

Farm Workers and HIV/AIDS

Research Report

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Seasonal farm workers are at high risk of HIV infection

International evidence shows that the poor make up the majority of people living with HIV/AIDS. To alleviate the poverty that people find themselves in, they move to urban areas within their countries or at times cross borders to other countries in search of jobs. These people leave behind their social networks and families, go to areas where they may not even understand the language spoken and may find it hard to access services, whether health or social services.¹

Farm workers are a highly mobile population who move in and out of areas of employment in search of jobs. In most cases, the farm workers are employed for short periods, depending on the demand for their manpower, and when the employment is terminated, they either move back to their place of origin or move on to other regions in search of jobs. Because of the temporary nature of their jobs, most of these seasonal/temporary farm workers come to the area of employment alone, leaving their partners in their places/regions of origin. This may create mental and separation anxiety and the need to be accepted in their adoptive new homes may lead them to forge new sexual relationships. They then find new partners in the areas where they work and this puts them at risk of contracting HIV.

A study conducted by the International Organisation for Migration (IOM) along the Mozambique-South African border showed that most of the migrants were males with insecure legal status, something that made it difficult for them to access health care services.² This study also showed that there was high sexual risk behavior amongst both male and female farm workers, with high rates of concurrent sexual partnerships. According to the Human Sciences Research Council (HSRC), concurrent sexual partnerships increase the risk of contracting HIV as they create multiple pathways for the transmission of HIV.³ The IOM study also showed that young women provided sexual favours to older men with well-paying jobs in exchange for money, food and material possessions. Intergenerational sex, especially amongst younger females having sex with older men, has been shown to be a risk factor in the spread of HIV.⁴

In light of the risk factors faced by farm workers, especially the temporary or seasonal ones, the Eastern Cape AIDS council decided to conduct a mini research study on how much farm workers understand about HIV/AIDS issues, their access to health and social services as well as their behavior patterns. The Tsitsikama area, a place in the Cacadu District, was chosen as the study area. Cacadu District in the Eastern Cape is made up of large areas of dairy and citrus farms that employ temporary or seasonal farm workers. This results in high mobility of people in and out of this area. This not only puts the farm workers at risk of contracting HIV but also the permanent residents who get involved with these farm workers as well as their partners back home.

OBJECTIVE

To determine the knowledge levels, practices and access to health and social services by farm workers in the Tsitsikama farming area in the Cacadu District.

METHODOLOGY

A cross-sectional study was conducted in 12 farms in the Tsitsikama farming area in the Cacadu District. A sample of 150 farm workers was interviewed by trained data collectors using a structured questionnaire. The consent form and questionnaire were translated into Afrikaans and IsiXhosa. Ethical approval was secured from the University of Fort Hare and community entry was asked for

¹ NCFH (2011). HIV/AIDS Farm worker factsheet. National Center for Farmworkers' Health, Inc.

² IOM (2004). HIV/AIDS vulnerability among migrant farm workers on the South African – Mozambican border. Accessed on 31 January, 2012 on [<http://www/iom.org.za/reports/JICAFarmworkersreport.pdf>].

³ Shisana, O., Rehle, T., Simbayi, L.C., et al (2009). *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press.

⁴ Katz, I. & Low-Beer, D. (2008). Why has HIV stabilised in South Africa, yet not declined further? Age and sexual behaviour patterns among youth. *Sexually Transmitted Diseases*, 35: 837 – 842.

This study set out to determine the knowledge, practices and access to health and social services by farm workers in the Tsitsikama farming area

from Agri-Eastern Cape, the Farmers' Union. The purpose of the study was explained to the participants and informed consent asked for. The farms were not chosen for any other reason other than that the owners are members of Agri-Eastern Cape. The data was analysed using the PSPP statistics program and the names of the participants and the farms from which they come were not used in the analysis.

RESULTS

A sample of 147 participants was interviewed from 12 farms in the Tsitsikama farming area. The participants' age ranged from 18 years to 64 years old, 98 (66.7%) were males and 49 (33.3%) were females and more than half of the participants 81 (55.1%) had secondary school education. Less than half of the participants 66 (44.9%) were married while 41 (27.9%) were cohabiting and 36 (24.5%) were single.

Knowledge about HIV and AIDS

When the participants were asked whether they thought that HIV is different from AIDS, an equal number of participants, 62 (42.2%), said yes and no, respectively (Fig. 1).

