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# Cultural Influences on HIV Prevention among Hispanics in Atlanta, Georgia

Amira Abdulhafid

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**THESIS TITLE:**

Cultural Influences on HIV Prevention among Hispanics in Atlanta, Gerogia

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**ABSTRACT**

According to the CDC (2015), Hispanics/Latinos in the United States accounted for 23% of all new HIV infections in the year 2013. Undocumented individuals are likely underrepresented in this statistic. There are many that may be wary of talking to researchers and therefore are not represented when data is collected. The focus of this pilot study is to understand the level and type of knowledge of HIV preventative strategies for Hispanic men and women. An ethnographical qualitative method, using in-depth interviews, with participants was performed to gather this information. Ten participants were interviewed in and around Atlanta, Georgia. An ethnographic approach was used to study the various cultural factors that may hinder or encourage HIV prevention strategies. The targeted population was Hispanic adults, both male and female, living in the United States ten years or less, and aged between 18-50 years. The results revealed a need for increased knowledge of HIV and closing the gap between having that information and having access to prevention methods.

Cultural Influences on HIV Prevention among Hispanics in Atlanta, Georgia

By

Amira Abdulhafid

Bachelor of Arts, Georgia College & State University

A Thesis Submitted to the Graduate Faculty

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Of the

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MASTER OF PUBLIC HEALTH

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**APPROVAL PAGE**

Cultural Influences of HIV Prevention among Hispanics in Atlanta, Georgia

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## Introduction

The human immunodeficiency virus (HIV), the virus which leads to acquired immunodeficiency syndrome (AIDS) is an incurable disease, yet it is preventable. Worldwide, there are around 36.9 million people living with HIV/AIDS, with 1.2 million of those living in the United States (Centers for Disease Control and Prevention [CDC], 2015). HIV/AIDS is a non-discriminatory disease, yet within the United States, there are minority groups that are disproportionately affected. One of those minorities is Hispanics/Latinos. According to the CDC (2015), Hispanics/Latinos in the United States accounted for 23% of all new HIV infections in the year 2013. The rate of infection is three times as high as that of whites and increasing. There are certain subgroups among Latinos that are hit the hardest: gay, bisexual, and other men who have sex with men, and women. The rate of infection overall in the Hispanic/Latino population in the United States is alarming and a serious concern.

Current research on HIV interventions for Latinos highlights the growing population of Latinos in the southern United States (Knipper et al., 2007; Rhodes et al., 2012a; Rhodes, Hergenrather, Bloom, Leichliter, & Montaña, 2009; Wingood et al., 2011). Georgia, specifically, has a total population of over 10 million, with an estimated 9.3% being Hispanic/Latino (US Census Bureau, 2014, 2015). In addition, 45% of new cases of HIV at the end of the year 2010 were from the southern states (CDC, 2015), putting Georgia at 8% in terms of population, yet in 2013 ranked fifth in the United States for HIV infections (National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention [NCHHSTP], 2015).

In Atlanta, Georgia, 11.5% of the city's population is Hispanic ("Atlanta," n.d.). As of 2010, according to the Kaiser Family Foundation's State Health facts, there were a recorded

1,695 Hispanics/Latinos living with an HIV diagnosis and in 2013, 165 Hispanics/Latinos were newly diagnosed with HIV (“Estimated Numbers of HIV Diagnoses, Adults and Adolescents, by Race/Ethnicity,” n.d.). However, the statistics shown may not be truly representative of the entire Hispanic/Latino population. There are many that may be undocumented and/or scared of talking to researchers and therefore are not represented when data is collected.

Language barriers, socioeconomic factors (poverty, lack of education), and culture contribute to the high number of HIV/AIDS infections. Cultural factors can include beliefs such as *machismo* (masculine pride; belief that men are meant to be strong and aggressive) *marianismo* (enforcement of sexual silence among women, belief that women are to be naïve and pure), and *simpatía* which emphasizes being agreeable and non-confrontational in relationships on the part of the woman (Wilson, Durantini, Albarracín, Crause, & Albarracín, 2013).

