

THESIS

HIV/AIDS NEEDS AND CONCERNS OF IMMIGRANT LATINAS IN SAN MIGUEL  
COUNTY: AN EXPLORATORY STUDY

Submitted by

Karla Giovanna Gonzales Garcia

Department of Ethnic Studies

In partial fulfillment of the requirements

For the Degree of Master of Arts

Colorado State University

Fort Collins, Colorado

Fall 2016

Master's Committee:

Advisor: Irene Vernon

Caridad Souza  
Cindy Griffin

Copyright by Karla Giovanna Gonzales Garcia 2016

All Rights Reserved

## ABSTRACT

### HIV/AIDS NEEDS AND CONCERNS OF IMMIGRANT LATINAS IN SAN MIGUEL COUNTY: AN EXPLORATORY STUDY

Working on creating paths to end gender, class and racial health inequalities in the U.S, this qualitative study explores the perspectives of immigrant Latinas on knowledge, cultural understandings, and access and barriers to HIV/AIDS services in San Miguel County, CO. Following a community based participatory research process through the use of intersectional lenses and transnational multiracial feminism, this research process seeks to further augment the literature on prevention intervention on HIV/AIDS, as well as to contribute to the construction of policies and recommendations based on their lived experiences. Grounded theory was used for data analysis to maintain women's voices as the center of the research, where theory was constructed continuously based in their lived experiences and realities. Within this study, the interlocking relationship found between neoliberalism, transnationalism, U.S health care system and legal status, and the major themes such as, barriers to health care, HIV/AIDS related stigma and discrimination, Machismo, Latina sexuality, and knowledge of community resources, provides the context in which the epidemic of HIV/AIDS operates among immigrant Latinas.

## ACKNOWLEDGEMENTS

I would like to thank to Irene Vernon for all her patience, guidance, and endlessness encouragement and support. Your willingness to walk and stay with me at every stage of this process, even when strong moments of self doubt to finish this project would invade myself, your belief in me and this project were some my strongest motivations to complete it. To Caridad Souza and Cindy Griffin for introducing me to feminist theoretical frameworks that help me to develop a project rooted in the epistemologies of the population this study aim to serve, and for giving me the “aha” moment that everyone talks about but you don’t understand it until you experience it. To all my professors and classmates that had pushed me and expand my worldview and teach me a more compassionate way to walk in this world. To my family back at home and the people that I consider my family in this country, thank you for your emotional support in what I consider one of the hardest moments in my life, I wouldn’t continue this process without your food, laugh, shoulders to cry on, extended phone calls and small walks when I needed to get out and see the beauty of the outside world. And, thank you to the participants in this research process whose resilience had taught me humility, different ways and timelines for healing, and that continuance of life is about maneuvering the bumpy roads, which you will always find ways to dodge the big rocks in the middle of it.

## DEDICATION

*To all the powerful women in my life...*

## TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGMENTS.....	iii
DEDICATION.....	iv
TABLE OF CONTENTS.....	v
CHAPTER ONE: INTRODUCTION.....	1
CHAPTER TWO: SAN MIGUEL COUNTY, WHERE THE RICH ARE THE MINORITY.....	10
CHAPTER THREE: METHODOLOGY .....	30
CHAPTER FOUR: LITERATURE REVIEW .....	52
CHAPTER FIVE: FINDINGS AND DISCUSSION .....	83
CHAPTER SIX: CONCLUSION.....	137
BIBLIOGRAPHY.....	143

## CHAPTER ONE

### INTRODUCTION

*“Whether or not this image gets lost or is systematically ignored, the fact remains that since the beginning of the U.S epidemic, HIV has disproportionately affected women of color.”<sup>1</sup>*

The lack of recognition of HIV/AIDS in women of color is not a mere accident, but once again, a failure of the systems in place to provide a structural analysis of what has become contemporarily a “major epidemic in women.”<sup>2</sup>

Baseless assumptions that surrounded the HIV/AIDS discourses had promoted implicitly the spread of HIV/AIDS. For example the supposition that HIV/AIDS was not a heterosexual matter<sup>3</sup> denied women a voice, attention, and assisted in the spread of the disease. In addition, the complete erasure in HIV/AIDS discourses on the social constrictions that women in poor communities and communities of color face, perpetuated the invisibility of the real factors that promote and increase the vulnerability of acquiring, and later on, dying of complications related to HIV/AIDS.

