Hablando Claro: Latina Risk and Prevention of HIV/HCV through Examining Intersectionality, Sexual Agency, and the Role of Women in Families

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Session Goals

◊ Highlight the HIV/AIDS rates and factors that exacerbate and prevent Latina risk for HIV/AIDS

◊ Explore strategies to facilitate the empowerment of Latino family-based HIV/HCV risk and prevention dialogue.

◊ Explore strategies associated with Latino-specific assets and how to incorporate them into HIV/HCV risk and prevention dialogue.

◊ Provide an overview of either the development, implementation and results of the Hablando Claro: Straight Talk, as well as information from The Latinas HIV/AIDS Needs Assessment, Salud a La Vida, and Protégete: Protége tu Familia programs as selected.
### Traditional Risk Factors

**STRICTLY BIOLOGICAL**
- Unprotected Anal or Vaginal Sex
- Needle sharing
- Breastfeeding
- Blood transfusion

"If you want to prevent AIDS among Latinas, talk to our husbands."

### Latina-specific Risk Factors

**INCLUDE SOCIAL DETERMINANTS**
- Marriage
- Economic dependence
- Immigration status
- Domestic Violence
- Past sexual or physical trauma
- Immigration experience
- Border residence
- Survival sex work
- Cultural norms that subjugate women
- Low expectations of male behavior

### Redefining Latina Risk—From Latinas HIV/AIDS Needs Assessment
Latinos in the US are disproportionately impacted by HIV/AIDS.

- In 2016, Latinos comprised 15% of the US population but were 19% of the incident AIDS cases and 18% of HIV/AIDS cases (CDC, 2017)
- Latinas represent 16% of all new HIV infections with an incidence rate 4 times that for White women and represent 22% of all AIDS cases (CDC, 2009)
- Adolescent Latinas account for 19% of AIDS cases among teens and 24% of cases among 20-24 year olds (CDC, 2014)
  - Although new data show that new diagnoses are on the decline, Latinas may be less likely to get tested, hence disproportionate rates of HIV among Latinas of childbearing age (CDC, 2017)
- HCV rates continue to rise and, although treatment and potential cure are available, Latinos are the most likely to lack access.
Figure 1

In 2015, Latinos made up 24% of new diagnosis of HIV
87% in men and 12% in women
Gay males accounted for 85% of new diagnosis among men
Among Latinas, 90% of infections are due to heterosexual contact
Although rates are declining slightly for Latinas, they are increasing for Latino males
Treatment Cascade data show that of all Latinos living with HIV in 2014
83% had received a diagnosis, 58% had received medical care, 48% were retained in care, and 48% had a suppressed viral load
Latinos rates of HIV are disproportionately large

Latinos have higher rates of some STIs, thus depleting the regional immune system and increasing potential HIV transmission

Stigma, fear, discrimination, and homophobia exacerbate risk

Poverty, migration patterns and experiences, lower formal education levels, and language barriers make it harder to access and receive care

Current political climate and economic distress potentiates HIV risk
“The way these diseases are named is confusing, I thought that HCV was just HIV but with the wrong letter.”

Male Latino College Student
Loteria

(Making sense of prevention and HIV/HCV risk-related prevention information in a culturally resonant fashion)
In 2015, U.S. Latinos accounted for 24% of new diagnoses (CDC, 2014).

Early detection failures are high

- 67% of Latinos had less than 1 year between learning of their HIV serostatus and being given an AIDS diagnosis (LACDPH HIV Epidemiology)
  - 35% of Latinos had < 1 month
  - 14% of Latinos had an early detection (at least 5 years)

- Early detection is key to prevention

- Between 1998 and 2016, heterosexually acquired AIDS among Hispanic women increased from 34% to 90%.
HIV Risk Factors

- **Interpersonal and sociocultural factors**
  - Less parent-child communication on sexual behavior (Guzman *et al.*, 2003; Rios-Ellis, 2012)
  - Acculturation (Shedlin *et al.*, 2005)
  - Stigma around HIV and testing (Diaz & Ayala, 2001; Rios-Ellis, Becker, Espinoza, et al. (2015))

