“Away from their Wives”: Migration, Masculinity, and the Gendered Dynamics of HIV Risk in Mexico

Tyler M. Woods
*The Urban Institute*

Bridget K. Gorman
*Department of Sociology, Rice University*

Sergio Chávez
*Department of Sociology, Rice University*

Claire E. Altman
*Department of Health Sciences, University of Missouri*
ABSTRACT

This study analyzes the relationship between migration experience, masculinity, and the gendered dynamics of HIV risk in Mexico. We draw on mixed-method data from the 2014 Study of Health and Migration in Mexico (SHMM). This study randomly surveyed 480 adults living in a medium-sized town in the state of Guanajuato, Mexico (analytic sample, N=429); following, 49 in-depth interviews were conducted with survey respondents. Results from the survey data show that men are significantly more likely to participate in high-risk behavior than women. Qualitative interviews explore how masculinity influences Mexican men and women’s approach to the risk of HIV. Specifically, both draw on themes of fidelity, duty, and gendered sexual expectations in discussing their risk for HIV. Additionally, women place the burden of protection, or the responsibility of protecting against HIV, solely on their husbands. Prevention efforts must address cultural beliefs of masculinity and emphasize how women can protect themselves against HIV.
INTRODUCTION

Global migration patterns and the flow of migrant labor between Mexico and the United States are significant factors in the evolution of Mexico’s HIV/AIDS epidemic (Bronfman et al. 2002; Hirsch et al. 2002; Hirsch et al. 2009). AIDS cases cluster within Mexican states where high proportions of adults migrate to the United States, including Michoacan and Jalisco (Magis-Rodriguez et al. 2004). Ethnographic research has shown that migrants represent a possible bridge for the transmission of HIV/AIDS between origin and destination communities (Apostolopoulos et al. 2006). Indeed, based on qualitative research the risk of acquiring HIV for a married woman in rural areas of Mexico increases after her migrant husband returns from the United States (Sowell et al. 2008).

Gender and masculinity are key factors shaping the relationship between migration and HIV risk behaviors and perceptions; therefore, this study examines how migration and masculinity shape HIV risk perceptions and how Mexican men and women approach high-risk behaviors. We focus on the idealized Latin American gender norms of masculinity known as “machismo” and “marianismo.” Hardin (2002:3) defines machismo as “the stereotypical Latin American masculinity that is characterized by an overt, active heterosexuality [and] courage that blends into aggression,” while Gutmann (1996) asserts that machismo involves upholding the honor of one’s family, a duty to provide economically, and dominating women. While machismo governs the actions of men, marianismo governs the actions of women. Thus, both men and women enact gender norms that uphold masculinity and marianismo.

Masculinity structures issues ranging from condom negotiation to one’s number of sexual partners (Marín 2003; Salgado de Snyder 1996), and as such, it likely affects an individual’s perceived risk for HIV as well as his or her likelihood of acquiring and transmitting the disease.
This study explores how gender norms and cultural beliefs surrounding masculine ideals influence HIV risk within a migrant-sending community in Mexico. Men have traditionally dominated the Mexico-U.S. migrant stream (Durand and Massey 1992; Kanaiaupuni 2000), resulting in men facing risks inherent in the migrant process and women, as the wives of migrants, impacted by their husbands’ risky behaviors. Several scholars have focused on the experiences of the wives of migrant men, finding that while these women understand that their husbands’ behavior puts them at risk for HIV, gender norms limit their ability or willingness to protect themselves (Hirsch et al. 2002; Salgado de Snyder 1996; Sowell et al. 2008).

To explore the relationships between gender, masculinity, and HIV risk behaviors and perception, this paper draws on data from the 2014 Study of Health and Migration in Mexico (SHMM), a mixed-method study that randomly sampled men and women living in a medium-sized city in Guanajuato, Mexico that includes Mexican men and women – half with U.S. migration experience, and half without (i.e., non-migrants). We investigate whether participation in behaviors that elevate risk for HIV transmission (e.g., not using a condom during sexual intercourse), as well as overall perceptions of HIV risk, differ between Mexican men and women. In addition, we assess how masculinity shapes gendered relations between Mexican men and women in terms of how they approach HIV risk behaviors and perceptions. This paper provides unique insights through our mixed-methods approach, our focus on return migrants in Mexico, and our consideration of the gendered risk dynamics faced by both men and women.

BACKGROUND

Migration and HIV

1 However, it is important to note that more women than ever are currently migrating from the United States to Mexico (Marcelli and Cornelius 2001), so it has become necessary to also study how migration and the processes surrounding gender and masculinity influence HIV risk behaviors and perception among Mexican women.
Several studies have shown migration and mobility to be significant risk factors for HIV (Apostolopoulos et al. 2006; Goldenberg et al. 2012). Originating from small, rural communities in Mexico with relatively low prevalence rates of HIV, these individuals migrate to the United States, where they often engage in high-risk behaviors in areas with higher prevalence of HIV than their home communities. Upon return to Mexico, migrants have the potential to spread the disease to their home community.

While in the United States, Mexican migrants experience significant risk for HIV transmission, both on individual and structural levels (Magis-Rodriguez et al. 2004; Magis-Rodriguez et al. 2009; Organista et al. 2004). At the individual level, migrants have higher rates of participation in high-risk behaviors than non-migrants. Namely, migrant men tend to have more sexual partners (Apostolopoulos et al. 2006; Fernandez et al. 2004; Magis-Rodriguez et al. 2004; Magis-Rodriguez et al. 2009; Organista et al. 2004), greater alcohol and drug usage (Fernandez et al. 2004; Magis-Rodriguez et al. 2004; Magis-Rodriguez et al. 2009; Organista et al. 2004), and greater use of commercial sex workers (CSWs) than non-migrant men (Apostolopoulos et al. 2006; Organista et al. 2004; Parrado et al. 2004), putting them at increased risk for acquiring HIV. In terms of condom usage, however, the literature is inconsistent. While Apostolopoulos et al. (2006) found that male Mexican migrant workers have low rates of condom use, Magis-Rodriguez et al. (2004; 2009) and Fosados et al. (2006) find that migrants (both men and women) tend to use a condom in a greater proportion of sexual encounters than non-migrants.

