

Social, Cultural, and Epidemiologic Considerations in HIV Disease Management in US Latino Populations

The increasing burden of HIV disease among Hispanic populations in the United States and measures for improving HIV-related health services to Latinos were discussed by Felix F. Carpio, MD, MPH, at the International AIDS Society—USA course in Los Angeles in February.

Of the total of more than 46,000 cases of AIDS in adolescents and adults reported in the United States in 1999, nearly 9000 were in Hispanics, more than 21,000 were in non-Hispanic blacks, and nearly 15,000 were in non-Hispanic whites. The disproportionate burden of AIDS cases among Latinos is shown by the fact that Latinos accounted for 19% of AIDS cases and 13% of the US population on 1999 estimates. The disproportionate effect is even greater among blacks, who accounted for 47% of AIDS cases while constituting 12% of the US population in 1999; whites accounted for 32% of AIDS cases and 71% of the population. Overall, the AIDS case rate among Latino men is 58.2 per 100,000 population, 3.27 times that in white men, and that in Latino women is 16.6 per 100,000, 6.9 times that in white women. In some locales, AIDS rates in Hispanics are 10 or more times higher than in whites. It is currently estimated that 110,000 to 170,000 Latinos in the United States have HIV infection.

Transmission of HIV in Latinos

That Latino populations are generally clustered in certain geographic areas and that the infection rates in some of those areas are high mean that HIV infection is likely to continue to increase in Latinos. As shown in Figure 1, the mode of exposure in Hispanics with AIDS in 1998 was predominantly injection drug use in those who were born in Puerto Rico and predominantly through men having sex with men in those who were born in other areas of Latin America or in the United States.

According to a study by Marín and colleagues (*Fam Plann Perspec*, 1993), it

appears that having several sexual partners is less common in Latino women than in white women, but more common in Latino men than in white men. Latinos generally reported low use of condoms with their primary sexual partners and higher use with their secondary sexual partners (partners outside of marriage or casual partners). The prevalence of homosexual or bisexual activity in Latino men in the United States has been reported to be 3% or less, but this is likely a gross underestimate.

Latinos account for 24% of the cases of AIDS in the United States that are related to injection drug use. The prevalence of injection drug use in Latinos is high, particularly in New York, New Jersey, and other East Coast states; it appears to be lower in California, where injection drug use accounts for less than 10% of the cases of HIV infection. The rate of infection with HIV also appears to be higher in Latino injection drug users than in their white counterparts, possibly because of the greater use of shooting galleries and needle sharing by Latinos, particularly in East Coast areas. Greater access to and use of injection drugs in association with greater poverty also contributes to the higher transmission rates.

Another factor in transmission in Latinos is needle sharing in the use of

injectable medications and vitamins in the home. Many drugs that are available only by prescription in the United States are available over the counter in Latin American countries, and Latinos in the United States, particularly California, Florida, and New York, frequently obtain and use these medications. Increased suspicion for transfusion-related infection is also warranted, since appropriate screening of blood products has been implemented slowly in Latin American countries.

Social and Cultural Elements in Infection Risk and Treatment

Poverty is a strong factor in the epidemiology of HIV infection in Latinos, in whom the rates of poverty and unemployment are increasing. The poverty rates are higher in Latino families than in black or white families, and even many intact Latino families in which both adults work face economic hardship. The poverty rate in Hispanics in the United States is highest in Puerto Rican families, at 37.5%, followed by Mexican American families (25%), Central and South American families (22.2%), and Cuban families (13.8%); for comparison, the poverty rate in non-Hispanic families is 9.5%. With poverty come conditions that also confound pre-

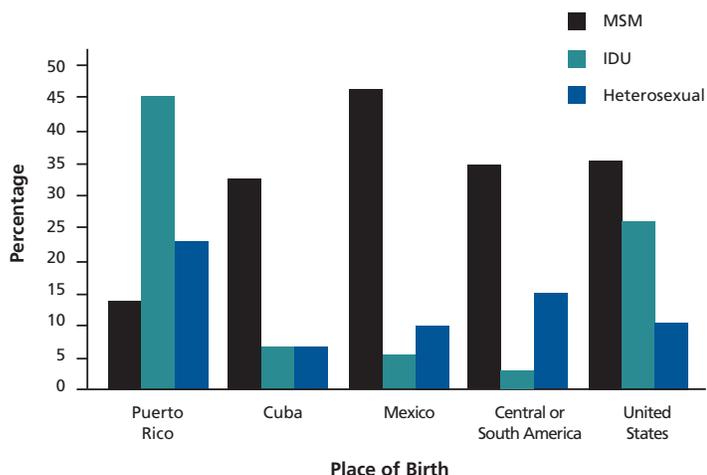


Figure 1. Mode of exposure to HIV in US adult Hispanics with AIDS, 1998, by place of birth. Most heterosexual cases are in women who have sex with injection drug users (IDUs), HIV-seropositive men, and bisexual men. MSM indicates men who have sex with men. Adapted from the Centers for Disease Control and Prevention, available at: <http://www.cdc.gov/hiv/pubs/brochure/latino-report.pdf>.

