7 children, all with the same woman who has also been her only sexual partner. Supposed to be because we always are working and do not have time to go to these talks and not the people who will look at offers labor camps (good thing). Your time starts at four o’clock and goes to bed at eight in the evening.

In this regard the consumption or illegal drug knowledge says he has seen people smoking drugs but he does not already done so and concluded:
- “If God gives me more years of life I will come again, until I die”-

**HV3.** - Saucillo, Chihuahua. Mr. ABR, Mixtec, 35 years old, a native of San Miguel el Grande, Guerrero. Interviewer. Gabriel Arredondo Arredondo. (GAA).

ABR is defined as illiterate, live in concubinage together with another woman who is not his legal wife since three years, three daughters, works by cutting and drying peppers by what he sees around 2500 pesos (about 185 USD) by his sister who called him and told him that also had work in Delicias.

**Gabriel Arredondo with Zapotec migrant in Colonia Lazaro Cardenas, CHIH.**

Mixtec language has been transmitted to their children and say god believer. His wife and children -whom he sees every year- were in Ensenada, Baja California at the time of the interview, also had four months in Delicias and claims to have worked also in Ensenada (where he spent 10 years), Culiacan, Sinaloa, planting tomatoes, Mexicali, Baja California, Obregon, Sonora, San Luis Potosi, Florida, United States and in Toronto, Canada. It was the first time he was in Chihuahua.

In his childhood fed and cared for the cattle of his family (goats and cows) left his community at age 15. Also his childhood, adolescence and adulthood has now been ongoing work.

ABR regretted that his wife:
- “Already she has children with another man... I worked for six years, I saved money and went straight to Guerrero, returned to Ensenada, I got to where she was and I realized she have a boy and a girl with another man. I do not want no trouble with she because I know having problems and I also I have many
problems, she has two children with another man and I told her - that you have two children that's no problem I come to take you to Guerrero... but she did not want to come with me".

HV4. - Mr. JOC was born on January 1950, is native Mixtec of Las Huertas town in the District of San Martin Pera, Oaxaca. JOC is illiterate, did not receive any education, and is married to Joanna, both Catholic. Interviewer: JVC.

JOC had 6 children but only one survived, who has a daughter who in turn gave them a 7 year old granddaughter, a peasant worker cornfield. In Chihuahua capital is devoted to borrow money on the streets, argues that it can not work because he hurt his arm and left leg. On average earns 60 pesos a day with what you buy tortillas to eat, this sum the amount of 1,800 pesos (about 131 USD per month). If passed the Mixtec language to his daughter and to his granddaughter who is learning.

It has been repeatedly Chihuahua usually in May and return to their locality in October due to cold has also been in Mexico City, Sinaloa, Ciudad Juarez. He says that in his field and can not be planted because the soil is bad, it's mountains and there are many stones which makes planting

All his life he has worked in the fields, now an adult and has lost strength in his arms lives on the charity of those who wish to support him. He says the trip of a community to Chihuahua three-day trip that support eating tortilla-chips (chips).

First intercourse occurred at age twenty. He has not received information about HIV-AIDS and STIs, do not know about drugs or have been offered, and while they are here asking for money to continue to raise money to return to their community. He closed the interview:

"I want a house, seeking for money to buy one they say will help us at government but the help never comes".

HV5. - Tlaxiaco, Oaxaca. Mr. LAM, Zapotec, 62 years old, a native of San Augustine Yatareni, Oaxaca. Interviewer: Eduardo Lopez Lopez (ELL).

Studied up to elementary school, married, Seventh Day Adventist’s religious, he has four children, one boy and three girls, had 23 years of age at the birth of her first child, occupationally began as a farmer, brick maker and carpenter as well as some other informal jobs. At the time of the interview LAM was unemployed, on grounds of age but have not had a benefit received. Most people Yatareni says, is Zapotec like him, but: - "the times have changed and young people have another way to live ... as still Zapotec but they feel free from this case".

Adds that he speaker the Zapotec language, Spanish and some English; about the transmission of their language, that their children no longer speak, says: "...well the main reason is because they are our roots and what I desire most is not perish, is
something we inherited from our parents since childhood because they speak very well". And adds:
- "we have an organization that wherever we go we have partners and we can host anywhere so did, and then we arrived there to seek a church and thus I stayed a few days, while getting a person to send me across the border and if I returned was because the immigration department it did, then returned back again to the place and so".

His voyages labor and lack of work by the arrival of many more migrants to the United States led him to Los Angeles, New Jersey, Atlantic City, Philadelphia, Pennsylvania, Massachusetts and elsewhere, but where he was longer in New York.

The first major problem to reach the United States was the language also looking for colleagues who could provide a space to live together with other 8 or 9 people in order to economize on rent payments:
- "... Suffer from any further, that employers treat us badly, sometimes there are many that we do not want to pay, some do not pay us, kept our money, we have endured many things there that we should not suffer, we prefer to be in our country but that's the situation".

The first sexual intercourse was at age 20, for several times suffered from STI, STI has received counseling through hospitals, clinics and churches as well as organizations of peasants and migrants have been formed in the U.S. territory, met a resident of St. Augustine Yatareni of who omitted his name but because of an STI was killed and regrets that these first forays nobody has explained, for example, condom use. Also if you have been told Adventist HIV-AIDS but unknown to what extent the information is sufficient to have prevented him, he states that only sexually transmitted, incurable, until today. And if he says it would suffer the devastating news that would lower the morale it would be terrible. In addition to HIV-AIDS is a latent risk in your community, so the government should take action on the matter and inform the people, and prevent discrimination on the basis of ignorance would be unaware of the female condom and expressed in his case should not use condom because it is not convenient because your partner is not a person at risk.

Note: LAM decided not to answer the questions that correspond to the sections on risk practices and the knowledge or use of drugs (115-116) to consider more personal and perceive as intrusive.