Various interventions tailored to the Hispanic community have been created and implemented to try to reduce the high rate of HIV/AIDS. Such interventions include a program started in North Carolina known as HoMBReS: Hombres Manteniendo Bienestar y Relaciones Saludables (Men: Men Maintaining Well-being and Healthy Relationships) (S. D. Rhodes et al., 2012b). This intervention has been efficacious in changing the risk behaviors among the local Hispanic community. Other interventions include linguistically appropriate brochures that target Hispanic cultural norms and to demonstrate the importance of HIV/AIDS prevention and change misconceptions commonly perceived in the Hispanic population that may contribute to HIV-related behaviors. Other forms of attracting Hispanics to prevention techniques include a meta-intervention, which basically targeted Hispanics and related the disease to their culture and stressed the importance of getting tested and making prevention a priority, despite cultural beliefs and norms (Sánchez, De La Rosa, & Serna, 2013; Wilson et al., 2013). HoMBReS and

the brochures and meta-interventions have all shown to be successful interventions among the Hispanics in regards to HIV/AIDS prevention.

All of the interventions have been implemented in North Carolina, Florida, and Illinois; not many have focused on the Latino population in Atlanta, Georgia. However, the Latino population is growing. The US Census shows the percentage of those classified as Hispanic/Latino in 2010 was 8.8% whereas as of 2014, it is 9.3%. Although this may not appear to be a substantial increase, these numbers may not be inclusive of undocumented Hispanics where data collection does not reach. The purpose of this pilot study is to understand the level and type of knowledge of HIV preventative strategies for Hispanic men and women in Atlanta, Georgia. At this stage in the research, the knowledge of HIV preventative strategies will generally be defined as knowing basic prevention methods (i.e. abstinence, condoms) and where to find resources for educational and medical assistance, such as HIV tests. An ethnographical qualitative method, using in-depth interviews, with participants will be performed to gather this information. Flyers advertising the study and a snowball sampling method will be used to recruit participants. The qualitative approach, sampling method and data analysis approach were all chosen because the main question of this proposal is to find which, if any, cultural influences of the Hispanic culture affect HIV prevention.

## Literature Review

The Latino population has historically been difficult to research. There are many reasons why this is so, from distrust of researchers and government due to bad experiences in the past to cultural norms. A lot of the Latino population may be undocumented. According to Krogstad and Passel (2015) at the Pew Research Center, there were 11.3 million undocumented immigrants in the United States in 2014. It is important to recognize that number is not specific to Latinos, but Mexicans did account for almost half. The majority of these undocumented Latinos work in low-skilled service, production, and construction occupations and also some migrant agricultural occupations. This can be a barrier to reaching the Latino population. As research by Sánchez, de la Rosa, and Serna (2013) showed, Latino migrant workers are at greater risk for poor health in general for many reasons such as stigmatization and discrimination, both of which may be created by racial or ethnic intolerance within their community. It is no secret that immigration has been a tense topic recently, politically and economically. Also, Latinos fear deportation and legal backlash constantly because of their status in the country and because of such, resist any attempts made by health providers and other agencies offering assistance. Then due to the nature of their work which requires them to travel and migrate, there is little to no access to stable healthcare.

Also, research has suggested that the more acculturated and longer length of time spent within the United States are associated with lower rates of HIV and other STD infections (Rios-Ellis et al., 2008). Rhodes, Eng, Hergenrather, et al., (2007) reported that most interventions have normally taken place within urban areas, which tend to have Latinos who are more acculturated. In their research, they focused on a rural population of migrant workers. HIV/STD prevention was stated by participants as a high priority; however barriers included lack of access to

information and access to health care in the United States. The role of cultural norms was also a theme where participants stated was related to sexual health due to the expectations placed on being a male or female, suggesting an obvious need for culturally appropriate interventions.

