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The influence of culture on sexual attitudes and behaviors among young Hispanic women

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THE INFLUENCE OF CULTURE ON SEXUAL ATTITUDES AND BEHAVIORS AMONG YOUNG HISPANIC WOMEN

by

Leslie Franzblau-Wirth

A Thesis Submitted to the Faculty of the

SCHOOL OF FAMILY AND CONSUMER RESOURCES

In Partial Fulfillment of the Requirements
For the Degree of

MASTER OF ARTS
WITH A MAJOR IN COUNSELING AND GUIDANCE

In the Graduate College

THE UNIVERSITY OF ARIZONA

1992

STATEMENT BY THE AUTHOR

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APPROVAL BY THESIS DIRECTOR

This thesis has been approved on the date shown below:

Philip R. Lauver

Nov 10, 1992
Date

ACKNOWLEDGMENTS

November 10, 1992

Today is the 38th anniversary of my birth. Birthdays mark the end of one year and the beginning of the next. So, here I stand, looking back and leaning forward. On a day of celebrating what has past, what is, and what is yet to come - I would like to share my thoughts, feelings and gratitude:

To my mom, Gloria, thank you for the gifts of curiosity and love of language. You inspired my at a young age. To my dad, Mel, thank you for your generous warmth, your love of growing things, and your never-ending sense of humor. To my sister, Ellen, thank you for your keen mind, your persistence, your understanding and natural kindness. To Amy, my little sister, thank you for the acceptance and not being afraid to tell me the truth. To my grandparents, Molly and Phil, thank you for the sea and the sand and great chicken soup.

To Dr. Betty Newlon, professor extraordinaire, thank you for showing me how to live as if I were standing in a rocking boat at sea. I will endeavor to be in my work as dedicated and as committed as you are in your work.

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To Jason Diamos, for your generous spirit and heart, for your love of language and voice of reason. Whaaas' up?

To Jim Lipson, for being whatever, whenever, however, if ever - your kindness brings me to tears at times. Your gentleness has a way of calming me like no other. This is great!

DEDICATIONS

To the following people who have given their love and friendship, I also dedicate my love and friendship.

To Sherri Davidman, counselor extraordinaire, friend exemplaire, even the 2300 miles that separate us couldn't. You have been the light at the end of the tunnel so many times.

To Cantrell Maryott, whose essence is pure inspiration, for the open door, for loving me as is always. Thank you for the strong hand to hold.

To Celia Stern, for the hours, for the adventures, for the laughter, for the effort, for the je ne sais quoi... Can I just say one thing?

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To Terry Pollock, for your generosity, for downtown trains, for no easy answers, and for Sam.

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To Nancy Gray, teacher exemplaire, for picking up the pieces and your ability to intuit what is going on.

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To my children, Joshua and Jessica, for teaching me, for reaching me; and for putting up with me these past two months (hey kids, I'm back!). I love you to the bottom of my toes.

To my grandmother, Esther, whose spirit lives on the moon, for giving succor and solace.

This study is dedicated to the participants - who show me every day how to fly without wings.

Table of Contents

TABLE OF CONTENTS -- continued

LIST OF TABLES

Abstract

The incidence of HIV infection has been increasing among Hispanic women at an alarming rate. An assessment was conducted concerning attitudes and behaviors about sex and safe sex practices of 28 young Hispanic women attending an alternative education program in South Tucson, Arizona. This study sought to discover if relationships exist between: HIV education and safe sex practices; level of acculturation and safe sex practices; and attitudes and safe sex practices. Findings were inconclusive regarding the association between level of acculturation and safe sex practices. HIV transmission knowledge does not appear to influence safe sex practices. However, several of the attitudes investigated do appear to influence safe sex practices.

CHAPTER 1

INTRODUCTION

The Human Immunodeficiency Virus (HIV) is the virus, which in its full blown stages, causes the disease Acquired Immune Deficiency Syndrome (AIDS). In May of 1987, the Center for Disease Control (CDC) defined AIDS as the "presence of a reliably-diagnosed disease that is at least moderately indicative of a problem of underlying cellular immune deficiency in people less than the age of 60 who have no other known causes of immune deficiency, are not on any other immune suppressant therapy, and do not have a lymphoma or Hogkin's Disease, both known to be associated with immune suppression" (Dietz & Hicks, 1989, p. 9).

HIV infection is the result of the exchange of contaminated body fluids. It is transmitted by intimate sexual contact with the exchange of genital secretions, by contaminated blood and blood products and from a mother to her infant (Meeks, 1992). High risk behaviors for contracting infection have been identified as 1) unprotected sexual intercourse (not using a latex condom); 2) sharing of contaminated intravenous needles; and 3) blood transfusions. An infected mother may also pass the virus to her newborn through the exchange of body fluids (vaginal secretions during delivery and blood) HIV infection is a virus that causes a fatal disease: AIDS.

There is no cure for AIDS today. Therefore, education is advocated as the primary weapon to prevent the spread of this devastating virus. Prevention campaigns have been implemented to educate the public and promote behavior change to reduce risk of infection. Unfortunately, research has shown that many groups at high risk for HIV infection are not getting the information due to the message and method by which information is delivered (Vega, 1990; Cochran & Mays, 1988; Warner, 1987; Watkins & Gonzales, 1982). Warner found that the effectiveness of media health messages in altering attitudes and subsequent behavior is influenced in part by the credibility of the person delivering the message. Usually that person has been a White male, not an ethnic minority member and seldom an ethnic woman. And the message is one that asks minority women to undertake significant behavior changes that accompany major changes in attitudes and life-style.

Recent studies indicate that AIDS will spread at much higher rates among African-Americans and Hispanics than among Anglos. In addition, one-fifth of all AIDS cases has been reported among 20-29 year olds (CDC, 1990). Moreover, according to data from the CDC, as of July 1989, 15.3 percent of all cases of AIDS were reported to be Hispanic. However, only 9.0 percent of the country's population is Hispanic. The risk of infection is 3.3 times higher in

this group than in the nonHispanic White. The incidence of AIDS attributable to heterosexual contact is four times higher for Hispanic men and 11 times higher for Hispanic women than for nonHispanic Whites (Holmes, Karon & Kreiss, 1990). The relative risk for Hispanic women is 8.1 times higher than for nonHispanic White females. For Hispanic children, the relative risk of AIDS is 6.6 times higher than it is for nonHispanic White children (Hinojos, 1990).

There are many reasons why Hispanic women and children are at high risk for contracting HIV infection. Attitudes concerning condom use impact this risk. In a study conducted in San Francisco among Hispanic men and women, Hispanic men reported carrying condoms at a much higher rate than women (55.2% vs. 23.8%) (Marin & Marin, 1990).

In New York City young minority women were more likely to believe that condoms were a good way to decrease their risk of HIV infection, but were less likely to use condoms than their male counterparts (Goodman & Cohall, 1989). The indicators for HIV infection for young Hispanic women are alarming.

