

AIDS Prevention Among Hispanics: Needs, Risk Behaviors, and Cultural Values

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The term Hispanic is used to denote current residents of the United States who trace their background to Spain or a Latin American nation.

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Synopsis

Data from different sources show that Hispanics are over-represented in reported cases of acquired immunodeficiency syndrome (AIDS) (twice their proportion of the population) and that their rate of infection by human immunodeficiency virus (HIV)

is three times higher than among non-Hispanic whites. The behavior risk factors most frequently associated with infection in AIDS cases are IV drug use in the Northeast and high-risk sexual behavior in the West. HIV infection prevention strategies for Hispanics need to address high risk behaviors, taking into consideration associated culture-specific characteristics. Strategies need to address as well conditions such as racism and ethnic prejudices that keep many Hispanic homosexuals and bisexuals away from white or non-Hispanic gay organizations and publications, the lack of culturally appropriate drug treatment centers, the level of misinformation among Hispanics, and the possible high incidence among men of sexual intercourse with prostitutes.

Prevention campaigns need to include such Hispanic cultural values as simpatia, familialism, personalismo, and power distance, if prevention campaigns are going to be perceived as relevant by Hispanics. Appropriate wording and communication channels need to be identified in order to transmit messages that will be perceived as credible and that will reach the largest possible audience.

INFORMATION is inconclusive about the extent to which Hispanics are suffering from the effects of the human immunodeficiency virus (HIV) epidemic. However, the need to develop prevention strategies that are both culturally sensitive and appropriate is evident from currently available epidemiologic information and the public health community's disease prevention campaign experiences.

This report describes the Hispanic population's areas of greatest need in acquired immunodeficiency virus (AIDS) prevention and identifies Hispanic socio-cultural characteristics that prevention strategies must reflect if interventions are to be effective.

Epidemiologic Information

The Centers for Disease Control (CDC) Weekly Surveillance Report for January 9, 1989 (1), showed 83,231 cases of AIDS reported to CDC. Of these, 15 percent, or 12,487, were among Hispan-

ics, nearly twice their general population representation of 8.1 percent, according to the 1988 Bureau of the Census estimate (2). The disproportion of Hispanics would be more pronounced if homosexual and bisexual men with AIDS were excluded, bringing the AIDS-case incidence ratio of Hispanics to whites to 9.3 to 1 (3).

Although reports by Hispanic AIDS patients reflect all types of risk behavior, only 53 percent of Hispanic men with AIDS are homosexuals or bisexuals who are not intravenous (IV) drug users, whereas 83 percent of non-Hispanic whites are in this category. The second largest category of Hispanic men with AIDS is heterosexuals who are IV drug users (34 percent), compared with 4 percent of non-Hispanic whites with AIDS (4). For Hispanics, the majority of heterosexual men with AIDS (87 percent) are IV drug users, compared with 83 percent of blacks and 45 percent of non-Hispanic whites (5).

The percentages vary among cities. In San Francisco, the majority (93 percent) of AIDS cases

among Hispanics have been found among homosexual and bisexual men (6), while in northeastern cities, the highest rates are found among intravenous drug users (4). While Hispanics live in all 50 States, the majority of AIDS cases so far is found in a limited number of cities, including New York, Miami, Los Angeles, and San Francisco. Relative risks of AIDS for Hispanics have been calculated to be up to 10 times higher in the Northeast than in other parts of the country, because of the concentration of IV drug users (7).

Hispanics show patterns of HIV antibody prevalence that are different from those of non-Hispanic whites. An analysis (8) of armed services applicants between October 1985 and March 1986 showed that Hispanics had an HIV prevalence of 1.07 percent, compared with 0.88 for non-Hispanic whites. Analyses of Department of Defense data (3) show that a higher proportion of Hispanics test HIV positive than do whites. During January 1986 and 1987, about 0.3 percent of Hispanics tested positive, compared with 0.1 percent of non-Hispanic whites. Similarly, 1984 data from the San Francisco Men's Health Study showed that 50 percent of the homosexual and bisexual Hispanic men in the study showed HIV infection, compared to 48.9 percent of their white counterparts and 65.5 percent of blacks in the study (9).

Study data show that Hispanics are becoming HIV infected as a result of risk behavior and that the number infected is greater than for other racial groups in proportion to the total population. The statistics imply an urgent need for massive prevention campaigns in order to lower infection rates in this group, which is already markedly underserved by health services.

Prevention Needs and Cultural Issues

Experiences with public health issues other than AIDS have shown that, in order to be successful, prevention strategies must address a group's needs as well as reflect its culture-specific values, beliefs, norms, and attitudes.

