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Sexual Health of Latino Migrant Day Labourers under Conditions of Structural Vulnerability

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Abstract

The purpose of this paper is to explore the context of the sexual health of Latino migrant day labourers in the U.S.A., challenges to sexual health and ways of coping, with attention to conditions of structural vulnerability permeating the lives of this unique Latino population. Given the limited information about this topic and population, ethnographic research employing in-depth semi-structured interviews with 51 labourers, recruited through purposive sampling in the San Francisco Bay Area, was utilised. The sexual health aspirations of the men are deeply embedded in the core value and practice of Latino *familismo* or, in this case, the central goal of securing a family headed by men as providers and present husbands/fathers. However, such goals are frequently thwarted by the poverty engendering work and prolonged separations from home that characterise predominantly undocumented day labour in the U.S.A. Resulting goal frustration, combined with pent up sexual urges, often lead to sexual risk in spite of efforts to cope with challenges to sexual health. Unless community, state, and national level interventions are developed to mitigate the pronounced structural vulnerability of migrant day labourers, individual level interventions to promote sexual health, and decrease risk and distress, are likely to have diminishing returns.

Keywords

Sexual health; Latinos; migrants; day labourers; structural vulnerability; USA

Introduction

Sexual health involves physical, emotional, mental, and spiritual dimensions embedded in social, cultural, and interpersonal relationship contexts. As such, optimal sexual health involves respectful and caring values, attitudes, beliefs, and behaviours in sexual relationships that are relatively free of stigma and discrimination, and more specifically coercion, exploitation, and violence. It also follows that optimal sexual health minimises the probability of negative outcomes such as HIV and STDs, unplanned pregnancies, etc.; and maximises the probability of sexual wellbeing within meaningful and satisfying relationships and life styles.

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With the above definition in mind, we would assert that sexual health is inversely related to a population's degree of structural vulnerability or position in society characterised by productions and reproductions of harsh living and working conditions that challenge sexual health by way of compromising health and well-being in general (Organista et al. 2012; Quesada et al. 2011). Such is the case for Latino migrant day labourers (LMDLs), a unique population of Latinos that experiences dislocation and discontinuity in their lives as a result of migrating to the U.S.A. in search of work to support families and interests back in Mexico and Central America. While LMDLs are hardly free of poverty and structural vulnerability in their countries of origin, their unique experience in the U.S.A., as a predominantly undocumented and stigmatised minority ethnic group, presents multiple challenges to sexual health and well-being and suggests risk prevention and health promotion strategies at the structural environmental level in order to mitigate their vulnerability. Only within the last decade have we begun to understand the background characteristics and experience of LMDLs in the U.S.A. as described below.

Latino Migrant Day Labourers

The informal day labour market is composed of mostly poor foreign-born Latino men who congregate in outdoor sites such as street corners to solicit temporary work (Valenzuela 2003). In California, some 40,000 day labourers are estimated to seek work on any given day (Gonzalez 2007) though this number excludes those who come in and out the day labourer market seasonally (Nelson et al. 2012). In California, about 80% of day labourers are presumed undocumented; primarily from Mexico and secondarily from Central America (Gonzalez 2007). Harsher immigration policies have slowed migration over the Mexican border during the past decade but have also had the effect of "trapping" undocumented persons in the U.S.A. in contrast to the circular migration patterns that previously allowed for frequent visits to country of origin (Passel and Cohn 2009). Different sources, including the 2004-2005 National Day Labour Survey (NDLS) that sampled sites across the continental U.S.A. (and the only effort to date of this magnitude), find about half of day labourers to be single with the remainder having wives/partners and/or children back home (Valenzuela et al. 2006). The NDLS estimated the LMDL populations to be approximately 120,000, although this was 8 years ago.