For Latinas, the estimated numbers of HIV infections are extremely concerning. Latino/as formed 16.7% of the total US population, however, they represented 21% of new HIV infections in 2010 in the US.<sup>4</sup> Alarming, according to the CDC, of the total

---

<sup>1</sup> Janie Simmons, Paul Farmer, and Brooke G. Schoeph, “A Global Perspective,” in

<sup>2</sup> Paul Farmer, “Women Poverty and AIDS,” in *Women, Poverty and AIDS: Sex, Drugs and Structural Violence 2011*, ed. Paul Farmer, Margaret Connors, and Janie Simmons (Monroe: Common Courage Press, 2011), 4.

<sup>3</sup> Farmer, *Women, Poverty and AIDS*, 5.

<sup>4</sup> “HIV Among Hispanics/Latinos,” *Centers for Disease and Control*, accessed September, 2014, <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

amount of new HIV infections in 2010 Latinas constituted 15% of all those new cases.<sup>5</sup>

The Office of Minority Health furthered noted that “Hispanic females are 4 times as likely to have AIDS in 2011 as white females,”<sup>6</sup> and “Hispanic women are twice as likely as non-Hispanic white women to die of HIV.”<sup>7</sup> As for the prognosis of this trend, the CDC estimates 1 in 106 Latinas will be diagnosed with HIV at some point in their lifetimes.<sup>8</sup>

The alarming elevated percentage of HIV transmission and death among Latinas estimated by the CDC only confirms the need to explore the structural processes that locates Latinas in extreme vulnerability of HIV/AIDS infection and death. However, the efforts to bring to light the reality of HIV/AIDS in communities of color has not touched upon the heterogeneity within these racialized groups, which obscure the different layers of structural violence on extremely marginalized populations, for example, immigrant Latinas and the correlation between their structural vulnerability and the epidemic of HIV/AIDS.

Within this context, the idea to create a qualitative research project that addressed the epidemic of HIV among immigrant Latinas was born. Throughout this thesis, the term “immigrant Latinas” is used to represent the participation of first generation documented and undocumented immigrant women from Latin America.

---

<sup>5</sup> “HIV Among Hispanics/Latinos,” *Centers for Disease and Control*, “HIV Among Hispanics/Latinos,” *Centers for Disease and Control*, accessed September, 2014, <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

<sup>6</sup> “HIV/AIDS and Hispanic Americans,” *Office of Minority Health*, accessed October, 2014, <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=66>

<sup>7</sup> “HIV Among Hispanics/Latinos,” *Centers for Disease and Control*, accessed September, 2014, <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

<sup>8</sup> “HIV Among Hispanics/Latinos,” *Centers for Disease and Control*, accessed September, 2014, <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>



From my extensive experience as a community worker throughout the state of Colorado I witnessed discriminatory processes that reinforce the vulnerability of women's transmission of HIV/AIDS. For example, I observed the unfair distribution of valuable HIV/AIDS knowledge to marginalized populations by predominately white organizations. While there are many explanations for this disparity, a main source is the lack of understanding of the complex socio-economic and political dynamics that specifically affect these communities within a larger system.

Other reasons for the creation of this project were the lack of understanding by local agencies of the intersectionality of race, ethnicity, gender, citizenship, and the socio-economic conditions in which immigrant Latinas experience unequal distribution of HIV/AIDS knowledge. In order to provide a better understanding of the complexities of their realities, particularly as it relates to HIV/AIDS needs, this research project seeks to explore the lived experiences of immigrant Latinas residing in San Miguel County. I examined the intersections of their social identities (race, gender, class, ethnicity, and citizenship) and the macro level systems of oppression (poverty, racism, and sexism) they encountered, which located them in a subordinated position,<sup>9</sup> thus, increasing their risk for the transmission of HIV and the rapid development of AIDS.

By using an intersectional framework, this project sought to advance discussions "in understanding the complexities of health disparities for populations from multiple historically oppressed groups."<sup>10</sup> The use of intersectionality in this project aims to

---

<sup>9</sup> Lisa Bowleg, "The Problem With the Phrase Women and Minorities: Intersectionality-an Important Theoretical Framework for Public Health," *American Journal of Public Health* 102, no. 7 (2012): 1267.

<sup>10</sup> Bowleg, 1267.

detour the understanding of health disparities from the simplistic use of individualistic frameworks to a recognition and comprehension of “how systems of privilege and oppression that result in multiple social inequalities intersect at the macro social-structural level to maintain health disparities.”<sup>11</sup>

The incorporation of multiracial and transnational feminist lenses is used to disrupt the homogenization process of the dominant culture, since historically the normalization and generalization of the experiences and production of knowledge of white women has been imposed upon all women. This dominating act has created the invisibility of the experiences of women of color and undermined the voices of marginalized women in and/or outside this country.