- **Socioeconomic factors** (Shedlin *et al.*, 2005; LA HIV Commission, 2007)
  - Immigration, poverty, lower educational levels, limited health insurance ⇨ lower access to culturally and linguistically relevant and responsive HIV services and information
  - Sexual agency and dialogue is often controlled by male partners. The unilateral control of sexual agency within the relationship is often exacerbated by unequal providence of economic resources
Latina HIV Risk Factors

- Male partners
  - Latinas and heterosexual transmission:
    - 83.5% of HIV cases
    - 74.3% of AIDS cases
- Male infidelity
- Female power imbalances
  - Low-risk sexual behaviors (Hirsch et al., 2002; Rice et al., 2009)
  - Perception of HIV risk
  - Lack of control over, and negotiation skills for, safer sex
Why focus on Latinos?

- According to Kaiser Family Foundation Latinos were more likely than whites and African Americans to:

<table>
<thead>
<tr>
<th>More likely to:</th>
<th>Total YES</th>
<th>Latinos YES</th>
<th>Blacks YES</th>
<th>Whites YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry about whether HIV tests are confidential</td>
<td>24%</td>
<td>49%</td>
<td>39%</td>
<td>18%</td>
</tr>
<tr>
<td>Not know where to go to get tested</td>
<td>6%</td>
<td>18%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Be afraid of testing positive</td>
<td>2%</td>
<td>8%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Need info about how to use condoms</td>
<td>14%</td>
<td>37%</td>
<td>22%</td>
<td>10%</td>
</tr>
<tr>
<td>Need info about how to talk to partner</td>
<td>17%</td>
<td>46%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Need info about how to talk to children</td>
<td>33%</td>
<td>56%</td>
<td>46%</td>
<td>26%</td>
</tr>
<tr>
<td>Need info about how to talk to Dr. or HCP</td>
<td>18%</td>
<td>45%</td>
<td>34%</td>
<td>18%</td>
</tr>
<tr>
<td>Need info about different kinds of HIV tests</td>
<td>36%</td>
<td>62%</td>
<td>53%</td>
<td>28%</td>
</tr>
<tr>
<td>Have concerns about cost of HIV test</td>
<td>31%</td>
<td>52%</td>
<td>46%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Why focus on Latinas?

- Confounding risks of being a woman, a Latina, and a Spanish-speaking immigrant
- Social dynamics between women and men
- Consequences of sexual abuse, intimate partner violence, and partner substance use
- Differing expectations of immigrant women and their U.S. born daughters
  - Cultural norms difference between Latino parents and adolescents
  - Latino youth report not being able to ask about sex or parents will assume they are “doing it.”
- Studies have shown that Latino parents experience difficulty
  - discussing sexuality and contraception with their children;
  - and/or view sexual health as a topic that should not be discussed due to cultural norms and beliefs\(^{\text{15}}\)
Adolescent Latinas

- Cultural norms differences between Latino parents and adolescents can make it even more difficult for a young Latina to deal with new peer and societal expectations in the U.S.

- Studies have shown that Latino parents experience difficulty
  - discussing sexuality and contraception with their children;
  - and/or view sexual health as a topic that should not be discussed due to cultural norms and beliefs\(^\text{15}\)
  - Latino adolescents in our preliminary focus groups reported that when their parents verbally repeatedly cautioned them about sex they were more likely to avoid sex

- By potentiating the Latino asset of familism and facilitating dialogue between women across the generations we can broaden dialogue to incorporate sexual risk
The Need for Intergenerational Interventions

- Latino parents can have a major influence in shaping the sexual attitudes and contraceptive behavior of their adolescent children. 8,9,6, 7
- Parent–child communication, specifically that between mothers and daughters, has proven to influence reduction of sexual-risk behaviors among adolescent girls. 10
- Despite the importance of family and parental communication and the degree to which familism is valued across Latino cultures, familismo remains a largely untapped resource for HIV/AIDS prevention targeting Latino youth as well as families in general.
  - Although a few interventions mention Latino values as critical to the intervention’s success, few measure these constructs and how they influence sexual communication and risk.
Sugerencias para Comunicarse con Sus Padres