Research with day labourers in the past decade underscores their economic and socially marginal status and consequent stress. Valenzuela et al. (2006) estimated that annual incomes rarely exceed \$15,000, keeping the vast majority near or below the federal poverty threshold, a problem exacerbated by the current economy (Bhimji 2010). The individual poverty threshold is currently an annual income of \$11,170, a figure calculated by the Department of Health and Human Services to determine eligibility for federal aid, but only for citizens. In a study conducted with 219 day labourers in San Francisco in 2009, 65% reported that they did not get enough to eat, and 54% reported having poor or only fair health (Nelson et al. 2012). When 102 day labourers were surveyed from two Northern California sites in 2008, high rates of stress were found for about 58% related to instability, relationship and communication difficulties, and alcohol/substance use (Duke et al. 2010). An earlier survey of day labourers in the same region of California yielded that unemployment and underemployment were the most highly endorsed concerns followed by sadness and racism (Organista and Kubo 2005).

A pilot study among day labourers in the state of Washington documented a range of work-associated, economic and social stressors along with biologic measures associated with allostatic load in order to capture the so-called "wear and tear" effect linking chronic stress to negative consequences for physical health (de Castro et al. 2010). While conclusions that would link more years in the U.S. with worsening biological markers of stress were limited because of a small sample size, the study's findings suggest that LMDLs are potentially at

risk for high allostatic load because of the multiple psychosocial stressors prominent in their lives (de Castro et al. 2010).

Both quantitative survey and qualitative research that has focused exclusively on day labourers have highlighted lack of stable work and typically low-wage work that in turn create economic hardship leading to problems with housing, indebtedness, and the inability to maintain relationships with partners left in a country of origin, or to establish such relationships in the U.S. (Duke et al. 2010; Negi 2011; Nelson et al. 2012; Ordoñez 2012; Quesada 2011; Walter et al. 2004) The social context that imposes isolation and vulnerability includes hostile attitudes by host communities, a lack of policies that would permit documentation or work authorisation, and sometimes lack of key resources such as health care and adequate housing. All of these conditions constrain the ability to maintain adequate income, health and wellbeing (LeClere and Lopez 2011; Maney and Abraham 2008/2009; Quesada et al. 2011; Walter et al. 2002).

Qualitative studies seeking to deepen understanding of pathways between social context and psychological stressors, on the one hand, and alcohol/substance use on the other highlight how social isolation and frustration with unstable work influence increased alcohol consumption and substance use (Negi 2011; Valdez et al. 2010; Worby 2007). In the specific case of post-Katrina New Orleans, day labourers migrated in large numbers to take advantage of the demand for their labour and then encountered readily available and affordable crack cocaine (Valdez et al. 2010). As the economy soured, experiences of discrimination and social isolation became more salient and respondents who identified as crack-users reported crack binges and sustained use as a consequence. Similarly, immigrant Latino men in rural areas (e.g., farmworkers) or in urban settings other than day labourer sites have directly attributed their sexual risk-taking behaviours to feelings of loneliness and powerlessness in unfamiliar and inhospitable environments (Rhodes et al. 2009; Winett et al. 2011).

HIV Risk

Day labourer research in the sexual health-related area of HIV risk documents high use of sex workers (Galvan et al. 2008; 2009; Organista and Kubo 2005), occasional solicitation by men who have sex with men for paid sex (Galvan et al. 2008; Ordoñez 2012), mixed attitudes towards condom use and HIV testing (Ehrlich et al. 2007; Organista and Ehrlich 2008; Ritieni et al. 2007; Solorio and Galvan 2009) and sexual activity mixed with drug and/or alcohol consumption (Galvan et al. 2009; Worby and Organista 2007). Despite these risk factors, relatively low HIV prevalence has been found (Wong et al. 2003), warranting research to better understand and maintain such levels, in addition to better prevalence studies on day labourers and other groups such as farmworkers, and Latino immigrants more generally. For example, research on migrants interviewed in the U.S.-Mexico border region found similar low rates of HIV but higher sexual risk behaviours in migrants returning from the U.S.A. as compared to those traveling to the border from within Mexico (Martínez-Donate et al. 2005; Rangel et al. 2006). While the above research documents various sexual risk factors, there continues to be a paucity of research delving into the complicated set of circumstances and challenges faced by, and coping strategies employed by, LMDLs in terms of attaining sexual health.

