

LATINO MEN
ASSESSMENT

2008



Assessment Report

Latino Men Community Assessment: *'Late to Test'*

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INTRODUCTION

The U.S. Census Bureau estimates that by the year 2050 the Latino population will have nearly tripled in size to over 130 million, increasing to roughly 30 percent of the nation's population (US Census 2006). Between 2000 and 2006 the Latino population in the U.S. increased by nearly 24% with the largest concentrations of the population (67%) located across five states (California, Texas, Florida, New York and Illinois) (US Census, 2006). Texas is ranked second among states with the largest population of Latinos who account for over one-third of the population (36%). In a one year span (2006-2007), the state reported an increase of 308,000 Latinos (US Census 2006 and DSHS 2008). With the steady growth of the Latino population in the state of Texas and other parts of the U.S., more focus is being directed towards addressing increasing rates of various health disparities among Latinos. One surmounting disparity needing attention is HIV/AIDS. Latinos are increasingly becoming disproportionately affected by HIV. According to a study by Rios-Ellis, et al., in 2005, the annual AIDS case rate for Latinos (24.7 per 100,000) was significantly higher than that of their white counterparts (7.3 per 100,000) and ranked second behind African Americans (71.3 per 100,000) (Rios-Ellis, et. al., 2008). Texas has seen a steady increase in the number of Latinos living with HIV/AIDS. The state is currently ranked 2nd among states with the highest number of AIDS cases and in 2002, there were 10,180 Latinos living in Texas with HIV/AIDS and by 2006 that number increased to over 14,000 (US Census, 2006 and DSHS, 2008).

According to the Texas State Epidemiological Profile, 33% of Latinos diagnosed with HIV progressed to an AIDS diagnosis within one month of their HIV diagnosis and 43% progressed within one year. When compared to their white counterparts, Latinos were noted as being twice as likely to 'test late' for HIV, to present with more opportunistic infections at time of diagnosis and to have lower CD4 counts (CDC, 2006 and Rios-Ellis, et. al., 2008). Thus with the increasing growth of the Latino population and the gradual upward shift in infection rates, more emphasis and attention should be placed on identifying barriers to testing among Latinos, in particular the phenomena of 'testing late' for HIV. Learning more about the phenomena of 'testing late' for HIV and other behaviors that place Latinos at risk for acquiring HIV is critical to understanding how best to avert a potentially devastating epidemic with this population. Studies have shown that early detection of HIV infection can lead to improved clinical outcomes and changes in sexual risk behavior and ultimately disease transmission (Levy, et. al., 2005 and Carpenter, et. al., 1998). Understanding the aforementioned, coupled with first hand and anecdotal knowledge of the growing number of HIV cases among Latinos in the state of Texas, members of the Texas Statewide HIV/STD Prevention Planning Group (TxCPG) proactively sought to examine more closely the phenomena of 'testing late' for HIV among the Latino population in Texas.

In collaboration with the Texas Department of State Health Services (DSHS), the TxCPG commissioned UT Southwestern Medical Center (UTSMC) to conduct a series of rapid community assessments utilizing focus groups and key informant interviews with Latino men in the Valley (Harlingen and Mc Allen), East Texas, South Texas (San Antonio) and U.S.- Mexico Border (El Paso) to explore and better understand the factors affecting HIV testing patterns among Latinos. The results from the assessments would enhance existing knowledge and be used to identify potential areas and strategies for improving HIV prevention efforts with the Latino population in Texas.

METHODOLOGY

Qualitative research techniques (using focus groups and key informant interviews) were used to collect the information from the study participants. Focus groups and key informant interviews were used in particular because of the “depth, quality and richness” of information that can potentially be obtained. Additionally, participants were allowed the opportunity to voice their thoughts, beliefs, opinions, ideas and experiences in a more relaxed and non-threatening atmosphere, thus allowing for a more in-depth understanding of salient and emerging issues. The interviews were conducted throughout Texas in four areas heavily populated with Latinos (East Texas, US-Mexico Border, the Valley and South Texas).

Sample

With the assistance and input from the TxCPG, the Latino Community Assessment began in June 2008 and was completed in September 2008. Eight focus groups and 3 Key Informant Interviews (KII) were conducted with 51 men; 11 were mono-lingual in Spanish and 40 were bi-lingual in Spanish and English. The men were all over eighteen years of age and were either at risk for or living with HIV infection. The men were recruited with the assistance of local TxCPG members in the local area where the assessments took place. The men were recruited using a site-based approach sampling method. In collaboration with UTSMC staff, local TxCPG members who had access to members of the target population identified and recruited study participants for the focus group and key informant interviews. The men were recruited from AIDS service organizations, community-based organizations, treatment centers, local support groups, and community centers. The TxCPG members, along with local agency staff, identified men from their community, explained the purpose of the assessment; and asked if they would like to participate. TxCPG members and agency staff who assisted with recruitment were asked not to divulge the existence of monetary tangible reinforcements to potential participants during their recruitment efforts. The reference to monetary tangible reinforcements was excluded purposefully. UTSMC staff wanted to ensure that potential study participants were not attending solely for financial gain or monetary reward. Approximately, 80% of the men who were approached agreed to participate.