1. Comunicarse con tus amigos más que con tus padres. Es natural. Aquí hay unas sugerencias para tener una conversación con tus padres:
   - Encuentra algo trivial para chatear.
   - Sé lo que quieres conseguir con la conversación.
   - Identifique sus sentimientos.
   - Escoja un buen momento para platicar.

Suggestions to Communicate with Your Parents

You probably talk to friends more than you talk to your parents. That’s natural. Here are some tips to make it easier to start a conversation with your parents:

- Find something trivial to chat about each day.
- Know what you want to get from the conversation.
- Identify your feelings.
- Pick a good time to talk.

Hablando Claro: Clear Talk
Funding Agency: Office on Women’s Health
Grant Number: 5HPPWH090064-02-10
Funding Period: 9/1/2009-8/31/2011

Project Director: Britt Rios-Ellis, Ph.D.
Project Evaluator: Lilia Espinoza, M.P.H., Ph.D.
Project Coordinator: Melawhy Garcia, M.P.H.
Asst. Project Coordinator: Natalia Gatdula, M.P.H.
Behavioral Therapists: Susana Flores, M.S.
Research Assistants (3)
Promotoras de Salud/ Community Health Workers (6)
To reduce the risk of HIV infection among Latina teens and their female family members by creating and strengthening an HIV/AIDS prevention intervention, focusing on immigrant families lacking access to culturally and linguistically relevant HIV/AIDS education and prevention.
Objectives

- *Hablando Claro* was developed to increase:
  - intention to use condoms
  - intention to delay sex
  - knowledge related to HIV risk-reduction within Latina intergenerational dyads
  - intention to perform HIV risk-reduction behaviors within Latina intergenerational dyads
  - self-reported sexual communication between Latina intergenerational female family dyads and other family members
  - intention to test for HIV, and actual HIV testing and counseling
Formative Research
- Review of literature
- Review of Teen Health Project
- Focus groups

Curriculum Development
- Teen Health Project adaptation
- Pilot testing

Intervention
- *Charlas* (Educational Sessions)
- Monthly support groups

Evaluation
- Process
- Intervention
- Three-month follow-up
Formative Research
Formative Phase

- Review of Teen Health Project Materials
- Literature review
- Previous NCLR/CSULB Center HIV/AIDS prevention program findings
Teen Health Project

- Community-level intervention
- **Target population**: adolescents at HIV high risk for HIV
- **Setting**: urban, low-income housing developments in Wisconsin, Virginia, and Washington (1998-2000)
- **Components**:
  - skills-based to enact change
  - modeling, peer norm and social reinforcement for maintaining the prevention of HIV risk behavior
Teen Health Project Adaptation
Focus Groups

- **Sample**: 21 youth and 20 adults (December 2009)
- **Procedures**: facilitated by bilingual/bicultural staff; audiotaped
- **Themes**:
  - Perceptions of Latino and personal HIV risk
  - Sources and content of HIV
  - Traditional gender roles and impact on HIV risk
  - Communication between men and women
  - Role of the media
Focus Group Findings

Adolescents
- Need for better communication within the family, specifically between mothers and daughters
- Lack of communication between adolescent girls and their fathers

Adults
- Need to be more informed regarding sexual health and HIV/AIDS to be able to correctly educate their children
- Perception of low HIV risk
- Sexual topics are not discussed within the family
Focus Group Findings

- Participants mentioned culture as a significant contributing factor to high risk behavior among Latino men and women.

