

Addressing the Need for Access to Culturally and Linguistically Appropriate HIV/AIDS Prevention for Latinos

Britt Rios-Ellis Janice Frates Laura Hoyt D'Anna
Maura Dwyer Javier Lopez-Zetina Carlos Ugarte

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Abstract This article reports a comprehensive national needs assessment of Latinos' access to HIV/AIDS prevention and education services in 14 cities throughout the United States and Puerto Rico. Interviews and focus groups

were conducted with Latinos who were HIV-positive and at risk for HIV infection. The study explored risk behaviors, access to health care services, and exposure to HIV prevention messages. Differences in predictors of risk

cumulative 956,019 AIDS cases reported to the CDC through 2005 [3, 4]

Consonant with the federal effort to reduce health disparities for racial and ethnic minority populations, and in response to the paucity of research related to HIV risk among Latino migrants [34], the National Council of La Raza (NCLR) initiated the NCLR Latino Families HIV/AIDS Prevention Project in 2000 with a needs assessment to determine Latinos' HIV infection risk, barriers to prevention, exposure to media messages and HIV prevention education among Latinos, and the medical and social support needs of HIV-positive Latinos. This article reports findings from the needs assessment and describes the

largest Latino populations and proximity to the U.S./ Mexican border; and significant growth and diversity in Latino immigrant populations over the past 10 years. (A

Demographic, Acculturative, and Risk Behavior Measures

An in-depth questionnaire was administered to all participants prior to the focus group or interview, which included demographic, acculturative, health status and risk behavior measures. For purposes of this paper, the sexual risk behavior outcomes of interest included: (1) whether or not the participant was sexually active in the past 2 years (yes/no); (2) whether he/she had more than one partner (yes/no); and (3) whether or not the participant had sex in the past two years without using a condom (yes/no).

Additionally, select demographic and behavioral factors were analyzed including: sex; age; country of origin (US, Mexico, or other Latin country); country of residence (US vs. Mexico/Puerto Rico); employment status (working vs. not working at time of the interview); participant's weekly income (intervals of \$100); marital status (married or living with a partner vs. single, divorced, separated); parity (children vs. no children); and education (high school graduate vs. high school not completed); previous HIV testing behavior; and HIV status (self-reported).

The impacts of language acculturation and time in the U.S. were also examined for non-U.S.-born participants. Native language retention is an important indicator of level of acculturation [36, 37]. Therefore, acculturation was measured by English language use and preference in various social contexts based on a four-item scale validated with Latino populations and demonstrated to be ideal for administering in community research settings. Using a scale from 1 to 5, which measured the percent of Spanish or English language spoken, participants were asked: what language he/she speaks; what language is spoken with friends; what language is spoken at home; and in what language he/she thinks. A mean score of 2.99 or below indicated low acculturation [38].

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Latino U.S. residents was low (mean score of 2.36), and varied considerably depending on whether one was born in the U.S. (3.52), or born outside of the U.S. (1.78). Acculturation scores ranged from a low of 1.38 in Washington,

Table 2 continued

Study variables	Women		Men		Full sample	
	n	259	n	63	n	322
	%	Mean	%	Mean	%	Mean
Hartford	5.0		0		4.0	
Hattiesburg	3.5		14.3		5.6	
Los Angeles	8.1		0		6.5	
Miami	6.9		0		5.6	
New York	9.3		0		7.5	
Paterson	7.3		0		5.9	
San Antonio	8.5		0		6.8	
San Juan	6.2		0		5.0	
San Ysidro	6.2		33.3		11.5	
Gender						
Female					80.4	
Male					19.6	
Age		36.53		33.21		35.86
Birth country						
Mexico	27.0		52.4		32.0	
United States	29.0		34.9		30.1	
Other Latin	44.0		12.7		37.9	
Country of residence						
United States	90.0		92.1		90.4	
Puerto Rico/Mexico	10.0		7.9		9.6	
Years in the U.S.-non US born only	(n 166)	14.51	(n 41)	11.02	(n 207)	13.50
Language acculturation						
Total U.S. residents	(n 228)	2.38	(n 56)	2.28	(n 284)	2.36
U.S. born residents	(n 74)	3.61	(n 20)	3.18	(n 94)	3.52
Non-U.S. born residents	(n 154)	1.79	(n 36)	1.77	(n 190)	1.78
Marital status						
Married or living w/partner	48.6		38.1		46.6	
Single or separated/divorced	51.4		61.9		53.4	
Employed at interview						
Yes	34.4		57.1		38.8	
No	65.6		42.9		61.2	
Median weekly income		\$100–200		\$1–100		\$100–200
Education level						
HS not attended or completed	63.3		52.4		61.2	
HS diploma	36.3		47.6		38.5	
Individuals per household		3.50		4.10		3.66
Had children						
Yes	90.0	2.63	50.8	1.27	82.3	2.36
No	10.0		49.2		17.7	
Had HIV/AIDS Yes	48.6		28.6		44.7	
No	47.5		54.0		48.8	
Had tested for HIV						
Yes	84.2		68.3		81.1	
No	15.8		31.6		18.9	