Study Objectives

The objectives of the assessment were to: 1) identify barriers to HIV testing for this population; 2) seek to understand the social and or cultural determinants that influence the decision to not test for HIV; 3) examine knowledge, attitudes, and beliefs about condom use, HIV risk perception, and testing for HIV/STDs; and 4) identify potential opportunities to enhance HIV testing and prevention in this population.

Data Collection

The focus groups and key informant interviews were held in venues secured by TxCPG members in the host cities. The interviews were facilitated by one of four trained UTSMC staff (3 *mono-lingual English speakers* and 1 *bi-lingual Spanish speaker*). During each interview (focus group/KII) there was two staff present. One staff member served as the facilitator while the other staff member served as an observer/note-taker and controlled the audio tape recorder for each interview. The facilitator began by discussing the purpose of the focus group/KII interview, the consent form, confidentiality assurances, and ground rules. Once each participant individually read and signed the consent form they were asked to complete a pre-assessment form. The pre-assessment form consisted of basic demographic information along with a brief section on condom use and sexual risk behavior. Once the pre-assessment form was completed the interview began. The in-depth, semi-structured interviews (KII) were all tape recorded and lasted approximately one hour. The focus groups were also tape-recorded and lasted from ninety minutes to two hours in length depending on the number of participants in the group. At the conclusion of each interview, the participants were thanked for their participation and were given a twenty dollar gift card for their participation.

Data Analysis

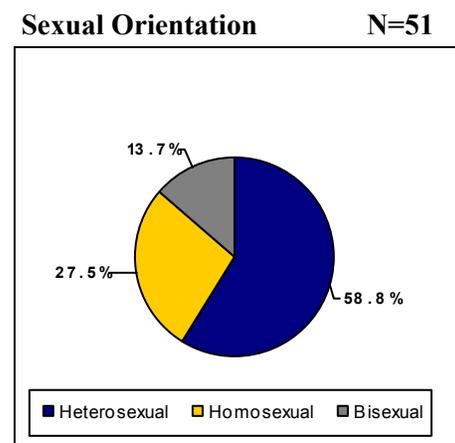
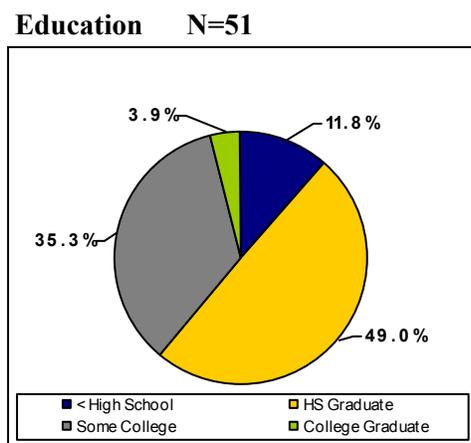
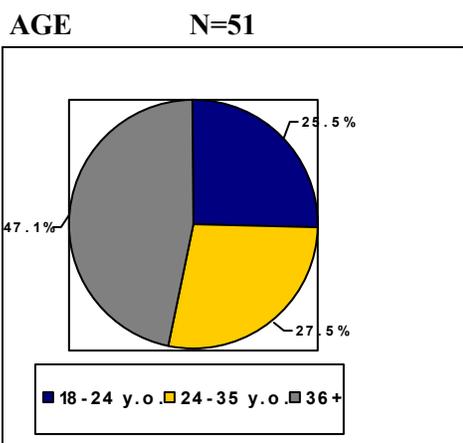
Descriptive statistics (frequencies and proportions) were generated for information collected on the pre-assessment form. ^{see table#} All interviews (focus group and KII) were audio taped and later transcribed by UTSWMC staff. The transcribed data were then analyzed using a thematic content analysis approach. The transcribed data were independently coded by two UTSWMC staff where emerging themes, words and phrases reoccurring frequently throughout the text were identified. The independently coded documents were examined for percent agreement and once consensus was achieved, the resulting data were grouped into one large document and further analyzed by staff. The grouping of the information allowed staff to more readily identify and extract emerging patterns and themes. During the analysis, the responses that were repeated frequently were identified along with more subtle responses and nuances for inclusion into the final report.

RESULTS

Pre-assessment Form Demographics

A total of 51 men were interviewed (see table 1). Three men gave key informant interviews and the remaining 48 attended focus groups. There were a total of 11 men who spoke Spanish only (21.6%), and the remaining 40 (78.4%) men were bi-lingual. The men varied in age: 25.5% were between 18-24 years of age, 27.5% were 25-35 years of age and 47.1% were over thirty-six. Fewer than 12% percent of the men had less than a high school education and the majority of participants either graduated from *high school* (49%) or had completed *some college* (35.3%).