Knowledge and attitudes about AIDS. A leading requirement is to determine Hispanics' level of information about HIV infection. Although the National Health Interview Survey has included questions on knowledge and attitudes about HIV infection and AIDS since 1987, only provisional data from 1988 on Hispanics have been reported (10). The results show that Hispanic adults were less knowledgeable than non-Hispanic adults about

AIDS and about the prevention of HIV infection. The data are significant since the survey was conducted in English, tapping the level of AIDS knowledge of those Hispanics who, by using English, were more likely to have been exposed to information campaigns directed at non-Hispanics. Hispanics generally were as likely as non-Hispanics to have been exposed to mass media messages about AIDS.

A recent survey of adolescents in some of San Francisco's largest high schools (11) showed that Hispanics consistently were less knowledgeable about AIDS than blacks and non-Hispanic whites. Blacks and Hispanics were approximately twice as likely as non-Hispanic whites to have misconceptions about the casual transmission of AIDS. A community-wide survey of Hispanics in San Francisco (12) has shown that a number of misconceptions about the transmission of HIV-infection (such as toilet seats, blood donating, and drinking glasses) are still prevalent among significant proportions of those interviewed. Only 5 percent of the 404 adult respondents were considered to be properly informed. More than half (53 percent) of the respondents said that they knew little or almost nothing about AIDS.

Barriers to prevention efforts. A second important issue in prevention activities is the need to reach homosexual and bisexual Hispanic men. Language difficulties, cultural differences, racism, and ethnic prejudice isolate many of them from sources of information commonly available to non-Hispanic whites, such as gay newspapers and pamphlets and some gay bars. An additional difficulty is the fact that many Hispanic men who have sexual relations with other men may not consider themselves to be homosexual (13, 14) and therefore may reject or discount messages targeted specifically to homosexuals. A possible indication of the problem can be seen in statistics on male AIDS patients in San Francisco (6), in which 6 percent of all Hispanics with AIDS were bisexual, compared with 0.2 percent for non-Hispanic whites. Comparable national AIDS rates reported by CDC are 20 percent bisexual for Hispanics and 13 percent for non-Hispanic whites (4).

Latin American cultures tend to have strong anti-homosexual attitudes (15), which may prevent many men from accepting, or being seen reading, information on AIDS prevention. Experiences in the Dominican Republic (personal communication, A. Moya, Sexually Transmitted Diseases Director, Secretariat for Public Health, November 1987)

showed that posters informing men about the use of condoms were not effective because they did not want to be seen reading them; newspapers with the same messages were read readily.

IV drug use. Reaching Hispanic IV drug users, a critical risk group, is a grave concern. In San Francisco, 14 percent of Hispanic patients in treatment for IV drug use were found to be HIV infected, compared with 6 percent of non-Hispanic whites (16). Hispanic IV drug users are difficult to reach by conventional methods because treatment and prevention services usually are neither culturally appropriate nor available.

An added complication regarding the use of needles is the common practice in some Latin American countries of vitamin and medication injections being given by neighbors or friends, who are not involved in standard health delivery systems or professions and who are likely to use the same needles themselves. The San Francisco survey of Hispanics (12) showed that about 5 percent of Hispanics occasionally received injections at home. This potential route of infection is difficult to block, given the high costs of medical care and traditions which immigrants bring with them regarding the administration of medications by injection.

Attitudes about condoms. Severe difficulties are encountered in promoting the use of condoms by Hispanics. First, there is an apparent lack of information among Hispanics about the protection offered by condoms against HIV infection. The San Francisco study (12) found that slightly more than half of the respondents mentioned the use of condoms as protection. Together with the lack of information, there is a pattern of very low use of condoms among Hispanics. The 1982 National Survey of Family Growth (17) showed that a much lower proportion of Hispanics reported ever using condoms (39.5 percent) than non-Hispanics (52.8 percent), although there are few differences in the proportion of respondents using contraception (88 percent of Hispanics and 95.4 percent of non-Hispanics). Some problems in promoting the use of condoms by Hispanics are their association of condoms with prostitution and uncleanness (18-20), and perceived diminished sensation, discomfort, or inconvenience (20).

Use of prostitutes. Prostitution is a prominent subject of concern in AIDS prevention efforts among Hispanics. While there is no information on the frequency of use of prostitutes by Hispanic

males, various factors indicate patterns of frequent use. Large numbers of recently immigrated unattached males live in the large metropolitan reception points for Latin American immigrants, such as Los Angeles, San Francisco, Chicago, the New York-New Jersey area, and Miami. The cultural value of machismo promotes sexual intercourse with prostitutes to demonstrate virility and as a way of achieving sexual satisfaction (13). The danger of HIV infection is increased by the fact that black and Hispanic prostitutes have been found to have higher rates of HIV antibody prevalence (15.4 percent) than non-Hispanic white prostitutes (6.7 percent). The disproportion is found for prostitutes who use IV drugs as well as those who do not (21). There is evidence that while prostitutes may want to use condoms, client demands may interfere with their use (22, 23).