A number of background factors also contribute to migrant men’s risk for HIV, including low levels of education, limited English proficiency, and legal status (Apostolopoulos et al. 2006; Organista et al. 2004). Misconceptions also exist surrounding what constitutes risky
behavior, as Pulerwitz et al. (2001) found that eighty percent of Mexican men in their sample perceived that they had no HIV risk, despite at least fifteen percent engaging in extra-relational sex and only nine percent using a condom in the last instance of sexual intercourse.

While less studied, structural level risk factors are also relevant. First, physical, social, and cultural isolation may lead to increased HIV risk (Apostolopoulos et al. 2006; Goldenberg et al. 2012). Sowell et al. (2008) note that language, cultural barriers, and fear surrounding their undocumented status leads migrant men to mostly stay within poor and immigrant communities. Goldenberg et al. (2011:55) also find that migration may disrupt social networks, and “social isolation may also pose barriers to the development of support networks to mitigate risk among mobile populations.” Without social support or cultural familiarity, migrants become lonely and are more likely to engage in risky behaviors, including alcohol and drug use and transactional and casual sex (Goldenberg et al. 2011).

Second, migrants often work under and live in hazardous conditions (Apostolopoulos et al. 2006; Holmes 2006; Parrado et al. 2010). As Organista et al. (2004:229) note, migrant labor is often “difficult, dangerous, inconsistent, low paying, exploitative, [and] lonely.” Parrado et al. (2010) note that risk is systematically concentrated within disadvantaged neighborhoods, especially those with high numbers of recently-arrived Latino immigrants, many of whom are men unaccompanied by their wives. As described by Apostolopoulos et al. (2006), poor work and living conditions jeopardize the physical and mental health of migrants, which can make them more susceptible to isolation, stress, and depression, which in turn can lead to alcohol and drug abuse as well as risky sexual behaviors that place them at an increased risk for HIV.

Third, migrant men have limited access to health and social services (Apostolopoulos et al. 2006; Bronfman et al. 2002; Haour-Knipe et al. 2014; Organista et al. 2004). Solorio et al.
(2004) write that undocumented immigrants in particular face some of the greatest challenges in accessing healthcare, due in part to the fear of deportation risks. Health and support services are often simply unavailable, and may be inaccessible even when they are available due to language barriers, lack of insurance, and the stigma associated with HIV and other sexually transmitted infections (STIs) (Haour-Knipe et al. 2014; Solorio et al. 2004). More generally, regardless of migrant or legal status, men tend to access healthcare less frequently than women (Wang et al. 2013). However, both migration and legal status further exacerbate gender differences in health-seeking behavior.

Given the multitude and complexity of risk factors, we draw on the Vulnerable Populations Conceptual Model (VPCM) (Flaskerud and Winslow 1998) in order to understand the myriad factors that make Mexican men and women vulnerable to contracting HIV. The Vulnerable Populations Conceptual Model details three main aspects of vulnerability: resource availability, health status, and relative risk and has been applied to research on HIV and migration [see Albarrán and Nyamathi (2011) for a review]. In terms of its relevance to migration and HIV, they demonstrate how both relative risk and availability of resources can affect the health status of migrants. Indeed, the relationships between these factors are essential to understanding its relevance to the current study. First, lacking resources such as access to quality health care increases migrant’s relative risk of having poor health. This can occur through increased exposure to risk factors, including lifestyle and behavior choices (e.g., multiple sexual partners and having sex without a condom). This increased relative risk compromises health status and leads to increased morbidity and mortality among migrants.

Using a VPCM framework, we argue that the lack of resources and increased exposure to risk behaviors can compromise the health status of both migrant men and their wives in Mexico.
Low levels of education, extreme poverty, and cultural expectations of men as economic providers force Mexican men to migrate and engage in risky behaviors, thereby worsening their health status. Upon returning to Mexico, these men also increase the relative risk of HIV for the women in their home community, often as a result of cultural constraints on women’s power and sexual health.

*Gender and HIV*

In this section, we describe three ways in which gender ideals influence multiple realms of HIV risk: gender differences in risk perception, masculine ideals, and women’s agency.

*Gender differences in risk perceptions*

Gender and masculinity have been shown to be key factors shaping HIV risk in countries around the world (Kaler 2003; MacPhail and Campbell 2001). Gustafson (1998:810) finds that “women and men may perceive the same risks differently, they may perceive different risks, and they may attach different meanings to what appear to be ‘the same’ risks.” Overall, there is a general tendency for women to express greater concern about risks than men, and Gustafson (1998) posits that gender differences in risk perception can be attributed to gender structures – specifically, the ways in which structural power relations influence both gendered ideology and gendered practice. In the Latin American context, restrictive gender norms and cultural ideologies that subjugate women tend to “grant sexual rights, knowledge, and decision-making to males, (e.g., machismo) and require ‘decent’ women to be passive and sexually submissive” (Ragsdale et al. 2007:31).

*Masculine ideals*

Masculinity leads men to seek multiple sexual partners to prove their manhood (Marín et al. 1993; Marín 2003). It can also lead men to have less emotional intimacy in relationships with
partners, be more adversarial, and use condoms less frequently (Pleck et al. 1993). Hirsch and colleagues (2009) study the relationship between masculinity and extramarital sex among Mexican migrants in the United States, noting that engaging in sex outside of marriage is often done as a way to build relationships with other men in the context of a socially isolated environment. The authors find that sex with a sex worker, drug usage, and going out dancing on the weekends predicted a greater number of sexual partners, while age, education, and believing that sex and emotional intimacy are connected predicted fewer numbers of sexual partners. Additionally, Hirsch et al. (2002) describe a generational shift in ideals about marriage, whereby older generations of Mexican women saw marriage as a way to fulfill both basic needs and gendered obligations, while younger women are striving for a more compassionate marriage. However, while some men in young couples also hold these same ideals of intimacy in marriage, machismo stereotypes continue to dictate that men be sexually experienced, polygamous, and unfaithful, as described by Cianelli et al. (2008). Thus, by encouraging men to seek out more sexual partners outside of their marriage, masculine ideals contribute to HIV risk.