LMDL Sexual Health and Structural Vulnerability

Latino Migrant Day Labourers are a structurally vulnerable population, a term we use to describe the *positionality* of a population in society characterised by harsh living and working conditions produced and reproduced by particular sets of global economic, political, social, and cultural factors (Organista et al. 2012; Quesada et al. 2011). As such,

structural vulnerability is inversely related to SES and general wellbeing in which sexual health is embedded. Our current model of structural vulnerability for LMDLs is adapted from the work of Gupta et al. (2008) that advocate conceptualising sexual risk, and HIV risk in particular, as a causal pathway stemming from distal structural and environmental factors to more proximal situational and individual level factors. More specifically, structural factors such as severely restricted access to work authorisation for immigrants create undocumented workers that inhabit environments marked by poverty and harsh, underpaid work that jeopardise sexual health and well-being more generally. The lack of healthy sexual, relationship, social and interpersonal options for day labourers increases their participation in risky situations within which, for example, men resort to sex workers given the lack of healthier options, as well problem drinking that often co-occurs with risky sexual partners (Organista and Kubo 2005). Such multi-level conceptualisations of sexual health and well-being not only better reflect the complexity of the world in which we live but also suggest multiple points of intervention along the causal pathway beyond the individual level (e.g., scaling up community services and resources that mitigate harsh living and working conditions).

Against this background, the purpose of this study was to explore the sexual health and well-being of LMDLs with attention to conditions of structural vulnerability. The following research questions are addressed: 1) What are the goals and aspirations of LMDLs related to sexual health; 2) What challenges to sexual health do LMDLs face in the U.S.A.; and 3) How do LMDLs cope with challenges to their sexual health?

Methods

Study Design

This study is part of a larger federally funded study to develop and test a structural-environmental model of alcohol-related sexual HIV risk and prevention in LMDLs. The larger study seeks to identify relations between key environmental (e.g., living and working conditions) and individual factors (i.e., psychological distress), and to examine their relations to sexual health outcome variables (i.e., behavioural risk and protective factors), as well as the role of potentially mediating situational factors (i.e., participation in risky alcohol and sexually-related situations). Year 1 of the study, upon which the current report is based, was dedicated to ethnographic inquiry in order to explore salient aspects of the above four categories of model factors, as well as other emergent important themes including sexual health more broadly. Naturalistic and participant observation were initially utilised, for the first three months, in order to familiarise ourselves with the local LMDL environment, as well as to establish a familiar presence and rapport with LMDLs. Next, in-depth semi-structured interviews with LMDLs were initiated over the course of several months.

Naturalistic observation involves actual physical presence in the LMDL environment while taking systematic stock of day labourers' everyday life through observation, casual contacts and informal conversations, which are recorded as detailed field notes. Participant-observation builds upon naturalistic observation by deeper immersion into the everyday worlds of LMDLs (e.g., waiting alongside LMDLs at job pick up sites, congregating with them at parks when work is not forthcoming, and at the day labour program operated by one of our community partners). The goal of naturalistic and participant-observation is to observe individual and social processes as they unfold (Agar 1996; LeCompte and Schensul 2010; Singer and Baer 2007) daily in the natural environment and, in the case of this study, to document how individual and interpersonal routines and social processes influence LMDL health and wellbeing, including risk behaviours, and related values, beliefs, and practices. This ethnographic approach is also designed to establish relationships of

familiarity and trust necessary to conduct meaningful and informative in-depth interviews and further observations.