- Culture influences:
  - Communication with Parents and Partners
  - Religion, in the case of Mexicans where the majority of the population are Catholics
  - Relationship Skills
  - Sexual Health Knowledge
Focus Group Findings

When participants were asked, “Why do you think Latina women are at risk for HIV infection?” they responded:

“I think it’s our culture or how it works. If men go and cheat on their wives, it’s kind of like okay. We’re not going to talk about it and if the wife does it it’s kind of like why did you do this, it’s all your fault.” – Youth participant

“I think its our roots and at school (in home country) there is no information as there is here. When I was in elementary, they never spoke about sex as they are talking to our children here. Here, the culture is very different than in Mexico.” – Adult participant

“Its taboo to talk about sex. You can’t really talk to your family about it so we get the information from our friends and it’s usually the wrong information.” – Youth participant

“There is a lack of information and the machismo that is in our homes and the community puts us at high risk.” – Adult participant
Development
Theoretical Framework

Multiple theories:
- Social Cognitive Theory
- Theory of Reasoned Action
- Community Health Outreach Model
- Latino Health Belief Model

Behavior is influenced by many factors at multiple levels and includes individual, partner, social, and other contextual variables such as:
- Sexuality
- Communication
- Culture
The Latino Health Communications Model

- CREENCIA LATINAS DE LA SALUD
  - SIMPATÍA
  - CONFIANZA
  - FATALISMO
  - COMUNITARISMO
  - RESPETO

- LATINO HEALTH BELIEFS
  - SYMPATHY
  - TRUST
  - FATALISM
  - RESPECT
  - PERSONALISM
  - ESPIRITISMO
  - PRESENTISMO (living in the present)
Cultural Characteristics and Health

- Cultural characteristics\(^1\) that may decrease vulnerability to health problems and increase positive health behaviors
  - Familismo
  - Simpatia
  - Respeto
  - Presentismo
  - Resiliency
  - Comunidadismo
  - Machismo*
    - Can be positively or negatively framed

- Cultural characteristics\(^1\) that may increase vulnerability to health problems and potential for risk behaviors
  - Gender inequity
  - Machismo*/Marianismo
  - Homophobia
  - Stigma associated to the disease
  - Stigma associated with being Latino in the U.S.
  - Fatalismo

# Educational Curriculum

<table>
<thead>
<tr>
<th>Teen Health Project</th>
<th>OWH guidelines</th>
<th>Rompe el Silencio</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communication</td>
<td>• Communication</td>
<td>• Communication</td>
</tr>
<tr>
<td>• Male Condoms</td>
<td>• Female Condom</td>
<td>• Gender Norms</td>
</tr>
<tr>
<td>• Female and Male</td>
<td>• Mental Health</td>
<td>• Latino Values</td>
</tr>
<tr>
<td>Anatomy</td>
<td>• Domestic Violence</td>
<td></td>
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<tr>
<td>• Condom Negotiation</td>
<td>• Homosexuality</td>
<td></td>
</tr>
<tr>
<td>• Sexual Health</td>
<td>• STIs</td>
<td></td>
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<tr>
<td>• HIV/AIDS</td>
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</tbody>
</table>
Curriculum

- Topics include:
  - Communication
  - Mental health
  - Abstinence
  - HIV/AIDS
  - Sex and sexuality
  - Homosexuality and homophobia
  - Domestic violence
  - Male and female condoms
  - STIs
  - Gender norms and Latino culture
  - Male and female reproductive anatomy
## Intervention Components

<table>
<thead>
<tr>
<th>One hour introductory session</th>
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<tbody>
<tr>
<td>• Informed consent</td>
</tr>
<tr>
<td>• Demographic surveys</td>
</tr>
<tr>
<td>• Pre-charla Surveys</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Two 4-hour interactive educational sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Free rapid HIV testing</td>
</tr>
<tr>
<td>• Onsite female licensed behavioral therapist</td>
</tr>
<tr>
<td>• Immediate Post-charla surveys</td>
</tr>
<tr>
<td>• 3-month telephone follow-up surveys</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Monthly support groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Educational activities to reinforce lessons</td>
</tr>
<tr>
<td>• Social support</td>
</tr>
<tr>
<td>• Referral services</td>
</tr>
</tbody>
</table>
Interactive Activities