Women’s agency

Several authors describe how the women’s gender ideal of marianismo dictates that women be submissive and produces a double-standard, whereby “good” women are chaste, motherly, and dedicated to care-taking, while “bad” women are sexually available and initiate condom usage (Cianelli et al. 2008; Faulkner 2003, Pesce 1994). Masculinity restrains the agency of women in demanding that their partners use condoms during sexual intercourse (Hirsch et al. 2002; Salgado de Snyder et al. 2000; Sowell et al. 2008). Salgado de Snyder et al. (1996) find that the wives of migrant men did not use condoms when their husbands returned to Mexico, because while they were aware of the subsequent risk for HIV, their agency was
constrained by the traditional gender roles associated with machismo. Similarly, Sowell et al. (2008) find that even when they are aware of their HIV-positive status, migrant men frequently will not tell their girlfriends or sex workers and will refuse to wear a condom because they see it as a decrease in masculinity, stemming from broader gender norms enacted by both men and women in Mexico. Women feel powerless and accept the dominance of their husbands over matters of sexual health. Hirsch et al. (2002) also find that Mexican women understand that the risky sexual behavior of their husbands puts them at greater risk for HIV, but the women’s views of marriage, refusal to acknowledge infidelity, and changing views on the meaning of marital sex limit condom usage. Older women sought to maintain a pretense of ignorance regarding their husbands’ actions, while younger women maintained an idealistic vision of their husbands’ faithfulness. Both of these courses of action reinforce masculine gender norms on sex and condoms. Similarly, Salgado de Snyder et al. (2000) compare the experiences of immigrant women in the United States, women left behind by their husbands in Mexico, and women currently living with their husbands in Mexico. In all three groups, men were more likely to make the final decision about sexual activity. In terms of condom usage, men wore condoms very infrequently, with immigrant women being the most likely to ask their husband to use one and women left behind being the least likely.

Espinoza et al. (2014) detail indigenous Mexican women’s lack of power over their own sexual health, noting that men hold the ultimate authority regarding contraceptive use. The authors highlight how this gap in decision-making power is exacerbated by machismo and traditional Mexican gender roles, which lead women to blindly believe in their husband’s fidelity, or otherwise to accept a breach of fidelity as an acceptable part of his masculinity. Women are also economically dependent upon their husbands, further restraining their agency
surrounding contraception and sexual health. Furthermore, Sowell et al. (2008) note that machismo results in the dominance of husbands over their wives and girlfriends, both in Mexico and the United States. Thus, gender norms and the masculine ideology of machismo increase the likelihood of migrant men spreading HIV upon return to Mexico. Finally, Organista et al. (1996) found that Mexican migrant laborers view women who carry condoms on their person as being promiscuous, likely due to the difference in power between Latino men and women due to the construct of machismo.

*Migration and Gender*

Masculinity shapes and organizes the migration process, with machismo specifically structuring how men think and behave as they move across borders. Scholars have found that migrant men negotiate masculine identities throughout their migration experience (Broughton 2008). Vasquez de Aguila (2013) discusses how migrant men acquire “masculine capital,” which are the skills and cultural competency that men need to be seen as legitimate men: the *Winner*, who represents Connell’s (1987) notion of hegemonic masculinity; the *Failed*, who lacks manhood and encompasses undesired characteristics, including being feminine, weak, gay, etc.; and the *Good Enough* man, who does not fully achieve the ideal hegemonic masculinity, but nonetheless works hard and attempts to provide for his family. Studies have shown that whenever migrant men have their masculine identities challenged upon arriving in a new environment, they often work harder to perform their masculinity and live as “real men” (Donaldson and Howson 2009).

One way that migrants perform their masculinity is through their sexuality, which is shaped by the transnational process of migration and the environments of their host communities. González-López (2005) frames the migration process as an “erotic journey,” during which
migrants’ sexualities are transformed by their experiences in the United States, ultimately influencing the sexuality of individuals in the migrants’ origin communities. Parrado and Flippen (2010) posit that the sexuality of migrants is embedded within the context and norms of the surrounding environment, finding that migrant men were more likely to have undergone sexual initiation at a younger age, more likely to engage in sexual relations with commercial sex workers, and less likely to have a stable, committed relationship compared to non-migrants in Mexico (Parrado and Flippen 2010). In the present study, we seek to understand these intersecting domains of migration, gender, and HIV in the context of one migrant-sending community in Mexico.

DATA AND METHODS

This mixed-method study utilizes a novel data source—the 2014 Study of Health and Migration in Mexico (SHMM). In the summer of 2014, the project randomly surveyed 480 adults (ages 18 or older), stratified by U.S. migration experience (non-migrants and return migrants), living in a medium-sized town in the state of Guanajuato, Mexico. The sample was designed to capture an equal number of men and women as well as return and non-migrants (i.e., non-migrant men, return migrant men; non-migrant women; and return migrant women). Following, 49 in-depth interviews were conducted with survey respondents.

As described in Altman et al. (forthcoming), the survey consisted of three components administered to all 480 sampled respondents. First, the sociodemographic questionnaire included questions on migration histories, self-reported health conditions, sexual history, drug usage, and socio-economic status. The final component was a non-invasive physical assessment administered by a Mexican-trained health professional. Following, in-depth interviews were conducted with 49 of the survey respondents, again aiming for an equal distribution across
gender and migrant status (approximately twelve interviews in each category). The interviews focused on topics similar to those in the survey and included a section with open-ended questions on perceived risk for HIV. All survey components and the in-depth interviews were conducted in the respondents’ home, in privacy, and in Spanish.

The survey data draws on respondents with complete information on all included covariates (N=429, or 89.4% of the sample). The analytic sample for the qualitative data draws on all respondents (N=49).

