

Health, Culture, HIV/AIDS, and Latino/a College Students

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This article examines the intersection of health and culture with a focus on HIV/AIDS and Latino/a college students. An analysis of the complexity of some major traditional cultural values is provided, coupled with an overview of current medical concerns.

Supporters of multiculturalism in colleges and universities have emphasized minority students' failure to succeed. The hope of the 1970s and early 1980s, when minority enrollment rose, was followed by the current ubiquitous disillusionment that started in the mid-1980s, as enrollment consistently declined and attrition rates continued to increase (Fisher, 1992; Nora, 1993). A variety of programs and policies have attempted to remedy minority students' attrition from higher education over the past 30 years. Hand in hand with the development of these failure-inhibiting initiatives, a scholarly literature developed. The aim of the latter has been to explore the gamut of social variables related to minority students' performance in higher

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education. As stated in *Points of View* (National Association of Student Personnel Administrators, 1989) “Physical disability, financial hardship, family circumstances, medical and psychological problems, and inadequate academic skills are example of situations that often affect learning” (p. 10). While many of these factors have been studied, the paucity of research examining racial and/or ethnic differences related to health, cultural values, and minority college students is alarming (Benjamin, 1996; Rayle & Myers, 2004). There have been, to this point, only a few investigations regarding the intersection of health, culture, and Latino/a college students. While this article will simultaneously seek to integrate understandings from various fields and to inform as to issues and effective practice within the arena of concern, it is clear that to the extent that we are successful in doing this, gaps in our understandings will be made more obvious.

Health Concerns in College

Addressing the health needs of college students is replete with unique challenges. Most have yet to fully confront their mortality, and illness is generally seen as an unfortunate stroke of fate that befalls others. Luquis, Garcia, and Ashford (2003) conducted a qualitative assessment of college students’ perception of health. Most respondents defined health as not having any disease or mental or physical problems. Moreover, when asked how concerned they were about health, most students responded that they were not concerned. When the same students were asked about substance use, however, the majority viewed it as common among peers, with estimates of 80–90% of students using some type of drug. The substances identified were alcohol, tobacco, ecstasy, marijuana, and acid (LSD). Results also indicated that sexual experimentation was not only part of college, but also it was expected (Biscaro, 2004).

Exacerbated by sexually transmitted diseases and the physical problems associated with substance abuse, students face significant challenges when it comes to handling the financial aspect of healthcare in our country. Otrompke (2004) claimed that due to health insurance inflation across all sectors of the American population, colleges and universities debate how best to provide health insurance for students. Moreover, according to this author, unpaid medical bills are some of

the reasons students leave colleges without obtaining their degrees. The latter observation is distressing as it has been reported that 25% of America's 18 million college students represent some combination of underinsured or uninsured.

With the high incidence of substance abuse and sexual experimentation in this population, along with the facts that health issues are not a high priority for college students and that access to medical care may be somewhat inadequate, one might predict that college students are uniquely positioned for exposure to infectious diseases (Nura-Khem, 2002; Sexual Information and Education Council of the U.S., 2004). Brown, Jara, and Braxton (2005) indicated that the Centers for Disease Control and Prevention (CDC) reported that between 1990 and 1995, the AIDS incidence rate for young Americans between the ages of 13 to 25 years rose nearly 20%. This age cohort includes college students. Although previous estimates showed an infection rate of about 50% among those younger than 25, the 2004 Surveillance Report suggests that this figure is slightly under 15% (CDC, 1989, 2005a).

Lance (2001) reported that estimates made by the CDC and the American College Health Association suggest that 1 in 500 college students could be infected with HIV and that most of the college students in their 20s currently with HIV/AIDS were probably infected in their teens. The author reported that, as in previous investigations, his research found that heterosexual students do have good information about HIV/AIDS. Like other studies, however, Lance's research found that heterosexual students do have unprotected sex despite knowledge levels of HIV/AIDS. These students explained their behavior with the fact that they were involved in long-term relationships, a reason that ignores dishonesty rates about sexual faithfulness among heterosexual college males (Hightower, MacDonald, Pilcher, Kaplan, Foust, Nguyen et al., 2005; McCormack, 1997; Stebleton, 1993).

