



# HIV COUNSELOR PERSPECTIVES

## Latinos and HIV

Latinos are the largest, fastest growing ethnic minority group in California, and in the United States as a whole.<sup>1,2,3</sup> They are also among the racial/ethnic groups hardest hit by the AIDS epidemic. Nationally, rates of AIDS cases, new HIV infections, and numbers of people living with HIV are all higher for Latinos than for Whites.<sup>1</sup> Among Californians, the number of Latinos living with AIDS grew almost 130 percent between 1996 and 2006—the largest percentage increase for any racial or ethnic group. Latinos in California are also diagnosed with HIV at a significantly younger age than people in other racial and ethnic groups.<sup>4</sup>

While this issue of *Perspectives* explores some of the experiences of Latinos with HIV, it is important for counselors to remember that there is no single “Latino” community. The terms “Latino” and “Hispanic” identify people of any race who are of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, and Spanish descent, both recent immigrants and people whose families have lived here for generations. Many

factors, including economic class, level of acculturation, gender, sexual orientation, substance use, and age also contribute to the diversity of Latino experiences of HIV.

### Systemic Barriers

Many Latinos face systemic barriers to HIV prevention and care services. In California, the median personal income of Latinos is less than two-thirds that of Whites, 60 percent of those who lack health insurance are Hispanic, and some health care settings do not offer providers who speak Spanish and other languages that some Latinos speak.<sup>3,5</sup> Of particular concern to HIV program planners and service providers is the problem of lack of adequate interpretation services, which often means that clients who do not speak or read English must rely on someone they know to interpret. This breaks the confidentiality of the session and may reduce the client’s willingness to talk about highly stigmatized personal behaviors such as sex, homosexuality, and substance use.

Undocumented people face an additional barrier: the concern that their immigration status will be

reported if they seek health care. Programs that seek to provide HIV services to Latinos, particularly immigrant Latinos, must be sensitive to all of these concerns.

### Cultural Values and Barriers

Some traditional Latino cultural values and norms may also relate to the context of risk for HIV. For example, *familismo* is the idea that the family is the center of life and that family identity is more important than individual identity. In many situations, family can provide strong support. But, since every action a person takes reflects on the entire family, a client might be reluctant to learn or disclose his or her HIV status for fear of its impact on them and their reactions.<sup>3</sup> Some gay and injection drug-using Latinos might also be afraid to reveal these identities for fear of bringing shame to their families.

Restrictive gender roles for both sexes can also create an environment of disempowerment.<sup>6</sup> *Machismo* encourages men both to be sexually aggressive and to constantly prove their masculinity and strength (for example,

by taking risks or by avoiding showing fear or sadness).<sup>6</sup> Men are seen as virile to the point that their sexual desire may not be under their own control. *Marianismo*, the opposite of *machismo*, mandates that women be like the Virgin Mary—pure, asexual, long-suffering, and that they give in to their husband’s demands. Women who know and talk about sex openly might be considered promiscuous. Each of these roles has the potential to hamper HIV prevention, since avoiding HIV often requires conversation about sex, negotiating the needs of both partners, and some control over sexual behavior.

of sexual silence all affect gay and bisexual Latinos’ self-esteem and their ability to be open about their sexuality with others,<sup>3</sup> including HIV service providers.

The interpretation and importance of these norms varies within and between Latino communities and among Latino individuals. Further, many of these values can have both positive and negative effects on HIV prevention efforts. For example, the desire to be a “strong family protector” can also support men in making choices that prevent HIV transmission in their families.<sup>6</sup> It is also critically important that counselors not make assumptions about their

cultural values to HIV risk is not simple, as we will examine below in the discussion of acculturation and risk.

### The Complex Role of Acculturation

Acculturation is the complex process of adapting to a new set of dominant cultural values, customs, languages, and expectations. For Latino Americans, acculturation may occur across generations in the United States or as immigrants adapt to American life.

While the process of becoming more and more “Americanized” has been associated with higher income, more education, more knowledge of HIV risk, more condom use, and greater willingness to seek medical treatment,<sup>9</sup> it has also been associated with a greater number of sexual partners, earlier age of first sexual experience, more “negative” (passive, avoidant, depressed) coping styles, and greater substance use.<sup>7,9</sup> Some researchers suggest that the less connected network of social and family ties typical of life in the United States leaves more acculturated Latinos vulnerable to psychological stress and poor health outcomes.<sup>3</sup> Others suggest that the process of adapting to life as a member of a marginalized minority has a negative impact on Latino health.<sup>10</sup> More research is needed to understand these complex relationships.