Quantitative Measures

Dependent variable

The measure of perceived risk for HIV, was constructed from a question asking respondents to rate their chances for acquiring HIV as none, low, medium, or high. The measure was dichotomized to contrast no perceived risk (=0) versus having any level of perceived risk (=1). Migration Status is a dichotomous measure where 1 = ever migrated to the United States for three months or more, and 0 = never migrated for three months or more.

Independent variables

Four measures of high risk behavior are examined. Number of lifetime sexual partners is measured categorically: one sexual partner, two sexual partners, or three or more sexual partners. For condom usage, respondents were asked whether they had engaged in sexual intercourse without a condom in the past twelve months (yes = 1, no = 0). For drug usage, respondents were asked whether they had engaged in illicit drug use in the past twelve months (yes = 1, no = 0). Last, HIV testing was constructed from a question asking respondents whether they had ever
received an HIV test in their lifetime\textsuperscript{2}, and was recoded with the high-risk behavior of never having received an HIV test being given a value of 1.

*Controls*

The *sociodemographic characteristics* include continuous age of the respondent, education (less than primary, primary, secondary, preparatory or technical, and university or higher), marital status (married or living together =1), and the socioeconomic status of the respondent self-rated on a scale ranging from 1 to 9, with 9 representing a higher income.

*Qualitative Measures*

The SHMM study also collected information about the respondent’s age, health, and migration history through in-depth interviews. Specifically, we asked the respondent to compare the risk for acquiring HIV of both migrants and non-migrants (“Between migrants and non-migrants, which do you think is more at risk for HIV and why?”); the differences in HIV risk between the United States and Mexico (“How do you think that the risk for HIV is different in Mexico than the United States?”); and finally to consider their own risk for acquiring HIV (“Do you think that your current behaviors (as a man or a woman) put you at risk for HIV? Why or why not?”).

*Analysis Plan*

This analysis consists of three main components. First, we present descriptive statistics for the overall sample and by gender for all measures (Table 1). Results from significance tests of difference between men and women are indicated on this table. Then, we draw on qualitative data to better understand the quantitative results and to explore themes of masculinity and sexuality as they relate to migration and HIV risk.

\textsuperscript{2} This excludes any testing that resulted from a blood draw or saliva sample.
All of the interviews were recorded using a digital voice recorder, transcribed verbatim, and finally translated into English by trained Mexican undergraduate students with previous experience in transcribing and translating. The transcripts were then edited in the U.S. and read by the research team. Once the interviews were transcribed, translated, and verified for accuracy, we entered all of the 49 transcripts into ATLAS ti to systematically code and analyze the data. We read through each transcript, focusing particularly on the questions of how respondents rated their own risk for HIV and the risk of male migrants and non-migrants. The coding in ATLAS ti consisted of a two-step process. First, members of the research team read through the transcripts and created preliminary descriptive codes such as “HIV Risk Assessed” as narrative explanations of respondents perceived risk, as well as codes such as “HIV Prevention” to understand protective behaviors that migrants employ. Second, we went through the transcripts a second time adding codes for issues of masculinity. In the end, we reviewed the code output and grouped responses into the following categories: “Risk of Migrant vs. Non-Migrant,” “Fidelity,” “Duty,” “Gendered Sexual Expectations,” and “Burden of Protection.”

RESULTS

Sample Characteristics

Table 1 presents descriptive statistics for all survey measures examined, for the overall sample and stratified by gender. The sample is split almost evenly between migrant (52.5%) and women (47.5%). By the design of the sample, men and women have similar rates of migration as 51.1% of men have migrated vs. 46.1% of women. The majority of both men (75.6%) and women (80.4%) do not view themselves as being at risk for acquiring HIV, an issue that will be further explored in the qualitative results.
In terms of the health behavior risk variables, most of the sample has had only one lifetime sexual partner (63.5%), with lower percentages reporting two (17.3%) or three or more (18.4%). The figures differ significantly between men and women. Significantly more women (72.1%) than men (57.3%) have only had one sexual partner (p<0.01), while significantly more men (22.4%) than women (10.8%) have had three or more sexual partners (p<0.001). There are also significant differences in condom usage by gender. In the overall sample, 55.7% of respondents have had sex without a condom in the past 12 months. Men were significantly more likely (p<0.05) to have had sex without a condom in the past twelve months (60.9%) than women (50.0%). When considering drug usage, only 6.5% of the sample has engaged in illicit drug usage in the past twelve months, but significantly more men (10.7%) than women (2.0%) participated in this drug use (p<0.001). Finally, 71.3% of the sample has never been tested for HIV. Once again, significant differences exist by gender, with men being more likely to participate in the risky behavior: 80% of men have never been tested for HIV, compared to the 61.8% of women who have never been tested (p<0.001).

In terms of demographic and socioeconomic control measures, the mean age of the sample is 43.5, and this is almost the same for both men and women. Overall, the sample has low levels of educational achievement, as 11.2% have less than primary, 37.1% have primary, 29.9% have secondary, only 7.6% have university of higher education, and no significant differences by gender. The majority (76.5%) of the sample is married, with significantly higher marriage rates among men (80.9%) than women (71.6%). Using a self-assessed measure of relative socioeconomic status as, the mean value for the overall sample is 3.2 and does not differ significantly between men and women.
We also examine qualitative data from 49 in-depth interviews to explore issues of masculinity, gender, and high-risk sexual behavior. In order to set the context for discussing HIV risk dynamics between husbands and wives in Mexico, we first discuss how return migrants understand the health and HIV risks of migration. Next, we turn to analysis of masculinity and risk, where four key themes emerged among both men and women: fidelity, duty, gendered sexual expectations, and burden of protection.