- Activities include:
  - Goals between mothers and daughters
  - Bad connection
  - Situations between mothers and daughters
  - La Conquista
  - What have you heard about HIV/AIDS?
  - HIV Transmission
  - Sexuality and values
  - Sexual and reproductive anatomy
  - How to use a condom
  - How to say no
  - Building our self-esteem
  - Communication barriers
Mom and Daughter Condom Demonstration Activity

1. Check expiration date
   Revise la fecha de vencimiento

2. Make sure the package is not damaged
   Revise que no este dañado el paquete

3. Open carefully
   Abra con cuidado

4. Gently pinch tip
   Cuidadosamente pellizque la punta

5. Place tip on erect penis and twist & roll
   Ponga la punta en el pene erecto y gire y ruede
Instruments

- The Teen Health Project questionnaires were reviewed and some of the items were included (Demographic/YRBS).
- Additionally, questions and scales that have proved to be successful in measuring HIV knowledge and behavior change from previous projects targeting Latinos were included:

Project Instruments:
- Participant Screener
- Adult Consent
- Minor Consent
- Parental Consent
- Demographic Survey
- Pre-charla Survey
- Post-charla Survey
- 3 month follow-up Survey
Implementation
Six *promotoras* (community health workers) were hired to collaborate on the project. The *Promotoras* were required to complete 15-hours of training on HIV/AIDS, communication, sexual health, mental health, project evaluation, data collection, and CSULB Institutional Review Board guidelines. In addition, the *promotoras* continue to attend additional trainings offered by other community organizations.
Multiple Roles of *Promotores*

- Provider assistants
- Advocates
- Educators
- Counselors
- Translators
- Friends
- Mentors
- Network providers
- Evaluators
Role of Promotoras

- Recruit participants for the formative focus groups
- Provide recommendations regarding phrasing in curriculum and instrumentation
- Assist with the selection and recruitment of Community Stakeholders in Los Angeles County
- Assist with data collection and implementation
- Conduct 3 month follow-ups surveys
- Provide continuous input on adaptation of THP by providing culturally and linguistically relevant feedback
- Seek out information on resource service centers and CBOs in their communities for participant referrals to meet participant needs
Team of Facilitators
Research Assistants

- 3 Research Assistants were hired
- In order to provide age-congruence, role modeling, and knowledge and support to the youth participants, Latina research assistants facilitated youth groups during the charlas and support group sessions
- They also contributed to curriculum development, data collection and management
Intervention Components

One hour introductory session
- Informed consent
- Demographic survey
- Pre-charla survey
- Free rapid HIV testing
- Onsite bilingual female licensed behavioral therapist
- Immediate post-charla survey
- 3-month telephone follow-up surveys

Two 4-hour interactive educational sessions
- Educational activities to reinforce lessons
- Social support services
- Referral services

Monthly support groups
- Educational activities to reinforce lessons
- Social support services
- Referral services
Mother/ Daughter Activity

Group Discussion

Role Play Activity

Communication
Anatomy Education

Female Reproductive Model

Condom Demonstration

Condom Activity
Other Project Activities

- Health Fairs
  - Women and Girls HIV/AIDS Awareness Day, Health Fair
    - Over 100 attendees
    - 25 different organizations
  - Cesar E. Chavez Festival
  - National Women’s Health Week, “May Day Festival”
    - In collaboration with the Long Beach DHHS and Parks and Recreation
Hablando Claro Curriculum

- Topics include:
  - Communication
  - Mental health
  - Abstinence
  - HIV/AIDS
  - Sex and sexuality
  - Homosexuality
  - Domestic violence
  - Male and female condoms
  - STIs
  - Gender norms and Latino culture
  - Male and female reproductive anatomy

- Activities include:
  - Goals between mothers and daughters
  - Bad phone connections
  - Situations between mothers and daughters
  - La Conquista
  - What have you heard about HIV/AIDS?
  - HIV Transmission
  - Sexuality and Values
  - Sexual and reproductive anatomy
  - How to use a condom
  - How to say no
  - Building our self-esteem
  - Communication barriers
Support Groups