^a Missing data are present where categories do not total 100%

unprotected sex in the past 2 years for women ($\chi^2 = 9.29$; $P < 0.01$).

Additional analyses were conducted to enhance understanding of HIV/AIDS risk factors among women in this study. Multivariate analysis indicated that when controlling for a number of predictors (Tables 3, and 4), the relationships between HIV diagnosis and length of stay in the U.S. with reduced risk behavior did not hold. However, women of increased age and those who had tested for HIV in the past were less likely to have had sex without a condom in the preceding 2 years (OR = 0.956 and 0.112, respectively, $P < 0.05$). Further, increased age (OR = 0.955, $P < 0.05$) and living in a marital or marital-like status (OR = 0.389, $P < 0.01$) were associated with a reduced likelihood of having more than one sexual partner in the past 2 years. Likewise, women who were born in Mexico (OR = 0.136, $P < 0.001$) or other Latin American and Caribbean countries (OR = 0.207, $P < 0.001$) were less likely to have had more than one partner when compared to women born in the U.S. Finally, women residing in the U.S. were also at reduced risk for having more than one partner (OR = 0.168, $P < 0.01$). When stratifying by residency status and birth country, no significant relationships were found between language acculturation status or time in the U.S. and the risk behaviors of interest in this study.

Qualitative Findings: Key Themes

A total of 23 principal themes were identified from the interviews and focus groups using content analysis. Machismo, condom use and negotiation, stigma/perceived vulnerability, infidelity, disclosure, economic issues, needs

negative relationship between HIV/AIDS diagnosis and having more than one sexual partner in the past two years ($\chi^2 = 7.205$; $P < 0.01$). Finally, length of stay in the U.S. was associated with reduced likelihood of having

I don't know how to ask him to use condoms. We never talk about those things.

Third year male participants confirmed their resistance to condom use, stating that condoms often resulted in the diminishing of their erections and thus threatened their manhood. Condom use was discussed as a demonstration of diminished trust or *confianza* in the relationship, thus jeopardizing the existence or perception of "true love." Many HIV positive couples reported not using condoms because they were both infected, they believed condom use would not make a difference in their health status, and were uninformed about the risks of HIV superinfection.

Stigma/Perceived Invulnerability

Many women stated that it never occurred to them that they could be at risk for HIV in that they perceived HIV risk as invariably associated with homosexuals, sex workers and injection drug users; populations with which they did not identify.

Latinas don't know how to prevent HIV because they think that this disease is only for homosexuals, so the average housewife doesn't think of protecting herself because she doesn't belong to this risk group.

I thought that people like me couldn't catch AIDS.

Latino participants demonstrated a great deal of concern for youth, and fear of teenagers considering themselves to be invulnerable to HIV. HIV positive participants reflected on their attitudes during their youth and mentioned the sense of imperviousness that places youth at high risk.

Teenagers, they don't understand, they think, 'It won't happen to me,' because that's how I used to be.

Infidelity

HIV positive Latinas who had been infected by their primary partners reported difficulty conceiving of the ways in which risk may come from outside of their homes. Even when the women suspected infidelity, they considered it unlikely if their partner complied with the traditional expectations of a male partner.

He always slept in our bed and he always spent Sundays with the kids....I really never thought he would be unfaithful. He was a provider, a good father and a good husband.

I never knew about it until my husband became ill and died. I never went out looking for this. He brought the disease home to me.

Disclosure

Few Latino men disclosed their HIV positive status. Instead, many women who were infected by their husbands or long-term partners discovered their infection by routine prenatal screening or after they began experiencing symptoms of illness.

He never told me. He knew he was infected and he knowingly infected me and got me pregnant. Thank God our child is HIV free.