Perceived HIV Risks of Migrants vs. Non-Migrants

An analysis of the question “Between migrants and non-migrants, which do you think is more at risk for HIV and why?” yielded two distinct views. On the one hand, many respondents point to migrants as being more at risk, for reasons including greater prevalence of HIV in the US than in Mexico, a greater availability of sexual partners, and involvement with commercial sex workers (CSWs). As one 34 year-old migrant man who lived in Kansas City, MO describes, “There is less HIV here than there, and that’s why it’s more likely that the migrant will get it than the non-migrant.” Explaining this difference in risk, another 23 year-old migrant man who worked in Fort Worth, TX notes, “There is more prostitution there than here. There, you see women who do it for five dollars.” One 40 year-old return migrant man respondent describes a specific example of the risky sexual environment present in the United States:

“Sometimes there were women there [the workplace] and they were hired; they went to the trailers [where migrants lived] and they slept with everyone: there were eight or ten of us in the trailer and a woman would come by and everyone had sex with her.”

The presence of commercial sex workers, sometimes made available by their employers as a reward for their labor, was a key reason that respondents viewed migrants as being at greater risk for contracting HIV.
Additionally, respondents pointed to the social isolation and men being away from their wives as increasing the migrants’ risk for HIV. As one 58 year-old non-migrant says, “They have access to everything when they’re alone in the US. There are women and they are alone so they can go everywhere they want.” Many respondents attributed their views that migrants are at greater risk for acquiring HIV to the fact that the migrant is “in contact with more people when he goes to the United States” (51 year-old non-migrant man) and that “he goes to places where he could contract it [places with sex workers]” (77 year-old non-migrant man). Others pointed to the increased level of freedom that migrant men have:

The migrant [is more at risk]. Why? Because they’re alone, and I think life is very different there. I think they have more freedom, they have a lot of freedom there, and being from here, we’re not the kind of people to…We’re not the kind of people who say: ‘I’m going to use protection because I don’t know that person.’ You know? ‘I’m going to use protection.’ I don’t think we do that.” (44 year-old non-migrant woman)

In addition to social isolation and increased freedom, this respondent notes that these men are unlikely to use protection in sexual encounters, stemming from social norms regarding condom usage in her home community.

On the other hand, some also felt that both migrants and non-migrants are equally at risk. A 40 year-old migrant man noted few differences between Mexico and the US: “The same [expletive] thing that happens there [the United States] happens here [Mexico]: there are some women who look really young and they already have a disease you don’t know…” This respondent identifies a clear risk of acquiring HIV in his home community in Mexico. Similarly, one 26 year-old non-migrant woman highlights that HIV is now present in their community, stating “there’s no way to know now, people say there’s now HIV here too. I mean, they said it
was very common in the U.S., that’s what people said around here, but it’s here now too, so it’s the same.” Stressing the need to exercise caution regardless of whether one is in the United States or Mexico, a 37 year-old migrant man states, “I think that—whether you’re a migrant or a non-migrant—it’s a virus, and if a person isn’t careful, anyone can have it. I mean, anyone can have it, and you know there are risks.” Explicitly comparing sexuality between the two locations, a 50 year-old non-migrant man says, “I think sexuality is the same here and there. We see that it’s the same everywhere: things here are just like things we hear from there.”

**Fidelity: From the Men’s Perspective**

In discussing HIV risk, male respondents draw on notions of fidelity in saying that they are not at risk for acquiring the disease. Many men stress that they are always faithful to their wives. One 31 year-old non-migrant says, “I only sleep with my partner,” while a 47 year-old non-migrant states, “Honestly, believe it or not, I’m faithful to my partner.” It is important to note that the above respondent does not think the interviewer will believe his fidelity, likely because of expectations placed upon men by machismo, that in order to be successfully masculine men must be unfaithful and have multiple sexual partners. Additionally, one respondent noted that migrant men in particular are drawn to have sex outside of marriage as a result of their social position in the United States: “There are many men living [in the United States] away from their wives, and it’s easy for them to get involved in…something like that, they could…get infected” (46 year-old migrant man). The social isolation and pressures that these men encounter in the United States can lead them to abandon their idealized notions of marriage and fidelity, more common among young Mexican couples (Hirsch et al. 2002). These pressures often stem from migrants going to the United States without their female relatives and
staying in male-dominated living conditions, where men who use commercial sex workers pressure other men to likewise engage in this risky behavior.

Fidelity: From the Women’s Perspective

Women consistently discussed their husbands’ fidelity and the guise of ignorance that they maintain concerning his actions. Some respondents acknowledged that while they hold idealistic hopes of what their husbands do, they do not and cannot know whether they are faithful. One 22 year-old non-migrant woman says, “I’ve always been here with my husband, unless he’s been doing stuff I don’t know about.” Another woman, a 27 year-old non-migrant, states, “Maybe I think: ‘He’s my husband and he’s the only partner I have,’ but he goes to work and I don’t know what he does when he’s working.” Even though she herself is faithful and seeks to uphold an illusion of fidelity, she understands that her partner may not be faithful in turn. This acceptance of men potentially being unfaithful is one way in which women uphold masculine ideology through the enactment of gender norms. By accepting this state of ignorance, and by extension accepting that men will be unfaithful, women play an active role in the perpetuation of traditional masculine ideology.

This knowledge of potential infidelity is passed on from woman to woman in the community, with one 48 year-old non-migrant noting, “I’ve heard that they go to dances and they are here and there. I’ve heard that there are women who knock on their doors, on the apartments where they live and they’re looking for people.” This quote demonstrates that rumors spread among women in migrant-sending communities, namely that there are women in the United States who solicit sex by going door to door. More broadly, women’s communication in the form of gossip has been shown to be an important part of other social and demographic processes (Watkins and Danzi 1995). In this case, women share important information regarding
men’s sexual behavior after they migrate, rupturing the pretense that their husbands remain faithful while in the United States.

Thus, while many women reinforce machismo by perpetuating visions of fidelity they know to be unrealistic, others subvert gender norms by actively challenge masculine ideals, acknowledging their partners’ potential infidelity and mitigating their potential risk. Indeed, once the wives who are left behind in Mexico understand that infidelity is a possibility, some confront their husbands about the issue. One 19 year-old migrant women describes her situation:

“Let’s say my partner…Well…He’s very shy, very quiet, and he doesn’t do crazy things—well, that’s what I think—I really don’t think so. But we’ve talked about it, and I’ve told him that if he’s going to do something, he should use protection because I’ve very young—he’s older than me—I tell him I’m very young and don’t want to have any diseases.”