HV6. - Tlaxiaco, Oaxaca. Mr. HLL, Zapotec, 48, a native of San Augustine Yatareni, Oaxaca. Interviewer: ELL.

With completed secondary, divorced, two children a 23 year old man and a woman of 20 years, originally farmer and brick maker now where he receives about 150 pesos a day (11 USD approx), belongs to the Adventist Church and says he had the opportunity to teach their children the language Zapotec and recalls his childhood surrounded by hardship, deprivation, hunger and assisting in field work and home.
He started his sex life at age 14, married at 17 and separated at 19, had some sexual partners in the work areas as stated that is logical. Is that in the United States STI - "They are the daily bread," although in various media communication campaigns are offered but in the places where he worked did not know if anyone suffered from any of them, know that HIV- AIDS is dangerous and sexually transmitted, incurable and can be a risk to Yatarenei youth population, its people, so it would be appropriate to create targeted campaigns and information. Know how to use condoms and in fact has been used on occasion he has had sex with women. Besides commercials on brands of condoms are common in television commercials. Reported to have sex six times a week always with the same partner and uses condoms for safety and health.

The times I was offered illegal drugs did not agree and do not know people of different sexual orientation to heterosexual.
- "The first time I went to the United States went hungry, distrust, I met good people and criminals. It's an adventure where we bet life".-

HV7. - Tlaxiaco, Oaxaca. Mr. ESV, Mixtec, 33 years old, a native of San Juan Huiquila, Oaxaca. Interviewer: ELL

Married, he has a three year old son who has taught the Mixtec language to preserve cultural identity, attends college and is in the ninth semester of Architecture, his childhood is remembered with difficulty, hunger and hard work is said follower to Christianity and with the support you get from a friend from the United States, his monthly income is close to three thousand pesos (about 216 USD).

Four years ago he returned from the United States where it was at age 20 was invited by a friend who knew the movements of the "coyotes" along the border. Although his first outing was his people to the city of Oaxaca where his father led them to learn the Spanish language which were also others in San Juan. Spent a week in Ciudad Juarez, Chihuahua and then moved to Phoenix, Arizona, Washington, North Carolina, Seattle.

His first sexual encounter was at age 24, he has received information about HIV-AIDS in the school, community health centers and hospitals which, manifestly support the prevention and treatment have not discriminatory to these people. Agree to meet someone of their ethnic group that carried HIV, which believes it has been for having sex with prostitutes or having unprotected sex with multiple women, other than to have acquired in the United States, return to their communities and transmit it to their sexual partner, knows there is no cure, but now you can have a better life than before: He adds:

"Consultations have to be daily, reduce drug costs, support people emotionally and when to move to another place where there is a hospital to receive more specialized care. Use public service is very draining, not very much what to wait but put a lot of a appointments, sometimes the doctor is not when you come back and spend and spend and wears you out financially, physically and mentally because really there is no specialized care in the community however we must make use of other public services".-
He says that while lived in the United States relations with prostitutes were common, including many came to look to the departments they rented. Likewise, giving homosexual relationships but these were handled very discreetly for fear of being discriminated against. Supports to meet men who dress like women and women who dress like men, but that really would not be associated with HIV-AIDS. Refer now give more young people to use condoms than before as many units distributed free condoms and somehow belonging to the Adventist Church and its precepts, is a way to protect as they are forbidden to have more than one wife or husband more than a couple and also prohibits the use of drugs.

To complete sentence:
- "I think that discriminate against the Oaxacan people simply by being of Oaxaca, you are <<Oaxaco>> short men, dark skin, another people cataloged us as people of low social status. While in the United States over the abuse came from people of other Mexican cities, our countrymen who most discriminated more than the people of the United States".-

HV8. - Tlaxiaco, Oaxaca. Mr. MMV, Mixtec, 29, married, born in Magdalena Pensacola Tlaxiaco, Oaxaca. Interviewer: ELL.

Studied incomplete up to elementary school, he has a son, a field without monetary perception, because what worked is, subsistence Catholic religion and Mixtec language has instilled his son for: "do not go to lose the habit or the language we speak, is something that is traditional for many years".-

Zapotec girls in the settlement of Lazaro Cardenas, Meoqui municipality, CHIH.

His life has been spent in field work, planting, harvesting beans, wheat, fruit trees, manufacturing griddles.

His first sexual experience was at age 24, has not received information on STI, HIV-AIDS because he remembers hearing about the syndrome since I was 6 or 7 years (1990 approximately), but he knows it does not deemed sufficient to allow the disease
But while admitting to know or have known people who suffered some type of curable STIs, unknown if anyone in your community or ethnic group has been infected with HIV, agrees that young people today, through nurses and health promoters are more information to protect themselves and prevented before, but despite knowing the unknown male condom there is a female condom. If you have sex but they are only with your partner without a condom, while living in the United States friends and cousins consumed illegal drugs (marijuana, rock, cocaine, no injection).

Close the interview saying:

"... before it was somewhat sad, looking for happiness ... we had little money and that was when I had to go to the United States, there I had a better life for a short time but I returned again to the before life. Poor but prefer to work here in Oaxaca. I live well with my family with the work I've had" -

HV9. - Vista, California. Mr. MIM-001, Mixtec, 47 years old, Catholic, born in San Sebastian Tecomaxtlahuaca, Oaxaca. Interviewer: Eduardo Alberto Gomez Gonzalez (EAGG).

With secondary education completed, with two children, a farm worker, previously worked in a warehouse in the city of Oaxaca, his monthly benefit is $2,400 USD (about 33,500 Mexican pesos).