Participants

Participants were 51 LMDLs in the San Francisco Bay Area, 18 years of age or older, that perform day labour as their main source of income. Day labour eligibility was based on a functional definition of having worked three or more jobs with no one job lasting more than two months, in the last six months. LMDLs speaking neither Spanish nor English, or inebriated when approached were excluded. Purposive sampling was used to recruit a sample resembling the basic demographics that characterise local LMDLs (Singleton and Straits 1998). This was accomplished by continually updating a chart tracking current age, age at migration, number of years in the U.S.A., and nationality of each respondent. As such, charting was utilised to shape subsequent recruitment with the goal of obtaining diversity for all four of the above background characteristics. It was also decided to obtain two-thirds of the sample from San Francisco, and a third from Berkeley, given the different magnitudes of day labourer populations in these two study sites. The sample size target was set at 50 in order to obtain both sufficient and information-rich data to learn about the key study variables and themes of the larger study from which this report comes (Patton 2002).

Procedures

LMDLs were recruited with the assistance of three non-profit agencies brought in to the project as subcontracted community partners. Each serves Latino immigrants in a variety of capacities. These agencies (two in San Francisco and one in Berkeley) provide a range of services although each with a slightly different mix of shelter and work opportunities; health and social services (in some cases including counselling and rehabilitation); and brokering relations between LMDLs, neighbours, police, employers, and city services. Members of the research team also have long standing relationships of trust with these community partners from past projects and mutually supportive activities.

The outreach workers from each of the three community partner agencies introduced research team members to the LMDLs whom they serve and with whom they have established trusting relationships. To begin the ethnography, the outreach workers outlined the purpose of the study, explained that the project was a collaboration between the agencies and researchers, and described how members of the research team would be in the vicinity observing and engaging the men in conversation, eventually followed by soliciting their voluntary, anonymous, confidential, and compensated (\$25) participation.

Gaining access to LMDLs through the established and trusted networks of community partner agencies is highly advantageous given LMDL's understandable suspicions toward unknown people, working in official capacities, prompted by fear of deportation and a history of immigration agents presenting themselves under false pretences (Greenhouse 2006). Another advantage of our community-based approach is that it provided us with the opportunity to meet frequently with our community partners, give them progress reports on our work, and receive feedback that improved the ethnography. For example, agency partners were able to direct us to LMDLs of varying background characteristics including those with drinking problems attending a support group organised by one of the agencies.

Recruitment of LMDLs for in-depth interviews took place at community agency sites, directly where they sought work in the streets, and at nearby places where they congregate (e.g., parks and shelters), in all cases interviews were conducted privately. Interview solicitation was relatively easy with no refusals. All participants were provided informed consent, read to them in Spanish, to participate in a study about their experience as day

labourers, including inquiry into sexual health and alcohol consumption. The requirement to sign informed consent was waived and informed consent also included an explanation of the Federal Certificate of Confidentiality obtained for this study (i.e., waives requirement of researchers to provide any identifying information about undocumented participants in the unlikely event of investigation by immigration authorities).

A semi-structured interview guide was developed to guide in-depth interviews with questions and probes regarding living and working conditions; migration-related values, attitudes, beliefs and aspirations, as well as consumption of alcohol, and sexual activity especially related to risk and prevention. Institutional Review Boards at University of California, Berkeley, San Francisco State University, and RTI International approved study protocols.

Data Coding and Analysis

The research team conducted weekly meetings, initially to review field notes from naturalistic and participant observation with which to refine the ethnographic interview guide, and eventually to review and discuss on-going narratives from the in-depth interviews that were accrued on a weekly basis. These regular meetings facilitated monitoring qualitative data quality and completeness, and provided direction regarding themes and topics upon which to follow-up in greater depth, or new topics in need of exploration. Discussion also were designed to achieve consensus regarding key study variables both targeted in semi-structured interviews, as well as those that emerged beyond variables targeted in the study.

Once interviews were completed, they were immediately transcribed and translated, and entered into a secure computer, along with fieldwork notes. Narratives were then stored and organised using the qualitative software, Atlas.ti, version 6.2 [Berlin, Scientific Software Development], to facilitate systematic data analysis. Atlas.ti allows for review and analysis of large bodies of unstructured ethnographic textual data reviewed at weekly ethnography meetings.