Another means to raise the voices of immigrant Latinas came from the use of community based participatory research (CBPR) as a process. The community-oriented episteme of people of color in this country and colonized populations around the world has transformed and re-shaped into the formation of collective efforts towards social justice. Within this context, CBPR was chosen due to its emancipatory and decolonizing processes.<sup>12</sup> Considered a research orientation with marginalized communities,<sup>13</sup> CBPR places great importance on the negotiation and shared power between researcher and

---

<sup>11</sup> Bowleg, 1267.

<sup>12</sup> Nina Wallerstein and Bonnie Duran, “The Theoretical, Historical, and Practice Roots of CBPR,” in *Community-Based Participatory Research for Health: From Process to Outcomes 2008*, ed. Meredith Minkler and Nina Wallerstein (San Francisco: Jon Wiley & Sons, Publishers, 2008), 33.

<sup>13</sup> Meredith Minkler and Nina Wallerstein, introduction to *Community-Based Participatory Research: New Issues and Emphases*, ed. Meredith Minkler and Nina Wallerstein (San Francisco: Jon Wiley & Sons, Publishers, 2008), 6.

participants,<sup>14</sup> valuing and validating the historical and socially constructed knowledge from community members.<sup>15</sup> Moreover, combining CBPR with a multiracial and transnational feminist lenses, this project provides an understanding of the realities and lived experiences of immigrant Latinas participating in the study. And as an outcome, I hope this project leads itself to the construction of action plans that work towards social change within this specific community. As Paulo Freire states, “If true commitment to the people, involving the transformation of the reality by which they are oppressed, requires a theory of transforming action, this theory cannot fail to assign the people a fundamental role in the transformation process.”<sup>16</sup> More on this process will be discussed in the methodology chapter.

As a tenant of CBPR the researcher must always be aware of their position. In this case, strong ethical considerations developed since I created a research project in the community that I lived and worked in for eight years. Questions about my positionality within the project flourished in the midst of the development of the study. I was located both inside and outside of the social group. Reasons for these positions were as follows, I worked and lived in the community for eight years, I am an immigrant Latina from Peru, my first language is Spanish, and I shared similar cultural norms with the participants. Under some of these conditions I could be consider an insider within the community. However, I am also positioned as an outsider for I have privileged

---

<sup>14</sup> Wallerstein and Duran, 35.

<sup>15</sup> Wallerstein and Duran, 33.

<sup>16</sup> Paulo Freire, *Pedagogy of the Oppressed* (New York: Continuum International Publishing Group, 1970), 126.

immigration status, I am fluent in the English language, have a high level of education, and I am now a United States citizen.

As an insider, I understood the nuances of what it would take to create a welcoming and safe environment to conduct the focus groups and allow women to tell their stories. I also understood the importance of enhancing my relationships with them to build and maintain their trust. I was very aware of the trust they placed in me to tell their stories and be heard, for it was their right to speak. In the words of Paulo Freire, “Those who have been denied their primordial right to speak their word must first reclaim this right and prevent the continuation of this dehumanizing aggression.”<sup>17</sup>

Being an immigrant from a colonized country and having an insider position in this project, awareness of my own internalized oppression needed to be checked during the research process to allow for the women to tell their stories to be told and not my own. I also needed to be conscious of the images that I adopted and internalized after 500 hundred years of colonization, and contemporary neo-colonization. The process of coercive imposition of western ideologies in my country about myself, my community, and the outsider community -white dominant- required me to take an immediate self-assessment of my participation and the implication of my own internalized belief systems within the research process. To this, Vivian Chavez, Bonnie Duran, Quinton E. Baker, Magdalena M. Avila and Nina Wallerstein explain, “People of color involved in CBPR may not be able to identify their community’s assets due to feelings of

---

<sup>17</sup> Freire, 88.

internalized oppression that make them undervalue community resources.”<sup>18</sup> In this context, missing or devaluing some resources available within the community as part of my internalized oppression, as well as my privileged position as a researcher, was addressed within this project by interviewing different community leaders, establishing trust and open communication with community workers, and the involving of participants in the data analysis process.

As an outsider, I worked very hard at building relationships and developing effective communication. For example, the clarification of the research process to participants did not end at the first stage of the study. Project clarification continued during all the stages of the study. My constant communication with participants was key to the development of the “equilibrium of power” among community members and researcher, bringing greater participation and ownership of the research process to participants.<sup>19</sup>

In sum, this thesis addresses critical aspects of the needs and concerns of Latina Immigrant women and HIV/AIDS in San Miguel County with the hopes of educating the general audience as well as sharing new information with health agencies and officials. Each chapter directs the reader to important background and elements of the study and its findings. Chapter One, introduces the reader to the study including the positionality of the researcher.