"...there was suffering, we wanted to have a toy but never had, really my parents were poor. When we started working the situation changed little because already we buy what we wanted but not... no... I cannot say it was good my childhood because we suffer" -

First intercourse was 18 years and he has heard expressed in the clinic-which-goes, STI but has not received formal or official information as well if you've known that some workers have suffered the. Have not talked about HIV-AIDS and it is precisely that, ignorance or marketed as a risk factor to acquire in addition to sex and argues that one of his countrymen died as a result of HIV-AIDS. Personally invite your children to protect themselves if they have sex, also adds that it would be important in his community attend specialized personnel to give talks about AIDS and STIs (origins, causes, how to protect, if not curable or who may get it and if you have already found a cure for it) but will remain a risk to people.
He says no prostitutes in their area but when people look at them –“do dirty looks” – plus each person -“is free to do their work” - however claims to have short tolerance for men who have relationships with other men and sometimes beaten and insulted; known about the male condom but does not know that there is a female condom. Condom use with partner (usually) but when you are going to have intercourse with others, often says: -“men do not use them because it is women who care” - Personally he used the condom with his wife. He has been offered drugs but refused to eat them (essentially marijuana -that the boys used- says-).

In an excerpt of the interview said proudly that:

-"We are an organization of all our countrymen from Oaxaca. Usually we meet in the parks."-

Aztec dancer in Barrio Logan in San Diego, CAL.

HV10. - Vista, California. Mr. AR-001, Mixtec, 62 years old, with first-grade education, married, father of five children, born in Santa Rosa, Juxtlahuaca District, Oaxaca. Interviewer: Jose Manuel Conde Vega (JMCV).

AR-001 had 20 years at the birth of her first child Catholic religion emphasizes that it is important to keeping the Mixtec language so that they have been transmitted to their children

Always devoted to farm work, although at the time of the interview and had labored three decades of living in the United States.

The first time it came from Oaxaca it was with a sister and a family who then already had some acquaintances in California (Vista).
Vegetables zone near San Diego, CAL.
- “There are people traveling from different places, Morelos, Mexico City, Veracruz, Sinaloa, Baja California and other places here in United States”.

In relation to HIV-AIDS and sexually transmitted infections (STIs) has received talks in clinics, doctors and given through hospitals. But doubt you already know that Ben is a means of prevention, but says he does not know someone in your community who has had one of these infections: - "we must look for more information. If more please give us” Said for example, ignoring how people become infected with HIV.

He says he knows of sex workers in their community and men who have sex with men who, generally, they are not respected and are discriminated against. If you know also the use of condoms and says that is usually used to go with prostitutes, not his wife.

He agrees that he has been offered drugs but has not accepted (cocaine, marijuana) and concludes:
- “I would like to talk... also know and that way we can help. We want to throw their hand to help us is what we seek”.

HV11. - Vista, California. Mr. AMM-002, Mixtec, 32 years old, from San Sebastian Tecomaxtlaahuaca, Oaxaca, Catholic. Interviewer: EAGG.

AMM-002 has a elementary school level, single (concubinage), parent of one child, has always worked in the field and receives 1600 USD per month (about 22,000 Mexican pesos). He speaks Spanish and some English.

His first sexual intercourse had it at 18 and at 22 he went and lives with his partner and her parents, once he was arrested by police for being drunk. He likes to go see the games of the Chargers (of San Diego).
Entrance to agricultural fields at the outskirts of San Diego, CAL.

The customs of Oaxaca have been kept in different festivities by migrants: - "we have many customs and most coming here and almost the same as above. We have dances typical food and all ... as usual bring it back and forth too. Next week will be the Guelaguetza, here in San Marcos, is when meet the majority of people from there... from Oaxaca, of different peoples and all that".- He explains -

He has received information about HIV-AIDS in the local clinic (Vista) and has seen some programs on TV, information it deems sufficient to prevent infection as well that people who have it but they should support the states that do not has known someone with HIV or AIDS.

About of women or men sex workers also said that they are discriminated against, does not think the people in your community use a condom unless you come with a prostitutes but with the couples usually do not. Admits to having used drugs some years ago (marijuana, crystal, cocaine). And finally declared:
- "I would go where there is snow, to a state where snow falls ... also want to work and get ahead to my son and my wife. Out to play, killing birds and everything".-

HV12. - Vista, California. Mr. LA-002. Mixtec, 67 years old, a native of Santa Rosa, Juxtlahuaca, Oaxaca with one year of formal schooling, is married, Catholic and nearly 35 years dwelling in the United States but sometimes spends six months in Oaxaca and six months in California. Interviewer: JMCV.

LA-002 had six children, 4 survive to date girls and one boy, says income of about 450 USD per month, an amount of 6,200 Mexican pesos, recognizes the importance of teaching their children the Mixtec language, something rather his father did.
Boy dressed as Aztec dancer in Barrio Logan in San Diego, CAL.

He describes his adolescence and childhood as a field worker, traveling for the first time he did with another family in particular that of a man named Eliborio Lopez, arriving initially at San Luis Rey, California.

Expresses live in constant fear due to immigration agencies: - "we live hidden when the migration arrives we hide"- says.

He started his sex life at age 21 accepts know very little about HIV-AIDS does not know what it is, how it is transmitted, how to prevent it or if a cure is about or not, simply that it is a "disease that sticks" (is spread).

Yet it says that in his community if they know what a condom and some people use them, when they go to prostitutes. Besides that there are people who use drugs (stone, cocaine).

- "Smoke dust with a ticket and pull with nose, with seed burning and pulling with a soda bottle, I'm just looking".

**Chronicle of a place that does not exist.**

Life histories outlined show a description of reality than a dozen people in three different contexts, all males, three belonging to the ethnic group Mixtec Zapotec-nine, eleven of them from the state of Oaxaca and one of the state of Guerrero (Mexico).

Their stories are intertwined and their lives intersect, the need to seek a better future moves them out of their home communities, their places of refuge, to venture on cruises where, as one person explained: "risk their lives".