### Who’s at Risk?

Three groups make up 90 percent of new HIV infections among Latinos in the United States: men who have sex with men (55 percent to 59 percent), women who have

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Discomfort with communication about sex (sometimes called “sexual silence”), even within the family, can have consequences ranging from a lack of knowledge about sexual activity, sexual health, and condom use to an inability to negotiate sexual acts or safer sex with a partner or admit the possibility of infidelity in a married relationship.<sup>7</sup> The mandate for heterosexual marriage and children, the imperative to demonstrate traditional gender roles, the Roman Catholic and evangelical churches’ admonitions against homosexuality, and the culture

clients’ experiences or abilities based on these ideas. It would be disempowering, for example, for a counselor to approach work with Latina clients as if they were “victims of machismo.”<sup>8</sup> Instead, counselors should work with Latinas to explore options for talking with partners about sex, having sex in ways that are comfortable to them, and taking steps to reduce their risk for HIV.<sup>8</sup> Finally, many of the norms and values discussed are held not only by Latinos, but also by many other cultural groups, including the U.S. culture at large. The relationship of

sex with men (at least 20 percent), and people who inject drugs (12 percent to 16 percent). This is illustrated in the chart on page 3, “New Infections Among Hispanics, 2006, by Transmission Category.”

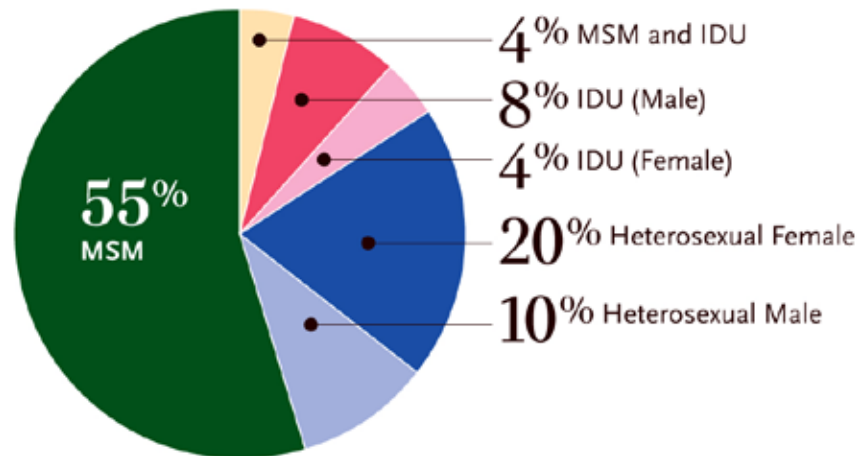
#### *Men Who Have Sex with Men.*

Men who have sex with men make up the majority of new cases among all Latinos in the United States.<sup>11</sup> This category includes men who identify as heterosexual who have sex with men as well as openly gay and bisexual men. Many of these men are married to women and may be reluctant to disclose the fact that they have sex with men.

Some researchers have suggested that poverty, racism, and homophobia act together to create an oppressive environment for Latino gay men—and one that increases their HIV risk. A 1999 study of 912 Latino men who have sex with men in New York, Miami, and Los Angeles found that men who reported unprotected anal sex with a recent, non-monogamous partner also reported higher rates of homophobic experiences, racism, and poverty than men who did not report recent unprotected anal sex.<sup>12</sup>

*Hombres Sanos*, a 2006 San Diego social marketing campaign, specifically targeted heterosexually identified men, including both men who had sex only with women and men who had sex with both men and women. It used Spanish-language print materials such as posters, cards, and comic books that focused on condom use during sex with other men, and noted that condom use could help keep same-

### New HIV Infections among Hispanics, 2006, by Transmission Category



Reprinted from: Centers for Disease Control and Prevention. *HIV/AIDS Among Latinos*. Atlanta: Centers for Disease Control and Prevention, 2009.

sex practices secret.