This respondent understands her husband may cheat on her, and only asks that he uses protection in his extramarital affairs so as to protect her as well. Another woman hopes that if her husband does have sex with another woman, that he would be honest and tell her: “Like I said, he [her husband] is not a saint. I tell him that if ever does something he should tell me.” Contrary to the first set of quotes above, these women demonstrate a degree of agency in asking that their husbands use protection and disclose any extramarital sexual encounters.

Duty: From the Men’s Perspective

Connected to this notion of fidelity is the feeling of duty to one’s family. In the interviews, men describe a duty to protect their wives and keep them safe, in this case from HIV. At the most extreme, one respondent stated that he remained faithful in the United because he does not want to be a killer:
“I didn’t sleep with women. I told them: ‘No way.’ Look, I don’t like doing that, because I could get back here and infect my wife and all that, so no. I might end up being a killer because that might kill my wife or something like that, you know?” (40 year-old migrant man)

This respondent alludes to the fact that his risky sexual behavior affects not only his own health and his own life, but also the life of his wife in Mexico. As a result, he remained faithful out of a sense of duty to protect this wife. One 31 year-old migrant man said that he protects himself by “not sleeping with people,” noting that “[y]ou have to take care of yourself because you have a family, that’s mostly it.” Here, the respondent draws a connection between individual action and familial responsibility.

Another respondent discusses the connection between risky behavior in the present and future consequences for his family: “I have my wife, and I think about the consequences, not just about the moment” (47 year-old on migrant). The same respondent goes on to discuss an instance in which his wife was in the hospital, where he learned that “when you suffer from something, when you lack something, that’s when you appreciate it the most; that’s why you should be conscious and put yourself in other people’s shoes.” By adopting the perspective of someone who is suffering from something, in this case HIV, he is able to recognize the potential consequences of HIV and his need to protect his wife.

Duty: From the Women’s Perspective

In the same vein as the duty the men feel towards their family discussed above, several women also expressed an obligation to their children and their family. Just as the men, women evoked this sense of duty as a reason for not participating in high-risk behaviors. One 19 year-old migrant woman describes how she does not have any behaviors that put her at risk for
contracting HIV because of her daughter: “No. Trust me I don’t [participate in high-risk behaviors]. I have my daughter’s name tattooed here.” Another woman, a 26 year-old non-migrant, notes that she wants to be aware of her husband’s status “because [she] want[s] to live for [her] kids.”

Gendered Sexual Expectations: From the Men’s Perspective

Finally, in discussing HIV risk, we found that men draw on gendered sexual expectations, specifically those of how masculine men should behave sexually. Two quotes from the interviews illustrate this point effectively. First, in discussing how men navigate the sexual environment in the United States, especially with regards to commercial sex workers, one 23 year-old migrant man who migrated to Fort Worth, TX says:

“It’s like being a rooster: pecking here and pecking there. There’s a risk that you can contract HIV. My mom has told me: ‘Don’t do that boy, that’s wrong. When you catch something, when they give you some disease, you’re going to be complaining about it.’”

In an illustrative analogy, this return migrant man describes the masculine ideology that leads men to engage in risky sexual behaviors, obtain multiple sexual partners, and in the end increase their chances of acquiring HIV. Others such as the respondent’s mother attempt to stress the potential consequences of this behavior, but the pressure to enact machismo by acting “like a rooster” often outweighs these consequences. This respondent was aware of the risk of acquiring HIV, but understood that high-risk sexual behavior was normal for migrant men in the United States.

Second, men draw on masculine and gendered sexual expectations as justification for behaviors that they would otherwise find objectionable. One 31 year-old migrant man, a father of two children who migrated to Fort Worth, TX, states:
“I was very careful in the US. I didn’t sleep around, but every once in a while…[Laughs slightly] I’m a man, you know? But I was very careful; I was scared to do anything thinking that I was going to come back here….if I was sleeping around, I’d ruin my family’s life, my whole family’s!”

In addition to drawing on his gender to justify his risky sexual behavior, this respondent also draws on the themes of fidelity and duty discussed above. While he states that he would normally be faithful to his wife when he is in Mexico, especially out of a sense of duty to protect his family, he views sexual partners outside of marriage as acceptable in the United States, noting what he sees as a natural inclination of men to “sleep around.” He says this with the belief that claiming manhood somehow explains or pardons his actions. Thus, his concept of masculine behavior and the cultural pressures of masculinity played a role in him being unfaithful, in turn increasing his risk for acquiring HIV.

**Gendered Sexual Expectations: From the Women’s Perspective**

Bound by the strict gender roles imposed upon them by machismo, women in the sample often describe doing what they’re “supposed to do,” or rather what Mexican male culture tells them women should be doing. This translates specifically into gendered expectations of women’s sexual behavior. For the most part, this involves being faithful to their husbands and having only one partner. To some, this is tied to ideas of respect: “I only get involved with my partner, you know? I mean, I’m faithful because there has to be respect” (27 year-old non-migrant woman). This respondent values fidelity and sees it as a sign of respect, as an essential component in her relationship.

To others, the idea of doing what they are supposed to do relates more directly to their behaviors. For example, when asked whether she employed any protective behaviors, one 48
year-old non-migrant woman said that she didn’t have to because she is “well-behaved.” Another respondent, a 38 year-old migrant woman, noted, “I don’t do things I’m not supposed to do. That’s it.” Notably, as described in the section on male respondents, these women’s emphasis on being faithful and behaving well are often not reciprocated by their husbands.

Several other respondents went on to say explicitly that they are only sexually active with their husbands. One respondent states simply, “I’m only with my husband,” while another says “I only have sex with my husband; we don’t have sex with other people.” A 44 year-old non-migrant woman sees this as an explicit way to prevent HIV, stating “Well, being only with my partner, I don’t take the risk of looking for other partners who may or may not have that disease.” However, as discussed above, the actions and faithfulness of her partner are similarly important in protecting against HIV.