Economic Issues

One important finding was the number of daytime female sex workers who traveled across the border to participate in the study. Unlike the sex workers encountered in the U.S., these women were not chemically dependent or users of illicit drugs. They were single mothers or women abandoned by their husbands or partners who worked in the United States as day sex workers out of economic necessity. The *maquiladoras* (plants for assembling goods to be shipped to the United States) were known for hiring only very young women without children, which presented severe job limitations for women with children.

I'm so ashamed but I have no other choice. There are no jobs. I have to do this to feed my children. I cross the bridge to work in the U.S. while they're in school.

Experiences of HIV Positive Latinos

Participants' experience of being HIV positive differed throughout the sites, with the majority reporting a decreased sense of social support, especially from family members upon learning of their HIV infection.

Since my family found out I have HIV they hardly speak to me. They're afraid I will infect them. When they invited me for Christmas dinner, they served my food on paper plates with plastic utensils. I felt terrible.

The need for education among HIV-affected families was great. This was true not only to inform family members of the lack of risk due to casual contact, but also to increase a sense of duty regarding the providence of love

Media Message Exposure

Perhaps the most relevant finding in the study was the lack of exposure of participants to culturally-based HIV prevention and education information. Not one participant could recall a message in the U.S. targeting Latinos or Latinas. The only message participants remembered was a commercial broadcast in Mexico creating an analogy between an electrical system blowout and HIV infection.

There aren't any commercials directed at Latinos. We don't have the information we need.

Participant Recommendations—La Voz de la Comunidad

Participants reported a need for culturally relevant Spanish language messages, the involvement of HIV positive Latinos and Latino celebrities, positive messaging, and involvement of men and families in prevention. They suggested that print advertisements be positioned at laundromats, bus stops, schools, taverns, markets, and dance halls, and that prevention messages be placed on television, radio, and as public service announcements preceding pornographic films. Another innovative recommendation was the creation of telenovelas, or Spanish language soap opera style television broadcasts, which would deal with HIV in a culturally and linguistically relevant context.

The need for HIV prevention information that educates and empowers Latinos within the context of HIV risk as experienced in their daily lives became apparent during the data collection processes. Although the novela approach would dramatize this context to a certain extent, the popularity of novelas has helped make Spanish language television the fastest growing television market and the most watched local networks in many urban centers. Furthermore, Latinos tend to watch more television than the general market and prefer Spanish language programming [41, B. VanOss Marin Personal Communication].

these focus groups were incorporated into the final versions of the intervention materials.

Brochure Content

The brochure for parents emphasized family communication about sex as a means to protect the family unit from this health risk; novelitas covered teen sexuality and parenting, infidelity and disclosure, and family support of HIV positive members. The brochure targeting Latina women offered practical advice on sexual communication and information on Latinas' HIV risk factors; novelitas covered domestic violence, alcoholism, empowerment, single parenting, treatment of the HIV infected couple, and perceived invulnerability and immigration. The brochure for men having sex with women and men (MSWM) discussed responsible sex and machismo, fidelity and respect for women, effective sexual communication and HIV prevention. Novelitas addressed homophobia and HIV disclosure, immigration and male sexuality, drugs and needle sharing, condom use among discordant couples, male perceived HIV invulnerability, and HIV testing. The brochure targeting teens and young adults discussed sexual readiness,

Implications for Practice and Research

The needs assessment findings and intervention described in this article are but one small part of a major and ongoing public health education effort designed to inform Latinos about HIV/AIDS risk and to encourage preventive behaviors. Its principal elements are a family-based approach that builds on the positive aspects of family strength, while utilizing both machismo and Latina empowerment to strive for more open communication with children and other family members about sex. The educational materials link HIV/AIDS with other issues that impact the socio-environmental context of HIV risk and risk behavior (economic dependence on male partners, multiple partners, intravenous drug use/sharing needles, unprotected sex, traditional sex roles, family expectations, and poverty) in the Latino community. The materials, developed for and by Latinos, also use culturally and contextually appropriate messages to encourage readers to protect themselves and their families by communicating and seeking HIV education, testing and services.

The next stage of the prevention project, begun in fall 2005, involved developing a CBO media kit for family-oriented Latino HIV/AIDS prevention to be distributed to over 500 organizations, complemented by Spanish language Public Service Announcements (PSAs) for radio and television, outreach cards and the brochures. In 3 of the 14 sites where the needs assessment was conducted, the curriculum is being used to recruit and train community lay health workers (promotores), some of whom are HIV positive (peer advocates) to implement a peer education and outreach program for HIV/AIDS awareness and prevention. Utilizing indigenous peer educators further solidifies the knowledge base of HIV/AIDS within the community, and adds to its intangible asset and advocacy base.

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