To be able to address the growing number of HIV infections among Latinos, it is important to understand the specific barriers and obstacles that might be preventing Latinos from taking advantage of the available resources within any given community. The literature cites a variety of barriers to HIV prevention among Latinos. In the needs assessment done as part of their study, Rios-Ellis, Frates, D'Anna, et. al. (2008) discovered that there were a variety of risk factors, such as non-disclosure or Latina women not believing they are at risk, barriers to healthcare due to being uninsured or not speaking the same language, and some treatment options offered might be against their cultural beliefs.

Cultural norms might also serve as a barrier to HIV prevention. Wilson et al. (2013) have listed *machismo* and *marianismo*, as described above, but also mention *fatalismo*, the belief that what happens is destiny and being powerless to prevent it and familialism, which is the focus on the family. Latinos may perceive that they should not do things that are not necessarily good for the family (such as taking time off work to participate in interventions or going to medical appointments). *Marianismo*, religiosity and sexual silence also contribute to the stigma surrounding the topic of HIV. *Marianismo* dictates that women are pure and do not experience sexual needs, otherwise risk being seen as “easy.” Sexual silence commands just what it insinuates: silence around the topic of sex. Wilson et al. (2013) found these normative cultural beliefs as barriers to enrollment of Latinos in HIV interventions. Lack of enrollment correlates with the difficulty of reaching the Latino population to reduce the rate of HIV infections.

Research suggests that any interventions designed for Latinos will have to address these factors to remove barriers to engagement.

A common approach to combating barriers and obstacles of reaching the Latino population and providing a much needed health service is engaging the community in the development and implementation of interventions. Community-Based Participatory Research (CBPR) has been used in multiple studies (S. Rhodes et al., 2007; S. D. Rhodes et al., 2006, 2009; Sánchez et al., 2013; Wingood et al., 2011). CBPR, as described in Rhodes et al. (2006), a collaborative approach to research, involving the community and having partnerships develops a higher quality, use, relevance, and interpretations of the data and helps to ensure faithful implementation (S. D. Rhodes et al., 2006, p. 378). It also helps promote trust within the community and researchers.

Many of the interventions developed for the Latino population have implemented CBPR in some way. CBPR was used by Rhodes et al. (2007) in their initial research to learn about the sociocultural determinants of sexual risk and identify potentially successful intervention strategies for the Latino population. Focus groups were conducted to discuss to gather information from local Latinos regarding health and HIV as well as some culture-related questions. After having identified five themes (prioritization of HIV and STDs, lack of access to HIV and STD information, barriers to healthcare, role of sociocultural norms and expectations of masculinity, and potential intervention techniques), the participants suggested a local soccer league would be an effective approach to engage Latinos in HIV prevention activities. The soccer league attracts many Latinos in the area and could provide a strategic foundation for an intervention as it was already an existing infrastructure. It was from this suggestion the

intervention *HoMBReS: Hombres Manteniendo Bienestar y Relaciones Saludables* (Men: Men Maintaining Wellbeing and Healthy Relationships) was developed.

Rhodes et al. (2006) described the *HoMBReS* intervention in more detail. Using the already established soccer leagues, a snowball sampling method was used to network and build trust within the community. Distrust and fear complicated the process as some community members did not understand the process. Formative research was done first via focus groups to develop intervention priorities. Then, after developing the intervention, 30 teams were created and divided into the intervention team and delayed-intervention teams. The basic idea was to train participants as lay health advisors (LHAs), or as so named in this intervention, *navegantes* (navigators) to deliver HIV-related messages to their peers. The evaluation of *HoMBReS* showed that strong community partners and an original approach to training LHAs within the existing social network proved to be a successful endeavor to reducing HIV risk among a vulnerable population.