**Burden of Protection: From the Men’s Perspective**

Men in our sample also place what we call the “burden of protection” on themselves; that is, they view the primary responsibility of protecting against HIV and other STIs as being their own rather than their partners. This is in line with the sense of duty men feel to protect and provide for their wives, discussed above. To protect themselves and their partners, men consistently point to condoms. Even if they have multiple sexual partners, respondents see condom usage as mitigating their risk. One 27 year-old non-migrant says, “It’s not like I’ve got a million affairs or anything, but when I do it, I try to be careful with the person I do it with, always using protection.” Furthermore, several respondents admitted that they had not consciously thought about their risk for HIV, but still felt like condom usage was enough to protect themselves: “That’s something I hadn’t thought about, but I haven’t had a girlfriend in a while, but I use protection when I’m intimate with someone” (34 year-old non-migrant). Finally,
many respondents noted that they do not see themselves as being at risk because they limit their sexual contact to a committed and monogamous relationship, drawing on the theme of fidelity discussed above.

In line with machismo stereotypes, men believe that they are being strong and brave in viewing themselves as responsible for protection in risky sexual encounters. Respondents do not take into account the actions of their female partners, their partner’s potential infidelity or risky behavior, or protective behaviors that these women can employ (e.g., female condoms). Rather, as the man in the relationship, they take responsibility.

**Burden of Protection: From the Women’s Perspective**

Across the sample, women place the “burden of protection” on their husbands; that is, they place the primary responsibility of protecting against HIV on their spouses rather than themselves. For example, one 26 year-old non-migrant women says, “He uses protection. I mean, he’s the one who protects me.” This thought is echoed by a 21 year-old non-migrant, who, when asked what she does to avoid contracting HIV, answered, “He uses protection.” Several other respondents all answered similarly, saying something along the lines of “He protects me.” While having the man use a condom is certainly an important protective behavior, this answer minimizes the role that women can play in preventing HIV and maintaining their own sexual health. As shown throughout this section, women are aware that their husbands may be cheating on them or participating in risky sexual behavior, yet they are bound by cultural gender norms in deferring matters of sexual health and HIV prevention to their male partners. However, women are not passive actors, but rather actively reinforce machismo themselves. While men enact masculinity that is a reflection of traditional gender norms (i.e., seeking multiple sexual partners and being unfaithful), women behave in ways that likewise reflect traditional gender norms. By
not demanding that their husbands use condoms, by not demanding that they be faithful or disclose extramarital sexual encounters, women are actively contributing to the perpetuation of machismo as a dominant social construct in Mexico. This runs counter to the discourse surrounding marianismo, which sees women as submissive and as passive actors. This finding has important implications for HIV prevention efforts, discussed below.

Discussion and Conclusion

Overall, this paper examines the relationship between migration, masculinity, and the gendered dynamics of HIV risk and prevention in Mexico. First, the quantitative results suggest that men are significantly more likely to participate in high-risk behavior, including having more sexual partners, engaging in illicit drug use, not using a condom, and never having had an HIV test. Second, qualitative interviews suggest that the sample is divided on whether migration places one at an increased risk for HIV. On the one hand, many believe that migrants encounter riskier environments, participate in extramarital sex, and engage in sexual relations with commercial workers. On the other hand, many identify the increasing prevalence of HIV in rural Mexico and the similarly risky environments present in their own communities.

In discussing HIV risk, respondents drew on ideas of masculinity and machismo throughout their interviews, helping to contextualize their decision-making regarding risky behaviors and use of protection. Notably, four key themes emerged with regards to masculinity and risk: fidelity, duty, gendered sexual expectations, and burden of protection. Men consistently drew on idealized notions of fidelity, stating that they did not engage in risky sexual behavior because they are faithful to their wives. That said, others noted that many migrant men who are “away from their wives” choose to be unfaithful and engage in extramarital sex. Many women also maintained idealized views on their husbands’ fidelity, but some acknowledged that they do
not know if their husband is faithful when they are away. In accepting this pretense of fidelity, women are enacting gender norms that actively uphold machismo ideals. This finding of idealized notions of fidelity supports the work of Hirsch et al. (2002). However, while Hirsch and colleagues focus on the romanticized ideas of faithfulness held by migrant men’s spouses, our work expands this to also include views of the migrant men themselves and suggests that social and cultural isolation can indeed lead men to seek more sexual partners and engage in sexual relations with commercial sex workers (Apostolopoulos et al. 2006; Goldenberg et al. 2011; Hirsch et al. 2009; Sowell et al. 2008). However, other women are willing to confront their husbands regarding their potential infidelity and ask them to use protection, thereby pushing back against traditional masculinity.

Additionally, the men in the sample felt a sense of duty to protect their wives and families from the disease, recognizing the potential consequences of acquiring and spreading HIV. Indeed, several men noted that they did not want to become “killers” by infecting their wives. Similarly, women felt a sense of duty, mostly to their children. They felt an obligation to remain healthy so that they can continue to care for their kids. To uphold this sense of duty, some women even asked their male partner to use a condom if he is going to be unfaithful, so as to protect the sexual health of the woman.

Third, men and women drew on gendered sexual expectations to explain or justify their risky sexual behavior. For example, one man compared his sexual activity to that of a rooster, leading him to obtain multiple sexual partners, while another specifically drew on his gender as a justification for him to be unfaithful to his wife while in the Untied States. This supports the literature on men seeking more sexual partners to prove their masculinity (Marín et al. 1993; Marín 2003). Furthermore, women were expected to only be with their husbands, to do what
they’re supposed to do, and to be well-behaved. By acting in accordance with machismo and marianismo ideals, these women reinforce traditional masculine ideologies.

Finally, this paper proposes the concept of the “burden of protection,” or who has the responsibility to employ protective behaviors against HIV. We find that men and women both view the men as having the primary burden of protection. Men note that they use condoms in sexual encounters with women, with many believing that this completely mitigates their risk. Women view husbands as being responsible for the sexual health of their wives, nothing that men wear condoms and protect them. This echoes the findings of Espinoza (2014), Salgado de Snyder (1996; 2000), and Sowell et al. (2008) and has potentially important implications for gendered power dynamics in sexual health, as well as how discussions on condom negotiation are framed in interventions.