---

<sup>18</sup> Vivian Chavez et al., “The Dance of Race and Privilege In CBPR,” in *Community-Based Participatory Research for Health: From Process to Outcomes 2008*, ed. Meredith Minkler and Nina Wallerstein (San Francisco: Jon Wiley & Sons, Publishers, 2008), 95.

<sup>19</sup> Wallerstein and Duran, 35.

Chapter Two, San Miguel County: Where the Rich are the Minority, introduces the reader to the location of the study, San Miguel County, Colorado. This chapter allows the audience to gaze upon and contextualize the physical, social, economic and political environment where the lives of participants are immersed. The description of the sites form part of the process of recognition of the particularity of the experiences of immigrant Latinas within the locations involved in this study, situating the audience in the realm of issues that form part of participant's day-to-day life.

Chapter Three focuses on the methods and the framework that guided this research project. Within this chapter, the reader is introduced to the qualitative methods that support this study, as well as the justification that sustain the application of the strategies implemented for the sampling and recruitment of participants, data collection, and data analysis. This chapter positions the reader within the theoretical frameworks of intersectionality, multiracial and transnational feminism, and CBPR used in this study.

The fourth chapter offers foundational work that inform this study, among them, HIV/AIDS and immigrant populations, gender relations, market based health care system, neoliberalism, machismo and sexuality. In addition to the exploration of the literature related to immigrant Latinas and HIV/AIDS, this chapter provides a discussion of the major gaps found in the fields of study.

In Chapter Five participant's narratives are explored and presented to the reader, along with the major themes and subcategories. Four major themes emerged: 1. Access to health care, 2. HIV/AIDS-related stigma and discrimination, 3. Machismo, 4. Latina sexuality, and 5. Community resource knowledge. Within this chapter, the findings are contextualized with current literature, highlighting how this research has

reinforced current knowledge and brings to light new findings. This is followed by Chapter Six which addresses the limitation of the study as well as recommendations, that I hope will serve to empower immigrant Latinas and educate health professionals and organizations who serve them.

## CHAPTER TWO

### SAN MIGUEL COUNTY, WHERE THE RICH ARE THE MINORITY

*“Cuanto son tus ingresos mensuales?*

*Pues \$600 mas o menos. Hay pues la verdad no sé, como, cada cheque son \$600, \$700 por quincena, y cuando no hay mucho trabajo \$400, \$350 al mes.”*

*“What is your monthly income?*

*Well, \$600 more or less. But, to be honest, I don't know. Each check is \$600 or \$700 every two weeks, and when there is not much work \$400, \$350 a month.”*

San Miguel County is located along the western side of the San Juan Mountains, expanding its geographical territory to the Utah border. This extended geographical space contains a variety of landscapes. From 14000 feet high mountains to arid high deserts, this diverse physical space creates a scenario worthy of admiration, becoming the county's hallmark and symbol of pride for its residents.

The consistent elevated income in San Miguel County in comparison to the rest of the state makes this region an attractive place for workers seeking a higher labor wage. In 2009, a year after the United States economic recession, San Miguel County had a steady economic growth in comparison to the rest of the country. According to the Colorado Department of Local Affairs, San Miguel County per capita income in 2009 was \$47,827, while the country's per capita income was \$39,635.<sup>20</sup> During the years following the economic recession, San Miguel County was the most economically stable county in the state of Colorado. While these numbers could give us the illusion of an equal distribution of the county's accumulation of wealth among residents, in reality

---

<sup>20</sup> Elizabeth Garner et al., “Regional Profile: West Central Colorado,” *Dola*, accessed March, 2014, <https://dola.colorado.gov/dlg/demog/profiles/region10.pdf>



these numbers veil the exacerbated income inequalities among affluent communities in the county. The estimated median household income in San Miguel County from 2008 to 2012, according to the U.S Census Bureau, was \$63,766, while the mean household income was \$98,900.<sup>21</sup>

These numbers are the estimation of income of most white families in the area. However, for the women in this study it is a different story for they show a disproportionally lower income than the median household income estimated by the U.S Census Bureau. The census income however is in great contrast to my demographic survey findings. In this study, the immigrant Latinas' yearly household income ranged from \$12,000 to \$25,000. Their household income increased if they have a partner, while women who do not have a partner showed a decrease in their yearly income. The disproportionate income gap that immigrant Latinas experience within the county, most notoriously in Telluride, explains their scarce access to resources to meet their daily needs and to maintain their health. Sadly, the opportunities for educational training that could create opportunities for upward mobility are limited due to the isolated locations of the towns of Telluride and Norwood. Economic disparities are found throughout the county and for the two areas understudy, Norwood and Telluride, there are unique economic conditions that impact the lives of immigrant Latina women who live there.