When asked about their sexual orientation, 58.8% of the men responded that they were *heterosexual*, while 27.5% indicated they were *homosexual/gay* and 13.7% stated that they identified as *bisexual*. Over 75% of the participants reported that they were sexually active, 49% reported having vaginal sex with 1-3 women in the last 6 months, of which 17.6% indicated that they had used condoms each time. Twenty-one percent reported having anal sex with one or more men in the last 6 months, of which 17.6% indicated that they did not use condoms. Very few of the participants admitted using recreational drugs (31.4%), injecting heroin (2%), powder cocaine (5.9%) or crack (2%), however 19.6% reported having sex with someone who had injected drugs.



RESULTS CONT'D

Table 1. Male Latino Focus Group and Key Informant Participants

(N = 51)

(N = 51)

Age	N*	How many women vaginal sex last 6 mos?	N*	Have you ever had sex with some one who injected drugs?	N*
18-24	13	none	25	Yes	10
25-35	14	1-3	25	No	39
36+	24	4+	1	DK	1

Education	N*	Condom used each time (above)	N*	Have you ever injected drugs?	N*
< HS	6	Yes	9	Yes	1
High School Graduate	25	No	16	No	50
Some College	18	N/A	25		
College Graduate	2				

Sexual Orientation	N*	How many women anal sex last 6 mos?	N*	Have you ever used any other recreational drugs?	N*
Heterosexual	30	none	40	Yes	16
Homosexual	14	1-3	8	No	35
Bisexual	7	4+	1		
Transgender	0				
Other	0				

Currently have health insurance?	N*	Condom used each time (above)?	N*	Recreational Drugs noted	N*
Yes	27	Yes	2	Marijuana	7
No	24	No	9	Cocaine (powder)	3
		N/A	40	Crack Cocaine	1
				Ecstasy	0
				Meth	0
				Alcohol	1

Been to a Dr in last 12 months?	N*	How many men anal sex last 6 mos?	N*
Yes	32	none	40
No	19	1-3	9
		4+	2

Language	N*	Condom used each time (above)	N*
Mono-lingual	11	Yes	7
Bi-lingual	40	No	9
		N/A	34

Are you sexually active?	N*
Yes	40
No	11

* data missing or left blank

Focus Groups and Key Informant Interview Results

STIs and HIV in the Hispanic Community

Participants were asked what they knew about the problem of sexually transmitted infections, HIV or AIDS in their respective communities.

A majority of the participants from various areas believed that lack of awareness is the reason of the increased rate of HIV/AIDS and STIs in the Hispanic communities. Other similarities among the various areas included sexual silence and lack of protection. Some key responses were as follows:

QUOTES

Regarding sexual silence:

“Even though you are close to your friends and your family, there is just something about sex as a topic that makes you kind of hesitant especially when it comes to STDs its just not something you can approach people with”. - El Paso Participant

Regarding lack of awareness-

“They don’t inform themselves about STDs and different things of that sort. They go back home not knowing what they are carrying and the wife has no ideas because she’s just at home cooking. That’s how they are taught to be or whatever”. – Mc Allen Participant

Regarding lack of protection-

“The main thing is people are not using condoms and that of course... if you are infected with HIV, it brings about other core infections and other STIs that you mentioned. Not only that, once you have a STI, it becomes more aggressive towards your HIV status if you have HIV+”. – Harlingen Participant

Others believed that misconceptions associated with HIV/AIDS, fear of knowing HIV status, and the fear of living with HIV were all reasons why individuals did not get tested.

QUOTES

Misconceptions-

I’ve heard young heterosexual, young Latinos talking about sex saying I’m not gay, but I’m going to have unprotected sex. I’m not going to get HIV because I’m not gay” - Harlingen Participant

Regarding fear of knowing status:

“We’re not being tested or we’re not going to get tested because of our excuses. Sometimes people are scared...They don’t want to hear it”. – El Paso Participant

Participants were asked if sexually transmitted infections and HIV are a major concern/issue in their respective areas.

All of the participants answered yes to this question to both questions.

Information Sources

When asked where they obtained most of their information about HIV/AIDS, participants noted a variety of sources.

The majority of the participants mentioned they received their information from TV commercials, doctors, and agencies they frequent. Other responses included fliers, pamphlets, bars, and research on their own.

Information Sources cont'd

Most of the personal research included online sources such as articles through general search engine searches while other personal research included attending HIV/AIDS education classes. One person stated that his attending the focus group was the first he had learned detailed information about HIV/AIDS. In order to understand what information was retrieved from such sources, interviewers asked participants to expound on the type of information obtained. The overall responses received from the participants were education about HIV/AIDS, the affects of HIV/AIDS, and facts on staying abreast on one's health.

Participants were asked where they received most of their information about STIs.

The responses understandably were the same as the sources for information about HIV/AIDS. However, one person did add that he obtained his information about STIs through personal experience while another person stated his information was received while he was in high school through a health class.

Risk Perception

Participants were asked how people contract HIV/AIDS and what the chances were that they might contract the disease. Several participants believed that they are at risk of contracting HIV/AIDS.

