Hispanic Cultural Considerations in HIV/AIDS: Views from Within

Susana Lazarte, MD
Assistant Professor of Medicine,
UT Southwestern Medical Center
April 18th, 2017

No disclosures
Objectives

- Review the data of HIV/AIDS in the Hispanic population
- Understand behaviors unique to the Hispanic community
- Review and discuss how these impact the HIV epidemic and their healthcare
- Identify opportunities in our practice to improve our delivery to care in our patients
What am I?

Definition of Hispanic or Latino Origin Used in the 2010 Census

“Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Hispanic: people born in a country conquered by Spaniards, Spanish is primary language
Latino: people born in a country whose language evolved from Latin
Considerations

• Latino/Hispanic:
  – Broad term includes different races and origins
  – Geographically diverse in the US
    • NY: Puerto Rican
    • Florida: Cuban, DR, South America
    • California, Texas: Mexico, Central America
  – Latino born in US vs foreign born
“you don’t look Hispanic”

“you act too Hispanic”

“you speak Spanish??!!”

“differences in culture”

“you look Argentinan”
Hispanic/Latino in the US

• Largest minority group and growing fast:
  – 16.9% of population in 2010 census (up 43% from 2000) 2015: 17.6%
  – Mexican 63%
  – Puerto Rican 9.2%
  – Cuban 3.5%
  – Central American 7.9%
  – South American 5.5%

• 41% in West, 36% South
Texas: 2nd largest Hispanic population

Source: U.S. Census Bureau, 2010 Census Summary File 1.
Dallas: 8th city with largest number of Hispanics (4th in Texas)
Hispanics in US, 2014

• 48% 12th grade or less
• 23.5% living in poverty vs 15% general population
• 23.7% uninsured vs 9%

Pew Research Center, 2016
HIV/AIDS: HOW ARE WE DOING?
Diagnoses of HIV Infection and Population by Race/Ethnicity
2015—United States

- American Indian/Alaska Native: 1%
- Asian: 2%
- Black/African American: 12%
- Hispanic/Latino: 18%
- Native Hawaiian/Other Pacific Islander: <1%
- White: 27%
- Multiple races: 2%

Population, United States (%): N = 312,418,820
Diagnoses of HIV Infection (%): N = 39,513
Rates of Diagnoses of HIV Infection among Hispanic/Latino Adults and Adolescents, 2015—United States

N = 9,278   Total Rate = 21.5
Rates of Diagnosed HIV Infections Classified as Stage 3 (AIDS) among Hispanic/Latino Adults and Adolescents, 2015—United States

N = 3,865  Total Rate = 8.9
Quick Stats

Transmission:
- Men: 84% MSM/bisexual
  - 70% general population
- Women: 86% heterosexual

• Infection rates 3x of non Latino whites
• Death rates PLWH 3x of non Latino whites

Sheehan et al, 2015
Quick Stats

Increasing rates of HIV in Hispanic gay and bisexual men

CDC: If current rates continue, 1 in 4 Hispanic/Latino gay and bisexual men will be diagnosed of HIV in their lifetime

CDC, HIV surveillance report, 2015
Testing and Outcomes

- Higher likelihood to present with AIDS or OIs
- Decreased survival after AIDS diagnosis
- Usually data is worse for foreign born Hispanics or Spanish speaking only
- Men later than women
- Differences gone after ART initiation

Chen et al, 2012
Time of Diagnosis

• Immigrants (79% Hispanic) vs non immigrant: 3x more likely to have an OI than non immigrants (7% Hispanic)
  Chen et al, 2012

• Along Mexican Border- Hispanics more likely to present with OIs or AIDS
Time of Diagnosis

• Mean CD4 lower than non Hispanics

• California: Spanish speaking 3x than English speaking Hispanics

(Chen et al, 2012)
Understanding the statistics

• “Health and health related behaviors are inexorably tied to social class” (Singer, 1990)
• Delays in treatment and access to care:
  – Linguistic barriers
  – Cultural barriers
  – Financial
  – Immigration status
  – Employment status
  – Migrant workers
• Higher incidence of misconceptions about transmission