Interestingly that a constant has been the work from an early age, all field work concerned, caring for animals, fetching firewood, caring for crops, are far from ideal childhood games, toys, regular attendance at study centers on the contrary, the survival was the constant effort to family support. Poverty was the angel who rocked their cradles.
On the migratory move generally toward the north, having three different main venues, Sinaloa, Chihuahua and Tijuana, where after a journey that -depending on the time-held takes about three days to reach the border cities with the intention of crossing into the United States although many choose to work in agricultural fields not want to spend Mexicans across the border.

Those who decide to cross the international boundary crossing are usually accompanied by siblings, friends or family members with one or more people who know and have the route and how to contact the "coyotes" who's on track to "The American way of life" the route in addition to being time-consuming is tortuous, the food is toast, tortillas, cheese. Once settled in the north can be crossed in two or three days or up to three weeks waiting for the right moments to do, for their migrant status never go to seek support with state or federal authorities, fear of being returned to their refuge areas makes them try to pass as quietly as possible.

Both Mexico and the United States come to friend’s homes or hostels established for migrant workers before they can rent a small room where space conditions, hygiene or comfort to the extent possible, are overcome. Although the minority was not molested by government authorities, some of them suffer humiliation, abuse, deceit and discrimination in their exodus, however silent through ignorance, for they know not where to turn or simply escape for fear of a life less unpleasant.

Generally do not know if there are institutions, organizations that can assist them and often complain of being treated more demeaning part of Mexicans that non-Mexicans.

Who return to their native territory expressed that they are welcome, because they take money or electronics, which gives them a different status than their value before returning.

It is also true that migration behavior becomes pilgrim, ie those individuals who go from place to place taking several months or years to return to place of origin, others made what is called pendular migration, in and out of the place of removal the place of attraction, some more have come to foreign lands, never to return and a handful of them, after taking the adventure, have returned home with the firm conviction not to get away from there.

About for HIV-AIDS and STIs, with the exception of a college student, most have expressed no relevant information about it, television has been a recurrent but little valid informant, the schools at the time did not address the issues, now hear about the matter when they go to clinics or chat with others, but it is remarkable that the information is not carried to their areas of housing or work, or will offer lectures on subjects of this research question or the particular interest of the community (See the section on recommendations). There is much work to do and that work must be designed together to migrant workers and particularly in those areas where they are captive and can work more systematically with different age groups and sexual preferences.
Condom use is dismissed or suggested to be used only when it comes to strangers or prostitutes request.

About the use and abuse of drugs is one person who accepts consumed in the United States, others express only know, know, hear, see and even that they have offered but refused to do so, of the drugs mentioned none is injection (cocaine, stone, marijuana) or at least refer to the way of consuming them in sucking or smoked.

Quantitative Study Results
All the participants in the study, who met the inclusion criteria were men 18 years of age or older, of either of Zapotec or Mixtec ethnicity, with a history of migration, with no psychiatric conditions, not under the influence of alcohol or other drugs at the time of the interview, and agreed to participate in the study. Details on results for site differences for the following can be viewed in Table 1.

Demographic Characteristics
The mean age of the participants significantly differed by sites. Mean ages were 29.9, 36.3, and 43.7 in Chihuahua, Oaxaca, and California, respectively. Overall the majority of participants were of Mixtec (70.8%) ethnicity, however the ethnic distribution differed by site. Participants in California were primarily of Mixtec origin (97.1%), while representing three quarters of the sample in Chihuahua (74.3%) and (41.7%). The majority of the participants had knowledge (e.g., speak, read, write, and understand) of an indigenous language (89.6%) in addition to Spanish. The schooling level was significantly different between all three sites. The majority of the migrant participants in all three sites completed at least elementary school (88.7%) however there were significant site differences: Chihuahua (71.4%), Oaxaca (94.4%), and California (97.1%).

Most of the participants had a stable partner (79.2%) that was a woman (97.6%) or married (62.9%). The majority reporting having children (79.0%) of which most said children were their own (96.4%). Most participants indicated they practiced a religion (67.0%) with significant site differences: 80.6% in Oaxaca, 48.6% in Chihuahua, and 71.4% in California. Overall, the majority of the participants worked in farming related activities (55.7%) and/or construction (13.2%).

Migration
The grand majority reported their reason for leaving their place of origin was to work (87.7%). Overall, the majority of participants reported living in their current location for at least one year (85.8%) with site differences. Among those living in their current location for more than a year, the mean number of years there was 10.6, 5.8, and 19.2 in Chihuahua, Oaxaca, and California, respectively.

Sexual Partners and Condom Use
Of those who had a stable partner, the majority said they had had sex with them in the last 6 months (90.4%) of whom 98.6%, 11.1%, and 4.2% reported having vaginal, oral, or anal sex, respectively. Of these, 92.5% reported inconsistent condom use with 76.1% reported never using a condom with their stable partner in the past six months and 19.2% reported having sex with at least one other person (concurrent partners) besides their stable partner in the last 6 months. Of those who reported concurrent partners,
100%, 56.3%, and 16.7% reported having vaginal, oral, or anal sex, respectively. Of these, 46.7% reported inconsistent condom use with 13.3% reported never using a condom with their stable partner in the past six months. These results indicate that participants’ sexual and condom use behaviors differ by partner type (e.g., stable versus concurrent partners).

Access to Goods and Services
There were significant differences by site in their access to goods. Many reported having a television (83.0%), DVD player (57.5%), cellular phone (62.3%), stove (75.5%), a microwave (37.1%), and/or a refrigerator (60.4%). Far fewer reported having a car (29.2%), phone (26.7%), or a computer (17.1%).

Access to Healthcare
When asked about their right to query at certain hospitals, 31.4%, 13.9%, and 62.0% of participants in Chihuahua, Oaxaca, and California, respectively, responded to they had none. However, this may be so given that most of the options provided were Mexican institutions such as the National Health Ministry.

Health education
Several questions about health education were asked. 28.6% of those in Chihuahua, 58.3% of those in Oaxaca, and 40% of those in California had received some sort of education about HIV/AIDS, the difference was significantly different by site. The majority of participants had received some information about condoms (70.8%) and how to use them (58.5%). Less than half of participants had been offered to get an HIV/AIDS test, but more than half said they would be willing to get one.