42.2% of the respondents said there is a difference between HIV and AIDS

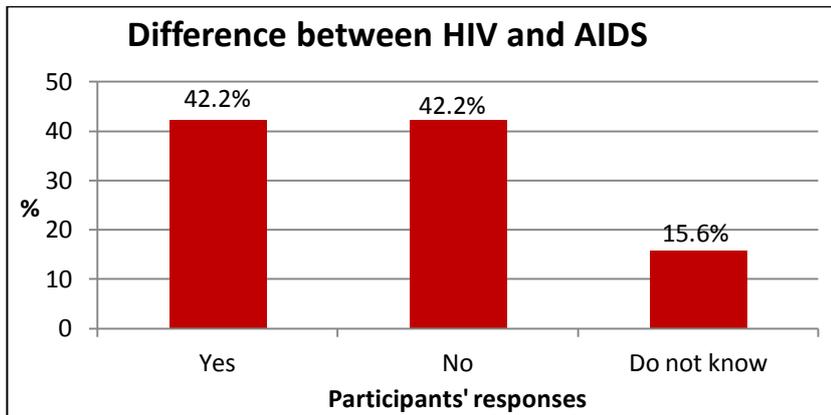


Figure 1: Participants' response about difference between HIV and AIDS

When all the participants were asked to explain, according to their understanding, what HIV is, only 41 (27.9%) said that it was a virus while 72 (48.9%) said that they did not know (Fig. 2).

Almost 50% of the respondents does not know that HIV is a virus and more than 50% does not know what AIDS is

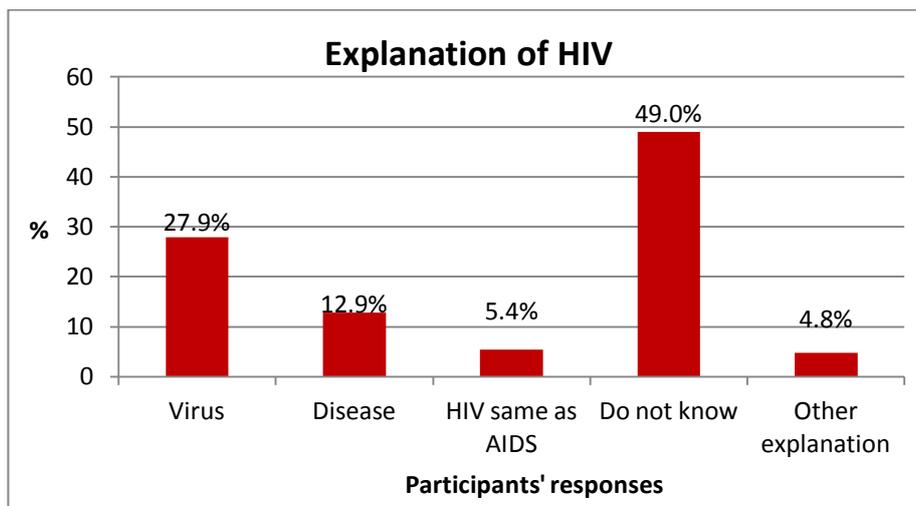


Figure 2: The participants' explanation of HIV

Regarding the explanation of what AIDS is according to the participants' understanding, 52 (35.4%) of the participants said that it is a disease while more than half 78 (53.1%) did not know (Fig. 3).