A community-driven approach was also used by Gómez, Hernández, and Faigeles (1999) in their empowerment model for HIV prevention for Latina immigrant women. Their model was created for the Northern California Grantmakers AIDS task force's HIV Prevention and Evaluation Initiative and paired intervention developers with statistical and administrative consultants to evaluate an existing program, *Mujeres Unidas y Activas (MUA)*. This program was not designed primarily for HIV prevention, but instead for empowerment of Latina women. Empowerment was the prevention method in this program; women who felt empowered within their community and provided access to tools and information to improve themselves as well as their community would reduce sexual risk. Within this program, women received information and skills specific to HIV prevention, but the delivery method was such that the women could

relate the information to their daily lives. MUA is not solely about HIV prevention, but integrates HIV risk reduction in other activities such as discussions about HIV and other STDs, self-esteem support sessions in which women could openly discuss sensitive topics such as sexual rights and domestic violence. HIV workshops were also offered to provide more in-depth information. Such a holistic method of delivery was evaluated in order to combat the lack of evaluations of real-world programs in reducing HIV infections among this population.

The evaluation uncovered some surprising information. Participants felt more comfortable in sexual communication after participating in political and social events, but not after participating in the smaller, HIV-focused activities. This suggests a broader and less intimate setting when trying to increase sexual communication. Also, there was a decrease in domestic violence in women who participated in leadership and volunteer programs. This is important because it has been reported that Latinas may fear violence from their partners when requesting the use of condoms or other HIV protective behaviors. However, the consistent use of condoms remained low with the group and was not affected by the program.

Gómez and Marín (1996) focused on condom use among women, mainly Latinas although they included non-Hispanic women in their research as well. While there are many factors that serve as barriers to condom use (peer norms, attitude toward safer sex, self-efficacy, and perceived vulnerability to HIV and other STDs), gender sexual norms along with cultural sexual norms make it that much more difficult for Hispanic women. The study done by Gómez and Marín (1996) attempted to understand such barriers to condom use. Both Hispanic and non-Hispanic women were interviewed, however there were more Hispanic women interviewed than non-Hispanic (513 to 184, respectively). The non-Hispanic women were more likely to use condoms and ethnic differences were significant. Hispanic women had less knowledge about

HIV and less sexual power. They had lower self-efficacy and less sexual comfort to request the use of a condom with their partner. By requesting the use of a condom, it places the Hispanic woman in a more assertive role than what is traditional. These findings need to be considered in future research on HIV prevention among this population.

A common theme found amongst this research is cultural competency with the Hispanic population. Having a prior understanding of common beliefs, perceptions and barriers will help future interventions be successful. Community-based participatory research has already shown to be successful in multiple studies as the role of the community is a valued tradition in the Hispanic culture.

Prior research highlights the need to understand the level of knowledge and the specific barriers to HIV prevention within a community. This study attempts to understand the Hispanics in Atlanta and their general knowledge of HIV and resources to help them gain information and get assistance, if needed. It also attempts to gain insight into their culture and values and what they consider a priority when it comes to their health and wellbeing. By having this formative information, it will help create a starting point for the development of HIV prevention strategies and how best to overcome barriers to participation and engagement in these interventions.

## **Methods**

An ethnographic approach was used to study the various cultural factors that may hinder or encourage HIV prevention strategies. Because of the sensitive topic, data were collected from using face-to-face in-depth interviews. Questions in the interviews focused on the participants' knowledge of HIV and their beliefs toward the disease. Also, access to HIV prevention strategies (i.e. medical resources, condoms) were discussed to determine any influence or beliefs that could possibly hinder obtaining HIV prevention. Another important facet to the interviews was the cultural norms of the community and the responsibilities within the family unit. This information helped determine any barriers that may exist and help guide future interventions. The in depth interview protocol is attached in the appendix.

## **Participants**

The targeted population was Hispanic adults, both male and female, living in the United States ten years or less, and aged between 18-50 years. Participants were excluded if they grew up in the United States or otherwise were immersed in United States culture, had lived in the United States for more than ten years, or were not within the age range. Language was not a screening factor as interviews could be conducted in English or Spanish.