An initial listing of themes was developed, providing a basis to pursue additional pertinent terms as part of the on-going construction of a manageable coding lexicon or code manual. The coding lexicon consisted of *a priori* categories and themes explored in the semi-structured interviews such as living and working conditions, psychological distress, participation in alcohol and sexually related situations. The coding lexicon also included unanticipated but salient emergent themes relevant to understanding sexual health under conditions of structural vulnerability. After consensus was achieved by the research team at weekly meetings, the finalised codes from the code manual were applied to transcripts of the qualitative interview data, and entered into the Atlas.ti database for subsequent rounds of in-depth analysis as is commonly recommended and practiced (Crabtree and Miller 1999).

A grounded theory approach (Strauss and Corbin 1990) to our ethnography allowed the team to intentionally take stock of unanticipated emergent themes to help guide on-going data analysis, and refinement of interview questions and probes, the code manual, and interpretation. Qualitative analysis is an iterative interpretive process that informs the on-going qualitative work in the field, which generates new insights and deeper understanding of LMDL themes. Moreover, a grounded theory approach allows for study participants and settings to guide the research in terms of further participants, questions and observation to pursue. For instance, to begin a contextual analysis of sexual health, we generated narrative output for text coded “Goals” or “Aspirations” for men with less than and greater than 5 years in the U.S.A., a strategy designed to explore migration-related goals and experiences related to how recently migration had taken place. Such goals and aspirations shed light on

such issues as the quality of the everyday lives of LMDLs, their psychological dispositions, the thought process or emotional states behind decision-making, and practices in which they engage. Next, all narrative output from the qualitative database coded “sex details” was generated to elucidate sexual health related practices and patterns, as well as to create new codes to further delineate where and how sex partners are found, and the specific meanings and aspirations ascribed to sexual experiences. The research team discussed findings, noting overlap and differences until consensus was reached about the emerging sexual health findings reported here.

Results

Participants were primarily from Mexico, secondarily from Central America, and two-thirds were sampled in San Francisco with the remainder recruited in Berkeley (Table 1). [Table 1 about here] One third was between 21 and 30 years of age, with the remainder fairly evenly divided across the subsequent 3 decades of age groupings. Sixty percent had been in the U.S.A. less than 10 years.

Relevant to this study’s three research questions, three major themes emerged from the qualitative data analysis: Familism and masculinity as cultural context of sexual health; frustration with limited options to meet life goals related to sexual health; and the challenge of coping with threats to sexual health in the U.S.A.

Cultural Context of Sexual Health: Familism & Masculinity

When participants were asked why they had come to the U.S.A., saturation was quickly found across interviews regarding their overarching goal of wanting to *progresar* [to progress] or work to earn enough money to support families in one’s country of origin, alongside related aspirations to return and build a home, start a small business, or buy a car. By saturation, we are referring the reoccurrence of a theme so frequently across interviews that the learning value becomes exhausted as well as the need to pursue it further in subsequent interviews (Strauss and Corbin 1990).

With regard to the first research question, findings suggested that the goals and aspirations of LMDLs related to sexual health were deeply embedded in the core value and practice of *familismo* or the centrality of the family in Latino life as the following example illustrates:

[An ideal life] would be to have a family, if you have a lady, [to live] as a couple, that you have two children, that you have a little home....that you have a job where you work 5 days a week. And that there be love with your significant other. That’s something ideal. [Jaime, Salvadoran, 55 years old, 8 years in U.S.A.]

Variations of the above theme were found repeatedly throughout interviews whenever men were asked their reason for migrating to the U.S.A., underscoring the almost singular purpose in pursuing work in the U.S.A. as a way of compensating for the lack of work and ability to support families in country of origin. Further, adherence to *familismo* included a conception of Latino masculinity prescribing men as heads of family and providers. However, respondents described how this gendered central goal is undermined by prolonged physical absence from families and repeated failure to be adequate bread winners given the unstable work in the day labour market. This dilemma is articulated by two Guatemalans, 24 year old Alejandro with only two years in the U.S.A., and the other 44 year old Carlos with 11 continuous years in the U.S.A., respectively:

If I told you [what is most important to me] it would be contradictory because it’s important to be with family. But I don’t have my family here so then for me only making money is left. Making money would be important.