HIV/AIDS and STI Knowledge
The knowledge about these diseases was mixed, however the majority on all sites agreed on a few key points such as women can infect men if they do not use condoms (87.4%), having only one sexual partner lowers the risk for contracting HIV/AIDS and/or STIs (82.9%), HIV infected mothers can spread the disease to their unborn baby (74.3%), and having an STI increases the risk for HIV/AIDS infection (67.6%).

HIV/AIDS Perception and Discrimination
Over half (54.3%) of participants felt HIV/AIDS is brought to their communities by outsiders (63.8%) or persons returning to their community (54.3%). Approximately 40% felt the disease is concentrated in among prostitutes and homosexuals. The majority felt that persons with HIV/AIDS should receive care (81.0%), free treatment (85.6%), and have equal rights (80.0%) to work (78.1%), marry (53.3%), and attend school (80.0%). Less felt they had the right to have children (37.1%) or sex (49.5%).

Health Self-Efficacy
Close to two-thirds of participants agreed that becoming infected with HIV/AIDS is not a matter of fate (61.9%), luck (63.8%), or money (68.6%). The majority reported that becoming infected with HIV/AIDS depended on their own actions (84.6%), by adopting appropriate measures (81.7%) and not due to fault of others (63.8%). It was up to them to get HIV/AIDS (81.9%). They felt they could prevent HIV/AIDS by having a lot of
information (74.3%) and education (54.4%) yet many (67.0%) reported that it depended on their partner agreeing to use a condom.

Risk Perceptions
About a third of all participants felt they were at risk for HIV/AIDS (37.3%) and STIs (37.5%) and far less thought they were infected with either (1.0% and 3.8%, respectively). Less than a quarter felt their partners were at risk for HIV/AIDS (22.8%) and STIs (16.7%) and 2.9% thought their partner was infected with either.

Attitudes Towards Condom Use
Perceptions towards people who carry and condom use were mixed. Participants felt that people who carry or use condoms are willing to have sex with anyone (63.5%), are just looking for sex (48.1%), and would sleep with anyone (54.8%). However, they reported similar rates for accepting using a condom if their partner offered (68.3%) and feeling safe wearing one (67.0%) as well as respecting persons who use condoms (76.9%).

8. Discussion
This study has various methodological limitations. All participants received an honorarium, same at the three sites. It must be noted that the equivalent value of $25 USD and $35 USD varies for persons living in California, Chihuahua, and Oaxaca given the cost of living, etc. Consequently, the sample population may have differed at each site.

Another point worth mentioning is that in the state of Oaxaca, community members conducted the interviews. However, in California, the interviewers were outreach workers from a community clinic and in Chihuahua, the interviewers were investigators from a university, including the principal investigator. Thus, the responses participants gave may have varied given the relationship established with interviewers.

9. Additional Accomplishments
This work has been presented to MHIRT colleagues Costa Rica via teleconference on March 28, 2012.

10. Recommendations
The daily care practice and delivery of health services for indigenous communities is far below the standards established. The testimonies of the players participating in the study reveal that the priority is that the institutional support given to them and start with the knowledge of their culture, organization, involvement and understanding of the real needs of indigenous men and women. In addition:

- Avoid viewing people as separate or isolated from any influence interpersonal, contextual or situational as–we consider–the proper approach to STIs and AIDS should be done from the perspective-cultural epidemiological wider range than purely medical model or organicist.
- Prevention campaigns should be directed to increase confidence and self esteem of indigenous communities, recognizing the valuable role they play in
society, to overcome the traditions that exclude and warn of the presence and the need to treat other STIs, and these other infections may be a risk factor for acquiring HIV. Also explore how indigenous people can participate more actively in redefining sexual contexts in which they interact (and not only be subject to the rules of the game in such contexts). In short, preventive programs should discuss how the indigenous population (migrants in this case) can participate in the reconstruction of the environments in which it is sexual.

- Improve the prevention and detection among migrants and train health workers who care for them. Should therefore take a preventive and diagnostic support through health centers or clinics in the towns of origin, transit and destination. At each point, people should have access to information –preferably in their language– male and female condoms and diagnostic tests. Here social networks and norms of group play roles in the adoption of risk behaviors and protective. Led efforts to prevent STIs and HIV-AIDS should be continually reinforced, otherwise individuals return in important numbers to unsafe practices.
- Existing materials on prevention of STIs and HIV-AIDS must be tailored specifically for Indian audiences and translated into appropriate languages as well as validate the contents with the same stocks and focus in and for different age groups: children, adolescents promoting self-care and adults from a rights perspective and gender.
- Mobilize dialogue between indigenous organizations, the health sector and other local partners to develop strategies for short and long term to meet the identified needs.
- To guide and health workers (in services and communities) in the prevention of STDs and HIV from a holistic approach to articulation of traditional medicine and biomedicine. Socializing findings and recommendations of the work with departmental and national partners for feedback and generation of inter-agency commitments to consider the factors and barriers addressed in this study, as in the other state studies carried out in indigenous areas.
- The increase of culturally appropriate programs for Indians may be catalyzed by involving indigenous communities in the design, implementation, management and evaluation of projects. Women, community leaders and teachers should be included in these processes and be sensitized to the health needs. If these steps are implemented, the projects will be more sustainable and successful. Of course, the greatest success will also depend on formative research to understand the beliefs, knowledge, attitudes and practices of other ethnically and culturally distinct communities to improve the designs of projects and interventions. To consolidate the demographic balance and greater economic and social conversion of areas receiving migrants, should give priority to programs that address social disadvantage (health, employment, education and housing), but mostly involving people who in these areas is primarily indigenous to participate in solving their problems.
- To work together with indigenous communities to have a greater quantity and quality of tools to choose and protect cultural resources, this will is consistent with Convention No. 169 of the International Labor Organization (ILO or OIT in Spanish).
- The working with indigenous groups should include the collaboration of multidisciplinary teams that together they design appropriate strategies and
effective for the prevention of HIV and STIs, have certainly made progress but the journey is still long, but the support Research Program on Migration and Health (PIMSA) with several binational researchers working in groups is a noble effort that brings scientists to the diverse realities of migrants.
11. Acknowledgements