QUOTES

"...when I was a teenager, I contracted gonorrhea or something like that so once you get that several times, you are more at risk for getting HIV or AIDS so that's how I knew pretty much already that I had risky behaviors". – San Antonio participant

Regarding those who did not see themselves at being at risk for contracting HIV/AIDS, two people considered their risk to be less likely. Some participants revealed they were HIV+ during the focus group discussions. Prior to their diagnosis, their perception of risk was skewed but understandably changed once they contracted the disease.

QUOTES

"I was invincible. There was just no way". – San Antonio participant

Attitudes on Condom Use

Participants were asked a series of questions regarding their perception of condom use. The questions that were asked helped interviewers understand how the participants protected themselves from HIV/AIDS and STIs, their opinions on condom use, and condom negotiation.

Participants were asked how they protect themselves from getting HIV/STIs.

Participants who disclosed that they do practice safe sex offered responses such as being tested, being monogamous, not engaging in drug use, and not engaging in intercourse. Some people, on the other hand, noted that they did not use protection. A majority of these individuals revealed that they were HIV+. With this knowledge, those participants were asked how they protected themselves prior to diagnosis.

Most of the people who disclosed their HIV+ status stated that prior to knowing their status, they did not use condoms. Key responses were as follows:

QUOTES

"I didn't like to use condoms because I didn't like the way they feel and I thought by cleaning and mouth washing, I wouldn't get it. Hygiene you know. Douche all that yeah. It didn't help". – San Antonio participant

"I only had one partner, but she was positive and I didn't know it. At that time, I only had one partner, and I wasn't unfaithful to her". – Harlingen Participant

Participants were asked to identify some of the reasons why men do not use condoms when having vaginal sex with someone other than their main sex partner.

A majority of the participants said sex without a condom feels better. Other responses generated from this question were reasons of trust with that partner, fear of condom breakage, and lack of education on condom use.

Participants were also asked for reasons why men do not use condoms when having anal sex.

Many of the responses offered were the same as reasons for not using condoms when having vaginal sex. Other answers that were offered were time constraints for putting on a condom, knowledge that the woman will not become pregnant, and speculation if someone asked the partner to put on a condom.

Overall, all of the participants said they agree with the concept of using a condom. Even though many supported condom use, they did not always feel the need to wear a condom. Some mentioned that using a condom would depend on the situation. For some of the participants, their decision was based on their partner's wants while others based their decision on whether they were having sex with a man or having sex with a woman.

QUOTES

"I'm for it in some cases...Like I feel that I trust her. If I am out somewhere and I don't know these people then I will use them". – San Antonio participant

"They feel safe (with that person) or, they want to have a kid together" - El Paso Participant

"People keep saying it doesn't feel good, to me how do you know? If you haven't put it on..if you've never used it, how do you know it feels different?" - San Antonio participant

A lot of times, rubbers tear or break. What's the point of using them if they are going to bust 75% of the time? - El Paso Participant

"They don't have the time to put it on because they are so aroused. They just don't want to put it on." - Harlingen Participant

Participants were asked if anyone had ever asked them to wear a condom and if so, what was the result. Many stated they were offended or insulted when someone asked them to put on a condom while others were concerned that they were being asked to put a condom on because their partner had a disease.

Other participants said they were supportive of their partner and obliged in the request to wear a condom.

Health Care and Test Seeking Behavior

Participants were asked what types of healthcare services were available in their area.

Few participants were able to provide the name and or location of healthcare agencies or services within their community. The majority of participants expressed their displeasure with: 1) the inadequate number of healthcare services or agencies in their area; 2) the poor choice of location and proximity of services to communities in need; and 3) the absence of healthcare services and facilities dedicated to the healthcare needs of men. Participants stressed the importance of advertising and making known the availability of healthcare services and their locations to the general public. Many of the participants said they had heard about various agencies via word-of-mouth. Participants from the Valley indicated that there was one agency they could name that offered healthcare services aside from the local hospital. However they added that there is a need for additional services in their area to keep up with the growing population.

QUOTES

“That also needs to be advertised because people don’t know about it.” -San Antonio Participant

“I didn’t know about it until somebody told me by word of mouth...” -San Antonio Participant

*“...we are the **one** HIV/AIDS specialty clinic from McAllen out to Brownsville, Texas.”* -Harlingen Participant

“The only way people find out about those places is if you already have something and you need a transfer or a referral, but people don’t know anything until they are referred to that place.” -El Paso Participant

El Paso participants mentioned the need for additional services in their area along with more convenient placement of services near communities in need, e.g., Horizon City. The participants indicated that there were healthcare agencies located in certain parts of the city, but most of them were either downtown or near the local military base and not in the outskirts of the city where they were most needed.

QUOTES

“I come from Horizon City and they bring us way down here. There’s no clinics in Horizon City.” -El Paso Participant

Participants explained that there were a multitude of health care services available for women, but services for men were nearly non-existent. The participants asserted that if there were services in place specifically tailored for men, more men would utilize the services.