- **Support Groups**
  - *Promotoras* facilitate adult group discussions and activities
  - Youth groups are facilitated by research assistants in order to provide age-specific support to participants
  - Project Behavioral Therapist has also conducted presentations on topics such as mental health and self-esteem
  - **10 monthly support groups were held**
  - **5 at each site**
# Support Groups

<table>
<thead>
<tr>
<th>Topics</th>
<th>Activities</th>
</tr>
</thead>
</table>
| • Self-esteem  
• Mental Health  
• Healthy and unhealthy relationships  
• Communication  
• HIV/AIDS  
• Female sexual health  
• Condom use  
• Reproductive Anatomy | • *Hablando Claro* Jeopardy  
• People are People  
• Go, Stop, Caution  
• Why I admire my mom  
• Mother/Daughter condom demonstration  
• Myths or Facts  
• Creating Anatomy |
Evaluation Results
### Sample

<table>
<thead>
<tr>
<th></th>
<th>Pilot (n = 11 charlas)</th>
<th>Intervention (n = 12 charlas)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td>260 (85 adults/175 youth)</td>
<td>210 (60 adults/150 youth)</td>
</tr>
<tr>
<td><strong>Actual</strong></td>
<td>404 (174 adults/230 youth)</td>
<td>293 (122 adults/171 youth)</td>
</tr>
</tbody>
</table>

* Following findings are for Intervention group only.*
## Demographics

<table>
<thead>
<tr>
<th></th>
<th>Youth (n = 171)</th>
<th>Adults (n = 122)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age, mean years (SD)</strong></td>
<td>14.4 (1.9)</td>
<td>40.2 (6.6)</td>
</tr>
<tr>
<td><strong>Education (n)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No schooling</td>
<td>0</td>
<td>3.25% (4)</td>
</tr>
<tr>
<td>Elementary</td>
<td>10.5% (18)</td>
<td>23.6% (29)</td>
</tr>
<tr>
<td>Middle school</td>
<td>50.3% (84)</td>
<td>29.3% (36)</td>
</tr>
<tr>
<td>High school</td>
<td>40.9% (65)</td>
<td>35.5% (40)</td>
</tr>
<tr>
<td>Post high school</td>
<td>1.2% (3)</td>
<td>11.4% (14)</td>
</tr>
<tr>
<td>Foreign-born</td>
<td>16.8% (29)</td>
<td>92.7% (114)</td>
</tr>
<tr>
<td><strong>Median years in U.S. (range)</strong></td>
<td>10 (1-17)</td>
<td>17 (2-39)</td>
</tr>
</tbody>
</table>
### Demographics

<table>
<thead>
<tr>
<th></th>
<th>Youth (n = 171)*</th>
<th>Adults (n = 122)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary language (n)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>54.1% (92)</td>
<td>98.4% (120)</td>
</tr>
<tr>
<td>English</td>
<td>1.8% (3)</td>
<td>0</td>
</tr>
<tr>
<td>Both equally</td>
<td>44.2% (75)</td>
<td>1.6% (2)</td>
</tr>
<tr>
<td><strong>Comfort w/ language</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>7.5% (13)</td>
<td>92.7% (114)</td>
</tr>
<tr>
<td>English</td>
<td>55.5% (96)</td>
<td>2.4% (3)</td>
</tr>
<tr>
<td>Both equally</td>
<td>37.0% (64)</td>
<td>4.9% (6)</td>
</tr>
<tr>
<td><strong>Acculturation Mean (SD)</strong></td>
<td>3.19 (.71)</td>
<td>1.55 (.6)</td>
</tr>
<tr>
<td><strong>Uninsured</strong></td>
<td>11.7% (20)</td>
<td>57.7% (71)</td>
</tr>
</tbody>
</table>