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References

27. Anguiano ME. La migración de indígenas mixtecos, movilidad poblacional y preservación de identidades: Revista DEMOS. El Colegio de la Frontera Norte; 2009.
42. Dirección General de Población de Oaxaca Marginación Municipal Oaxaca (DGEPO). Mexico: Consejo Nacional para el Desarrollo de los Pueblos Indios (CDI);2002.
### Tabla 1: Asociaciones Bivariadas por sitio (N=106)

<table>
<thead>
<tr>
<th>DATOS GENERALES</th>
<th>DEMOGRAPHIC CHARACTERISTICS</th>
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<td>Mixtec</td>
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<tr>
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<tr>
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<tr>
<td>Terciario</td>
<td>High School</td>
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</tr>
<tr>
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<td>Zapotec</td>
</tr>
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<td>Knowledge of the Indigenous Language</td>
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</tr>
<tr>
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</table>

### Tabla 2: Bivariate associations by site (N=106)

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<thead>
<tr>
<th>Chihuahua (N=35)</th>
<th>Oaxaca (N=36)</th>
<th>California (N=35)</th>
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</thead>
<tbody>
<tr>
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<td>Freq</td>
<td>Mean</td>
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</tr>
<tr>
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<td>25.7</td>
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<td></td>
</tr>
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<td>≥10%</td>
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<tr>
<td><strong>¿Cuánto tiempo ha vivido fuera de su comunidad EN TOTAL?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menos de 1 mes</td>
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</tr>
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</tr>
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<td>3.0</td>
</tr>
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<td>6 meses a 1 año</td>
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<td>14.3</td>
</tr>
<tr>
<td>Más de un año</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Si fue más de un año, ¿cuántos años?</strong></td>
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<td></td>
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<td>3.0</td>
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</tr>
<tr>
<td>Más de 10 años</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Si fue más de un año, ¿cuántos años?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>25</td>
<td>71.4</td>
</tr>
<tr>
<td>1 a 3 años</td>
<td>9</td>
<td>26.47</td>
</tr>
<tr>
<td>3 a 6 años</td>
<td>1</td>
<td>3.0</td>
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<tr>
<td>6 años a 10 años</td>
<td>5</td>
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<td>Más de 10 años</td>
<td>5</td>
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<tr>
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<td>71.4</td>
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<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>≥10%</td>
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<td>0</td>
</tr>
</tbody>
</table>

### PAREJAS SEXUALES Y USO DE CONDOM

<table>
<thead>
<tr>
<th><strong>¿Tiene pareja estable/mujer/novio/novia?</strong></th>
<th>Do you have a stable partner/wife/husband/boyfriend/girlfriend</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>None</td>
</tr>
<tr>
<td>1%</td>
<td>Yes</td>
</tr>
<tr>
<td>≥10%</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>¿Cuánto tiempo tienen con ella/él?</strong></td>
<td>How long have you been with him/her?</td>
</tr>
<tr>
<td>Menos de 1 mes</td>
<td>Less than a month</td>
</tr>
<tr>
<td>1 a 3 meses</td>
<td>1 to 3 months</td>
</tr>
<tr>
<td>3 a 6 meses</td>
<td>3 to 6 months</td>
</tr>
<tr>
<td>6 meses a 1 año</td>
<td>6 months to 1 year</td>
</tr>
<tr>
<td>Más de un año</td>
<td>More than a year</td>
</tr>
<tr>
<td>0%</td>
<td>None</td>
</tr>
<tr>
<td>1%</td>
<td>Yes</td>
</tr>
<tr>
<td>≥10%</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>¿Cuántos hijos tienen?</strong></td>
<td>How many children do you have?</td>
</tr>
<tr>
<td>0%</td>
<td>None</td>
</tr>
<tr>
<td>1%</td>
<td>None</td>
</tr>
<tr>
<td>≥10%</td>
<td>None</td>
</tr>
<tr>
<td><strong>¿Cuánto tiempo tienen con los niños?</strong></td>
<td>How long do you spend with your children?</td>
</tr>
<tr>
<td>Menos de 1 mes</td>
<td>Less than a month</td>
</tr>
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<td>1 a 3 meses</td>
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<tr>
<td>3 a 6 meses</td>
<td>3 to 6 months</td>
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<td>Más de un año</td>
<td>More than a year</td>
</tr>
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</tr>
<tr>
<td>1%</td>
<td>None</td>
</tr>
<tr>
<td>≥10%</td>
<td>None</td>
</tr>
<tr>
<td><strong>¿Si has mantenido relaciones sexuales con tu pareja estable en los últimos 6 meses?</strong></td>
<td>Have you had sex with your stable partner in the last 6 months?</td>
</tr>
<tr>
<td>0%</td>
<td>None</td>
</tr>
<tr>
<td>1%</td>
<td>None</td>
</tr>
<tr>
<td>≥10%</td>
<td>None</td>
</tr>
</tbody>
</table>
¿Con qué frecuencia usó condón con su pareja estable en los últimos 6 meses? (marque todas las que aplican)

<table>
<thead>
<tr>
<th>Vía</th>
<th>Sí</th>
<th>No</th>
<th>No saben</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sempre</td>
<td>23</td>
<td>19</td>
<td>2.94%</td>
</tr>
<tr>
<td>Vaginal</td>
<td>1</td>
<td>1</td>
<td>19.05%</td>
</tr>
<tr>
<td>Oral</td>
<td>1</td>
<td>6</td>
<td>10.95%</td>
</tr>
<tr>
<td>Anal</td>
<td>0</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>Nunca</td>
<td>18</td>
<td>8</td>
<td>68.41%</td>
</tr>
</tbody>
</table>

