Hispanic Culture: Effects on Prevention and Care

Barbara V. Marin, PhD

Cultural appropriateness must be the overriding consideration in developing AIDS prevention programs for Hispanic populations. Only those strategies that respect and reflect Hispanic culture will be effective in slowing the epidemic. Combined with information about demographic data, linguistic characteristics, and epidemiologic variations of HIV among subgroups of Hispanic people, cultural information enables educators and counselors to approach Hispanic populations on their own terms.

This article outlines cultural attitudes and values important for AIDS prevention in Hispanic communities in the United States and presents initial data on reactions of Hispanics to AIDS prevention. Much of the information on culture is drawn from a variety of studies looking at Hispanic culture, using both anthropological and psychological methods of data collection. The information specifically related to HIV disease and Hispanics is drawn largely from a program of research conducted over the last 4-1/2 years involving both face-to-face and telephone interviews with about 1,300 Hispanic and more than 200 non-Hispanic White respondents. The cultural issues described here are necessarily generalizations. It should be kept in mind that acculturation processes, personality, and subgroup differences will have powerful effects on the values held by individual members of any culture.

Culture represents a particular set of values, norms, attitudes, and expectations about the world that shapes the personalities of those reared in that culture. While the fundamental cultural beliefs are similar for individuals from different Latin American countries, many of the outward signs of culture (food, national holidays, dress) are quite different. As Hispanics become acculturated in the United States, these values may weaken but may also continue even among second generation Hispanic Americans.

Familismo

One of the most important Hispanic cultural characteristics is familismo: the emphasis on the family as the primary social unit and source of support. The strong familial orientation creates a number of obligations as well as a source of perceived support in times of trouble. In general, Hispanics feel a need to consult with other family members before making decisions, feel an obligation to help others in the family, both economically and emotionally, and express more openly love and nurturing toward their children. Hispanics manifest these tendencies by spending more time and effort than non-Hispanic Whites in maintaining family relationships. In addition, familismo means that Hispanics may avoid discussing their problems outside the family circle. While these characteristics are present among members of other cultural groups, they are not as strong, and must compete with a more developed sense of individualism and competition that mainstream U.S. culture fosters. Individualism is weaker among Hispanics because it is incompatible with the predominant tendency toward collectivism and is perceived as selfish.

Among familiaristic Hispanics, where children and fertility are highly valued, HIV prevention is complicated. These factors may inhibit the use of condoms precisely because they prevent pregnancy. The importance of children may also increase the willingness of seropositive women to carry pregnancies to term.

Another implication of familismo in Hispanic culture is related to drug treatment. In general, treatment programs are designed as a substitute for absent families among more isolated non-Hispanic Whites. Hispanic drug users are more likely to have access to their own families for support and are less likely to seek solutions to their problems in group settings. This makes most drug treatment programs seem inappropriate to them.

The power of familismo may be harnessed to stop the spread of HIV. The impact of AIDS on the family and especially on children could be a key factor in motivating behavior change among Hispanic individuals at high risk. A 1990 San Francisco study of 400 smokers found that Hispanics were more concerned than non-Hispanic Whites about the response of family members to smoking, the ways in which smoking set a bad example for their children, and the negative effects of smoking on the environment in which they were raising their children.

Professionals must look beyond superficial perceptions of cultural differences to understand more subtle variations and their implications for HIV-related programs.

Due to familismo, Hispanics may also be highly motivated to talk to other family members about prevention. Non-Hispanic Whites indicated frequently that talking to someone else about changing their behavior to avoid AIDS would infringe on personal freedom or constitute invasion of privacy. Hispanics made no such comments. They were much more willing to intervene with family regarding HIV disease and sexuality, mentioning it as an obligation to protect their loved ones from infection.

Simpatia

The concept of simpatia has no direct translation in English, but refers to the importance of smooth social relations. This central Hispanic cultural value shuns assertiveness and direct criticism and leads to a social script emphasizing politeness and respect. Simpatia is essentially the opposite of confrontation; any AIDS prevention activity that requires confrontation, such as insisting on condom use with a sexual partner or confronting a drug user in treatment about his or her habit, may seem inappropriate because it challenges personal dignity. Indeed, the idea of Hispanic couples negotiating any sexual behavior is unusual.

A more appropriate approach might be to aim prevention messages at men and women individually: Hispanic men could be educated about condom use, and Hispanic women could be informed about methods for avoiding HIV infection that they can control, such as using spermicidal foams and jellies. Some HIV prevention workers suggest that women use spermicides alone, rather than nothing at all, although no conclusive studies prove these products effective in killing HIV under such circumstances.