AIDS is killing minority women and children at a shocking rate. AIDS knows no boundaries. This is not a disease that discriminates through sexual preference, race, age or religion. This is not a disease that discriminates through gender. Sexual transmission occurs because of

unprotected sexual activity that allows for exchange of body contaminated fluids. Heterosexual, homosexual or bisexual - male or female - we are all at risk (Dietz & Parker, 1989).

The Purpose of This Study

Despite considerable research on the spread of the HIV virus which causes AIDS, and the development of prevention programs to inform the general public about AIDS, few studies have focused on the behaviors and attitudes that may put minority women at high risk for becoming infected. Many of the prevention strategies ignore influence of culture on sexual attitudes and practices. There is an acute need for the development of language and culture-appropriate prevention programs and educational materials on AIDS for the Hispanic community (Vega, 1990; Cochran & Mays, 1988).

This study examined the association of acculturation on attitudes and behaviors toward the practice of safe sex among young Hispanic women ages 18-24 who were sexually active and single, socioeconomically disadvantaged, and who had put themselves at risk of contracting the HIV virus within the past year in spite of their knowledge that they were practicing risky sexual behavior. This study selected young Hispanic women ages 18-24 for the sample for several reasons. According to Developmental Theory (Gould, 1978;

Gilligan, 1982; Kimmel, 1974; Levinson, 1978; Okun, 1984), they are at high risk due to the issues they are addressing at this point in life: sexuality, drugs, alcohol, and intimacy. This is a time characterized by tension and ambivalence about traditional practices and values versus individualism and by a continuous struggle to try acting out the tentative decisions reached during adolescence (Okun, 1984).

Definition of Terms

Since several terms are used throughout this study, the following terms are defined:

Minority: Fewer in number than the mainstream. The sample in this study are a "minority" in terms of gender and culture.

Hispanic: "Spanish-speaking." A language term misused in the United States as a racial term to label the peoples of Central America and South America and the Caribbean/Atlantic region who have immigrated into English-speaking America. In this study, Hispanic will include participants who are of Central American or Mexican decent.

IVDA, IVDU, IDU: Intravenous Drug Abuse; Intravenous Drug Use; these acronyms are used interchangeably to describe those individuals who use needles to inject drugs into their systems.

At Risk: "At risk" is used to define anyone who has practiced unsafe sex (sex without a latex condom); uses and has used drugs intravenously; has engaged in unprotected sex with a person "at risk;" or has received a blood transfusion and has not been tested for HIV infection.

HIV: Human Immunodeficiency Virus, the virus that causes AIDS.

AIDS: Acquired Immune Deficiency Syndrome, the fatal disease which is caused by HIV infection.

Acculturation: The extent to which a person of a minority culture has been assimilated into the mainstream population of the U.S.

Safe Sex: The practice of sexual behaviors that reduce the risk for contracting HIV infection and other sexually transmitted diseases.

Sexual Attitudes: Beliefs held concerning sex and sexual practices.

Sexual Behaviors: Behaviors that are sexual: touching, kissing, intercourse, etc., for the purpose of this study, they are behaviors that include another person.

Young Adult: For the purpose of this study, young adult will refer to those struggling with developmental issues ages 18-24.

Statement of the Problem

The problem under investigation in the present study was the level of acculturation associated with the practice of safe sex among young Hispanic women. This statement led to the following research questions:

1) What attitudes keep young Hispanic women from practicing safe sex?
2) Is there an association between level of acculturation and the extent of safe sex practices?

Hypothesis

The following hypotheses were tested in this study:

Hypothesis 1) There will be an association between knowledge of HIV infection transmission and safe sex behavior.

Hypothesis 2) There will be an association between degree of acculturation and safe sex behaviors.

Hypothesis 3) There will be an association between attitudes and safe sex behaviors.

Assumptions

The following was assumed throughout this study:

1. The participants can read and understand the questionnaire.
2. The participants will answer the items honestly and truthfully.

Limitations

The survey format used in this study had several limitations. These limitations are the following:

1. The questionnaire was designed specifically for this study and may have left out questions important to this research.
2. The results of this study may not generalize to similar groups in other areas of the United States. The sample population is specific to the Southwestern United States.
3. Participants in this study may have been in denial about sensitive issues assessed by the questionnaire.

Summary

AIDS is killing minority women and children at an alarming rate. The rate of infection for Hispanic women is 8.1 times higher than it is for nonHispanic White females. Chapter One provided an introduction into the problem under investigation, purpose of the study, definition of terms, statement of problem, research questions, and hypotheses. Chapter Two provides a detailed review of the literature pertinent to this study.

CHAPTER 2

REVIEW OF SELECTED LITERATURE

The present study focused on the attitudes and behaviors of young Hispanic women about sex and safe sex practices and sought to discover if the level of acculturation was associated with differences in these attitudes and behaviors. To provide a context for the present study, the discussion of related literature consists of: 1) HIV infection; 2) Cultural attitudes; 3) Developmental Theory; and 4) Acculturation.

HIV Infection

Since it was first diagnosed in 1981 in the United States, AIDS has received much public attention. However, most people continue to think of AIDS as a White, male homosexual disease (Rogers & Williams, 1987; Cochran & Mays, 1988; Jimenez, 1987). However, women have been counted among AIDS cases ever since the disease emerged in 1981. In 1988, of the 66,464 cases reported to the CDC, 5,757 were women, representing 9 percent of all cases (AIDS Weekly Surveillance Report, July 4, 1988).

Most women with AIDS are of ethnic minority background (Cochran, Mays & Roberts, 1988). The risk of AIDS in Hispanic women was 8.1 times that in White women; and the risk in Hispanic children was 6.6 times that in White children (Selik, Castro, & Pappaioanou, 1988). By 1986, 26

percent of women with AIDS were contracting the disease through heterosexual contact (Guinan & Hardy, 1987). Of these women, 77 percent were Latina/Hispanic or African-American. Heterosexual transmission of HIV infection is 15 percent higher for Hispanic women than for Whites (Nyamathi & Vasquez, 1989). For those minority women between the ages of 25-29, AIDS is the most frequent cause of death (Nyamathi & Vasquez, 1989). Women account for over 10 percent of all AIDS cases diagnosed; Hispanic women account for 20 percent of those women. The Latina/Hispanic women most at risk are young (median age is 23), poor and have low educational levels (Giachello, 1983; Rodriquez & Worth, 1987).

Despite their high fertility rates, Latina/Hispanic women seriously underutilize ongoing primary health care, family planning, prenatal or pediatric care. Their youth, poverty, poor education, language barriers, and cultural factors often mitigate against utilization of these much needed services (Rodriquez & Worth, 1987; Watkins & Gonzales, 1982).