Recruitment was done in the Atlanta metropolitan area. Flyers (see Appendix A) promoted participation in the study and provided the contact information for the researcher to set up an interview time. Flyers were posted, after gaining permission, at Holy Cross Catholic Church in the Tucker area and also at St. Bede's Episcopal Church in the Northlake area. The flyers were in both English and Spanish. A snowball sampling method was used where enrolled

participants will be asked to share the study information with any people they think might be interested.

Interested individuals who contacted the researcher were screened for eligibility. Those who were eligible were given study details and taken through the informed consent process. The researcher went over the informed consent form, in detail, and answered any questions that arose. Once consent was given, the participants completed the interview with the researcher. The participant was given a \$25 VISA gift card at completion of the interview. The Georgia State University IRB approved the study and each participant provided informed consent.

Interviews were held in a study room at the Georgia State library. The interviews were conducted in either English or Spanish, in whichever the participant felt more comfortable. The interviews were recorded and transcribed and an independent translator was used to translate the documents to prevent any bias.

### **Data Analysis**

A general inductive approach was used for data analysis to identify themes or categories that could be used to identify barriers and prevention strategies to HIV transmission. The researcher read through the transcripts thoroughly and annotated common themes amongst the categories. The researcher then organized the data in tabular form using Microsoft Excel 2010 in order to further analyze the data and narrow down reoccurring themes throughout all of the interviews. The researcher used univariate analyses to describe frequencies, percentages, and means of demographic data and the topical results of the interviews using Microsoft Excel.

## Results

### Participant Characteristics

Of the 10 participants, 50% were male and the other half were female. The mean ( $\pm$  SD) age in years was  $38.9 \pm 10.9$ , with a range of 18 to 50 years. Over half (60%) reported Mexico as their country of origin, with two (20%) reporting Colombia, and the remaining from Venezuela and El Salvador. The average length of time in the United States was 7 years  $\pm$  3.5, ranging from 1 to 10 years. Construction (40%) and cleaning homes and offices (20%) were the two most reported professions, with food industry and being unemployed making up the rest. More than half (60%) reported not having health care coverage and 70% of the participants reported not having to visit a health clinic within the last year.

The interview questions were already divided into three categories: HIV knowledge, cultural norms, and knowledge of preventative strategies. Other themes emerged within the categories. See table one for examples.

Table 1	
<i>Identified Themes</i>	
Themes	Quotes
HIV Knowledge	“HIV/AIDS is a disease that’s spread all over the world, sometimes by being unclean and not knowing who you’ve hooked up with.”
Cultural Norms	“In Hispanic households it’s almost forbidden to speak of anything sexual, unless you’re really needing to.”
Preventative Strategies	“More information about it because everyone thinks that it could never happen to me, but it does happen.”
Disclosure	“The thing is, I believe we are true to each other. We have been married 25 years and in 25 years we have only been with each other.”
Fidelity	“No, it’s not acceptable but sometimes sexual needs are very strong.”
Healthcare Access	“I don’t know any place here, but I know of a testing lab in my country, but like everything else, it’s expensive.”

**HIV Knowledge**

All of the participants reported having heard of HIV/AIDS, with many reporting having heard about it in their countries of origin or here in the United States. One participant reported knowing about the disease from relatives living with HIV/AIDSs. Media (TV, radio, newspaper and internet) was reported as a source for two of the participants.

**Transmission Methods.**

All the participants reported that sex was a main method of contacting the disease, 20% reported blood transfusions and sharing needles. A couple of the participants also reported having an open wound and one also reported saliva as a way to contact the virus.

**Prevention Methods.**

Using condoms and protection was universally reported among all participants. Abstinence was also reported among 30% of the participants, while stable relationships and not sharing needles were also reported as prevention methods.

**Cultural Norms**

When participants were asked about the man's responsibility in the family and relationship, the participants, both male and female, reported that the man's responsibility was to protect himself and his family, work and provide, spend time with his family and being faithful.