QUOTES

“...the problem with Planned Parenthood is they will only see women.” -El Paso Participant

“There are more services for females more so than men.” - San Antonio Participant

*“You always hear about the women’s clinic or Planned Parenthood, but you’re not going to hear about a man’s clinic. There should be a men’s clinic promoted a lot where you can go inside for anything and everything you need just like a women’s clinic... They should have a man’s clinic where we can come in and say test me for this and this.”
-El Paso Participant*

*“There’s always women’s clinics. Even Medicaid has WHP, Women’s Health Program and they don’t have a Men’s Health Program. There’s no health program for the men.”
-Harlingen Participant*

Participants were asked how often they visited the doctor.

Over three-fourths of the participants stated that they rarely if ever went to the doctor. The reasons given for not going to the doctor varied across areas and individual participants. Some participants believed that being sick was somehow associated with being weak and, since they were not ‘weak’, they could *endure* any illness. Others asserted that they ‘never’ got sick while some revealed that despite having insurance they didn’t go to the doctor because of the expense involved in co-payments or missing work. On the other hand, there were some participants who revealed that if they became ill or needed medication they would go to Mexico to seek care instead of going to a doctor in the States because of the expense.

When discussing being sick and or going to the doctor, several participants said that if they became ill, they would try to ‘wait it out’, or treat themselves via over-the-counter medications and traditional herbal remedies. Others expressed that they hardly ever got sick or that they were incapable of getting sick therefore they didn’t see a need to go to the doctor.

QUOTES

“... for 27 years, I didn’t have the need to go to the doctor like he said. It’ll go away. I’m still young. I can’t get sick” - San Antonio Participant

“That machismo thing comes back. You’re like ‘aww I ain’t going to the doctor” - San Antonio Participant

“I can’t remember the last time I got sick.” - El Paso Participant

“Whenever I was sick, real sick, which was very rarely. If I had a cough, it comes by itself; it goes by itself. That’s the way it was.” - Harlingen Participant

“I haven’t been in for ever...I just don’t feel the need to. If I am sick, well I will get over it eventually.” - San Antonio Participant

“I haven’t been sick for years. Maybe a cough or something but it is something I can take care of with cough syrup.” -East Texas Participant

RESULTS CONT'D

According to the pre-assessment form 52.9% of the participants reported having some form of health insurance, yet during the interviews several participants stated that they didn't utilize their insurance because of the costs associated with co-pays or missing time off from work. Similarly, a number of participants agreed that health care costs were simply unaffordable and they would instead seek care in Mexico because it was cheaper.

QUOTES

"That's an unfair question because a lot of us in El Paso don't have healthcare. The problem is that we can't afford to go to the doctor." - El Paso Participant

"Even if you have insurance, they are asking for your deductible. It's going up. It's just too much even if you go for one little thing." - San Antonio Participant

"...No because I would always go to Mexico because it was cheaper. We didn't have insurance. My mother didn't qualify for Medicare, Medicaid, food stamps, none of that stuff so we had to make a way to take care of ourselves, and it is kind of expensive to have a doctor for medications so we went across the border to get our services." - Harlingen Participant

There were some participants who disclosed that they were HIV positive and that they currently visit the doctor on a regular basis for check-ups.

QUOTES

"[Before going to the doctor] was a last resort. Now I come to the doctor even when I feel fine, but I come anyway. I have to monitor." - El Paso Participant

The participants who disclosed their status were asked how often they visited the doctor prior to their diagnosis and the majority of them revealed that they often avoided going to the doctor unless they were extremely sick.

QUOTES

"Before I was diagnosed...Not very much. I only went when I was sick." - East Texas Participant

"Before, I'd go maybe, at most, once a year if that. If not then it would be every two years." - East Texas Participant

Based on the previous discussion, participants were probed to find out their definition of what 'being sick' is. The words and phrases used to define 'being sick' were markedly similar across all of the areas. The participants used words like *severe pain, broken bones, being unable to move or walk* to describe what their perception of 'being sick' is.

QUOTES

"Broken bones, can't walk, throwing up." - San Antonio Participant

RESULTS CONT'D

Participants were then asked when they didn't feel well or were sick, 1) what would it take for them to go to the doctor (how sick did they have to be) and 2) how long did they wait before seeking medical care.

Overwhelmingly, the participants verbalized that the pain would have to be unbearable to the point where they could no longer take it, or until they started seeing changes in or on their body (e.g. puss, swelling, or bruising) before seeking medical attention.

QUOTES

"In pain, swelling." - East Texas Participant

"Until I couldn't stand it." - El Paso Participant

"I'd wait to the last minute until I couldn't stand the pain." - San Antonio Participant

"[if] Something [happened] to my eye or something" - Harlingen Participant

"I wait until I start losing weight." - El Paso Participant

"I went one time when I had a pain in my stomach and I couldn't walk. When I got down there, I was crying because I was hurting so much." - El Paso Participant

"Fainting, dizzy...Something that a pill don't cure" - San Antonio Participant

"It has to be something that knocks him down." - East Texas Participant

Participants were asked if they thought men in their communities knew where to go for free HIV testing.