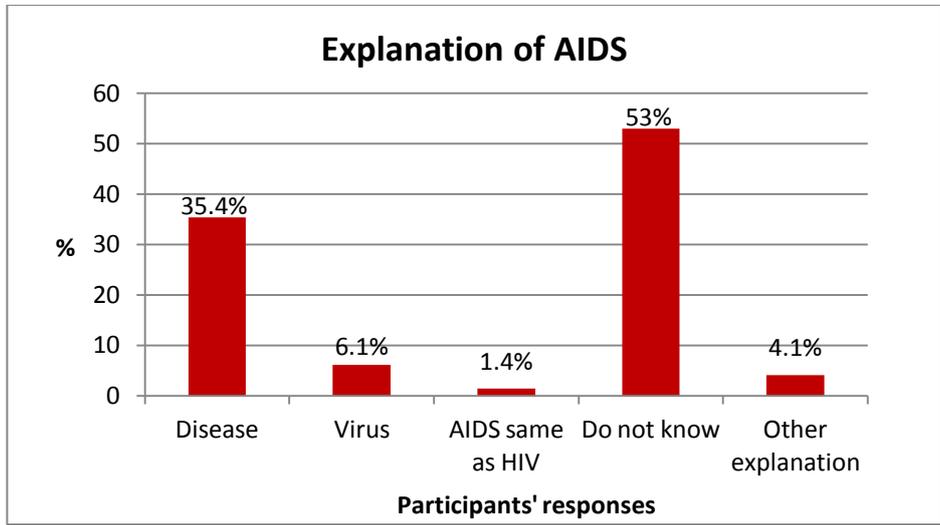


Figure 3: Participants' response on ways in which HIV can be transmitted

When the 62 participants who thought that HIV is different from AIDS were asked to explain what they thought HIV is, 40.3% explained that it is a virus, 14.5% thought that it was a disease while 35.5% did not know and 3.2% thought that it was the same thing (Table 1).

Table 1: Participants' explanation of HIV

IS THERE A DIFFERENCE BETWEEN HIV AND AIDS	WHAT IS HIV?					TOTAL n (%)
	Virus n (%)	Disease n (%)	HIV same as AIDS n (%)	Do not know n (%)	Other explanation n (%)	
Yes	25 (40.3)	9 (14.5)	2 (3.2)	22 (35.5)	4 (6.5)	62 (42.2)
No	14 (22.6)	8 (12.9)	6 (9.7)	31 (50)	3 (4.8)	62 (42.2)
Do not know	2 (8.7)	2 (8.7)	0 (0.0)	19 (82.6)	0 (0.0)	23 (15.6)
TOTAL	41 (27.9)	19 (12.9)	8 (5.4)	72 (49.0)	7 (4.8)	147 (100)

*The column totals are from the participants' response on the difference between HIV and AIDS while the row totals are from the participants' explanation of what HIV is.

When the participants who thought that HIV is different from AIDS were asked to explain what they thought AIDS was, 30 (48.4%) said that it was a disease while 40.3% said that they did not know (Table 2).

Table 2: Participants' explanation of AIDS

IS THERE A DIFFERENCE BETWEEN HIV AND AIDS	WHAT IS AIDS?					TOTAL
	Disease n (%)	Virus n (%)	AIDS same as HIV n (%)	Do not know n (%)	Other explanation n (%)	
Yes	30 (48.4)	3 (4.8)	1 (1.6)	25 (40.3)	3 (4.8)	62 (42.2)
No	18 (29.0)	6 (9.7)	1 (1.6)	35 (56.5)	2 (3.2)	62 (42.2)
Do not know	4 (17.4)	0 (0.0)	0 (0.0)	18 (78.3)	1 (4.3)	23 (42.2)
TOTAL	52 (35.4)	9 (6.1)	2 (1.4)	78 (53.0)	6 (4.1)	147 (100)

*The column totals are from the participants' response on the difference between HIV and AIDS while the row totals are from the participants' explanation of what HIV is.

When the participants were asked whether they knew how HIV can be transmitted, 122 (82.9%) said yes, 23 (15.7%) said no while 2 (1.4%) said they did not know. When asked to mention all the ways they know of in which HIV can be transmitted, 121 (82.3%) participants, including those who previously said that they did not know how HIV can be transmitted, mentioned having sex without a condom as a risk factor, 68 (46.3%) mentioned contacting or handling blood without wearing gloves, while 1 mentioned sharing a toothbrush (1.4%). A high percentage of the participants (60.5%) thought that HIV can be transmitted through an insect bite (Fig. 3).