...Well, for me [not having seen my wife in 11 years is] difficult because she's the mother of my children and she's a good person because she's put up with a lot from me, the good and the bad. For example, right now it's been days since I haven't worked. I haven't sent her any money and, she's not questioning me: "Why aren't you sending us money?" I tell you that when I talk to her, we speak normally. There's no arguing, nothing...Well, I feel a little distant, let's say forgotten. Because I'm not with her, because my children, she's the one that you could say is struggling there with them, being both a mother and a father, right? And I'm apart from them.

Frustration with Meeting Life Goals Related to Relationships and Sexual Health

LMDLs with prolonged time in the U.S.A. (e.g., greater than 5 years) evidenced greater frustration, disappointment, and anxiety about not progressing as planned as compared to more recent arrivals. LMDLs that had left partners back home also expressed more distress about the prolonged separations, including fear of losing partners and actual losses:

My desperation is that even though I have nothing, I have to go back because the time goes on and what is going to end up happening is that I am going to lose my family....[Carlos, Salvadoran, 53 years old, 8 years in U.S.A.]

I told my girlfriend that I was going away for some time. I told her that I loved her and wanted to marry her, but that I wanted to come to this country to do something like build a house, buy a car, have a fully furnished house, you know, to have our children. Then, I told her that if she loved me that she would wait for me and that I was going to be here for three or four years until I could go back to Guatemala. She told me she really loved and adored meSo I came over here, and within a year and a half she cheated on me and found another boyfriend. [Lobsang, Guatemalan, 27 years old, 6 years in U.S.A.]

Negative reactions to not achieving core economic, family and relationship-related goals provided answers to the second research question regarding challenges to sexual health aspirations. That is, goal frustration frequently resulted in the commonly cited problem of *caerse en vicio* [falling into vices] including sexual risk taking and problem drinking:

Two months ago I had unprotected sex. There were three of us, other friends who are from over there, from Mexico. Well we were drinking, and then we got a bit drunk, I think, my friends [told] me to go over there walking, over here on 22nd [Street], around there. They told me they knew a girl and, "Let's go visit her," they told me. And we went. And no, we didn't find the girl but since it was late and on our way back, so we came back and we found a girl there on the road. We talked to her and got her in the car. And, well, obviously we gave her money. And yeah the girl wanted to, but we didn't have protection. No well. Well the girl wanted to. She didn't refuse anything. [Emiliano, Mexican, 25 years old, 3 years in U.S.A.]

Participants often gave themselves tacit permission to drink and satisfy pent-up sexual urges when their idealised romantic relationships proved unfeasible. Barriers to finding girlfriends in the U.S.A., especially stemming from lack of economic stability, added to their frustration:

I'm not even married, so I don't have anyone waiting on me, [or] children..... Another thing, at first here I didn't even want a girlfriend. For one thing I haven't had the luck, the other thing is girls here want a guy with money.....you have to have a job, where to live and all that. [Kurtines, Mexican, 35 years old, 6 years in the U.S.A.]

Difficulty Coping with Challenges to Sexual Health

With respect to the third research question, regarding how LMDLs cope with challenges to their sexual health, participants often reported condom use with sex workers given concerns about contracting diseases such as HIV and other STDs. Sex with sex workers emerged as the main sexual outlet for study participants, and may be emblematic of the limited, less than satisfying, and anxiety provoking sexual options available to LMDLs in the U.S.A. In contrast, sex without condoms was frequently mentioned in relation to intimate partners back home. Such challenges to sexual health and preferred sexual relations are illustrated below:

I left [a girlfriend] in Mexico... [I did not use protection with her] because I know that person only has sex with me. And she knows, well, that when I have sex with others, I'm careful. [Esteban, Mexican, 28 years old, 1 year in U.S.A.]