**Disclosure.**

While many reported having good communication regarding health and considered it normal, the majority (60%) reported not discussing HIV and other STDs with their partner. Some of the reasons behind this were that there was an understanding that both have been faithful or trusting that neither of them have had much exposure, therefore creating a perceived belief of not being at risk, as demonstrated by a female participant: "We don't [discuss HIV or other STDs] only because like I said, we haven't had much exposure to other people so there's not much to worry about."

**Fidelity.**

When asked about fidelity when working far from home and being far away from family, not one of the participants reported a man nor a woman looking for sexual relations outside of their relationship as acceptable, many being quick to link the higher risk to getting infected with HIV or STD. However, almost half (40%), half of those being male, reported that it does happen, maybe more than is thought. One participant explained it as, “No, it’s not acceptable but sometimes sexual needs are very strong.” However, when confronted with the question about their thoughts on women looking for sexual relations outside of the relationship, the question was met by surprise and even laughter. One participant immediately said, “They lack devotion,” when asked his thoughts.

Not one of the participants could state a definite answer on whether they believe condoms would be used in extramarital encounters. The common response was it depended on the man (or woman) and whether they are educated of the risk enough to use protection. It was a mixed response on whose fault it would be if one of them got infected. Three participants reported that the fault would have to be on whoever it was that was unfaithful, with one suggesting it could be both as there is a reason that one partner is unfaithful. However, three others reported the fault being on the men, two of the three being male participants. The female participant said it was more common among males to be unfaithful because “women become very attached and they don’t want to go off and do things like that.”

**Confianza.**

The majority (80%) of the participants felt that there was enough confidence, or *confianza*, within their families to discuss HIV/AIDS. One participant said it depended on which

family members; there was more confidence to discuss it with some and with others, there was not enough. One female participant said that among “Hispanic households, it’s almost forbidden to speak of anything sexual.” All were in agreement that HIV/AIDS should be discussed, with only 30% of the participants reported believing it was still a taboo to discuss HIV/AIDS. While a couple of participants stated that it was already easy to discuss HIV/AIDS, others reported more publicity, campaigns, and acceptance would make it an easier topic to discuss. Addressing the issue of lack of communication and a potentially sensitive topic to discuss among family, a participant said:

“I really feel like if society and family households just didn’t make the topic so difficult to talk about and just swallowed their pride...there would be a lot less diseases spreading and a lot less teen pregnancy and just issues when it comes to having a partner.”

## **Preventative Strategies**

### **Healthcare Access.**

When asked about where one could go to know their HIV status, almost all (90%) of the participants knew to go to a clinic or hospital to get a HIV/AIDS test. A few named Red Cross, Planned Parenthood, and Grady Hospital as places that offer tests. However, none knew of a place in Atlanta to get a free HIV/AIDS test. Only one participant knew of a HIV prevention program here in Atlanta, stating it was in the Doraville area, but did not know what it was called. Only two had been involved with HIV programs before, whether in the United States or their country of origin.

**Prevention Programs.**

However, all of the participants agreed that HIV/AIDS was a serious issue within their community and agreed that any programs that offer more communication and publicity and media campaigns would help prevention methods in their community. One participant reported, "...you almost never see anything about it [HIV] since almost all the things you do see are about cancer." When asked what other suggestions for a prevention program, offering free condoms was another suggestion. One participant suggested having hotels offer a complimentary box of condoms to be able to increase preventative measures.

### Discussion and Limitations

While this study does not provide a true representation of the Latino population in Atlanta with such a small sample, it does provide an educational snapshot for any future research. All of the participants in this study had heard of HIV/AIDS and reported accurate basic knowledge of how the virus is transmitted. However, the interview did not go into much detail about HIV/AIDS knowledge, therefore this study could be ignoring other risk factors that were not discussed, such as oral sex or superinfection.

The majority of the participants in this study did not have health coverage and also reported that they had not visited a clinic in the past year. It is not clear and was not probed in the interview whether they did not visit a clinic due to a lack of need or for other reasons that have been known barriers among this population, such as fear or financial reasons. This was not probed in the interview; however, research suggests that fear and distrust are barriers to accessing health care for the Latino community.