Interventions that combine outreach, testing, and other health services have also been successful in drawing Latino men to HIV services. A recent UCLA pilot study of young Latino men who have sex with men found that offering a combination of services, including targeted outreach at Latino-oriented gay clubs, incentives for testing, and linkage to medical care for HIV-positive clients, was especially successful in attracting Latinos, men under the age of 25, men who had had sex with an HIV-positive person, and men who had used methamphetamine.<sup>13</sup>

A small, qualitative study published in 2007 found that many Latino men who have sex with men immigrate to the United States to escape homophobia in their home countries and to enjoy greater sexual freedom. Most participants reported that sex was easily accessible and that they had frequent sexual encounters, in part because of the large gay pop-

ulation in New York, the anonymity of the city, and the fact that lack of English skills and lack of money were not barriers to having sex in public venues such as parks.<sup>14</sup>

*Women Who Have Sex with Men.* Most Latinas with AIDS in California reported heterosexual contact as their means of transmission.<sup>4</sup> A 2009 study by the Los Angeles County Department of Public Health found that compared with White and Black women with AIDS, Latinas had significantly fewer lifetime sexual partners, were less likely to trade drugs for sex or money, and were less likely to report injection drug use.<sup>15</sup> It is important for test counselors and those designing HIV prevention interventions to understand that because of this comparatively “low-risk” behavior, many Latinas who are at risk may not see themselves as vulnerable to HIV.

As with women of other ethnicities, Latinas face sexism and racism that can contribute to their disempowerment in sexual negotiations.

Even women who suspect that they may be at risk for HIV may fear such discussion with partners because of concerns that they will lose financial support, or suffer emotional or physical abuse.<sup>16</sup>

To address some of these problems, *Salud, Educación, Prevención y Autocuidado* (SEPA) uses trained bilingual, bicultural Latina facilitators to lead participants through a six-session program. It is aimed at improving HIV knowledge, partner communication, risk-reduction behavioral intentions, and condom use.<sup>17</sup>

**Injection Drug Users.** For Latino men, injection drug use is a more common means of HIV transmission than it is for White men.<sup>18</sup> For Latinas, it is associated

with only a slightly greater percentage of infections than for White women.<sup>18</sup>

*Modelo de Intervención Psicomédica* (MIP) is an effective behavioral intervention developed specifically for Latinos, and targets Latino injection drug users. MIP combines individualized counseling with seven sessions of intensive case management over a period of three to six months. In addition, participants are offered help accessing health care and other social services, entering drug treatment, and recognizing triggers to relapse.<sup>19</sup>

## Conclusion

Because of the tremendous diversity among Latinos, the California State Office of AIDS notes that any

“one size fits all” approach to HIV prevention and treatment with Latinos may be ineffective.<sup>4</sup> The same is true for HIV test counseling—as always, it is a client-centered intervention. Although some Latinos experience obstacles to HIV prevention that relate to systemic barriers and cultural expectations, it is important that HIV test counselors let clients define themselves rather than make assumptions about them based on their ethnicity. While an understanding of how racism, sexism, and homophobia might have shaped a client’s experience may be helpful, counselors can best serve clients by supporting them in recognizing their own resilience and resources, and identifying their own HIV risk-reduction options.<sup>8</sup> ■

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## Counselor Voices

### Norma Sanchez Fresno County Department of Public Health

Norma Sanchez has been an HIV test counselor for 10 years, and works primarily with Latino clients at the Fresno County Department of Public Health. She speaks in a warm, confident voice, with an obvious affection for her work, which includes not only HIV test counseling, but also delivering Partner Services.

When asked what typically brings her clients in to test, she replies: “I’d say about 40 percent or more of the people I see who test positive are ‘late testers.’ Many find out when they are diagnosed with another STD, or become ill. Most are married men living in the city who also have sex with men,” so confidentiality is a major concern. “You really have to earn their trust. When I tell them that what they tell me is so confidential that I cannot even be subpoenaed by a judge, and that I won’t even acknowledge them in the future unless they do so first, they feel very comfortable.”

Norma feels that her own experiences and ethnicity help her clients know that she is a safe person to confide in. “I’m from Mexico myself—actually a very poor part of Mexico, and I understand the stigma that especially some of the older men in their 50s may have been raised with regarding homosexuality. I try to show compassion and acceptance through my body language and my words, because if you make clients feel shameful, they will not open up.” While she says, “I try to let clients know that if they are gay, it’s OK,” she emphasizes the

importance of letting clients define their own identities, realizing that “many of these men do not see themselves as gay, and if you label them that way, they will shut down.