The responses were mixed in that some participants believed that gay or bisexual men were more likely to know where to obtain a test, as opposed to men who identified themselves as heterosexual. The rationale given was that more education and prevention efforts are targeted at venues and establishments that cater to MSM rather than 'mainstream' venues where heterosexuals frequent. In addition, most of the participants agreed that the number of testing sites in their area that offered free HIV testing were limited and advertisement for them was sorely lacking.

QUOTES

"It's easy for me to say yes because I am not infected. I find it very hard to believe that any gay man who has gone into the bar does not know where to get tested. With all of these agencies right now, we are targeting the gay population..." - El Paso Participant

"if you're a gay male, you've heard of people that do HIV testing ...Now the other part of that is if you're a heterosexual male or female, you probably are less likely to know about places because they're not really thinking about HIV even though they are just as risked as somebody who's gay." - Harlingen Participant

“You have to market your product, and San Antonio has never really had that...You have to reach out to the whole community.” -San Antonio Participant

“I have never heard anything about free test being announced. They don't give enough publicity. If it's free, they don't give enough publicity.” - East Texas Participant

“One thing that he touched on is that you don't hear there is a free treatment for this and free treatment for that. The communities here are low income have no funds to go do it but that stops them from going to get checked because they think they are going to spend a lot of money on treatment so there needs to be more programs that offers more free test.” - San Antonio Participant

Barriers and Missed Opportunities

Participants were also asked 1) Do men in their community who know where to obtain a free HIV test actually go to get tested?

Participants from each area agreed that very few men who knew where to go for HIV testing actually went to test. The participants revealed that most men chose not to seek testing out of fear, embarrassment, or simply not wanting to know if they were positive or not. A significant number of participants explained that men in their culture thought of themselves as being *invincible*, or *impervious* to disease. Additionally, throughout each interview, multiple participants expressed their desire to just live their life and enjoy it and not take the time to worry about contracting a disease, even if their behavior dictated otherwise.

QUOTES

“Some of them just think oh no not me. It's not going to happen to me.” - El Paso Participant

“They think it is just impossible for them to get it. They come from a family that don't get diseases.” - El Paso Participant

“I think they don't want to know the truth.” - San Antonio Participant

“They don't want to know. They don't want to know they are infected. Some of them are scared to get tested because they're just going to talk themselves out of that situation. They don't want to face the reality, especially with Hispanic males.” - El Paso Participant

Participants were asked what if anything prevented them or men they know from going to get tested for HIV.

The major themes repeated throughout the interviews were 1) the notion of being invincible (the ‘it could never happen to me’ mentality); 2) Fear of others seeing them at a testing venue; 4) fear of being labeled as ‘gay’ and 4) indifference.

Several participants asserted that they could not get sick, that they were immune to being ill, and therefore didn't see the need to get tested.

QUOTES

“The way our people or the way our culture is actually brought up. We're so closed minded. We are not much to opening up unfortunately.” -Harlingen Participant

“Because for one, unfortunately, the men in the Hispanic culture is what they consider machismo, meaning I am a man. Nothing will happen to me. I am the boss is what they think so with that mentality it’s like why should I get tested. It’s not going to happen to me. I do not have HIV. I’m never going to have STIs.” - San Antonio Participant

*“They are very macho oriented, and they are not the type of people to look for help.”
-El Paso Participant*

The most salient reasons given for not testing included fear, embarrassment, and indifference. A great number of participants revealed that they and others they knew were afraid to test because they didn’t want to be seen at a testing venue and later labeled as either being gay or having HIV. Participants further explained that the stigma associated with being labeled as gay or having HIV was unbearable. They also acknowledged that they feared being ostracized by their family members or friends if they knew they were positive. Nor did they want to be gossiped about or to bring any shame or embarrassment on their families, in particular their mothers.

QUOTES

“I think it’s a stigma. I think if they are seen walking into a place that is known to give free HIV tests, although they may come out negative and someone drives by and sees them, they’ll think they are positive.” - El Paso Participant

*“I agree with that gentleman because it’s a big stigma. Even in today’s neighborhood, just the thought of someone mentioning you could HIV +, it could mean social demise I mean social destruction. If they saw you going into a place to be tested, rumors start to fly automatically.”
- San Antonio Participant*

“Oh you’re gay or you have HIV and doesn’t matter whether you’re straight or not. It’s just like why are you coming here, and they’re just scared of that.” - East Texas Participant

“Well for me, some of the issues we said earlier, the stigma, they don’t want to be seen, they don’t want somebody to know. I know somebody said they had a cousin of a cousin who worked at the health department. They wanted to go, but they were scared that person may see them coming in and tell their cousin who’d tell their mother, whatever. So things like that, plus again it’s a culture thing some people just figure well I’ll get it sooner or later and until I have to deal with it, I don’t want to deal with it.” - San Antonio Participant

*“I think it’s because of that internal fear of being judged by other people, especially by your peers and your community and people that you socialize with. I mean I think a lot of people are like it’s not worth the risk. They would rather not take that risk of being ostracized by their own social group and so that’s why one of the big reasons they still don’t. They’d rather just not know.”
- Harlingen Participant*

Lastly, a variety of participants admitted that they just preferred not to know their status. They would rather live their life, have fun and not think about HIV or any other disease possibly interrupting their livelihood. Various participants lamented if they get it, they get it, no use worrying about it.