  – Initial approaches based on white, English speaking MSM
  – Educational material didn’t reach Latino population
  – Less awareness about PLWH looking “healthy”; role of oral and anal unprotected sex, perinatal transmission
  – 1980s: latino children and adolescents received less information about AIDS from their parents than whites. (MA)
  – 1980s: less condom use among Hispanics vs AA and whites

Singer et al, 1990
HIV by Country of Origin

• Foreign born vs US born
  – Foreign born Hispanic males higher risk for late presentation.
  – US born lower survival than foreign born

• Mexico/Central America vs PR vs South America

• Born in Mexico/Central America:
  – more likely to be diagnosed with AIDS within 30 days of diagnosis
  – Lower 3-year survival
Countries of Origin

- It is not just about being Hispanic or Latino or speaking Spanish
- Relates to background, level of education, reason for immigration
- Reason for immigration:
  - Economic opportunities, escaping from poverty: Mexico, Central America
  - Political reasons: Cuba, South America
- South Americans higher likelihood of having bachelor degrees than Mexico/Central America
- Proximity to US - higher likelihood to keep home country identity and values
Countries of Origin

• Level of education:
  – Likelihood of speaking English
  – Reliability in traditional medicine
  – Employment opportunities

• Access to health care:
  – Cubans, PR: access to benefits and care like US citizens
  – Professionals: health insurance through work, school
  – Undocumented: no benefits, no access
HISPANIC CULTURAL VALUES
Machismo

• Set of identities and attitudes associated with Hispanic views of masculinity
  – “the belief that men by virtue of their gender should exercise authority over females” (Singer, 1990)

• Comes from word “macho”: masculine, strong, womanizer

• Expected to be the main provider, family protector.

• Behaviors that “prove” manhood: heavy drinking, risk taking, multiple (female) sexual partners

• Physician: sign of weakness

• Will seek help when work is no longer possible due to illness
Marianismo

• Expectations for social, sexual and economical subordination
  – “women, like Virgin Mary, are...morally and spiritually superior to men and have the ability to endure any kind of suffering promulgated by men” (Singer, 1990)

• Woman does not feel she can negotiate with partner: sexual activity, condom use, acceptance of high risk behavior, forgiving infidelity

• Wives/partners may be too “pure” for certain sexual practices
• **Familismo**
  – Loyalty to the family is more important than the needs of the individual
    • Difficult for patient to make independent decisions
    • May be a motivator or a deterrent

• **Fatalismo**
  – Individuals cannot alter their disease process because it’s part of their destiny
Personalismo

– Expectation that the patient will develop a personal relationship with their healthcare provider
  • Provider who will engage in close physical contact
  • Provider who is interested in their personal life.
  • Lack of this may be a factor for non adherence or not returning to care
  • “loyalty” to provider as a motivator to adhere to treatment
Role of Women

• Primary caretakers
• Expected to be wives and mothers
• Usually more knowledgeable about healthcare
  – Motivate husbands to go to doctor
  – Motivate healthy behaviors
  – Usually come with husbands/fathers to their appointments and talk for them
Role of Religion

- 56% Hispanics in US identified as Catholic
- 70% in 2006
- Catholic Church bans condoms, condemned homosexuality
- Only God can control the disease
- Positive impact: support system, God can provide cure
  - “God has helped us develop these drugs”
  - “primero Dios”
- HIV: “punishment” for homosexual behavior
Role of Physician

• Classic “paternalistic” attitude – more in older generations
• Physician may be seen as the “know it all”
• High sense of respect and loyalty
• “I don’t want to fail him/her”
• Personalismo applies to this
• “I’ll do it for you doctorcita”
Role of Food

• Diet is rich in carbohydrates (tortillas, rice), fat and calories
• Not all Hispanic diets are created equal
• Overweight is seen as a sign of health
• Social pressure to overeat
• Family eating together
HOW DO THESE VALUES APPLY TO HIV CARE?
Roles in increased transmission

• Machismo:
  – Homosexuality is unacceptable, shameful
  – Those identified as gays are mocked, seen as inferior. Mockery is publicly acceptable
  – May not consider homosexual behavior if no anal receptive sex
  – Leads to bisexual behavior- men with wife, kids but having clandestine MSM.