¿Ha mantenido relaciones sexuales con otras personas que no sean su pareja estable en los últimos 6 meses? (marque todas las que aplican)

<table>
<thead>
<tr>
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<th>Sí</th>
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<th>No saben</th>
</tr>
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<tbody>
<tr>
<td>Sempre</td>
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<td>1</td>
<td>2.94%</td>
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</tr>
<tr>
<td>Oral</td>
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</tr>
<tr>
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<td>1</td>
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<tr>
<td>Nunca</td>
<td>18</td>
<td>8</td>
<td>68.41%</td>
</tr>
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¿Qué pláticas ha recibido sobre las siguientes enfermedades? (marque todas las que aplican)

<table>
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</tr>
<tr>
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<td>6</td>
<td>10.95%</td>
</tr>
<tr>
<td>Nunca</td>
<td>18</td>
<td>8</td>
<td>68.41%</td>
</tr>
</tbody>
</table>

¿Usted cree que el VIH-SIDA es un problema en su comunidad?

<table>
<thead>
<tr>
<th>Vía</th>
<th>Sí</th>
<th>No</th>
<th>No saben</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sempre</td>
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<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td>Vaginal</td>
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<td>1</td>
<td>19.05%</td>
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<tr>
<td>Oral</td>
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<td>6</td>
<td>10.95%</td>
</tr>
<tr>
<td>Anal</td>
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<td>1</td>
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</tr>
<tr>
<td>Nunca</td>
<td>18</td>
<td>8</td>
<td>68.41%</td>
</tr>
</tbody>
</table>

¿Cuánto o alguien de su familia recibe el apoyo de "Oportunidades"?

<table>
<thead>
<tr>
<th>Vía</th>
<th>Sí</th>
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<th>No saben</th>
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</thead>
<tbody>
<tr>
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<td>2.94%</td>
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<td>1</td>
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<tr>
<td>Oral</td>
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<td>6</td>
<td>10.95%</td>
</tr>
<tr>
<td>Nunca</td>
<td>18</td>
<td>8</td>
<td>68.41%</td>
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</table>

¿Tiene derecho a consulta en algunos de estos hospitales? (marque todas las que aplican)

<table>
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<tr>
<td>Nunca</td>
<td>18</td>
<td>8</td>
<td>68.41%</td>
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</table>

¿Cómo se enferma a dónde va para que lo atiendan? (marque todas las que aplican)

<table>
<thead>
<tr>
<th>Vía</th>
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<td>2.94%</td>
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<tr>
<td>Vaginal</td>
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<td>1</td>
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<tr>
<td>Oral</td>
<td>1</td>
<td>6</td>
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</tr>
<tr>
<td>Nunca</td>
<td>18</td>
<td>8</td>
<td>68.41%</td>
</tr>
</tbody>
</table>

¿Usted cree que la educación para la salud es un problema en su comunidad?

<table>
<thead>
<tr>
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<th>Sí</th>
<th>No</th>
<th>No saben</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>2.94%</td>
</tr>
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<td>Vaginal</td>
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<td>10.95%</td>
</tr>
<tr>
<td>Nunca</td>
<td>18</td>
<td>8</td>
<td>68.41%</td>
</tr>
</tbody>
</table>

¿Con qué frecuencia usó condón con su última pareja en los últimos 6 meses? (marque todas las que aplican)

<table>
<thead>
<tr>
<th>Vía</th>
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<th>No saben</th>
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</thead>
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<tr>
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¿Dónde ha ido de consulta para protegerse de las enfermedades? (marque todas las que aplican)

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¿Ha hablado sobre el condón? (marque todas las que aplican)

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¿Ha enseñado a usarlo? (marque todas las que aplican)

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¿Han ofrecido la prueba del VIH-SIDA? (marque todas las que aplican)

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¿Usted cree que el VIH-SIDA es un problema en su comunidad?

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CONOCIMIENTOS SOBRE VIH-SIDA Y OTRAS ITS

HIV/AIDS AND STI KNOWLEDGE

Tubería de la mujer femenina después de tener relaciones sexuales ayuda a proteger de las infecciones de transmisión sexual

HIV/AIDS help protect you from sexually transmitted infections

Usted puede infectarse con VIH-SIDA a través de una cortada en la piel

You can be infected with HIV/AIDS through a cut in the skin

A simple vista usted puede decidir si una pareja tiene una infección de transmisión sexual

At first glance you can tell if your partner has a sexually transmitted infection

Las personas que tienen VIH-SIDA se enferman rápido

People who have HIV/AIDS get sick fast

Una persona puede contagiarse con VIH-SIDA por usar los mismos ouchifs, cuachers, vasos, ropa, cami o el cuarto de baño con alguien que tiene la enfermedad

A person can become infected with HIV/AIDS by using the same knives, spoons, glasses, clothing, bathroom or bedroom with someone who has the disease

Una infección de transmisión sexual no curada puede hacerlo incapaz de tener hijos

An untreated sexually transmitted infection can make you unable to have children

Las mujeres pueden contagiar a los hombres, si ellos no usan condones

Women can infect men, if they do not use condoms

Si una mujer tomar pastillas anticonceptivas, tiene protección contra el VIH-SIDA

If a woman uses birth control pills, she has protection against HIV/AIDS

Tener una infección de transmisión sexual facilita el contagio del VIH-SIDA

Having a sexually transmitted infection facilitates the spread of HIV/AIDS

Si una persona tiene VIH-SIDA, existe riesgo de contagio por besarse en la mejilla o la mano

If a person has HIV/AIDS, there is a risk of infection by kissing on the cheek or hand