In the face of AIDS, this neglect becomes deadly. Yet Hispanic women do not report the threat of AIDS as a common fear (Cochran & Mays, 1988; Nyamathi & Vasquez, 1989). This is a serious concern since the topic of safe sex is a difficult one to discuss with this population (see Cultural Attitudes).

Another alarming risk factor is AIDS cases associated with intravenous drug abuse (IVDA, IVDU, IDU). The racial distribution of AIDS cases of Hispanic women whose sex partner had IVDA was 31 percent in 1988 compared to 20 percent of White female cases. The female to male ratio of the number of heterosexually acquired cases for 1988 was 1.9:1 for Whites and 4.2:1 for Hispanics. It is clear from these statistics that Hispanic women are at high risk (Holmes, Karon, & Kreiss, 1990).

Although Hispanics constitute approximately 9 percent of the population, Hispanic women account for 20 percent of the total number of AIDS cases diagnosed among women in the United States. Hispanic women are at high risk for contracting this deadly disease.

Cultural Attitudes

AIDS is a behaviorally transmitted disease often through high-risk sexual contact. Risk reduction depends on altering behavior during intimate sexual activity. Accordingly, Hispanic attitudes and behaviors need to be understood in order to reach this population (Vega, 1990; Cochran & Mays, 1988).

In the Hispanic community, childbearing is a way of proving worth. Children represent potential cultural survival of the group. In addition, Latina/Hispanic women traditionally define themselves primarily through their

role as mothers. Attractiveness is equated with sexual inexperience or "purity.' A woman prepared for sex (e.g. carrying condoms) is perceived to be experienced and therefore, unattractive (Worth & Rodriquez, 1987; Vega, 1990).

Yet women are held responsible for birth control; and if they do not wish to become pregnant, must search for methods of protection. Current methods of preventing HIV infection ask Hispanic women to 1) use birth control, thus relinquishing their status as a childbearer; and 2) rely on men's behavior to protect them from infection. Society cannot ask Hispanic women to change their behavior just because current behavior is perceived as risky when that change may threaten their cultural values and the sources of their self-esteem (Cochran & Mays, 1988; Vega, 1990).

Using condoms, for Hispanic women, is a profound behavior change. Programs promoting condoms have achieved substantial success in establishing their efficacy and acceptability among men having sex with men (Becker & Joseph, 1988). For women, use depends on acceptability by the male partner. It also calls for women to assert dominance in the sexual act. For Hispanic women, this is not the traditional mode (Stein, 1990). For Hispanic women dealing with "machismo" in their culture, this may be an invitation to domestic violence (Vega, 1990).

In one study conducted in San Francisco, Hispanic women, especially the less acculturated, did not keep or carry condoms. They were often embarrassed to buy or ask their partner to use condoms (Marin & Marin, 1992). The male is seen as being innately superior to the female (Rivera, 1985). This encourages female dependence and women deferring to men in decision-making related to sexual practices (Rodriquez & Worth, 1987). Therefore, if condoms are to be used, it will be the male's decision; yet traditionally Latina/Hispanic women are responsible for birth control!

Sexual roles in the Hispanic community are still experienced as extremely polarized. Women are expected to be initiated into an active sexual life by a male partner who is seen as the experienced teacher (Vega, 1990). Traditional Hispanic culture emphasizes the need for men to express their sexuality and for women to avoid such expression (Vasquez-Nuttall, Romero-Gardia, & De Leon, 1987; Vega, 1990). Moreover, while Hispanics are intensely family-oriented, heterosexual monogamy is often undermined by the "macho" male's abuse of his spouse and the classic double standard, under which men can frequently have affairs and visit prostitutes (Special Report, 1987).

Furthermore, Hispanics account for 11 percent of all U.S. AIDS cases among gay and bisexual men (CDC, 1989).

Many Hispanic female sex partners of these men were not aware that their partners are bisexual. These women do not know they are at risk for HIV infection (Nyamathi & Vasquez, 1989). Human sexuality is not something that is directly discussed in this culture. Good and virtuous women do not talk about sex (Vega, 1990).

In a study from Stanford University, 75 percent of young Hispanic male and female participants felt that birth control makes sex seem preplanned. This is not appropriate in this culture (Padilla & Baird, 1991). Sex is discussed in indirect and nonverbal ways and certainly not planned (Hinojos, 1990; Vega, 1990; Rodriquez & Worth, 1987).

Norms that affect sexuality and intimacy are rooted in culture. Beliefs, attitudes and behaviors valued and inherent in the Hispanic culture may inhibit mainstream methods of preventative behavior.

Developmental Theory

According to Developmental Theory, life can be considered as a series of growth stages which the individual must negotiate successfully in order to avoid stagnation and crisis (Okun, 1984).

Youth has been defined by Keniston (1971) as the middle period between adolescence and adulthood. Levinson (1978) calls this period early adulthood transition, and places it at ages 17-22 years. According to Levinson

(1978), the major developmental tasks of this early adult transition are to resolve the issues of adolescence-dependency and self-reliance.

Gould (1978) sees the major developmental task of this period to be the achievement of physical, emotional, and intellectual independence from one's parents. Gilligan (1982) discusses the major developmental tasks in terms of attachment and separation and sex-role differences: men are socialized to separate emotionally in order to achieve autonomous identities and to define the self. Women are socialized to define themselves through relationship to others. So for men, identity is seen as separate from intimacy and generativity; whereas, for women, these tasks are fused.

The two major developmental tasks of youth are: 1) identity stabilization; and 2) intimate development. This is a time of exploration of the adult world and the confirmation of one's perception of oneself as having a defined self (Okun, 1984).

The development of intimate relationships is a critical issue involving the need for youth to reach out to others and to develop a sense of closeness. Feedback from these relationships influences identity development and identity development influences intimacy (Kimmel, 1974).

During this process, intimacy and sexuality are easily confused. The experimentation begun during adolescence continues. Issues that youth address include sexuality, drugs, alcohol, independence/dependence, and intimacy. Youth is a period characterized by a continuous struggle to act out the tentative decisions made during adolescence (Okun, 1984). The belief that one may be fallible begins to emerge during this time of acting out the fantasies of adolescence. The process of entering adulthood is critically important, and it is possible that it may take fifteen years to emerge from adolescence and find a place in adult society and commit oneself to a stable life (Levinson, 1978).

Levinson (1978) also discusses the formulation at this stage of a "dream" -- the possibility of what will be in the future (p. 91). Dreams of the future guide occupational decision-making and inspire attempts to develop intimate relationships separate from one's family of origin.

The developmental tasks and issues confronting this age group put women at higher risk. This is the period of exploration and women are exploring as well as men. These tasks and issues within the context of traditional Hispanic cultural attitudes put young Hispanic women at this time in

their lives at great risk to contract sexually-transmitted diseases and HIV infection.