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He. et al. Simpatia as a cultural script of Hispanics. J. direct evidence about Hispanic beliefs about planning, statements MARCH FOCUS by some Hispanics suggest that they avoid planning for future ready to quit smoking, I'll quit. I don't need to set a date. Fatalism is often a characteristic of agricultural societies, which are subject (conceptions of time.) Hispanics have a more flexible conception of punctuality and wait longer before declaring someone as "late." Time Orientation not considered as important as interpersonal relationships. In addition, "saving time" is seen as less important than maintaining smooth and warm social relationships. Caregivers who focus one of the same age as the drug user. While Hispanics are most by an authority figure even if they do not understand it. provide preventative information to a drug user at risk for HIV infection, 40 percent of Hispanics and 18 percent of non-Hispanic Whites preferred some­thi...
Manifestations of HIV Disease among Hispanics

Bárbara S. Menéndez, PhD

HIV disease has had a devastating effect on many Hispanic communities in the United States. Although Hispanics represent only 8 percent of the U.S. population, they comprise 16 percent of adults and adolescents with AIDS. Among military service applicants Hispanic males were more than three times as likely to test HIV antibody positive than White males, while for Hispanic female applicants, the rate was double that of White females. The mean survival time from AIDS diagnosis to death is shorter for Hispanics and Blacks than it is for Whites, as shown by Rothenberg and colleagues in a 1987 New York State study. Among women and children with AIDS, Hispanics are dramatically overrepresented, and among the variety of Hispanic cultures in the U.S., Puerto Ricans have the highest rates of HIV disease. The increased risk of HIV infection among Hispanics is attributed to intravenous (I.V.) drug use, heterosexual contact, and perinatal transmission.

Several problems emerge when, as is often the case, non-Hispanics interpret a common language and shared heritage to mean that Hispanics comprise an homogenous group. Instead, this established relationship could be attributed to race or ethnicity. As AIDS demographics change and more people of color become infected, it is important to determine whether HIV disease manifests differently among different populations, how these variations express themselves, and whether this suggests the need for different diagnostic and treatment approaches. But, determining these differences and identifying ethnic-specific effects of HIV on Hispanics is a complex task. Based on the scant information available to date, this report examines what is known about the clinical manifestations of HIV disease among Hispanics.

Frequency of Opportunistic Conditions

Surveillance data of AIDS cases reported nationwide through September 1990 show that the most common presenting opportunistic diseases affecting Hispanics were, in descending order, Pneumocystis carinii pneumonia (PCP), Kaposi's sarcoma (KS), cryptococcosis, esophageal candidiasis, tuberculosis (TB), histoplasmosis, and isosporiasis, a diarrheal disease caused by the parasite isospora belli. In addition, in certain Latin American countries, specific HIV-associated opportunistic diseases, such as oral and esophageal candidiasis, cryptosporidiosis, and TB, are more common than they are in the U.S. An autopsy study of two Mexican populations with AIDS found KS to be more prevalent among people of higher socioeconomic status, while toxoplasmosis was higher among those from the lower class. Finally, cases of histoplasmosis and toxoplasmosis probably represent reactivation in immunosuppressed people of pre-existing latent infections possibly originating in Latin American countries of birth.

Beyond these data, little can be concluded about race and ethnicity, and frequency of HIV-related opportunistic conditions. What is clear is that gender, risk behavior, and social factors have important influences on rates of conditions, and that these influences may be reflected in data concerning race and ethnicity.

Social Influences on Clinical Manifestation

Social and behavioral factors play a role in determining the clinical spectrum of HIV disease. The greater frequency of some opportunistic infections such as toxoplasmosis among poor I.V. drug users may be the result of their lifetime exposure to different pathogens. For example, use of unsterile needles by I.V. drug users may increase the likelihood that once they are HIV infected they will develop pneumonia or hepatitis B. Poverty, crowding, and other deleterious social and environmental factors, which interface with race and ethnicity, may contribute to excess rates of tuberculosis among I.V. drug users.

Access to treatment can also affect disease progression and survival rates among Hispanics, who often are uninsured and have difficulty obtaining drugs to prevent opportunistic infections. Hispanics have been underrepresented in clinical trials of AZT and other drugs, and there are several possible reasons for this problem. First, many clinical trial programs have not had recruitment strategies for reaching women, low-income, and minority populations until recently. Second, I.V. drug users have been perceived as non-compliant and thus poor candidates for drug trials. Finally, although surveillance data shows that Puerto Rico has the second highest AIDS rate when compared to other states in the U.S., drugs to treat HIV disease are often difficult to obtain and unaffordable for most patients. Much of this problem is the result of the disproportionately low influx of federal AIDS funding to Puerto Rico. (Since Puerto Rico is a Commonwealth, the U.S. government is allowed a greater range to arbitrarily allocate AIDS funding at lower levels.)

Conclusion

Epidemiological evidence clearly suggests that Hispanics in the U.S. are infected with HIV and die from AIDS at disproportionately high rates, but it appears that Hispanics are affected by the same spectrum of AIDS-defining conditions as other racial and ethnic groups. While there are some racial and ethnic differences in the prevalence of certain opportunistic diseases, there are no clear data indicating that the disproportionate rate of death among Hispanics is connected to biological factors associated with race or ethnicity. Instead, this established relationship could be attributed to socioeconomic and behavioral factors present in Hispanic communities including: limited access to health care and housing; lack of continuity of care; restricted educational opportunities; a greater concentration of needle sharers among Hispanic I.V. drug users; and a reluctance to seek medical care until late in an illness for a variety of reasons including poverty and fear of deportation among undocumented workers.