Heterosexual transmission to wife/spouse
Roles in increased transmission

– “womanizing” behavior can lead to promiscuity
– Using condoms is seen as a sign of weakness
– “Macho” is invincible, nothing will happen
– Drinking, risk behavior– can lead to increase number of sexual partners + no condom use
Roles in Increased Transmission

• Marianismo:
  – Leads to perpetuation of high risk behaviors, multiple sexual partners
  – Lack of sexual education, knowledge about HIV
  – Low risk perception
  – Forgiving of infidelity, continuing to have sex with unfaithful (hetero/bisexual) husband
Transmission and Prevention

• Reluctance to get tested
  – Testing may imply accepting high risk behavior, MSM
  – “If I have it, I have it, there’ll be nothing to do”. (fatalismo)
  – HIV = sick = inability to work/provide for family (familismo, machismo)
  – Denial: “I’m not sick” “I didn’t do it”
Access and Linkage to Care

• Man is the breadwinner
  – Doctors’ visits mean less hours of work, less income, risk their jobs, immigration status

• Retention in care: affected by need to work (machismo)

• Lack of support and help from female partner

• Coming to doctor without the wife, making appointments, etc,
Adherence: negative impact

- Days off from work, if wife not aware then may not be as proactive
- Shame of taking medications - many have to take their medications to work
- When to take pills - multiple jobs
- Taking medication daily may be perceived as a sign of weakness
Adherence: adverse factors

• Immigration status:
  – Fear of being reported, deportation

• Employment status: no benefits, no rights for PTO/FMLA
  – Days off are not allowed by employers
  – Doctors’ visits are seen as a sign of weakness, not accepted by employers
  – Days lost mean less income - family dependent in country of origin
  – Migrant workers- missed visits, inability to get refills
Adherence: challenges

• Lack of familiarity with American healthcare system
  – Refills system
  – Relationship with nurses, case managers, mid level practitioners
  – Preventive medicine

• Level of education
  – Almost half have less than 12\textsuperscript{th} grade education

• Background
  – Rural areas, farmers
Adherence: Positive impact

- Need to stay healthy in order to keep providing for the family
- Relationship with provider: loyalty, looking forward for visits
- Respect for provider: “if the doctor says so”
- Religious influence “God gave us the medications”
- Religious: hope for cure and that medication will be transient
Adherence: Positive Impact

• Shame of behavior, need to do as instructed “because I deserve it”
• “I failed God, now I need to do things right”
• Women: as primary caretakers need to stay healthy for their children
• If both infected woman will have a positive influence in husband’s adherence
Conclusions

• Hispanic/Latino is a broad term that includes different races and backgrounds

• Disproportionately affected by HIV/AIDS

• Despite similarities, each subgroup has different opportunities and challenges affecting HIV acquisition, testing and treatment
Conclusions

• Understanding these common values and differences is necessary to provide culturally competent and sensitive care to improve the HIV care continuum among Hispanics/Latinos

• Future interventions should be done taking these into account
Thank you

Jeremy Chow
Ank Nihjawan
Arti Barnes

Staff at Amelia Court Clinic
My patients
References


• Pew Research Center Hispanic Trends www.prewhispanic.org/2014/
• https://gis.cdc.gov/grasp/nchhstpatlas/charts.html
• US Census Bureau www.census.gov
• Rao S et al. HIV Testing and Outcomes Among Hispanics/Latinos – United States, Puerto Rico and US Virgin Islands, 2014. MMWR 2016 65(40);1099-1103
• Sheehan DM et al. Rate of new HIV diagnoses among Latinos living in Florida: disparities by country/region of birth.