Acculturation

Acculturation has traditionally been considered a process that involves absorption of new cultural customs (Domino & Acosta, 1987). According to Ceullar, Harriss & Jasso (1980), acculturation is a multidimensional phenomenon involving attitudinal, behavioral and cognitive elements. Language use represents a crucial dimension of acculturation (Olmedo & Padilla, 1978). A short acculturation scale developed by Marin, Sabogal & Perez-Stable (1987) found language use to represent a significant dimension of acculturation. Acculturation has been reported to be related to several important variables: political and social attitudes (Alva, 1985; Kranau, Green, & Valencia-Weber, 1982); alcoholism and drug use (Graves, 1967; Padilla, Padilla, Ramirez, Morales, & Olmedo, 1977); and suicide (Hatcher & Hatcher, 1975).

In a study conducted in San Francisco, less acculturated women were found to often not carry or keep condoms (Marin & Marin, 1991). In another study conducted in San Francisco, the data suggested the need for targeted campaigns about AIDS and HIV transmission for less acculturated Spanish-speaking Hispanics (Marin & Marin, 1990).

In a study conducted at the University of Texas Health Science Center at San Antonio, researchers found high-risk drinking behaviors were found for less acculturated Mexican-American males when compared to those of Anglo males (Neff, Hoppe, & Perea, 1987).

Acculturation has been found to be associated with behavior and attitudes in several studies. This study examines if a relationship exists between acculturation and safe sex practices.

Summary

Statistics compiled by the CDC indicate that Hispanic women are at high risk for HIV infection. Cultural attitudes and developmental tasks associated with this age group may put young Hispanic women at greater risk. In addition, degree of acculturation may influence this risk. Chapter Three describes the population and sample, instrument, procedures, and analysis of data used in this study.

CHAPTER 3

METHODS AND PROCEDURES

This study investigated the association of acculturation, HIV transmission knowledge and sexual attitudes with safe sex behaviors among young Hispanic women. Chapter 3 describes the population and sample, instrument, procedures and analysis of data used in this study.

Population and Sample

The population and sample for this study were drawn from an agency in South Tucson, Arizona that serves predominately minority young men and women. The assistant program manager was given a brief description of the study and agreed to participate. A meeting was held to further discuss the study and time lines for project activities were constructed.

Participants screened for this study were young (ages 18-24) Hispanic women. They were sexually active, single, and informed about HIV infection. The participants were part of an alternative program for young adults who were testing or studying to obtain a General Equivalency Diploma (G.E.D.).

Instrument

A 40-item self-report questionnaire was developed specifically for this study (Appendix A). The instrument contained four sections:

1. Demographic and acculturation information,
2. HIV transmission information,
3. sexual and relationship attitudes, and
4. sexual behaviors.

Questions 1-9 pertained to Section 1; questions 10-14 pertained to Section 2; questions 15-32 pertained to Section 3; and questions 33-39 pertained to Section 4. Question 40 investigated the participants' perception of personal risk of contracting HIV.

Questions were modeled from several current surveys. The Adolescent Assessment designed by the Tucson AIDS Project (1992); The KEYS: Knowledge for Empowering Your Skills survey, a project from Auburn University's Drake Student Health Center (1991); and a survey entitled "Sex, Truth and Woman Talk: What Your Mother Never Taught You" from Florida Atlantic University (1991).

Using these surveys as examples, and incorporating information from other research studies (Vega, 1990; Cochran & Mays, 1988; Hinojos, 1990), questions were developed by the researcher to elicit information about attitudes concerning sex and sexual behavior, relationships, and HIV knowledge (Appendix A).

The Adolescent Assessment Survey designed by Tucson AIDS Project (1992) is a questionnaire written for adolescents that uses age-appropriate language to gather

information about sexual attitudes and practices of this group. The survey asks questions concerning condom use, drug use, and attitudes about sexual behaviors.

KEYS: Knowledge for Empowering Your Skills Project was coordinated by the Auburn University Drake Student Health Center (1991). The Project involved a series of workshops that focused on exploring attitudes that put women at risk for infection with HIV. In addition, workshops on building skills that would enact behavior change concluded the Project. The survey was used to collect information on these attitudes and assess if the workshops were successful in eliciting attitude and behavior change.

"Sex, Truth and Woman Talk: What Your Mother Never Taught You", was a project implemented by the Florida Atlantic University (FAU) Student Health Center and Women Studies Program (1991). A series of three workshops targeting female students emphasized sexuality education, HIV prevention and assertiveness training. The workshops were supplemented with small group discussions. Their survey was developed to gather information from this group about attitudes and behaviors concerning sex and HIV transmission.

Demographic Variables

The participants' gender, ethnicity and age were used as demographic variables. Participants screened for the study were 18-24 years of age, female and Hispanic.

Acculturation Measures

The level of acculturation for each participant was measured by their bilingual status; how and with whom they used Spanish as a primary method of communication. In an acculturation scale developed by Marin and Sabogal; language use was found to be a valid measure of acculturation (Marin, Sabogal, Marin, Otero-Sabogal & Perez-Stable, 1987). Six questions adapted from this scale were used to determine the level of acculturation. These questions were: (1) Languages spoken, (2) What was the language you used at home as a child? (3) What languages do you usually speak at home? (4) In what language do you usually think? (5) What language do you use with your close friends? (6) Your close friends are what ethnicity?

Sexual Behaviors and Attitudes

Participants were asked to respond to 18 questions on sexual attitudes and safe sex behaviors. These questions were related to attitudes that are common among the Hispanic culture (Hinojos, 1990; Vega, 1990; Cochran & Mays, 1988; Rodriquez & Worth, 1987; Marin & Marin, 1992). Participants were asked to rate each question with the following choices:

Agree, Don't Agree, Don't Know. Attitudes about condom use, fidelity, at-risk behaviors, birth control, and relationships were measured through this scale.

HIV/AIDS Education

A five question scale was developed to measure basic knowledge of HIV infection and preventative behaviors. The questions began by asking how the virus is transmitted and led to questions concerning protection. An important assumption of this study was that participants have a basic knowledge of HIV/AIDS. Only those participants who answered the HIV knowledge questions correctly were included in the analysis of the research questions.

Sexual Behavior

A seven question scale was used to determine level of risk through sexual behavior. Participants were asked to check those responses that were appropriate indicators of their experience. Frequency of sexual behavior, type of sexual behavior, variety of partners, condom use and past sexually-transmitted diseases were measures of risk behaviors.

Participants were also asked if they perceived themselves to be at risk for HIV infection. The four possible responses ranged from "none" to "great risk".

A pilot study was conducted preliminary to data gathering. After a brief oral presentation concerning the

study was given, questionnaires were distributed to 30 volunteers. After the questionnaires were completed and returned, participants were asked for feedback. The questionnaire was then revised to accommodate their suggestions.