Data collection problems make it difficult to draw more specific conclusions about the course of HIV disease or types of opportunistic conditions that are most common among Hispanics. Additional studies are necessary to clarify these factors further so that appropriate ethnic-specific, targeted prevention and intervention programs can be developed and implemented.

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References


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Recent Reports


Thirty-two percent of Hispanics in the United States lacked insurance for medical expenses, compared to 13 percent of the general population, according to a 1989 Census Bureau survey. The survey of 145,000 subjects, including 14,000 Hispanics, found that 37 percent of Mexican Americans, 20 percent of Cuban Americans, and 16 percent of Puerto Ricans lacked public or private health insurance. While 68 percent of Whites had private insurance, only 44 percent of Mexican Americans and Puerto Ricans, and 56 percent of Cuban Americans had this coverage.

The survey was potentially compromised in its validity for the Hispanic population because while Spanish-speaking interviewers were available, the study questionnaire was not translated into Spanish and the survey was not designed specifically for Hispanics. In an earlier survey of 13,000 Hispanics, conducted by the National Center for Health Statistics from 1982 to 1984, nearly 40 percent of un insured subjects had not seen a physician in the past year, and nearly 30 percent of uninsured Mexican Americans reported never having had a routine physical examination.


A review of HIV infection among Latinos in the United States provides a comprehensive examination of the economic, social, and cultural context of AIDS and seeks to account for the disproportionate infection rates in this population.

The authors define the Latino population in the United States, the epidemiology of AIDS among Latinos—examining factors such as type of exposure, gender, age, incidence among children, and place of birth and ethnicity—and HIV-related knowledge among Latinos. They go on to discuss behaviors—intravenous (I.V.) drug use, heterosexuality and gender socialization, and homosexuality and bisexuality—their cultural contexts in the Latino community, and their relationships to HIV transmission.

Among the studies cited are: one that showed that Puerto Ricans are not commonly rejected by family members, particularly wives and mothers, for drug use or for incarceration that may result from drug use; another found that a widespread belief that Hispanic men should exercise authority over women encourages extramarital sexual activity, the belief that women have the ability to endure suffering caused by men, and the role of the wife to sustain the family emotionally and financially; and a third found that more sexually active single men in Mexico identified as bisexual than their White counterparts in the United States.


Life enhancement counseling (LEC), a technique that promotes medical intervention by influencing and strengthening an individual's informal and formal social support, can be effective for counseling Hispanic men with HIV infection. Using LEC, counselors assess the supportive roles family members have in clients' lives, and then work with clients and, in many cases other family members, to restructure relationships so they are more supportive of clients' health care needs.

A study of 32 infected men, including 13 Hispanics, examined the role of LEC. The technique was expected to be particularly effective among Hispanics because of the central role of the family in Hispanic culture. In fact, 16 percent of Hispanic subjects lived with parents, compared to none of the non-Hispanic subjects.

Hispanic gay men in the study relied almost exclusively on family members—including lovers and close friends—for emotional support, despite the existence of significant conflict in many of these relationships. One-third of Hispanics, compared to five percent of non-Hispanics, experienced overprotection and overinvolvement from families, and this contributed to their increased sense of shame and isolation. In some cases, this interfered with subjects' abilities to effectively seek medical treatment.

LEC techniques are used to acknowledge and redefine the role of the family. For example, when a mother sought to shield her son from necessary treatment because she feared it would increase his son's anxiety, a counselor began by acknowledging the mother's positive role as decision-maker and protector of the family. By respecting the mother's place, the counselor was able to gain her support and help her define the most effective way to maintain her son's health: seeking treatment to protect him from disease rather than resisting treatment to protect him from his fears.


A report recently presented to the Food and Drug Administration's Antiviral Advisory Committee received widespread media attention when it concluded that Blacks and Hispanics, unlike their White counterparts, did not benefit from early treatment with ZDV (AZT). Earlier published results from two long-term National Institutes of Health studies, which did not examine differences by race or ethnicity, showed that all populations benefited from early treatment. The VA researchers urged caution when interpreting these results pending publication of these data and a second, larger study, and many clinicians have expressed reservations about the study and it's methodological problems.

Next Month

Primary relationships—the relationships between gay and lesbian partners, unmarried heterosexuals, and spouses—may be the most important in providing emotional support to people with concerns about HIV infection. They are also the most complex, and dealing with HIV disease further complicates them. In the April issue of FOCUS, Robert Paul Cabaj, MD, Medical Director of Mental Health/Substance Abuse Services at the Fenway Community Health Center in Boston, defines the impact of HIV disease on couples, the couples counseling approach, and the application of couples counseling and other interventions in this setting.

Also in the April issue, Gloria C. Horsley, RN, MS, a private practice Clinical Nurse Specialist and a Marriage and Family Therapy Intern at the AIDS Health Project, discusses family therapy for people with HIV-related concerns.

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