Defining Latinos/as

As stated previously, within this broader national context of college health care, different groups have different needs (Lowery, 2005). These differences may be highlighted by looking at issues of gender, race, ethnicity, socioeconomic status, and a myriad of other categories.

This article's focus is on the college population of Latinos/as. It is important to acknowledge that in an effort to focus on any particular group, greater levels of imprecision are introduced. The following definitions arbitrarily serve as filters that include or exclude in a manner that sometimes ignores the way in which individuals see themselves.

In considering the various definitions for *Latino/a*, it becomes clear that given the particular needs and goals of contemporary society, a group is formed out of a what would be a nongroup in different socio-temporal contexts. In other words a lawyer from Argentina would have very little in common with a farm worker from El Salvador. However, they are both identified as Latino/a in mainstream USA culture. The many potential explanations for this accepted inaccuracy probably should include the lip service paid to equal treatment across racial and ethnic lines, the contest to determine who receives the benefits of citizenship, or the need to marginalize those whose presence purportedly threatens English as the *lingua franca* of the nation. Regardless of reason or intent, there are so many variations and subgroups within the Latino/a community that it becomes virtually impossible to cast a net that is simultaneously inclusive and accurate. It seems that society at large holds numerous general beliefs about Latinos/as, such as beliefs related to or derived from the people or culture of Spain; an American whose first language is Spanish; or a person of Hispanic, especially Latin-American, descent. Societal beliefs, in general, do not do justice to the rich variability that exists within such communities. To gain an understanding of the variation among ethnic communities in regard to the health issues that are the focus of this article, one might consider the following: the fact that Latino/a students view depression as a more serious problem than do their White American counterparts (DeMelo & Farber, 2005), the differences reported across racial/ethnic groups regarding consumption of alcohol (Paschall, Bersamin, & Flewelling, 2005), violence and psychological symptoms among students of color (Rosenthal & Wilson, 2003), or differences in patterns of physical inactivity associated with race/ethnicity (Suminski, Petosa, Utter, & Zhang, 2002).

While studies like these frequently conclude that group 'A' is significantly different from group 'B,' in many instances it is not clear what physical or cultural characteristics of the particular group might provide the best avenue for explaining the differences observed. The chal-

lenge then becomes how to define a term like *Latino/a* in such a manner as to assure that there is some common ground for conversation and comparison, and, at the same time, recognize the unique variations and subgroups that are an essential component of personal identity (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987; Ortiz, 1995). Another way to view this is that the strength of this article will be the easiest point of criticism. To make sense out of the vague will require the use of imprecise language and suggest tentative connections based on nebulous assumptions. We hope that the latter comment has reduced any facade of objectivity and precision that positivistic rhetoric usually claims.

In their discussion of the diversity within the Latino/a population, Cintron (2000) and Myers, Cintron, and Scarborough (2000) observed that differences exist in social class, education, acculturation, and race. As these are frequently the lines of demarcation used in social analyses, it is useful to define Latinos/as in terms of loosely held cultural commonalties. These values typically included strong gender role divisions, *respeto*, and *familismo* (Gurman & Borzekowski, 2004; Raffaelli & Ontai, 2004; Vélez-Pastrana, González-Rodríguez, & Borges-Hernández, 2005). Generally speaking, *familismo* describes the emphasis on family relationships and the strong value placed on child-bearing. *Respeto* might best be explained as an emphasis on respect and hierarchy in social relationships. Strong gender role might best be described as maintaining idealized feminine gender roles that involve being submissive, chaste, and dependent; whereas the masculine gender role involves being dominant, virile, and independent. The reader should note that this dichotomy is not without controversy (Amaro, 1988; Comas-Diaz, 1987; Mirandé, 1998).