Procedure

The revised 40 question survey with cover sheets were distributed to participants at an agency in South Tucson that serves predominately minority young men and women. After a brief announcement concerning the study (Appendix A), all present were asked to participate. Participation was voluntary and anonymous to increase the candor of the respondents. Respondents were asked to place completed surveys in a large envelope among other completed surveys. The primary investigator, who was present during the administration of the survey, collected the completed surveys.

Analysis of Data

An index of HIV knowledge was constructed from five questions for Hypothesis No. 1. It was proposed that there would be an association between knowledge of HIV infection transmission and safe sex practices. Only those participants demonstrating knowledge of preventative measures were included in the study. All five questions had to be answered correctly for inclusion. Demonstrated

knowledge was compared with two behaviors: condom use and contact with sexually-transmitted diseases; and with the participants' perception of risk of HIV infection.

An acculturation index of six questions was correlated with condom use and perception of risk of HIV infection for Hypothesis 2. It was proposed there would be an association between level of acculturation and safe sex behaviors.

For Hypothesis 3, an index of attitudes concerning condom use, relationships and sex was correlated with safe sex behaviors. It was proposed there would be an association between attitudes and condom use.

The purpose of this study was to test the above stated hypotheses and examine if relationships exist between level of acculturation and condom use; HIV transmission and condom use; and attitudes and condom use. The Fisher Exact Probability (LoBiondo-Wood & Haber, 1990) was used to determine the correlation or degree of association between these variables.

Summary

Chapter 3 provided a description of the population and sample, the instrument, procedures and analysis of data used in this study. Chapter 4 will summarize the results.

CHPATER 4

RESULTS

This chapter summarizes the results of the procedures and methods discussed in Chapter 3.

Sample

The survey was offered to 40 students attending an alternative education program in South Tucson. Of the 40 volunteers, twenty-eight participants took part in this project. All identified themselves as Hispanic and female.

The mean age of this group was 20.36 years; the range was 18 to 24 years. Eighteen - twenty year olds composed 57.7% of the sample; 21-24 year olds composed 42.3% of this group (Table 1).

Table 1

Age Distribution

Age	Number	Percent
18	9	34.6
19	5	53.8
20	1	57.7
21	2	65.5
22	1	69.4
23	6	92.8
24	2	100.0
	n = 26	

Almost 81% of the sample speak Spanish and English currently; and 51.9% spoke English as a child at home; 11.1%

spoke Spanish as a child at home; and 33.3% spoke both languages at home as a child.

Over one-half, 51.9% identified English as the language they think in; 37.0% said they thought in English and Spanish. Approximately 67% spoke Spanish with their close friends; and 69.2% said that all or most of their friends were Hispanic. The level of acculturation for each participant was measured by their bilingual status; how, when and with whom they spoke Spanish and their choice of friends (Table 2).

Table 2

Frequency of Acculturation Descriptors

Acculturation Descriptors	Number	Percent
Speak English at home	5/26	19.2
Speak English & Spanish at home	21/26	80.8
Speak Spanish with close friends	18/27	66.7
Close friends are mostly Hispanic and all Hispanic	18/26	69.2
Think in English	14/27	51.9
Think in English and Spanish	10/27	37.0

Five participants, or 17.9% reported to be less acculturated; nine participants, or 32.1% were acculturated; and 14, or 50% were more acculturated.

The levels of acculturation were determined through the participants' response to questions 4-9. Those participants answering Spanish to 1-2 of these questions were labeled as more acculturated; those answering Spanish to 3-4 of these questions as acculturated, and those replying Spanish to 5-6 of these questions were labeled as less acculturated (Table 3).

Table 3

Acculturation Level Distribution

Acculturation Level	Number	Percent	Cumulative Percent
Less Acculturated	5	17.9	17.9
Acculturated	9	32.1	50.0
More Acculturated	14	50.0	100.0
	n = 28		

From this information the majority of this group reported to be acculturated-to-more acculturated while still maintaining their cultural identification through use of language. Speaking Spanish with their friends and at home; and choosing friends from the same cultural background were ways of preserving their culture.

Results

Where appropriate, frequencies were calculated for each variable. In addition, probabilities were calculated using the Fisher Exact Probability (LoBiondo & Haber, 1990). The statistical significance of each association is described.

The following data were based on information supplied by 28 respondents who correctly answered questions 10-14 on HIV transmission. This selection criterion would lessen the probability that lack of this knowledge would influence "at-risk behavior" or lessen safe sex practices.

Question 38, which asked respondents to indicate their level of condom use during sexual activity expressed as a percent was used as the dependent variable to determine safe sex behavior. Several at-risk and safe sex behaviors were assessed on the questionnaire; however, condom use was chosen to be the indicator of safe sex behavior since the other behaviors become "less" risky if condoms are used.

The first hypothesis states: "There will be an association between knowledge of HIV transmission and safe sex practices among young Hispanic women." All of these participants in this study answered the five questions concerning HIV transmission correctly. Several frequency tables were charted to determine if HIV knowledge is associated with safe sex behaviors and perception of risk of HIV infection.

In response to question 34, 13 participants, or 46.4%, reported having had a sexually-transmitted disease (STD). In response to question 38, 85.7% reported condom use at 50% or less; 14.3% indicated condom use at 75% during the past year. None of the respondents reported 100% condom use (Table 4).

Table 4

Frequency of Condom Use

Condom Use	Number	Percent	Cumulative Percent
0%	3	10.7	10.7
25%	7	25.0	35.7
50%	14	50.0	85.7
75%	4	14.3	100.0
	n = 28		

[Has had a sexually transmitted disease: 13/28 (46.4%)]

In response to question 40, 53.6% reported their risk of HIV infection at "none" and 39.3% reported risk at "slight"' 3.6% reported their risk of HIV infection at "some" or "great" (Table 5).

Perception of risk (question 40), and condom use (question 38), were analyzed to determine if an association was found. A significant association ($p<.05$) was not found, yet the association was strong enough to warrant further investigation. It is possible with a larger sample that statistical significance would be found (Table 6).

Table 5

Frequency Distribution of Perceived Risk of HIV Infection

Response	Number	Percent	Cumulative Percent
None	15	53.6	53.6
Slight	11	39.3	92.9
Some	1	3.6	96.4
Great	1	3.6	100.0
	n = 28		

Table 6

Association Between Condom Use and Perceived Risk of HIV Infection

Condom Use	None	Slight	Some	Great
0%	0	2	0	0
25%	5	2	0	1
50%	7	6	1	0
75%	3	1	0	0
Total (n=28)	15	11	1	1

Chi^2	D.F.	Significance
12.76364	9	p = .1736

Hypothesis Two states: "There will be an association between level of acculturation and safe sex behaviors." Data were examined to determine if the level of acculturation was associated with condom use and with perception of risk. Although no statistical significance

was determined, 3 of 4 participants reporting 75% condom use were found in the "more acculturated" group and 7 of the 14 participants reporting 50% condom use were found in the "more acculturated" group (Table 7).