QUOTES

“They don’t want to know the truth. They don’t want to find out if they are positive. They don’t want to hear those 3 words.” -Harlingen Participant

“If you can’t enjoy your life or you can’t live your life, to them it’s as worse as being precautions. They don’t want to deal with those kinds of issues... Yeah. If I get it, I get it. If I don’t, I don’t.”

- El Paso Participant

“One of the biggest issues in the Hispanic community or any community is just like what he said in that a lot of people think they are going to get it anyway so why even try to protect yourself... It’s going to be one day that the whole world is going to have it so why even try. I’m just going to have fun while I’m here.” - San Antonio Participant

Participants offered additional reasons why individuals might not test. Various participants concluded that some men may not test because they consider themselves to be in long term relationships. Additionally, some men stated that their female or male partner is monogamous and therefore did not need to seek testing. One participant admitted that he has occasionally stepped outside of his main relationship, but as long as his female partners test negative then there is no need for him to get tested. Other participants offered that they sometimes encountered rude and negative treatment when going to health clinics and that discouraged them from returning. One participant suggested that some men, especially those who were undocumented, might not test out of fear that a positive test would hamper their pursuit of U.S. citizenship. Lastly, one often overlooked reason for individuals not testing is availability. Participants from each area all agreed that testing should be offered at alternative times (after 5pm on weekdays) and on Saturday or Sundays. Participants revealed that a large number of Hispanic males work extended hours or multiple jobs and therefore do not have the time to come to a clinic or testing site between 8a and 5p Monday through Friday. They stated that there were very few agencies that offered extended office hours to accommodate working individuals.

QUOTES

“I’ve been with my partner for 3 years. I don’t have to worry about it. We don’t need condoms”

- El Paso Participant)

“I think a lot of people know that the downtown health dept is separate STD clinic where you can get testing and HIV and stuff... I think a big barrier is they are so intimidated here. The health department, that clinic, they are not very “welcoming”. They almost make you feel guilty...”

- East Texas Participant

“One of the major things because we are not where they need us to be.” -El Paso Participant

“Well I was going to say within the Latino community is a lot of the reasons they don’t access these services is because they don’t have time. They don’t work a 8 to 5 or 9 to 5 job. They work maybe 12 to 12. They work 12 hours a day. Some have 2 jobs. One of the main problems is not finding a place that would be open when they get off work or having Saturdays. I don’t know of any health clinic, CBO, ASO that stays open on Saturdays.” - San Antonio Participant

Participants were asked for their suggestions on how to overcome the barriers to testing that they mentioned.

Participants were eager and enthusiastic to offer suggestions on how to overcome the barriers to testing. The predominant course of action suggested by the participants was to increase efforts in educating the community, in particular to spend more time educating the youth and the family unit. Participants from every area agreed that it was extremely important to educate the youth and to start as early as elementary and middle school. Participants stressed the importance of reaching the youth early in an effort to avert early sexual debut. Participants also believed it was vital to involve the parents.

RESULTS CONT'D

They emphasized the strong family unit within the Latino culture and expressed that providing education to the parents would be beneficial not only to help dispel misconceptions about HIV and how it is transmitted, but to help de-stigmatize HIV so that families would feel comfortable discussing it. Many of the participants believed that ‘normalizing’ HIV would help to erase the stigma, fear and guilt associated with HIV. Participants suggested increased advertisement via newspapers, mainstream television (during the day and primetime viewing hours and not in the midnight hour), billboards, and radio to increase visibility of HIV in hopes of normalizing it. Participants also commented that the models and or spokespersons used in the advertisements needed to look like them and be representative of the entire population in order to capture the attention of the heterosexual segment of the population. Similarly, participants stressed the importance of targeting mainstream venues and establishments for outreach and testing opportunities and not just the traditional MSM venues and hangouts. Several participants suggested that offering testing at schools would be a step in the right direction along with offering HIV tests and other health screenings at large scale community events. Lastly, participants emphasized the need for additional testing venues and sites with extended hours and locations to help increase testing efforts.

CONCLUSION

In regards to improving knowledge of STIs and HIV/AIDS, the data revealed the need to provide more information on TV, the radio, billboards, or in the high schools. Members of the communities are developing their own concepts of STIs and HIV/AIDS and are not receiving the education needed to understand these diseases. According to the participants, without the proper education, members of the community who are infected will continue to pass on such diseases from person to person.