Commonalties of Difference

Just as it is clear that the level of cultural rather than demographic identification as a Latino/a is a function of the degree of assimilation, those traits perceived to be common of Hispanics are typically those values and attitudes associated with first- or second-generation immigrants. Diaz and Ayala (2001) identify synergistic oppression in which poverty, homophobia, and racism exacerbate the lives of Latino gay men. The lives of Latino gay men “have unfolded within a grid of

oppressive social forces that deeply impact their sense of self, their relationships, and their social and professional opportunities” (p. 9).

For the purposes of this paper, one of the more important aspects of this commonly held cultural identity is that it serves to further establish the context within which the Latino/a college student functions. Cultural values have substantial implications for expected behaviors (Cintron, 2000; Myers et al., 2000; Pidcock, Fischer, & Munsch, 2001). The following section considers the manner in which these cultural characteristics may have an impact on terms of sexual attitudes and behaviors.

Defined Gender Roles

The cultural value that has the single greatest influence on sexual attitudes and behaviors among Latinos/as is the clear demarcation between ascribed gender roles. This is most notable in the concept of *machismo*, which De Mente (1996) defined as

the repudiation of all “feminine” virtues such as unselfishness, kindness, frankness and truthfulness. It meant being willing to lie without compunction, to be suspicious, envious, jealous, malicious, vindictive, brutal and finally, to be willing to fight and kill without hesitation to protect one’s manly image. *Machismo* meant that a man could not let anything detract from his image of himself as a man’s man, regardless of the suffering it brought on himself and the women around him. . . . The proof of every man’s manliness was his ability to completely dominate his wife and children, to have sexual relations with any woman he wanted, to never let anyone question, deprecate or attempt to thwart his manhood, and never to reveal his true feelings to anyone lest they somehow take advantage of him. (not numbered)

Although this description may be more extreme than some Latinos/as would concede, it does serve to emphasize some of the core distinctions between gender roles (Carrier, 1995). Comas-Diaz (1987) suggested that an important message of *machismo* is “that to be a male is a major and highly regarded advantage . . . associated by the culture with positive characteristics and virtues such as strength, courage, dependability, assertiveness and power” (p. 11).

Consistent with these gender role divisions, studies by Raffaelli and Ontai (2004) and Raffaelli, Zamboanga, and Carlo (2005) found the following:

1. Latinos and Latinas experience differential gender socialization while growing up.
2. Gender differentiation was seen in areas not obviously linked to sexuality, such as involvement in after-school activities and age at which respondents were allowed to get a license or a job.
3. Female respondents reported more limits than did male respondents.
4. Mothers do more direct gender socialization with daughters and fathers with sons.

Although this may be an accurate description of Latinos/as, it is less clear that this is a distinguishing characteristic of Latino families rather than a general description of cultural biases across all subcultures within the United States (Brown, Santiago, & Lopez, 2003).

Whereas females are socialized to be chaste, subordinate, and dependent, males are encouraged to be the opposite. Furthermore, Comas-Diaz (1987) suggested that there is a “strong connection between masculinity and penetration” (p. 48). Sex is something men do to others, either females or receptive males. Several authors have observed that to the extent that one was the dominant partner in gay sexual behavior, Latino/a culture may not consider the interaction nor the individuals involved to be homosexual in character (Diaz, 1996; Diaz, in press; Lisotta, 2004).

A significant difference between Latino/a college students with regard to sexual attitudes has been demonstrated (Eisenmon & Dantzker, 2004; Killeya-Jones, & Ley, 2004). Females were more likely to report that they had been told by parents that sexual behavior before marriage is unacceptable. They were more likely than males to agree with the statement that “Sex should occur only with a person you love” and “If I were to have sex, I would always practice safe sex” (Raffaelli & Green, 2003).