*Some missing in each group
## Sexual Behavior - Oral Sex

<table>
<thead>
<tr>
<th></th>
<th>Youth (n = 171)</th>
<th>Adults (n = 122)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever had oral sex (n)</strong></td>
<td>13.9% (24)</td>
<td>56.6% (69)</td>
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<tr>
<td><strong>Baseline</strong></td>
<td></td>
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<tr>
<td>Oral sex in the past 3 months</td>
<td>4.6% (8)</td>
<td>26.2% (32)</td>
</tr>
<tr>
<td>Consistent condom use</td>
<td>0.6% (1)</td>
<td>2.5% (3)</td>
</tr>
<tr>
<td><strong>Follow-up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral sex in the past 3 months</td>
<td>5.3% (7)</td>
<td>21.8% (22)</td>
</tr>
<tr>
<td>Consistent condom use</td>
<td>0.8% (1)</td>
<td>5.4% (5)</td>
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*Youth, n= 133; Adults, n = 101
### Sexual Behavior - Vaginal Sex

<table>
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<th></th>
<th>Youth (n = 171)</th>
<th>Adults (n = 122)</th>
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<tbody>
<tr>
<td><strong>Ever had vaginal sex (n)</strong></td>
<td>17.4% (30)</td>
<td>100% (122)</td>
</tr>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal sex in the past 3 months</td>
<td>11.6% (20)</td>
<td>84.4% (103)</td>
</tr>
<tr>
<td>Consistent condom use</td>
<td>4.6% (8)</td>
<td>14.9% (18)</td>
</tr>
<tr>
<td><strong>Follow-up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal sex in the past 3 months</td>
<td>7.5% (10)</td>
<td>84.2% (85)</td>
</tr>
<tr>
<td>Consistent condom use</td>
<td>3.9% (5)</td>
<td>26.8% (26)**</td>
</tr>
</tbody>
</table>

*Youth, n= 133; Adults, n = 101; **n = 93
### Sexual Behavior – Anal Sex

<table>
<thead>
<tr>
<th></th>
<th>Youth (n = 171)</th>
<th>Adults (n = 122)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever had anal sex (n)</strong></td>
<td>2.3% (4)</td>
<td>15.7% (19)</td>
</tr>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anal sex in the past 3 months</td>
<td>1.7% (3)</td>
<td>8.1% (10)</td>
</tr>
<tr>
<td>Consistent condom use</td>
<td>0.6% (1)</td>
<td>2.4% (3)</td>
</tr>
<tr>
<td><strong>Follow-up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anal sex in the past 3 months</td>
<td>1.5% (2)</td>
<td>2.0% (2)</td>
</tr>
<tr>
<td>Consistent condom use</td>
<td>0.8% (1)</td>
<td>0</td>
</tr>
</tbody>
</table>

*Youth, n= 143; Adults, n = 101
## HIV Testing

<table>
<thead>
<tr>
<th></th>
<th>Youth</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre</strong></td>
<td>n = 171</td>
<td>n = 122</td>
</tr>
<tr>
<td>Ever tested for HIV</td>
<td>6.5% (11)</td>
<td>71.9% (87)</td>
</tr>
<tr>
<td>Tested w/in last 12 months</td>
<td>54.5% (6)</td>
<td>37.9% (33)</td>
</tr>
<tr>
<td><strong>Follow-up</strong></td>
<td>n = 134</td>
<td>n = 100</td>
</tr>
<tr>
<td></td>
<td>11.9% (16)</td>
<td>80.2% (81)</td>
</tr>
</tbody>
</table>

- Among youth and adult participants that had tested at follow-up, 87.7% (86) tested at the charla
- Significant changes between baseline and follow-up for youth
  - $\chi^2(1, N = 134) = 4.50, p < 0.05$
- No significant differences between baseline and follow-up for adults
  - $\chi^2(1, N = 100) = 4.50, p = 0.2159$
## Top 3 Reasons: Never Tested for HIV