Table 7

Association Between Acculturation and Condom Use

Acculturation Level	Condom Use 0%	25%	50%	75%
Less	0	1	4	0
Acculturated	1	4	3	1
More	2	2	7	3
Total (n=28)	3	7	14	4

n = 28

Chi^2	D.F.	Significance
5.43545	6	.4893

The level of acculturation did not appear to influence perception of risk in this group (Table 8). Eight of fourteen participants in the "more acculturated" group perceived risk as "none"; and five of fourteen in this group perceived risk as "slight".

The third hypothesis stated: "There will be an association between attitudes and safe sex behaviors." To address this hypothesis, 18 questions concerning attitudes about sex, condoms and relationships were associated with

condom use to determine if attitudes influenced safe sex behavior. Of the eighteen questions concerning attitudes, eight were investigated.

Table 8

Association Between Acculturation and Perceived Risk of HIV Infection

Acculturation Level	None	Slight	Some	Great
Less	3	2	0	0
Acculturated	4	4	0	1
More	8	5	1	0
Total (n=28)	15	11	1	1

Chi^2	D.F.	Significance
3.43003	6	p = .7533

Question 29, which stated: "Men need to be in control of the sexual relationship with their partner"; showed a significant association with condom use ($p<.05$) (Table 9).

Two other questions concerning relationship attitudes approached statistical significance. They were question 19: "My partner should make the decision to use condoms" ($p=.1320$); and question 15: "You should use condoms every time you have sex, even if it is with the same partner" ($p=.0998$).

Table 9

Association Between the Attitude "Men Need to be in Control of Sexual Relationship" and Condom Use

Use	0%	25%	50%	75%	Total No.
Response					
Agree	1	6	9	0	16
Disagree	2	1	5	4	12
Total	3	7	14	4	28

Chi^2	D.F.	Significance
8.65278	3	p = .0343

Two questions concerning embarrassment about buying condoms also approached statistical significance. Question 18: "I am embarrassed to buy condoms", showed a close association with (lack of) condom use (p=.1156). Question 25: "I am embarrassed to buy condoms, so I leave that up to my partner, showed an association with condom use of p=.1294 (Table 10).

Question 32, which stated: "If I ask my partner to use condoms, I am afraid s/he will think I am sleeping around with others", showed a close association with condom use (p=.0617) (Table 11).

Two questions concerned attitudes mothers of participants have toward sex and birth control. In response to question 27: "My mother will not talk about sex with me

Table 10

Association Between the Attitude "I am Embarrassed to Buy Condoms, So I Leave that Up to My Partner" and Condom Use

Condom Use	0%	25%	50%	75%
Response				
Agree	1	6	5	3
Disagree	2	1	6	1
Not Sure	0	0	3	0
Total (n=28)	3	7	14	4

Chi^2	D.F.	Significance
9.88889	6	p = .1294

Table 11

Association Between the Attitude "If I Ask my Partner to Use Condoms, S/He Will Think I Am Sleeping Around With Others" and Condom Use

Condom Use	0%	25%	50%	75%
Response				
Agree	0	1	8	0
Disagree	2	3	6	3
Not Sure	1	3	0	1
Total (n=28)	3	7	14	4

Chi^2	D.F.	Significance
12.01429	6	p = .0617

even though she knows I am sexually active; 50% of the young women indicated that they agree with this statement (Table 12).

Table 12

Frequency Distribution of the Response to Attitude: "My Mother Will Not Talk About Sex With Me Even Though She Knows I am Sexually Active"

Response	Number	Percent
Agree	14	50.0
Disagree	13	46.4
Not Sure	1	3.6
	n = 28	

Response to question 28, which states: "My mother thinks birth control is not a subject for women to talk about with others", found 60.7% in agreement with this statement (Table 13).

Table 13

Frequency Distribution of the Response to Attitude: "My Mother Thinks Birth Control Is Not A Subject For Women to Talk About With Others"

Response	Number	Percent
Agree	17	60.7
Disagree	9	32.1
Not Sure	2	7.1
	n = 28	

One other area of exploration was added to this study. This researcher wanted to know if there was an association between age and perception of risk in this group. The participants were divided into two groups: ages 18-20 and ages 21-24. It was thought that the younger age group would perceive themselves at less risk. There was no associated between age and perception of risk in this age group. In fact, 14 of 15 of the 18-20 year olds perceive themselves at "none" to "slight" risk; and 10 of 11 of the 21-24 year olds perceived themselves similarly (Table 14).

Table 14

Association Between Age (Grouped 18-20 and 21-24) and Perceived Risk of HIV Infection

Risk	None	Slight	Some	Great
Age				
18-20	7	7	1	0
21-24	6	4	0	1
Total (n=26)	13	11	1	1

Chi^2	D.F.	Significance
2.33499	3	p = .5059

Summary

This study investigated the association between HIV transmission knowledge, level of acculturation, and

attitudes about relationships, sex and condom use with safe sex behaviors.

Results of the Hypothesis 1 test indicated that there was no association between knowledge of HIV transmission and practice of safe sex behavior. All of the participants were informed about safe sex practices (condom use) which reduce the risk of HIV infection prior to participation in this study. However, condom use was reported at 50% or less by over 85% of this group. This is alarming, yet supports current research findings (Cochran & Mays, 1988; Goodman & Cohall, 1989).

HIV transmission knowledge and prior infection of a sexually-transmitted disease also did not have an association with perceived HIV infection risk. Risk was perceived by over 92% of this group as "none" or "slight" even though 46.4% of the participants reporting this low risk level have had a sexually transmitted disease.

Results of the Hypothesis 2 test indicated that in this study there was not an association between level of acculturation and safe sex practices. However, three of the four participants reporting 75% condom use were from the more acculturated group of this study. The lack of statistical significance may be due to the sample size.

Results of the Hypothesis 3 test indicated that there was significant association between attitudes and safe sex

practices. Findings show a relationship exists between "men in control of condom use and purchase" and condom use. In addition, other attitudes, such as "embarrassment to buy condoms" (partner should)" and "partner will think I am sleeping with others" showed a tendency toward significance with condom use.

Although no significance was found between attitudes concerning their mother's perceptions about sex and birth control and condom use; the percentage of participants indicating that their mothers did not approve of talking about these subjects was significantly high.

Finally, age of the participants did not indicate an association with condom use or risk perception. This is consistent with the findings of Developmental Theory (Okun, 1984; Levinson, 1978). Young people in this age range do not think of themselves as vulnerable.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study investigated the attitudes and behaviors of young Hispanic women and sought to discover if relationships exist between HIV education and safe sex practices, level of acculturation and safe sex practices, and attitudes and safe sex practices within this group. An overview of this investigation, conclusions and limitations of this study, and recommendations for future research are reported.