However, monogamy can be promoted among Hispanic men. A recent study (20) found that monogamy was seen as providing a sense of security and commitment in a trusting relationship, in addition to providing protection from disease. Promiscuity was most often seen in a negative light, as shallow, immoral, and causing problems for both the primary partner and the lovers, and with the paternity of children. However, a few respondents felt that multiple sexual partners provided variety, excitement, and an opportunity to learn.

Developing Prevention Strategies

Those who seek to develop successful prevention interventions for Hispanics need to consider using culture-specific values and norms, disseminating information in terms that are appropriate for Hispanics, and using channels of information that not only are perceived to be credible by Hispanics, but which are accessed by them. One such channel is co-interveners, usually friends or relatives, who may be significant figures for change in the community.

These actions can be expected to enhance the effectiveness of interventions in terms of acceptability and power to produce long term attitudinal, informational, and behavior changes. The expectations are based on the inclusion of culture-specific norms and values in interventions, and on interventions being designed while taking into account the cultural characteristics of the group.

Cultural values. Although there are important socio-demographic differences among the various

Hispanic subgroups according to country of origin, educational attainment, and acculturation level, all Hispanics seem to share core cultural values that differentiate them from other cultural groups. Core values need to be properly understood and applied in order for interventions to be effective.

A key cultural value is familialism, or the significance of the family to the individual (24), a value which includes a sense of obligation to provide emotional and material support to the members of the extended family, as well as a perception that relatives are both reliable providers of help and attitudinal and behavioral referents (25).

A second value of significance is collectivism, which reflects the importance assigned to friends and members of the extended family who may be providing companionship and helping to solve personal problems (26).

Simpatia, which has no equivalent in English, is one of the most important cultural scripts of Hispanics and refers to the need for positive, smooth, interpersonal relations (27). *Simpatia* mandates politeness and respect and discourages criticism, confrontation, and assertiveness.

Personalismo refers to the preference for relationships with members of the ingroup (those with whom one identifies or considers part of the same ethnic group). *Respeto* addresses the need to maintain and defend one's personal integrity and that of others, and to allow for face-saving strategies whenever conflict or disagreements evolve. Power distance (28) reinforces the validity of power differentials in society and requires that certain persons, such as the powerful, the elderly, and the learned, be treated with special deference and respect.

Reflecting Hispanic cultural values in developing prevention strategies is one way of helping to ensure that interventions will be culturally appropriate, acceptable, and effective with Hispanics.

Culturally appropriate information. To be successful with Hispanics, an information campaign needs to consider the culturally appropriate way of presenting information about behaviors that are considered to be private (sexual), or which are disapproved of (IV drug use), avoiding the simple translation of messages already being used with non-Hispanic groups. The messages need to be available in Spanish for the 25 percent of Hispanics who do not speak English, as well as for the 60 percent who prefer to speak Spanish. The messages need to be available in English as well, for the 15 percent of Hispanics who prefer to communicate in English, or for whom it is their primary language.

Messages need to use words that are appropriately comprehended by Hispanics. The need to use easily understood words is seen in our recent study in San Francisco (29), where we found that most Hispanic males interviewed did not know the meaning or the referent of the Spanish equivalents for anal or oral intercourse. Similarly, the term active sexual life was misperceived as including only extra-marital and risky sexual practices. The findings imply that the content of messages directed to Hispanics will need pretesting in order to eliminate scientific jargon and to identify those words that are properly understood by the majority of the population.

Credible channels of information. The choice of appropriate diffusion channels and of media is significant, and designers of interventions should not assume that expensive electronic media are more effective than print media, or the less expensive pamphlets, fliers, posters, or billboards. Regional media usage surveys (30, 31) have found that radio may be a more important electronic medium than television for this purpose and that Spanish-language newspapers are not as frequently read as might be expected.

An analysis of the difficulties in reaching Hispanics who are involved in high risk behavior points to the need for reaching them by community-wide information dissemination campaigns and through the efforts of concerned relatives and friends (29). Such persons may be expected to be willing to intervene as a result of such deeply held cultural values as familialism and collectivism. Experience with Hispanic smokers who quit cigarettes with another person's help showed that 65 percent quit with the help of a close relative (32).

Conclusion

Culturally appropriate interventions can be attained through messages that incorporate culture-specific conceptualizations of the problem, that take into consideration cultural values, and that utilize appropriate channels for diffusion of the information. Efforts to provide culturally appropriate interventions are called for not only because Hispanics are overrepresented in the number of AIDS cases reported, but because there are indications that little behavioral change is taking place among Hispanics to prevent HIV infection (33). Culturally appropriate interventions can reduce the proportion of Hispanics becoming infected and, in the long run, decrease the number with AIDS.

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