Respeto

Within the Latino/a communities, it is common for conversations about sex to be subordinate to the deferential respect that one shows to the older members of the family. This provides a possible explanation for the variations described by Rich, Holmes, and Hodges (1996) in their research on HIV/AIDS and the attitudes of college students. Of those students surveyed, 45% of respondents had engaged in risk behavior for AIDS. It is interesting to note that contracting AIDS ranked third on a list of *life worries*, behind bad grades and the death of a family member; however, Latino/a students ranked getting AIDS first on their list of *life risks* although heightened levels of worry about HIV may not actually translate into changes in risk behavior.

Respeto may also play an important role as it limits the opportunity to discuss issues of sexuality with those who might be able to provide valuable insight into negotiating the sexual terrain. Latino/a culture typically constrains open discussions of issues of sexuality (Hutchinson, 2002; O'Sullivan, Jaramillo, Moreau, & Meyer-Bahlburg, 1999). The potential impact was made clear by Vélez-Pastrana, González-Rodríguez, and Borges-Hernández (2005) who observed that "Women who discussed sexual issues with their parents and had good communication with them were less likely to initiate sexual intercourse" (p. 781). It is important to realize, however, that this notion of *respeto* also plays out between a husband and wife. He may have various sexual partners and his wife be monogamous, but, in many instances, his other encounters will not be mentioned. To tell is to force her to confront the other woman.

Familismo

The primary impact of *familismo* is that it serves as a regulatory mechanism for women. Closely aligned with the notions of pride and honor is the respectable chastity of the *señoritas* of the family. Within the enactment of this principle, there are also consequences for gay males. Diaz (1996) stated that there are three distinct consequences for gay Latinos that emerge from *familismo*:

1. Coming out to oneself or others becomes extremely difficult.

2. A separation is enforced between individuals' sexuality and the social/affective life.
3. Building a gay community can become a difficult endeavor.

Brooks, Etzel, Hinojos, Henry, and Perez (2005) concurred, noting that to avoid being an embarrassment to the family, many gay Latinos demonstrate a reluctance to be identified as such.

Latino Sexual Practices and AIDS/HIV

According to the CDC, Hispanics are impacted differently by HIV/AIDS than are other racial/ethnic groups, and these differences have increased over the last 25 years (2006). Consequently, it would be a superficial analysis that did not also consider intragroup differences. The differences between country of origin by etiology of HIV/AIDS hint at the tremendous variations among the Hispanic population in the United States. Infected individuals of Mexican ancestry are three times more likely to have acquired the HIV/AIDS virus through male-to-male sexual contact than those from Puerto Rico. Puerto Ricans are three times more likely to have become infected than Central and South Americans through injection drug use (CDC, 2005b).

Bowleg and Belgrave (2000) posited that HIV/AIDS has had a disproportionate effect on minority women. That is, White women represent 75% of the USA population and account for 23% of AIDS cases among women. Meanwhile, Black non-Latina and Latina women represent around 12% and 10% of women in the United States, but account for, respectively, 56% and 20% of adult AIDS cases.

According to Golson (2001), current research tends to support the proposition that Hispanic women are at higher risk for HIV. The life-threatening results of this observation become morbidly critical when one considers the manner in which cultural values tend to constrain candor regarding extramarital sexual activity; that is, out of a desire to save the family from any embarrassment (*familismo*), to respect wife and parents (*respeto*), and to retain the masculine role in homosexual activity (*defined gender roles*), we would expect that many Latino men would be less than forthcoming. The lack of information, however,