While cultural norms, such as *machismo* and *marianismo*, have been named as barriers to HIV prevention among the Latino community, the findings of this study seem to suggest otherwise. The question about the man's responsibility brought answers that described positive attributes. However, this question became a challenge during the interview as many asked the researcher to explain the question. Many did not understand whether it was asking about the responsibility as it pertains to sexual health or HIV/AIDS or within a family. The researcher did explain the question for the participants to be able to answer, but in retrospect, a further analysis of the questions may have prevented such confusion.

Although several participants stated that acquiring HIV would be the fault of the man if one became infected in their relationship, the majority stated it would depend on who was unfaithful. In regards to fidelity, it seemed the men were more apt to admit that it happens, none of the participants reported it as acceptable. However, the surprised reaction to a woman's infidelity suggests tendencies related to the *marianismo* or *simpatía* cultural factors, in which women are to be passive in relationships. The interview questions did not ask about the female role in a relationship nor was it asked whose responsibility it was to provide the protection methods, which could have also provided insight into the cultural norms. Also, it is unknown how social desirability may have influenced the answers to the questions of the interview.

It seemed to be a universal agreement among the participants that there needs to be more publicity and campaigns to increase awareness and knowledge of HIV/AIDS and that are targeted to the Latino population. Also, the findings revealed that not many of the participants knew of anyplace in Atlanta that offers HIV/AIDS tests at a low or no cost. Due to the fear surrounding medical services and legal status in the United States, Latinos may not feel comfortable going into a public hospital or clinic. Also, because many Latinos are low-income, spending money that could otherwise go toward food and housing for their family on medical costs may not be seen as priority. If the population knew of clinics that offer the tests for free, it may increase those that get tested and know their status. The increased publicity and awareness of HIV/AIDS could also help combat any stigma or taboo that is related to such topics among the Latino population.

## **Implications**

Due to the high demand of more communication and publicity, potential interventions could utilize the media as a way of reaching out to the Latino community. There are multiple cable channels in which advertisements and health messages could be posted. Also, there are Latino radio stations and newspapers that could serve as a medium for HIV related messages. Another method could be social media as the use and popularity of such platforms have exploded in recent years, especially among the younger population. Using these mediums, HIV information and where to go to know their status and free condoms could be broadcast. These messages could help with the lack of knowledge on where to go to get tested and also provide access to prevention methods.

Potential interventions should offer assistance and training in communication within families and partners. This study shows that while the participants thought HIV was a serious issue and should be discussed, they did not discuss the topic due to perceived lack of risk or being uncomfortable. A variety of methods of communication and ways to make the topic easier to approach as well as increasing the knowledge of risk factors could help facilitate more communication between families and partners.

Future research needs to expand on the HIV knowledge within the Latino community as this study might have missed other risk factors. Also, this study did not specify or focus on sexual orientation. Current research already indicates that gay and bisexual men are at high risk in the Latino community and women are high risk for heterosexual transmission. Future research should study if there are more specific risk factors or barriers to prevention for different groups.

### **Conclusion**

This study provides information about HIV knowledge and preventative strategies for Hispanic men and women in Atlanta. There has been little research done among this topic and population in Atlanta. Due to the growing numbers of Latinos in Atlanta, HIV/AIDS prevention is increasingly important as the number of new HIV infections in Georgia is growing. It is clear from this study that while Latinos have a basic knowledge of HIV and how to prevent it, there is a gap in having that information and having access to prevention methods. Further research needs to be done to help determine the best methods to bridge that gap of knowledge and access.

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Appendix A

# NEW HEALTH AWARENESS STUDY

Student at Georgia State University School of Public Health seeks individuals to participate in a study about health awareness.

## Candidates must be:

- **Self-identified Hispanic**
- **18-40 years of age**
- **in the United States  
10 years or less**

## Visit and Compensation include:

- **Completing one-hour individual interview:  
\$25 VISA gift card**

Please

call, Amira Abdulhafid at **404-934-5969** to see if you are eligible to participate.