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vention and obtaining adequate health care, such as the use of illicit drugs, violence, economic dependence, lack of adequate housing and nutrition, and lack of health services and insurance and drug-treatment and prevention programs.

Development of effective programs for managing HIV disease in Latinos requires the consideration of the above factors and of a number of cultural values, lack of recognition of which can impede or undermine treatment efforts. Ideally, health care services in this setting should be designed

**Thirty-six percent
of the Latinos with AIDS
in Los Angeles County
received the diagnosis
within a month of
learning that they were
HIV-seropositive**

and delivered by Latinos who speak both Spanish and English and who are more likely to understand the cultural issues involved in relating to Latino patients. Many of the cultural values that must be taken into account in health care have been identified through research in prevention programs in Latino communities in California. They can be summarized as *familismo*—emphasis on the family as the primary social unit and source of support; *simpatía*—the importance of smooth social relations, emphasis on politeness and respect, and rejection of assertiveness, negative behaviors, and criticism; *personalismo*—the preference for relationships that provide familiarity and warmth; and *respeto*—the need to feel respected and valued in interactions with health care providers. In addition, many Latinos may not have a linear view of time: rigid timing or scheduling is not as important as attending to personal relationships, and the hurried pace in the health care setting may be perceived as rudeness. In addition, Latinos are often uncomfortable in discussing sexual matters; sex is considered private and personal, and it is often not even discussed by sex partners. The beliefs

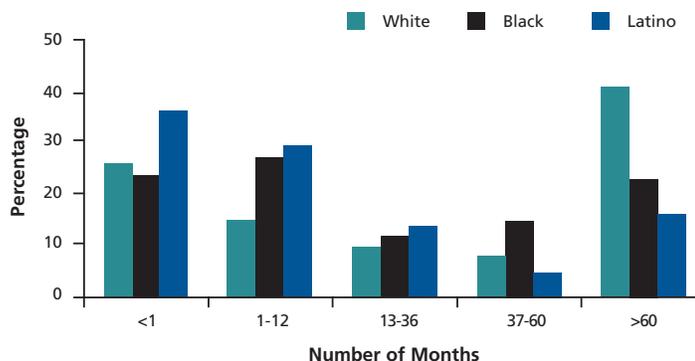


Figure 2. Time between patients' learning of HIV-seropositive status and diagnosis of AIDS, Los Angeles County, 1997-1999, by ethnicity (Supplemental HIV Surveillance Study Project). Adapted from HIV Epidemiology Program, Los Angeles County, Department of Human Services, January 2000.

of Latinos about gender roles include the expectation that men should be “sexual beings” and should pressure their partners for sex. There is also a considerable degree of ‘homophobia’ among Latino men, with sex between men being viewed as unacceptable, and fewer Latino men consider themselves homosexual or bisexual than do men of other racial and ethnic groups.

HIV Health Care

Access to health care is an important issue in Latino communities. In Los Angeles County, for example, Latinos with HIV disease enter the health care system at later stages of the disease than do patients of other racial and ethnic groups. The times between a diagnosis of HIV-seropositivity and a diagnosis of AIDS in Latino, black, and white patients in Los Angeles County in 1997 through 1999 are shown in Figure 2. The proportion of patients in whom AIDS was diagnosed within 1 month after they had learned that they were HIV-seropositive is higher in Latinos than in blacks and whites. AIDS was diagnosed within 12 months after they had learned that they were HIV-seropositive in 65% of Latino patients and after more than 60 months in only 16%.

Reducing the Burden of Disease

A number of measures for reducing the burden of HIV disease in Latinos can be recommended. Educational programs in HIV disease specifically for Latino care providers and other providers who work with Latino patients should be developed and implemented. Peer-led Latino-focused programs for treatment education

and adherence support should also be developed, expanded, and improved. In addition, the pool of bilingual and bicultural HIV-related health, mental health, and social service providers in Latino communities should be expanded through educational programs and incentives. Culturally competent and language-appropriate intensive interventions in prevention for diverse Latino populations also should be funded and expanded. In addition, migrant populations should be targeted through outreach programs.

Suggested Reading

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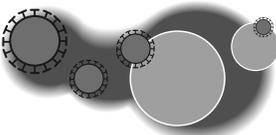
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