may well serve to explain why Latinas are 3 times more likely to acquire AIDS than nonminority women in the United States (Newcomb, Wyatt, Romero, Tucker, Wayment, Carmona et al., 1998). Gurman and Borzekowski (2004) reported that Latinos/as, the largest minority group in the United States, are disproportionately affected by HIV and AIDS. The authors assessed students' condom use and noted that fewer than half of sexually active Latino students had used condoms during their last oral (4.9%), vaginal (41.3%), or anal (27.8%) sexual activities. Predictors of condom use varied as to type of sexual activity and gender; thus, the authors concluded that efforts of intervention promoting the use of condoms should be tailored to gender and type of sexual activity. It was also observed that there is "no association between receiving information and actually using condoms" (p. 174). Similar results were found almost a decade earlier by Marin and Marin (1992) and more recently by Conner, Takahashi, Ortiz, Archuleta, Muniz, & Rodriguez (2005). These studies become all the more salient when juxtaposed with findings indicating that Latinos/as of lower income and less education are at a higher risk for HIV (Gipson & Frasier, 2003; Golson, 2001). In other words, the Gurman and Borzekowski (2004) sample may paint a relatively optimistic picture of Latino/a HIV risk.

In a similar study Jemmott, Jemmott, and Villarreal (2002) examined the relationship between beliefs and intentional use of condoms during vaginal and anal intercourse among Latinos/as. Results indicated that students who had partners who approved of condoms and that expressed confidence in ability to control themselves self-reported condom use. This must be contrasted, however, with existing notions of machismo, which might suggest that sex is an overwhelming biological necessity for the male over which he has little control. The Spanish words *chingar* and *chingada* represent many cultural metaphors eliciting connotations descriptive of these sexual, biological needs—from acceptable to repugnant behaviors (Mirandé, 1998). In a study involving the dynamics between sexual partners regarding the use of condoms, Smith (2003) recruited participants from three ethnically diverse community colleges in Los Angeles County. The author concluded that females and males were equally vulnerable to the influence of a partner who did not want to use a condom. Nearly half of all females and males reported unwanted noncondom use since age 16 and over one third reported similar experiences with their cur-

rent partner. The finding of a trend in unwanted noncondom use among African and Latino participants in this study is significant because these minorities are over-represented among HIV and AIDS cases (CDC, 2001).

Conclusions: Implications for Research and Practice

It is important to emphasize again that there are significant subgroup variations within the Latino/a population. Lopez-Quintero, Shtarkshall, and Neumark (2005) provided an interesting view of the impact these differences might have across different national groups. Although this might suggest that finding an appropriate intervention strategy is impossible, Brooks *et al.* (2005) indicated that “researchers have continuously identified cultural congruence as an important element in developing intervention activities, when framing presentations, messages, and the dissemination of information in Latino[a] . . . communities” (p. 740).

Given the differences within the Latino community in terms of gender socialization, it may make sense to provide programming primarily directed toward women. This strategy would be consistent with The International Planned Parenthood Foundation (IPPF) recommendations to (1) incorporate HIV/AIDS education into sexual and reproductive health programs, (2) focus on youth, and (3) focus on women (IPPF, 2006). Another consideration that might seem to support such an approach would be that approximately 75% of HIV/AIDS cases among Hispanic women come from heterosexual contact (CDC, 2005b). Although this strategy may be seen as reinforcing undesirable stereotypes, it might well be a very effective use of limited resources within the Office of Student Services. In developing such programs Gipson and Frasier (2003) highlight the importance of addressing those social and cultural factors that might influence risk behavior and to be culturally appropriate.

In considering the characteristics of intervention programs, it appears, that the level of most probable success will be in small groups. Individual-based programs reach very limited numbers, while community-based programs often focus on changing social norms.

Furthermore the small group intervention provides increased flexibility in addressing the particular needs of individuals. One of the keys to success will be to identify those students who might be at greater risk of HIV/AIDS for inclusion in small group interventions (CDC, 2006).

This article identifies cultural themes that we hope will contribute to successful implementation in effective programming for Latino/a students by student affairs practitioners. Successful programs will evidence an emphasis on multicultural knowledge with a focus on the impact of intergenerational issues and consideration of varying degrees of assimilation among Latino/a populations. Finally, as in many situations within student affairs, our ability to provide the support that students need is closely linked to training, understanding, empathy and corresponding programs.

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