There are several limitations to this project. First, because this is a novel pilot study, the sample size is somewhat small (surveys of 429 men and women) and is drawn from just one migrant-sending town in central Mexico. As such, this work needs replication with a larger and more diverse sample of men living in Mexico. Second, issues of HIV and masculinity are intricately tied to issues of sexual orientation, but this paper does not address HIV risk in the context of Men Who Have Sex With Men (MSM). Given the social environment of the community we worked in and the nature of our data collection, we did not feel comfortable asking explicitly about sexuality on the survey or in the interview. Third, following the analysis of the qualitative data, we recognize that it would have been valuable to ask about sexual contact with commercial sex workers as a high-risk behavior, but this information was not gathered during the data collection. Fourth, the interview itself could have more directly explored broader issues of masculinity, such as inquiring about what respondents think it means to be man, rather
than interpreting existing questions through the lens of masculinity. Lastly, this study only considers perceived HIV risk and self-reported participation in high-risk behaviors known to increase the likelihood of HIV transmission, and that there is an unknown amount of response bias due to social desirability.

Future research on this topic should seek to additionally explore and understand the issue of the burden of protection, specifically why women defer decision-making on matters of sexual health to men. Future studies should also consider the role of same-sex sexual behavior in the intersecting domains of migration, masculinity, and HIV risk. Additionally, to further investigate the role of migration status, binational study designs would allow researchers to more explicitly question migrants’ risky environments and individual behaviors in the United States in comparison to non-migrants in Mexico, as well as differences in gendered risk dynamics between migrant women in the United States and women left behind in Mexico.

There are several implications of this research for HIV prevention efforts. As evidenced by the consistent focus in the qualitative results, condom usage is an important factor in individuals’ risk for HIV among men and women and presents a unique opportunity for intervention. Prevention efforts could focus on the provision of condoms and education efforts that highlight the dangers associated with having multiple sexual partners, as the interviews highlight that respondents do not see an greater number of partners as leading to an increased risk for HIV. Finally, our study highlights the critical importance of understanding gender differences in HIV risk and sexual health, with possible implications for HIV prevention interventions.

Interventions that seek to reduce HIV risk should keep in mind the cultural ideas and pressures of masculinity, specifically addressing cultural concepts of fidelity and gendered
sexual expectations, the risks of extramarital sex, and women’s role in HIV prevention. Ideally, culturally sensitive programs would help women navigate the constraints on their sexual health by opening up dialogue between partners on the use of condoms or employing their own protective behaviors, as well as highlight the responsibility of men to use condoms. However, Hirsch et al. (2002) rightfully note that the consistent focus on women’s condom negotiation is misplaced, and that in order to successfully address gendered inequalities in power and sexual health, gender inequality must first be addressed more broadly. Finally, considering that much of the sample did not recognize the additional risks for HIV inherent in the migration process, prevention efforts must seek to educate potential migrant men on the dangers they will face in the United States with regards to HIV, as well as non-migrant women on the risks they may face when their husbands return. By better understanding perceptions of HIV risk and participation in high-risk behavior among men and women living in migrant-sending communities in Mexico, education and prevention efforts can be better formulated and targeted to ensure maximum efficacy in preventing the spread of HIV/AIDS.
References


<table>
<thead>
<tr>
<th>Variables</th>
<th>Total, % or Mean</th>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td>52.5</td>
<td>47.5</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td>48.7</td>
<td>51.1</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td>51.3</td>
<td>48.9</td>
</tr>
<tr>
<td>Migration Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrant</td>
<td></td>
<td>22.1</td>
<td>24.4</td>
</tr>
<tr>
<td>Non-Migrant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Risk</td>
<td>Any Perceived Risk</td>
<td>63.3</td>
<td>57.3</td>
</tr>
<tr>
<td>Number of Sexual Partners</td>
<td>One</td>
<td>17.3</td>
<td>17.3</td>
</tr>
<tr>
<td>Two</td>
<td>18.4</td>
<td>22.4</td>
<td>*** 10.8</td>
</tr>
<tr>
<td>Three or More</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever Had Sex Without Condom</td>
<td>55.7</td>
<td>60.9</td>
<td>* 50</td>
</tr>
<tr>
<td>Recent Drug Usage</td>
<td>6.5</td>
<td>10.7</td>
<td>*** 2</td>
</tr>
<tr>
<td>Never Tested for HIV</td>
<td>71.3</td>
<td>80</td>
<td>*** 61.8</td>
</tr>
<tr>
<td>Age</td>
<td>43.5</td>
<td>43.6</td>
<td>43</td>
</tr>
<tr>
<td>Education</td>
<td>Less Than Primary</td>
<td>11.2</td>
<td>12.2</td>
</tr>
<tr>
<td>Primary</td>
<td>37.1</td>
<td>35.3</td>
<td>39</td>
</tr>
<tr>
<td>Secondary</td>
<td>29.9</td>
<td>29.4</td>
<td>30.5</td>
</tr>
<tr>
<td>Preparatory or Technical</td>
<td>14.3</td>
<td>15.4</td>
<td>13</td>
</tr>
<tr>
<td>Supervior or Higher</td>
<td>7.6</td>
<td>7.7</td>
<td>7.5</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married or Living Together</td>
<td>76.5</td>
<td>80.9</td>
</tr>
<tr>
<td>Single, Widowed, or Divorced</td>
<td>23.5</td>
<td>19.1</td>
<td>28.4</td>
</tr>
<tr>
<td>Socioeconomic Status Staircase</td>
<td>3.2</td>
<td>3.2</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Source: 2014 Study of Health and Migration in Mexico

Note: Asterisks indicate significant differences in percent of migrants and non-migrants between categories of the variables (* p<0.05, **p<0.01, ***p<0.001). "Any Perceived Risk" indicates that respondents see themselves as having low, medium, or high risk for acquiring HIV. For SES Staircase, higher numbers indicate higher income.