Para evitar contagio de VIH-SIDA, hay que tener una sola pareja sexual

To avoid getting HIV/AIDS, we must have one sexual partner

Todas las enfermedades por contagio sexual, MENDOS al VIH-SIDA, se curan con medicamentos

All sexually transmitted diseases, NOT HIV/AIDS, can be cured with medicine

Una mujer embarazada con VIH-SIDA contagió al bebé que estaba en el útero

A pregnant woman with HIV/AIDS can spread the disease to the fetus

Los mosquitos pueden transmitir el VIH-SIDA al picarlos

Mosquitoes can transmit HIV/AIDS when they bite us

PERCEPCIONES Y DISCRIMINACION SOBRE VIH-SIDA

HIV/AIDS PERCEPTIONS AND DISCRIMINATION

El VIH-SIDA es una enfermedad de gente de fuera

HIV/AIDS is a disease of people from the outside

El VIH-SIDA solo lo tienen las prostitutas

Only prostitutes have HIV/AIDS

El VIH-SIDA solo lo tienen los homosexuales

Only homosexuals have HIV/AIDS

La gente que tiene VIH-SIDA es expulsada de su comunidad

People who have HIV/AIDS are expelled from the community

La gente que tiene VIH-SIDA tiene derecho a ser querida y atendida por su familia

People who have HIV/AIDS have the right to be loved and cared for by his/her family

La gente que tiene VIH-SIDA tiene los mismos derechos que otros que no lo tienen

People who have HIV/AIDS have the same rights as those that do not have it

La gente que vive con VIH-SIDA tiene derecho a trabajar

People living with HIV/AIDS are entitled to work

La gente que vive con VIH-SIDA tiene derecho a casarse

People living with HIV/AIDS have the right to marry

La gente que tiene VIH-SIDA tiene derecho a tener hijos

People living with HIV and AIDS have the right to have children

Los hijos de la gente que vive con VIH-SIDA tienen derecho a ir a la escuela

The children of people living with HIV/AIDS are entitled to attend school

La gente que vive con VIH-SIDA tiene derecho a relaciones sexuales

People living with HIV/AIDS have the right to have sex

La gente que regresa a su comunidad tras el VIH-SIDA

People who return to their community bring HIV/AIDS

La gente que vive con VIH-SIDA tiene derecho a recibir tratamiento médico gratis

People living with HIV/AIDS are entitled to free medical treatment

CONTROL DE LA SALUD PROPRIA

HEALTH SELF EFFICACY

Si usted se contagia de VIH-SIDA es cosa del destino

If you get infected with HIV/AIDS it is fate

Si usted se contagia de VIH-SIDA es culpa de otras personas

If you get infected with HIV/AIDS it is the fault of others

Se necesita mucha información para no contagarse de VIH-SIDA

A lot of information is needed to avoid getting infected with HIV/AIDS

Se necesita adoptar medidas adecuadas, puede evitar contraer el virus del VIH-SIDA

If you adopt appropriate measures, you can avoid getting the HIV/AIDS virus

Se necesita mucho dinero para no contagarse de VIH-SIDA

Much money is needed to avoid getting HIV/AIDS

Se puede utilizar VIH-SIDA con otra persona si es de uso seguro

It takes a lot of money to avoid getting infected with HIV/AIDS

Evitar el VIH-SIDA depende de que su pareja acepte usar el condón

It takes a lot of education to avoid getting infected with HIV/AIDS

Se necesita mucha educación para no contagarse de VIH-SIDA

It takes a lot of education to avoid getting infected with HIV/AIDS

Que usted se contagió de VIH-SIDA depende de sus propias acciones

In order for you to get infected with HIV/AIDS, it depends on your own actions

PERCEPCION DE RIESGO

RISK PERCEPTIONS

¿Pienso que usted está en riesgo de tener una enfermedad por contagio sexual?

Do you think you are at risk of having a sexually transmitted disease?

¿Pienso que usted ya tenga una enfermedad por contagio sexual?

Do you think you already have a sexually transmitted disease?

¿Pienso que su pareja está en riesgo de contagiarse con una enfermedad de transmisión sexual?

Do you think your partner is at risk of contracting a sexually transmitted disease?

¿Pienso que su pareja ya tenga una enfermedad de contagio sexual?

Do you think your partner already has a sexually transmitted disease?

¿Pienso que usted pueda contagiarse de VIH-SIDA?

Do you think that you can become infected with HIV/AIDS?

¿Pienso que usted ya tenga el VIH-SIDA?

Do you think that you already have HIV/AIDS?

¿Pienso que su pareja sexual pueda contagiarse de VIH-SIDA?

Do you think that your partner can become infected with HIV/AIDS?

¿Pienso que su pareja ya tenga el VIH-SIDA?

Do you think that your partner already has HIV/AIDS?

¿Pienso que la relación sexual con una pareja que tiene VIH- SIDA puede resultar en un embarazo?

Do you think that sexual intercourse with a partner who has HIV/AIDS can result in pregnancy?

ACTITUDES HACIA EL CONDÓN

ATTITUDES TOWARDS CONDOM USE

La gente que llama condones está dispuesta a tener relaciones sexuales con cualquier otra persona

People who carry condoms are willing to have sex with anyone

La gente que usa condones se acerca con cualquiera

People who use condoms speak with anyone

Si su pareja le propone usar un condón, lo aceptaría

If your partner suggests using a condom, I would accept

La gente que usa condones merece respeto

People who use condoms deserve respect

Si su pareja le propone usar condón, se sentiría seguro

If your partner suggests using a condom, you feel safe

La gente que llama condones solo busca relaciones sexuales

People who carry condoms are just looking for sex

§ Resultados de ANOVA, Prueba X² de Pearson y Prueba de Razón de Verosimilitud: significancias (p<0.05) en negritas.

§ Significant ANOVA, Pearson Chi-Square Test, and Likelihood Ratio Test: p- values (p<0.05) in bold.

- resultado no es válido

- result not valid

- resultado no es válido

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