<table>
<thead>
<tr>
<th>Reasons*</th>
<th>Youth (n = 101)</th>
<th>Adults (n = 29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t think I need the test</td>
<td>37.4% (37)</td>
<td>28.6% (8)</td>
</tr>
<tr>
<td>I’m not sexually active</td>
<td>52.5% (52)</td>
<td>---</td>
</tr>
<tr>
<td>I’m not sure where to go</td>
<td>14.1% (14)</td>
<td>28.6% (8)</td>
</tr>
<tr>
<td>Cost</td>
<td>---</td>
<td>39.3% (11)</td>
</tr>
</tbody>
</table>

*Not mutually exclusive
HIV Knowledge

Youth:
• $F(1.7, 221.2) = 245.79, p < .001$
• $t(169) = 21.52, p < .001$

Adults:
• $F(1.7, 164.5) = 149.5, p < .001$
• $t(123) = 16.89, p < .001$
Mother-Daughter Communication (Frequency)

- Statistically significant increases in communication frequency:
  - Youth: $t(130)=4.167$, $p < .001$
  - Adults: $t(96)=5.920$, $p < .001$
Mother-Daughter Communication (Comfort)

- Statistically significant increases in communication comfort:
  - Youth: $t(130)=7.816$, $p < .001$
  - Adults: $t(96)=5.604$, $p < .001$
Partner Communication
(Frequency)

**Adults:** $t(90) = 5.105, p < .001$

Youth: $t(39) = 1.344, p = .187$
Partner Communication
(Comfort)

- Statistically significant increases in communication comfort with partner:
  - Youth: $t(132)=4.511$, $p < .001$
  - Adults: $t(100)=3.332$, $p = .001$
Lessons Learned

- Communication section needs to be more dynamic and include role-play that will allow mother/daughter dyads to practice positive communication
- Allow more time for completion of data collection surveys due to the literacy level of adult participants
- Provide childcare at educational sessions and support groups in order to ensure that they give are fully engaged and giving their daughters their full attention
- Initiate activities with men and boys so that we are fully addressing female risk and not leaving women with yet even more responsibility
  - Hold equal expectations for men and women
Research Recommendations

- Latino communities have demonstrated their resilience and fortitude for centuries despite serious economic and political setbacks.
- Need to create additional research efforts that illuminate the effects of immigration and generational status on the overall health and sexual/reproductive health of the Latino family.
- Research should lead to a better understanding of Latino-specific cultural capital, values, and strengths and how these impact Latino sexual health across the spectrum of Latino generational status, sexual and gender orientation, and subpopulation.
- We need to better measure and define familism so that we can fully understand the role that familism and other Latino specific cultural values play in sexual health-related communication, risk reduction, and treatment adherence.
Future Directions

- Preliminary analyses examining familismo and sexual communication and risk suggests that a relationship exists.
  - Among adults:
    - Higher level of familism was associated with more certainty that one can convince partner to wait to have sex in spite of partner’s desires ($r = .20$).
    - Higher level of familism was associated with more certainty that one knows how to use a condom correctly ($r = .26$).
    - Higher level of familism was associated with more certainty that one can enjoy sex responsibly ($r = .34$).
  - Among Youth:
    - Higher level of familism was associated with higher levels of personal health ($r = .17$).
    - Higher level of familism was associated more certainty talking about safer sex with family and friends ($r = .26$).

$(p < .05)$
Conclusions

- Despite the cultural taboo associated with intergenerational communication among Latina female family members, Hablando Claro successfully:
  - Increased frequency and breadth of sexual risk-related communication between mothers and daughters
  - Increased sexual risk communication comfort levels between mothers and daughters
  - Increased comfort in sexual risk communication with partners
  - Increased frequency in sexual risk communication with partners (significant for adults only)

- Need to better understand the role familism and other Latino specific cultural values and assets play in sexual health related communication, risk reduction, and treatment adherence
1. How could you adapt this to the communities that you serve?
2. What educational modules would you keep in your intervention?
3. What would you include that is not part of this intervention?
References


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