A Response to the HIV/AIDS Epidemic through Culturally/Spiritually Based Programs and Government Intervention in Mexico

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Introduction

Mexico is experiencing a steady increase in the rate of HIV/AIDS infections. The primary factors include familialism, religion, gender roles, and the access to information about preventive measures to reduce the risk of acquiring these conditions. This study evaluates the efficiency of both the Mexican government and non-governmental organizations (NGOs) in addressing HIV/AIDS prevention and treatment programs. Moving forward, community outreach programs must consider cultural and spiritual factors that play a role in increasing the risk of Latino adolescents falling prey to these infections.

Materials and Methods

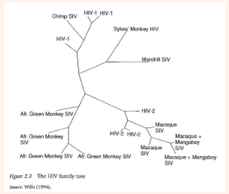


Figure 2.3 The HIV family tree
Source: Wills (1994).

Fig. 2. This figure illustrates the way in which HIV derives from a virus that crossed the species barrier into humans. The evolution of the virus over time is traced through a family tree.

Culturally based programs: Gender disparities in many Latino relationships have negative consequences for HIV prevention in countries like Mexico. Working to counteract cultural preconceptions is a major barrier that must be overcome.

Program should include *five essential elements*:

1)Use culturally and linguistically appropriate materials and activities emphasize core Latino cultural values, specifically familialism and gender roles, and how those correspond with safer sex behavior.

2)Incorporate activities that increase knowledge and influence positive attitudes, beliefs, and self-efficay regarding HIV sexual risk-reduction behaviors.

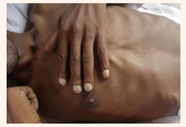
3)Model and practice the effective use of condoms.

4)Building participants' skills in problem solving, negotiation of safe sex, and refusal of unsafe sex.

5)Delivering sessions in highly participatory, interactive groups.

Additionally, programs should focus on teaching women to not be afraid of rejection when suggesting condom use and to not be concerned if a sexual partner thinks they may have a Sexually Transmitted Infection (STI). Furthermore, feeling comfortable buying protection and discussing its use with a partner before intercourse is essential for good sexual health and HIV/AIDS prevention.

Results



HIV/AIDS control requires strategies composed of multiple synergistic interventions.

An HIV prevention program in Mexico named *Cuidate* tested the efficacy of a culture-based intervention to reduce HIV sexual risk behaviors. A protocol was designed for Latino facilitators to deliver education to Latin American women.

Salient aspects of Latino culture were incorporated into the health classes and interventions by discussing:
1) gender-role expectations
2) abstinence or monogamous relationships
3) use of condoms.

Culturally based programs such as *Cuidate* can impact many communities if brought to a national scale. The program's results indicate that *Cuidate* reduced the frequency of sexual intercourse, the number of sexual partners, incidence of unprotected sex, and increased the use of condoms among adolescents. The implementation of *Cuidate* serves as a successful model for addressing cultural barriers regarding HIV/AIDS in Mexico.

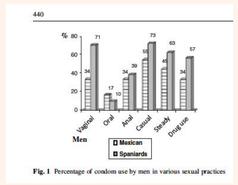


Fig. 1 Percentage of condom use by men in various sexual practices

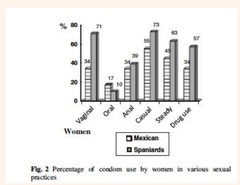


Fig. 2 Percentage of condom use by women in various sexual practices

Fig. 4(a) & (b). Both figures demonstrate a comparison between the percentage of condom use by men and women in various sexual practices (vaginal, oral, anal, casual, etc.) in Mexico and Spain. Mexicans used minimal protection with a steady partner during anal sex (34%) and during vaginal intercourse (38%). Half the Mexicans in the study reported using systematic sexual protection in casual sex (53%).

Limited sexual education and failure to use contraception contribute to:

1) high fertility rates
2) high percentage of the population acquiring sexually transmitted diseases.
3) hinders the assessment and advancement of a theoretically sound understanding of HIV and AIDS.

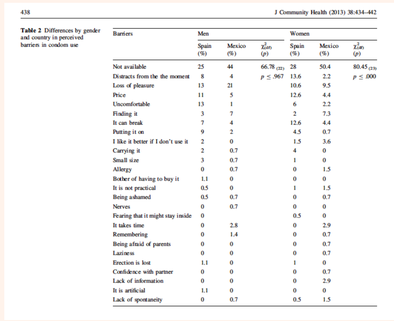


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Table 2 Differences by gender and country in perceived barriers in condom use