“To serve our clients,” she continues, “you have to have the skills, and you have to have the personality. If you don’t like to talk about sex, you are in the wrong place.” Part of her success comes from letting her clients know that she wants to learn from them: “When you ask clients to educate you, when they have the power to teach you, they are usually willing to open up. For example, one client early on told me about glory holes. I said: ‘I don’t know about this. What can you tell me?’” and the client described the sex he was having in a



it.” Social and economic pressures also influence how women react: “If the husband is providing for them, she won’t say anything. Also, she would have to explain to people why she was leaving him.”

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way that allowed Norma to assess his risk for HIV.

Many of the female clients Norma works with decide to test because their husband has already tested HIV-positive. Although Latinas have a variety of responses to learning they may have been exposed to HIV, she emphasizes that many of her clients are primarily concerned with preserving and protecting their families: “Most couples are still married. Some women say, ‘I have always known that my husband was having sex with men.’ Some have heard rumors, but choose not to ‘see’

Part of supporting her clients is “letting them know that it is OK to hold off on disclosing their results to family and friends until they are ready. Group education and role-playing with other HIV-positive people can help—it takes away a lot of the fear.” Providing a welcoming atmosphere for counseling and testing and other prevention services is critical because “they don’t know what is going to happen next, and many times they don’t have a support system in place. Warmth and friendliness go a long way. We genuinely love what we do.” ■

# Test Yourself

## Review Questions

1. True or False: In California, the number of Latinos living with AIDS nearly tripled between 1996 and 2006.
2. Many Latinos face systemic barriers to accessing HIV prevention and care services. In this article, some of the systemic barriers discussed include: a) lack of income, lack of health insurance, and lack of adequate interpretation services; b) lack of health insurance, lack of adequate interpretation services, and lack of transportation; c) lack of employment, lack of transportation services, and lack of adequate interpretation services; d) all of the above.
3. In the “Counselor Voices” section, what proportion of Norma Sanchez’ clients did she say are “late testers?” a) 20 percent; b) 40 percent; c) 63 percent; d) 70 percent.
4. One intervention targeting heterosexually identified Latino men is a) *Hombres Sanos*; b) *Salud, Educación, Prevención y Autocuidado*; c) *Modelo de Intervención Psicomédica*; d) all of the above.
5. True or False: Traditional values such as *machismo* can both help and hamper HIV prevention efforts, depending on the behaviors the values support.
6. Discomfort talking about sex, even within families (sometimes called “sexual silence”) can affect a person’s: a) knowledge about sexual health matters; b) use of condoms; c) ability to negotiate safer sex with a partner; d) all of the above.
7. True or False: Acculturation leads to reduced HIV risk.

## Discussion Questions

1. What proportion of the HIV testing clients your site serves are Latino? Can you think of any steps your agency can take to make it even more welcoming to Latino clients?
2. What kinds of assumptions might a counselor make about Latino clients that could get in the way of HIV prevention counseling?
3. The article discusses the fact that some men (of all races and ethnicities) who are married to women also have sex with men. How might you counsel a man in this situation who tells you that he is not used to talking with any of his sexual partners about HIV risk? How might you counsel a woman who tests HIV-negative, but suspects that her husband, who does not want to use condoms, has other sexual partners?

## Answers to Review Questions

1. *False. Among Californians, the number of Latinos living with AIDS grew almost 130 percent between 1996 and 2006.*
2. *a.*
3. *b.*
4. *a.*
5. *True.*
6. *d.*
7. *False. The relationship between acculturation and HIV risk is complex. Becoming more “Americanized” has been associated with higher income, more education, more knowledge of HIV risk, more condom use, positive psychological coping styles, and greater willingness to seek medical treatment, but it has also been associated with a greater number of sexual partners, earlier age of first sexual experience, and greater substance use.*



## HIV Counselor PERSPECTIVES

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### Executive Director:

James W. Dilley, MD

**Editor:** Robert Marks

**Author:** Michelle Cataldo, LCSW

**Clinical Advisor:** George Harrison, MD

**Reviewers:** Barbara Adler, LMFT,  
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**Research Support:** Sonia Rastogi

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**Circulation:** Stephen Scott

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### Contact Us:

Michelle Cataldo, LCSW  
UCSF AIDS Health Project, Box 0884  
San Francisco, CA 94143-0884  
415-476-2626  
e-mail: michelle.cataldo@ucsf.edu

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