I think that I want to keep myself safe since I don't have my wife, it's that I want to keep myself abstaining from sex of whatever kind to see if God will give me a wife again. And if I go around having sex with some homosexual or with prostitutes and I get some diseases because there are diseases like syphilis, AIDS, gonorrhoea, and all that...because on more than two occasions, yes I paid for sex but with women. And only like that with a condom you know and I did it only to feel, you know, the, the thrill, you know to be there with a girl but no, this doesn't do it for me, doesn't do it for me. [Luis, Mexican, 45 years old, 19 years in the U.S.A.]

In terms of where sex partners were typically encountered, participants described finding casual or one-time sex partners on the street, in dance halls and drinking establishments or through fellow workers referring them to sex workers. Their narratives about such sexual encounters further reveal effort on the part of some of the men to use condoms as a strategy to reduce sexual risk and maintain their sexual health:

I haven't had any, any encounter without protection here in the U.S.A. I did have an encounter like, like a month ago. Eh, but I used protection the entire time, protection because, well because everyone knows there is so much spreading, so many problems with that, everything that it brings with it. [Seth, Mexican, 30 years old, first year in the U.S.A.]

Another strategy to try and avoid risky sexual partners was by limiting sexual encounters to women perceived as *limpia* or 'clean', as exemplified by Rafael, a 42 year old Mexican man with less than a year in the U.S.A.:

Respondent: So right now I don't [have sex] unless it's with a clean woman.

Interviewer: How do you know if a woman is clean? Respondent: If she's not a hooker. The only way to know would be to find a girlfriend, not a prostitute because they have diseases. Then, if you're too drunk, you don't analyse things well enough to have sex with a girl.

Discussion

This study explored the sexual health of LMDLs under conditions of structural vulnerability, and in particular challenges to sexual health and subsequent ways of coping. While literature on HIV risk in day labourers has begun to accrue (e.g. Galvan et al. 2009; Organista et al. 2012), this is one of the first explorations of sexual health with an emphasis on its structural-environmental and cultural context in this unique Latino population. As such, findings illustrate and provide insights into the immense challenge of cultivating traditional Latino, family-oriented, romantic relationships while being frequently thwarted in adhering to the culturally patterned masculine role of being a present husband/father and provider. Rather

than simply enumerating sexual risk factors, this study describes aspirations related to sexual health found to be deeply embedded in the core value and practice of *familismo* or the centrality of the family in Latino life, manifested either in efforts to support one's wife/female partner and/or children back home or for single day labourers, pursuing the life goal of one day finding a wife and beginning a family.

Against the above contextual backdrop emerged the more immediate challenge of negotiating pent-up sexual desire, both physical/biological and romantic, often through sexual relations that the men settled for rather than preferred: sex with risky sexual partners such as sex workers, typically while drinking. Such sexual outlets, limited by the experience of day labourers in the U.S.A., were generally experienced as dystonic deviations from the central life goal and value of having a wife and family, adequate work and income to live a modest and contented life. These challenges persisted for men whether they were struggling to support wives and families in country of origin, trying to develop romantic relationships while in the U.S.A., and in some cases both. For example, one married man who was trying to find women to date on Craig's List explained that this was his own private business while living and working in the U.S.A.

With regard to study limitations, qualitative research trades off sample to population generalisability for a deeper understanding of topics that are new, theory-driven, under-developed or poorly understood in the literature (Miles and Huberman 1994). While the literature on Latino sexual health is growing, most of it does not focus on immigrants, and extremely little includes day labourers. Nevertheless, purposive sampling was utilised in the current study to accrue a sample that resembled day labourers in two sites in the San Francisco Bay Area in terms of country of origin, years in the U.S.A., and age. As such, we believe the experiences of the men described, analysed and interpreted here capture commonalities among day labourers in San Francisco and Berkeley. For example, in Organista and Kubo's (2005) survey of 102 day labourers in Berkeley, participants were similarly two-thirds Mexican, a third Central American, and most worried about too little work and money to support selves and families back home. Further, a recent qualitative study by Ordoñez (2012) captured the anxiety frequently expressed among Berkeley LMDLs about losing their wives and money sent home to "Sancho", a humorous Mexican trope used to signify the lover that is likely replacing the migrant who is absent from wife, home and family (e.g., one man in this study joked that he hoped that Sancho would buy himself some nice new boots with the money he was sending home to his wife).