Barriers	Men			Women		
	Spain (%)	Mexico (%)	$\chi^2_{(df)}$ (p)	Spain (%)	Mexico (%)	$\chi^2_{(df)}$ (p)
Not available	25	44	66.78 $_{(22)}$	28	50.4	80.45 $_{(22)}$
Distracts from the the moment	8	4	$p \leq .967$	13.6	2.2	$p \leq .000$
Loss of pleasure	13	21		10.6	9.5	
Price	11	5		12.6	4.4	
Uncomfortable	13	1		6	2.2	
Finding it	3	7		2	7.3	
It can break	7	4		12.6	4.4	
Putting it on	9	2		4.5	0.7	
I like it better if I don't use it	2	0		1.5	3.6	
Carrying it	2	0.7		4	0	
Small size	3	0.7		1	0	
Allergy	0	0.7		0	1.5	
Bother of having to buy it	1.1	0		0	0	
It is not practical	0.5	0		1	1.5	
Being ashamed	0.5	0.7		0	0.7	
Nerves	0	0.7		0	0	
Fearing that it might stay inside	0			0.5	0	
It takes time	0	2.8		0	2.9	
Remembering	0	1.4		0	0.7	
Being afraid of parents	0	0		0	0.7	
Laziness	0	0		0	0.7	
Erection is lost	1.1	0		1	0	
Confidence with partner	0	0		0	0.7	
Lack of information	0	0		0	2.9	
It is artificial	1.1	0		0	0	
Lack of spontaneity	0	0.7		0.5	1.5	

Fig. 5*. This figure presents the differences by gender (male/female) and country perceived barriers in condom use.

*This table highlights the perceived barrier of condom use among the Mexican participants, leaving individuals at a greater risk of having unprotected sex and contracting a sexually transmitted disease. Mexican participants complained about "loss of pleasure" (15.8%), "lack of information" (1.8%), "fear of the parents" (0.4%), or that "it takes time" (2.9%).

HIV/AIDS	to the top
Adult HIV prevalence (%) 2012	0.2
People of all ages living with HIV (thousands) 2012, estimate	170
People of all ages living with HIV (thousands) 2012, low	150
People of all ages living with HIV (thousands) 2012, high	210
Women living with HIV (thousands) 2012	38
Children living with HIV (thousands) 2012	–
Prevention among young people (aged 15-24), HIV prevalence among young people (%) 2012, total	0.1
Prevention among young people (aged 15-24), HIV prevalence among young people (%) 2012, male	0.1
Prevention among young people (aged 15-24), HIV prevalence among young people (%) 2012, female	<0.1
Prevention among young people (aged 15-24), Comprehensive knowledge of HIV (%) 2008-2012*, male	–
Prevention among young people (aged 15-24), Comprehensive knowledge of HIV (%) 2008-2012*, female	–
Prevention among young people (aged 15-24), Condom use among young people with multiple partners (%) 2008-2012*, male	–
Prevention among young people (aged 15-24), Condom use among young people with multiple partners (%) 2008-2012*, female	–

Fig. 6. UNICEF measured the HIV/AIDs situation of children and women and tracks progress through data collection and analysis through a Multiple Data Cluster Survey

Data such as what is found on UNICEF's Multiple Data Cluster Survey will allow countries to better monitor progress toward national goals and global commitments to combating HIV/AIDs.

Fig. 7. HIV attacks a particular set of cells in the immune system known as CD4 cells. Once the virus has penetrated the wall of the CD4 cell it is safe from the immune system because it copies the cell's DNA, and therefore cannot be identified and destroyed by the body's mechanisms. These viruses make new virus particles that bud from the surface of the host cell and then go on the infect more CD4 cells.

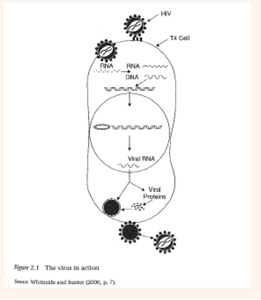

Figure 2.1 The virus in action
Source: Whiteside and Sunter (2000, p. 7).

Conclusions

The risks of contracting the Human Immunodeficiency Virus (HIV) and AIDS stem from a host of social, economic, political, and psychological factors, interacting on both a micro and macro level.

Despite having data on the sexual behaviors of the Mexican population, few attempts have been made to synthesize the vital components of the STI/HIV intervention programs. Action can begin on a fundamental level by building conditions conducive to promoting health. This can be accomplished through improving equity in the allocation of health resources and increasing health expenditures for poorer municipalities. HIV education and working towards equality in gender roles should play a role in intervention programs. The solution for decreasing the contraction of HIV in Mexico does not rest with any one underlying agent; it is multi-faceted and involves approaching the issues on various fronts.

The challenges of an AIDS pandemic can be daunting. Through a concerted and thoughtful effort, it is possible to transform AIDS from an inevitably fatal disease, to a chronic and manageable one.

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Acknowledgments

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