Overview

Twenty-eight young Hispanic women self-reported information concerning level of acculturation, HIV transmission knowledge and attitudes about sex, relationships, at-risk sexual behavior, condom use and HIV risk perception. Findings were inconclusive regarding the association between level of acculturation and condom use. HIV transmission knowledge does not appear to influence condom use. However, several of the attitudes investigated do appear to impact condom use.

Limitations

In several studies (Cochran & Mays, 1988; Vega, 1990; Stein, 1990), attitudes about relationship control affecting condom use were discussed. Young Hispanic women have difficulty talking about sex (nice girls don't) and asserting the request to use condoms. The results of this

study show generational attitudes about sex and birth control as topics not open for discussion among women (nice girls don't talk about it). Given these attitudes, the topic of this study is a very personal and sensitive issue. Participants may have found it difficult to even think about these questions; never mind answer them truthfully.

The limited sample size may have inaccurately assessed the association between acculturation and safe sex practices. Further investigation of this association needs to occur.

Conclusions

A substantial percentage of participants of this study reported behaviors that put them at risk for HIV infection. The findings of this study do not provide evidence that having knowledge of HIV transmission impacts on safe sex practices. Moreover, thirteen participants (46.4%) indicated having more than one partner during the past year; and 46.6% reported having had a sexually transmitted disease. Four subjects (14.3%) indicated condom use at 75% during the past year; the remaining 85.7% used condoms 50% or less when engaging in sexual intercourse.

More disturbing was the degree of perceived risk. Only one participant reported perceived risk at "great"; another indicated risk at "some". The remaining 92.9%, or 26, reported risk at "slight" or "none".

Studies have been cited that found a relationship between level of acculturation and behavior (Neff, Hoppe & Perea, 1987; Marin & Marin, 1990). Findings in this study do not indicate a similar association. Possibly the acculturation level was not significantly associated with condom use due to the small sample size and homogeneity of acculturation within the sample size.

Several attitudes held by this group did not effect safe sex or at-risk behavior. Although 60.7% agreed they should use condoms every time they have sex even if it is with the same partner; none of the participants reported using condoms 100% of the time. Approximately 64% indicated that they do not believe their partners are having sex with just them and therefore do not need to use condoms; yet few are using condoms. According to 78.6% of this sample, condoms are not embarrassing to use; nor do they ruin the mood or look silly.

Why are young Hispanic women putting themselves at risk for contracting HIV infection? The findings of this study indicate the role of Hispanic women in their community and in their relationships with men may put them at greater risk. The attitudes found to have significant association with condom use were attitudes about their partners: (1) Men need to be in control of the sexual relationship; (2) I am embarrassed to BUY condoms so I leave that up to my

partners; (3) My partner should make the decisions to use condoms; (4) If I ask my partner to use condoms, s/he will think I am sleeping around with others. The issues involved in these attitudes are: My partner must be in charge and I can't appear to be in charge because "nice" girls are not the boss.

Recommendations

The Spanish-speaking cultures in the United States are diverse and different. When the researcher makes the following recommendations, they are specific to young Hispanic women living in the Southwestern part of the United States.

Between June 1, 1981 and January 18, 1988, there were 50,830 AIDS cases reported to the Center for Disease Control. Of these reported cases 12.9% were classified as Hispanic. This does not become an alarming number until we look at the fact that the Hispanic population accounted for only 6.4% of the U.S. population at that time. Moreover, the risk for Hispanic women was 8.1 times greater than that in White women (Selik, Castro, Pappaioanou, 1988).

The pattern of heterosexually acquired AIDS in the United States is growing. Current trends suggest that at least 7 percent of all AIDS cases will be due to hetero-acquired transmission in 1990 (Holmes, et al, 1990). In the U.S. the reported incidence of STDs parallels the reported

pattern of AIDS - much higher for Blacks and Hispanics than for Whites and Asians.

More information is needed concerning the heterosexual transmission of HIV infection among the Hispanic population in the Southwestern United States. Transmission of HIV by intravenous drug use, increased use of drugs such as cocaine/crack, which promotes high risk sexual behavior, patterns of sexual behavior including the age of sexual initiation, and the spread of STDs would be studied along with attitudes about sex and safe-sex practices.

Condom use is currently being promoted as the 99% efficacious means to prevent the heterosexual spread of HIV infection (Feldblum & Fortney, 1988). Condoms may effectively block the spread of HIV infection if and when they are used. However, this method does not empower women. In fact, if condom use methods are targeted at women; the message then calls for women to assert dominance in the sexual act - which in the Hispanic culture is not traditionally acceptable. Using condoms relies on the cooperation of the male partner; thereby giving him control over the consequences of sexual behavior (Ehrhardt, 1988; Franzblau, 1992).

Findings in this study do not answer the question: When you used condoms during sexual intercourse this past year, what circumstances allowed you to enact that behavior?

Further investigation of what enables women to be assertive at certain times and nonassertive at other times may provide valuable information that will lead to designing effective prevention programs for this group.

Programs promoting the use of condoms to block the spread of HIV infection must be targeted at men and/or at the couple. Further investigation of methods that empower women (i.e., methods that block transmission that promote women solely protecting their own bodies without relying on their partner's cooperation) are needed. In addition, how women perceive their partners (i.e., do women think their partners are at risk for HIV infection; do women think their partners are like them, etc.) and how this perception impacts their safe sex practices, needs to be further investigated.

As documented in this study, many researchers have found that condom use is not accepted by Hispanic women as a usable method of protection (Vega, 1990; Cochran & Mays, 1988; Ehrhardt, 1988; Stein, 1990). This method asks Hispanic women to assume a role in their relationships with men that is nontraditional and not culturally acceptable. Prevention programs to this population ask them to behave "as if" they were someone else.

Asking Hispanic women to practice safe sex through use of condoms is tantamount to asking them to use birth

control. Hispanic women have been handed the message from generation to generation that they are identified through their role as "mother" (Vega, 1990; Cochran & Mays, 1988; Hinojos, 1990). This study substantiated the generational message that birth control is not something "nice" girls discuss. Condoms are traditionally associated with "birth control". Is it logical to ask women to use things they find difficult to even talk about? A block to HIV infection that is not associated with birth control needs to be investigated.

Compounding this situation, messages delivered by the media, until recently (1991) used white, middle-aged men as their spokespersons! No wonder young Hispanic women do not perceive themselves to be at risk (Cochran & Mays, 1988).

An attitude of invulnerability characteristic of this age group puts young women at risk (Okun, 1984). Prevention programs need to address the attitude "This will never happen to me." A three-prong, community-wide effort is needed to combat the spread of HIV infection among young Hispanic women. First, the issue of perceived risk needs to be addressed.