## Appendix B

### In-Depth Interview Protocol

#### Introduction

*Good afternoon. My name is Amira Abdulhafid and I am a Masters student doing a research project for my thesis on HIV Knowledge and Prevention among Hispanic in Atlanta, Georgia. As part of the project, we are talking to Hispanic like yourself. Today, I am particularly interested in talking to you about your knowledge and beliefs on HIV/AIDS and also ways to prevent HIV/AIDS. We feel that by talking with you, we will better understand the general beliefs and knowledge about the disease and how you feel about prevention strategies. I want you to know that your participation in this interview is completely voluntary and if you want to stop at any time, please don't hesitate to let me know. Also, the interview will be completely confidential and anything you say will not be shared with anyone in the community. If you don't mind, I would like to tape-record our discussion so that I do not miss or forget anything that we talk about. So, is it okay for me to tape-record this interview? I want you to know that all research documents relating to our conversation will not include your name or any personal information.*

*I am excited to speak with you. I have a list of topics I would like to discuss, but I want this to feel more like a conversation so please feel free to bring up any topics you feel are related. I am interested in your own ideas, thoughts and feelings on HIV/AIDS and any experiences you may have had with the topic, so please feel comfortable being honest.*

*Do you have any questions?*

#### **Background/Warm-Up Questions**

1. How long have you been in Atlanta?
2. What is your occupation?
  - a. Does your occupation offer healthcare coverage?
3. Have you visited any healthcare facility due to being ill or any accident within the past year?
  - a. In the healthcare facility that you visited, did they provide any educational material on various illnesses?

*In the next section I will be asking more sensitive questions about HIV/AIDS. I want to remind you again that everything you say will be kept completely confidential and that this information is important for the study.*

**HIV/AIDS Knowledge Background**

4. Have you ever heard of AIDS or of HIV?
  - a. Where did you learn about HIV/AIDSs?
5. What is HIV/AIDS to you? Please define it in your own words.
6. How does one contract HIV/AIDS?
  - a. What are the modes of transmission?
7. Please list all the ways a person can protect themselves from getting HIV/AIDS.

**Cultural Influencers**

8. What is the man's responsibility in his household?
9. How are family matters such as health discussed with your partner?
10. Do you and your partner regularly discuss sexual diseases and how to protect yourselves from them?
11. In some cultures, it is common for the man to work far away from his partner and family. In some of these instances, it may be common for the man to get sex elsewhere, such as a sex worker. Please tell me what you think about this.
  - a. Is it acceptable?
  - b. Tell me what you know about the use of protection when a man has sex with a sex worker.
12. In some cases, the woman of the household may go elsewhere for sexual gratification. Tell me what you know about this.
  - a. Think about this.
  - b. What do you know about the use of protection in these situations?
13. Whose fault or responsibility do you think it is if you or your partner were to become infected with HIV/AIDS or another sexual disease?
14. Do you think it is common in your household to feel the *confianza*, or trust, to talk to your family members about HIV/AIDS?
  - a. Is it taboo to talk about?
15. Do you think it should be something that should be discussed within your household?
  - a. What could make it more commonplace?
  - b. What could make it easier?

**HIV/AIDS Prevention/Facilities**

16. Where does one go to get tested for HIV/AIDS?
17. Are you aware of any free HIV testing and counseling centers in Atlanta?
  - a. If yes, where did you hear about them?
18. Are you aware of any HIV/AIDS prevention programs in Atlanta?
  - a. If yes, where did you hear about them?
19. Have you had any contact with any prevention programs?

**Closing**

20. Overall, do you think HIV/AIDS is a serious issue in your community?
21. What kind of prevention program do you think would be successful in your community?
22. Do you have any questions over anything we have discussed?
  - a. Please let me know if there is anything more you'd like to share with me.

*Thank you for participating in this interview. Your input will be a tremendous help in the study.*

*Again, I reiterate that all of your responses and information will be kept confidential.*