

what are Latinos' HIV prevention needs?

are Latinos at risk?

Yes. HIV has become a major threat in Latino communities, many of which were disadvantaged even prior to HIV due to minority status, economic disparities and language barriers. Latinos in the US are disproportionately affected by HIV, accounting for 17% of total AIDS cases while comprising only 9% of the population. Latino children account for 12% of the population under 13, but 24% of pediatric AIDS cases.¹

*HIV prevalence among Latinos in the US varies strongly by region. A high rate of HIV exists among Latinos in the Northeast where many Latinos from Puerto Rico and the Dominican Republic live, reflecting the geography of injection drug use in the US. Much lower rates are reported for Latinos in the West/Southwest, where many Latinos of Mexican and Central/South American origin live.*²

In 1994, 41% of all AIDS cases among Latino men occurred in men who have sex with men, 36% among injection drug users (IDUs). In the same year, 46% of AIDS cases among Latino women were due to heterosexual contact, 39% due to injection drug use.¹

*Among Latino gay/bisexual men, rates of HIV infection are increasing faster than among white gay/bisexual men—a 40% increase for Latinos from March 1993 to June 1994, compared to 29% for whites.³ These rates are likely underestimates because many Latino men who have sex with men do not self identify as gay/bisexual.*⁴

what are the factors for risk?

Latinos in the US are a multi-ethnic and multi-cultural population, representing over 30 geographic regions. HIV risk among Latinos varies depending on level of acculturation,⁵ life-style, where they were born, and where they live in the US.⁶

A telephone survey found that Latino married men (18%) are two times more likely to have multiple partners than are non-Latino whites (9%). In addition, 60% of unmarried Latino men reported multiple sexual partners in the last 12 months.⁷ Another survey found that only 20% of Latinos with multiple partners report using a condom regularly with their primary partner, and 29% with their secondary partner.⁸

Cultural influences such as *machismo*, *familismo* and homophobia may be internalized by Latino gay men and make safer sex practices difficult. *Machismo* dictates that intercourse is a way to prove masculinity. For gay Latinos, *familismo* can create conflict because families perceive homosexuality as sinful. Familial support is often achieved through silence about sexual preference, instilling low self-esteem and personal shame among Latino gay men.⁹

*Among Latinos, Puerto Ricans have the highest prevalence of illegal drug use. This may be partially explained by the fact that 70% of Puerto Ricans living in the US live in New York City, New Jersey and Chicago, where rates of poverty are higher and the availability of illegal drugs is higher than in other parts of the country.*¹⁰

what are barriers to prevention?

Traditional interpretations of cultural values and gender roles may be barriers to maintaining safer sex practices for many Latino women. In a survey, 67% of Latino women reported never using condoms with their steady partner. In a traditionally machista society, women often do not talk to men about sex because it suggests promiscuity, and frequency and type of sex is most often determined by men.¹¹

*A strong relationship exists between cultural and societal homophobia and HIV risk. A study of Mexican gay/bisexual men in Juarez, a Mexico/US border town, found that unsafe sex was significantly higher among older men, factory workers, men who preferred anonymous partners, and men with a history of at least one STD. These men may be unwilling to confront societal attitudes and prejudice around homosexuality.*¹²

Says who?

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what can help in prevention?

Greater understanding of and respect for Latino cultures will lead to better HIV prevention efforts. Prevention programs for Latinos must take into account cultural characteristics including *familismo*, *simpatía*, and *personalismo*.¹³

- *Familismo*, or the importance of the family as a social unit and source of support, can be a barrier to educators, with whom Latino clients may not share their concerns. On the positive side, it can be a powerful factor to motivate behavior change.
- *Simpatía* refers to the importance of polite social relations that shun assertiveness, negative responses and criticism. Educators need to be aware that Latinos may appear to agree with a message that they may not understand or intend to follow.
- *Personalismo* refers to the preference for relationships that reflect familiarity and warmth. HIV information and service delivery is most effective when workers establish warm relationships and ask questions about family and shared experiences.

For HIV prevention to make a difference, Latinos must attempt to break the silence about sexuality in their communities, address homophobia, and address specific cultural aspects that may be detrimental to healthy sexuality, such as not allowing power for women, and encouraging men to prove their masculinity through intercourse.

what's being done?

Few prevention programs addressing Latinos have been evaluated, and effective behavior change models are still being developed. However, promising programs incorporate extensive preliminary work in targeted Latino populations,² use Latino peer educators, stress empowerment and self-esteem building, and expand beyond issues of HIV to incorporate broader issues of relationships, family, and culture.

*Porque Sí, an AIDS education video developed for and tested by Latinos, was used at an STD clinic in the South Bronx, NY. Some clients at the clinic were offered the video, or video and interactive group session, as well as coupons for free condoms. Latino clients who saw the video and participated in group sessions were almost twice as likely to redeem coupons as clients who did neither.*¹⁴

*Hermanos de Luna y Sol, an ongoing intervention for Latino gay/bisexual men in San Francisco, CA, attracts clients by appealing to brotherhood and the family of gay men. The first group session deals with the common history of oppression among Latino gay men, including issues of homophobia, machismo, sexual abuse, racism and separation from family and culture. AIDS and sexuality are then discussed in the second session.*³

*An AIDS prevention program for Latino youth in Boston, MA, used Latino peer leaders to help teens reduce unprotected sex. They held workshops in schools, community organizations, health centers and in teens' homes, and distributed kits with condoms and instructions. The program did not increase sexual activity for the teens; males were less likely to start sexual activity and females less likely to have multiple partners.*¹⁵

what still needs to be done?

Very few evaluated prevention programs have targeted Latino drug users or men who have sex with men, the two groups most affected by HIV. Programs for heterosexual couples should target both partners, and women should receive routine prenatal HIV counseling and voluntary testing. Prevention programs need to address these populations with Latino-only studies. Many studies include multi-ethnic populations, making it hard to identify Latino-specific findings.²

The social and political climate in the US today poses serious problems for effective HIV prevention in Latino communities. Policy on immigration and mandatory HIV testing contribute to an environment of powerlessness and discrimination. Latinos, like many communities greatly affected by AIDS, need greater access to education, health care and social benefits. A comprehensive HIV prevention strategy uses many elements to protect as many people at risk for HIV as possible. Effective and equitable prevention programs for Latinos should become a national and local priority.

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