Young Hispanic women do not perceive themselves to be at risk of contracting HIV infection. In order for any behavior to change, risk must be apparent. Minority women are first worried about feeding, clothing and providing a

roof over their children's heads. It is probable that the threat of HIV does not make the list of "things to take care of today" (Cochran & Mays, 1988, p. 951). For young women who are poor, single parents, worrying about HIV infection is not a priority.

To expose young Hispanic women to the possibility that they could contract this disease, Hispanic women who are infected with HIV could meet with noninfected Hispanic women to discuss the consequences of risky behaviors. As part of this forum, preventative measures that could work for this group might be discussed. This would happen at places perceived as "safe" for these women (both groups), and could occur on a frequent basis.

Health educators, doctors, nurses, clinicians, clergy, teachers, mental health workers, daycare providers, case workers, and client advocates need to be educated about this population's attitudes toward sex and safe-sex practices. In a perfect world, these service providers would also be Hispanic; but that is not usually the case. Compassionate, cost-effective care must be provided for those infected with HIV and for their families.

Most studies reviewed for this research recommend the need for "culturally-sensitive" prevention/education programs. This researcher recommends the need for the

creation of AGE-appropriate, gender-appropriate, culturally-sensitive prevention programs.

Programs in Spanish and English that do not try to change attitudes about sex roles and female identity, and do not focus on DEATH as a reason to practice safe sex may impact on this population. Programs that emphasize the role of the mother and the importance of this role for children and society; that give alternatives to condom-use; that separate prevention of pregnancy from prevention of HIV and STDs; that strengthen self-esteem and cultural esteem, may influence this population.

All of us must accept responsibilities: to learn about HIV transmission, to reduce risky behaviors, and to assist those infected with and affected by this disease. AIDS is killing minority women and children at an alarming rate. Prevention programs are not delivering a message these women hear; no do these programs provide acceptable alternatives. Changes must be made now.

APPENDIX A

Dear Volunteers:

I would like to understand more about what you believe about HIV/AIDS, what you think others close to you believe and are doing about AIDS, and more about your own behavior.

Some of these questions are about sex and your thoughts about sexual behavior. I appreciate your honest answers to these questions.

Those of you who are 18-24 years old are welcome to participate. Participation is not mandatory.

DO NOT SIGN YOUR NAME TO THIS QUESTIONNAIRE. This information is anonymous; this means no one will know this information is from you or about you. I respect your right to privacy about these issues.

If at anytime you change your mind and do not want to participate, do not hesitate to stop taking this survey.

By completing this survey, you are helping to provide better AIDS prevention programs for young women in the future. Thank you.

Leslie S. Franzblau
Masters Candidate
Department of Counseling and Guidance
University of Arizona

SOCIAL ATTITUDES SCALE

Check one of the following or fill in the blanks:

1. Sex: ___M ___F

2. Age: ___18 ___19 ___20 ___21 ___22 ___23 ___24

3. I think of myself as:

   ___African-American ___Hispanic

   ___Native-American ___Other

4. Languages spoken: ___English ___Spanish ___Other

5. What was the language(s) you spoke as a child at home?

   _____

6. Do you speak Spanish with your close friends?

   ___Yes ___No

7. What language(s) do you usually speak at home?

   _____

8. In what language(s) do you usually think?

   _____

9. Your close friends are:

   ___Hispanic ___More Hispanic than Non-Hispanic

   ___About half & half ___More Non-Hispanic

Please answer these questions with:

A = Agree D = Don't Agree N = Not Sure

___10. A person infected with HIV can still infect others even if they are no visible signs of infection.

___11. You can get HIV from kissing someone with the virus.

___12. You can get HIV from sharing knives, forks, glasses with an infected person.

___13. You can get HIV from having unprotected vaginal or anal sex with an infected person.

___14. Using a latex condom will reduce the risk of getting HIV infection.

___15. You should use condoms every time you have sex, even if it is with the same partner.

___16. I am afraid my partner would get mad if I insisted on the use of a condom.

___17. Sex is embarassing to talk about with my partner.

___18. I am embarassed to buy condoms.

___19. My partner should make the decision to use condoms.

___20. I don't plan having sex with my partner; so it is okay if there are times when we don't use condoms.

___21. If my partner has sex on occasion with others, that is okay as long as s/he doesn't tell me about them.

___22. I trust my partner is having sex with just me, so we don't need to use condoms.

___23. I carry condoms in my pocketbook/pocket so I will be prepared.

___24. Condoms are embarassing to use - they look silly and ruin the mood.

___25. I am embarassed to buy condoms so I leave that up to my partner.

___26. I like sex, I just don't like to talk about it.

___27. My mother will not talk about sex with me even though she knows I am sexually active.

___28. My mother thinks birth control is not a subject for women to talk about with others.

___29. Men need to be in control of the sexual relationship with theirri partners.

___30. My friends don't use condoms even though they know the consequences of not using them.

___31. Birth control gets in the way of having a family.

___32. If I ask my partner to use condoms, s/he will think I am sleeping around with others.

Please check themost appropriate response (the truest one):

33. You have had sexual intercourse with:

___Men ___Women ___Both

34. You have had the following sexually-transmitted diseases:

___Herpes ___Gonorrhea ___Syphilis

___Chlamydia ___Other (not sure what it was)

35. I have had sex in the past year with:

___One partner ___More than one partner ___No one

36. The last time I experienced sexual intercourse was:

___This week ___Last week ___Last month

___3 months ago ___6 months ago ___A year ago

___More than a year ago

37. I have experienced the following:

___Oral sex ___Anal sex ___Intercourse

38. This year when I had sex, I used condoms:

___0% ___25% ___50% ___75% ___100% of the time

39. I have bought condoms:

___Yes ___No

40. Do you think you are at risk for getting HIV, the virus that causes AIDS?

___None ___Slight risk ___Some risk ___Great risk

APPENDIX B

Human Subjects Committee

THE UNIVERSITY OF
ARIZONA
HEALTH SCIENCES CENTER

1690 N. Warren (Bldg. 526B)
Tucson, Arizona 85724
(602) 626-6721 or 626-7575

October 21, 1992

Leslie Franzblau Wirth, B.A.
Department of Counseling & Guidance
Education Building, #218
Main Campus

RE: THE INFLUENCE OF CULTURE ON SEXUAL ATTITUDES AND BEHAVIORS AMONG YOUNG HISPANIC WOMEN

Dear Ms. Wirth:

We received documents concerning your above cited project. Regulations published by the U.S. Department of Health and Human Services [45 CFR Part 46.101(b)(2)] exempt this type of research from review by our Committee.

Please be advised that approval for this project and the requirement of a subject's consent form is to be determined by your department.

Thank you for informing us of your work. If you have any questions concerning the above, please contact this office.

Sincerely yours,

William F. Denny, M.D.
Chairman,
Human Subjects Committee

WFD:sj

cc: Departmental/College Review Committee

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