83% of respondents say they know how HIV is transmitted

83% of the participants said having sex without a condom was a risk factor

46% said handling blood without wearing gloves

60.5% thought that HIV can be transmitted through an insect bite

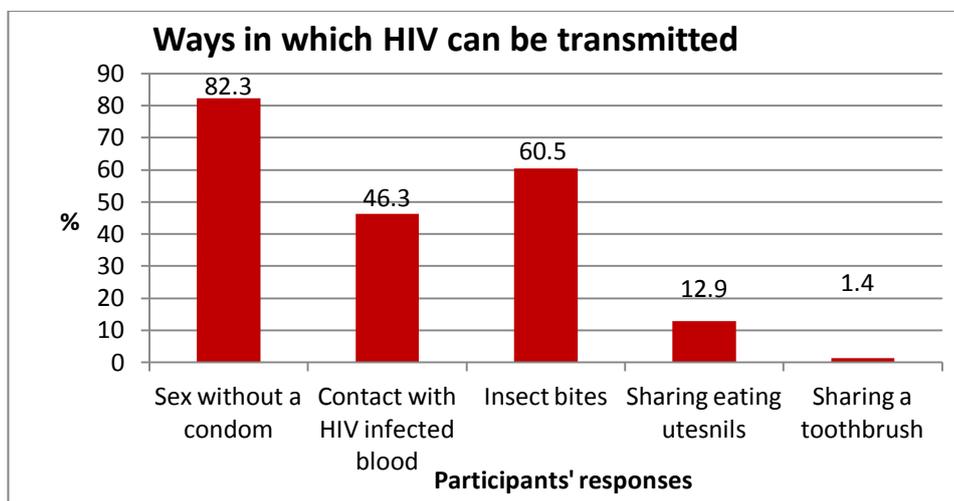


Figure 4: Participants' response on ways in which HIV can be transmitted

The participants were then asked whether they thought that sleeping with a virgin can cure AIDS? The majority of the participants (80.9%) said no, 12 (8.2%) said yes while 16 (10.9%) did not know. When asked whether they thought that being circumcised prevents being infected with HIV, 100 (68.0%) said no, 38 (25.9%) said yes while 9 (6.1%) said they did not know.

HIV testing history

The participants were then asked whether they have ever tested for HIV and 101 (68.7%) said yes while 45 (30.6%) have never been tested (Table 3). Of those who ever tested for HIV, 61 (41.5%) tested less than a year ago with 81 (55.1%) tested in public health facilities compared to 20 (13.6%) tested in private health facilities.

Table 3: The number of participants who ever tested for HIV

	Ever tested for HIV	
	n	%
Yes	101	68.7
No	45	30.6
Response not given	1	0.7
TOTAL	147	100

Although the participants mentioned that there is a mobile clinic that visits the farms irregularly, most of the participants (83.7%) mentioned that the nearest health facility is more than 20 Km away from where they live and, according to 60.5% of the participants, it takes more than an hour to get there. When asked whether there were support groups in the communities in which the participants live, 117 (79.6%) of them said no while 7 (4.8%) did not know.

Behavioural patterns

The participants were asked about the number of sexual partners in the past 12 months and their answers ranged from none to seven partners, although the majority (82.3%) mentioned that they had one partner. When the participants' marital status was looked at in conjunction with the number of partners they had in the past 12 months, most married partners 62 (93.9%) had only one partner versus 36 (87.8%) cohabiting participants and 21 (58.3%) single participants. Most of the participants 134 (91.2%) had current partners (Table 4).

Table 4: Participants' response to whether they currently have sexual partners

	Do you currently have a sexual partner?	
	n	%
Yes	134	91.2
No	12	8.2
Response not given	1	0.7
TOTAL	147	100

Almost 70% of respondents had previously tested for HIV

Farm workers face challenges regarding access to health care

More information on HIV/AIDS needs to be provided to the farm workers.

When the participants were asked whether they use condoms with their current sexual partners, 96 (65.3%) of them said no compared to 43 (29.3%) who said yes. Of those who said they use a condom with their current sexual partner, 53.1% said that they sometimes use it while 48.9% said that they always use it with most of them saying that they get them from the public health facilities.

DISCUSSION AND RECOMMENDATIONS

The majority of the participants were married and it was encouraging to see that most of them had one sexual partner. Less than half of the participants could correctly explain what HIV and AIDS is with the majority mentioning sex without a condom and contact with HIV infected blood as ways in which HIV can be transmitted from one person to another. Most of the participants correctly mentioned that HIV cannot be transmitted by sharing eating utensils with somebody who is HIV positive but still thought that HIV can be transmitted through an insect bite. A high percentage of the participants thought that having sex with a virgin cannot cure AIDS and that being circumcised does not prevent being infected with HIV. Less than three quarters of the participants were ever tested for HIV with most tested in public health facilities. Health facilities are far from the areas in which the participants live and the fact that there is scarcity of public transport makes it difficult for them to reach the facilities.

There is a need for more information on HIV/AIDS to be provided to the farm workers. Although there is a mobile clinic that visits the farms, the long distance travelled by farm workers and scarcity of public transport makes it difficult for them to access health services. As there are no support groups for people living with HIV/AIDS in the area, situational analysis needs to be conducted to ascertain whether there is a need for such support.

ACKNOWLEDGEMENTS

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