Regarding implications for improving the sexual health of LMDLs, findings suggest several interventions at multiple levels consistent with a structural-environmental perspective. At the individual-level, condom promotion, prevention and treatment of problem drinking, and stress reduction might benefit LMDLs. For example, while one of the men quoted described unprotected sex with a sex worker under the influence of heavy drinking, another asserted always using protection in order to avoid diseases. How to promote the latter scenario and decrease the former could be explored with LMDLs at community partner agencies where they congregate for various group discussions and activities. Hence, while structural vulnerability increases threats to the sexual health of day labourers, condom promotion represents one proximal behavioural strategy for coping with pent-up sexual urges and frustration frequently relieved with sex workers. Also, as previously mentioned, one of our community partner agencies provides support groups for LMDL experiencing drinking problems that warrant future evaluation research.

However, individual-level interventions are likely to have diminishing returns in the absence of larger structural environmental interventions to mitigate the ill health-engendering living and working condition of LMDLs in the U.S.A. Thus, implications from the current study

also include the need to scale-up community and cultural resources and activities that improve the economic conditions of LMDLs, as well as approximate more culturally familiar ways of socialising and establishing interpersonal relationships. For example, one of our community partners provides vocational English instruction to LMDLs to help them better negotiate work and wages and to improve their work-related vocabulary (e.g., in housing construction work, landscaping, etc.). This community partner also organises weekly soccer games for LMDLs in order to increase healthy recreational outlets believed to relieve stress and even curtail weekend binge drinking in response to not finding work at the end of the week. While the latter begins to approximate culturally familiar ways of recreating with fellow workers, finding ways to connect LMDLs with local social networks in which the relationships they desire might be approximated need to be explored (e.g., local church groups or cultural celebrations uniting people from the same hometown or home country) and evaluated in future studies. While most participants indicated meeting women in bars, on the street, and through friends familiar with local sex workers, a few indicated attending church to meet “decent” women.

Finally, implications for structural interventions at the state and national level with the potential to mitigate the reproduction of the harsh living and working conditions that permeate the lives of LMDLs should be considered. Such implications could include pragmatic ways of regulating migrant labour supply and demand to diminish the occurrence of undocumented worker status, dangerous border crossings, and that promote regular work, fair wages, and safe conditions beneficial to both Latino labour migrants and U.S. employers. Such structural interventions also imply facile circular transnational migration allowing for regular visits home with wives/partners, families and friends, so essential to sexual health and general wellbeing.

Conclusions

This under-researched topic and population warrant further study to deepen our understanding of the myriad structural-environmental factors and forces that constrain LMDLs’ intentions toward culturally patterned sexual health, romantic and family oriented relationships and general wellbeing. Findings from the present study can help guide future research, including evaluations of macro-social, meso-community, and micro-individual level interventions designed to mitigate the harsh living and conditions experience of LMDLs in the U.S.A. in which sexual health and general well-being are ultimately embedded.

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Table 1

Background characteristics of Latino migrant day labourers in the San Francisco Bay Area (N=51)

Characteristic	%	Average
<i>Nationality</i>		
Mexican	53	
Guatemalan	27	
Honduran	8	
Salvadoran	6	
Nicaraguan	4	
Peruvian	2	
<i>Age at interview</i>	38	
21-30	33	
31-40	22	
41-50	25	
51 and older (up to 62)	20	
<i>Age at first migration (range: 13-49)</i>	28	
13-20	14	
21-30	53	
31-40	22	
41-50	12	
<i>Years in U.S. (range <1-35 years)</i>	10	
<1 – 4	27	
5 - 9	33	
10-19	25	
20 or more	14	
<i>Day labourer site</i>		
San Francisco	66	
Berkeley	34	