The data also revealed that cultural context is important in efforts to educate Hispanic communities on the topics of HIV/AIDS and STIs. Participants revealed that sexual silence, or not discussing sexual behavior or issues, is prevalent in the Hispanic communities due to their cultural upbringing. According to the participants, this sexual silence has inhibited members of the community, men in particular, in becoming educated on how STIs and HIV are transmitted and treated. This barrier needs to be overcome by appealing to their strong feelings of being the man in the family and taking responsibility for their family’s well being.

Condom use was situational, based on the relationship with the partner, the type of sex, and the HIV status of the participant. Methods disclosed to encourage people to test on a consistent basis included advertising in churches, newspapers, and even educating the parents. Another idea was to make testing available outside office hours including availability on the weekends. Many participants believed that if such programs were implemented, more people would test and would possibly encourage friends and family to test as well. However, serious barriers of fear and stigma have to be overcome.

Participants believed that advertisement of available health care services was sorely lacking and that there were inadequate numbers of health care agencies in their areas, especially those that catered to the needs of men. It was suggested that more advertisement targeting heterosexual members of the population would help to improve awareness about the availability of HIV testing and other health care services. Participants suggested that increasing advertisement of available HIV testing through mainstream channels e.g. television, radio and local newspapers along with improved health care services for men would help improve men’s awareness and utilization of health care services and programs.

Several issues emerged in relation to the “late to care” phenomena. One of the more salient revelations

CONCLUSION CONT'D

included the idea that Latino men believed they were impervious to sickness or disease. A significant number of men revealed that they simply did not get sick. They believed that sickness equated to weakness and they did not view themselves as being weak; therefore they didn't see the need to ever visit a doctor. For those few men who admitted to occasionally becoming ill, they would first have to experience severe debilitating symptoms before they even *considered* seeking medical care, and some would choose to go to Mexico for cheaper medications. Lastly, several participants indicated that they could not afford to take off work and go to the doctor and would in turn self-medicate or 'wait an illness out'. Additionally, some participants believed that the medical co-payments were also a barrier for them to seek medical treatment. In regards to testing for HIV, several participants said that they simply didn't have the time to go for an HIV test or to seek treatment because of burdensome work schedules and familial obligations. These same participants indicated that if testing and health care services were offered during extended hours (after 5pm) or on the weekends that they might be more apt to go.

Additional issues that were uncovered included fear, stigma and indifference. Participants expressed intense fear of finding out their HIV status. They did not want their status to cause undue embarrassment on their families, nor did they want to lose the support of their family and friends. Therefore, several participants opted not to get tested for HIV. Similarly, participants were fearful of being seen at venues knowingly associated with HIV and being ostracized as a result. The stigma associated with being HIV positive or being seen at 'gay-identified' venues was very troublesome for some participants and ultimately prevented them from getting tested. There were also some participants who prioritized having fun and living life to the fullest over learning their HIV status. These participants were indifferent in regards to testing and believed that testing was more of a bother than a necessity.

HIV, AIDS, and STIs are all a major concern among members of this population. The data supported the need for increasing the delivery of prevention education to adolescents and their parents along with incorporating information for heterosexuals. Additionally, it is believed that addressing barriers that influence testing, along with expanding the knowledge, and changing the attitudes and beliefs held by this population in regards to HIV would prove beneficial in helping to decrease the stigma and fear associated with HIV and improve utilization of health care services, including HIV testing.

STUDY LIMITATIONS

Despite the advantages of using focus groups or key informant interviews, they do have their limitations. Research results from focus groups or key informant interviews should not be used to generalize information to the entire population nor should the results be used to replace other quantitative methods. Although the information within this report contains valuable information for use with prevention planning in the state of Texas, the degree to which these findings can be generalized is unknown. This study did not inquire about acculturation and the specific amount of time each participant had lived in the U.S. Nor did the study differentiate between birth country among the participants. Another limitation was the small sample size and the non-representativeness of the sample to the larger population. A significant number of the study participants were recruited from HIV/AIDS service organizations and therefore may differ considerably from the larger general population due to the site-based recruitment strategy. The initial interviews were conducted by non-Spanish speaking staff thus limiting the number of mono-lingual men who were able to participate in the study. Lastly, the study questionnaire did not ask for the HIV status of each participant; however, several participants self-disclosed their status during the semi-structured interview.

IMPLICATIONS FOR FUTURE RESEARCH AND PRACTICE

The assessment findings give rise to the need for additional quantitative and possibly qualitative research to be conducted with this population in order to further understand the factors influencing the decisions to test for HIV and to seek medical treatment. Assessments among Latina females would prove beneficial in uncovering any subtle nuances or similarities that exist between genders and their rationale for testing or not testing and exploring strategies for improved prevention education for adolescents and their parents.

The information found within this study can assist prevention planners, health departments, outreach workers and community based organizations in improving their education and outreach efforts to this community by incorporating some of the ideas, suggestions and strategies offered from participants. Lastly, this information can be used to improve the existing counseling and testing services in areas with large Latino populations.

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