---

<sup>21</sup> "American Fact Finder," *United States Census Bureau*, accessed March, 2014, [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_DP03&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_5YR_DP03&prodType=table)

## **Norwood and Telluride**

Understanding the socio-economic environment of the cities of Norwood and Telluride is important, since these are the towns where participants of the study work and live.

### **The City of Norwood**

The town of Norwood is located on the top of Wright Mesa,<sup>22</sup> and due to its natural open spaces “continues the tradition of ranching, farming, and energy and mineral resource development.”<sup>23</sup> Many of these traditions remain a primary source of economy for the town. Norwood’s natural environment also creates one of the most visited places for hunting, fishing, and horseback riding.<sup>24</sup> Open green spaces, houses surrounded by trees, and vegetable and flower gardens in people’s yards, are part of the downtown’s welcoming environment.

### **Built Environment**

The main highway that connects the town of Norwood with other surrounding towns goes through the heart of the city and becomes Norwood’s main street. Being such small town, most of the town’s businesses and government agencies are located within the limits of Norwood’s Main Street. Typically, Norwood’s residential houses are one-story buildings, while government or businesses are two or three story buildings. Norwood’s Main Street also has sidewalks, an infrastructure that is not seen in the rest

---

<sup>22</sup> “General Information,” Norwood Colorado, accessed March, 2014, <http://norwoodcolorado.com/about-norwood/>

<sup>23</sup> “San Miguel County Sustainability Inventory,” [sanmiguelcounty.org](http://www.sanmiguelcountyco.gov/DocumentCenter/View/171), accessed March, 2014, <http://www.sanmiguelcountyco.gov/DocumentCenter/View/171>

<sup>24</sup> “General Information,” Norwood Colorado, accessed March, 2014, <http://norwoodcolorado.com/about-norwood/>

of the town. In addition, the wide paved roads that surround Norwood's downtown, are also used as sidewalks and bike trails for its residents.

Most of the streets have good lighting and the ones that do not are often adequately lit by nearby houses. This non-consistent placement of lighting around the town does create a low light pollution in the area, making it possible to see the sea of stars in the sky at night. Norwood's Main Street is the most illuminated area in the town. This situation could be a preventative measure to avoid possible accidents on the road with pedestrians, due to the extension of the highway as Norwood's Main Street. The areas around Norwood's police station, fire department and clinic, are some of the most illuminated areas in town.

### **Recreation**

The San Miguel County Fair Grounds is an open space located towards the end of the town. In this location different activities and programs occur in the summer and part of the fall. The most visited activity is the San Miguel Basin Fair and Rodeo held at the County Fair Grounds. This event takes place during the month of July and its visitors come from different areas to participate and enjoy a day with their families and friends. Latino/a families come from different towns to be part of this event. Most of Telluride Latino/a families bring their kids for the day, staying late at night for the Rodeo show.

### **Employment/Economics**

Many of Norwood's residents opt to commute to Telluride, which holds most of the labor force and work industry of the county. According to the U.S census, Norwood's central occupations are in the category of natural resources, construction, and

maintenance occupations, professions held by 29.3% of its population. While the main labor industry is construction, Norwood's pride lies in the agricultural business, due to the green areas that surrounds the town.

As mentioned before, a great part of Norwood's population commutes to Telluride for work, around 80% according to the government census bureau.<sup>25</sup> With not much diversification of the economy, Norwood's residents find themselves commuting 45 min. each way to Telluride, to become part of Telluride's workforce. For its residents, the median household income is \$40,938, while the mean household income is \$46,860, according to the U.S Census,<sup>26</sup> a great significant gap in comparison to Telluride.

### **Learning Opportunities**

The Prime Time Early Learning Center is the town's daycare center that provides early education programs for children from 6 weeks to 12 years old. The Norwood public school district is a K-12 facility with approximately three hundred students enrolled. Being a small size town, Norwood does not have a college, vocational, or technical schools to educate young college age students. Students who wish to attend higher education must leave their community to attend in-state or out-of-state schools.

In recent years, the Norwood public school district has been in the spotlight, but not for good reasons. On February of 2012, three Norwood middle school students were charged with kidnaping and sexually assaulting a 13 years old boy. After the allegations

---

<sup>25</sup> "American Fact Finder," *United States Census Bureau*, accessed, March, 2014, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<sup>26</sup> "American Fact Finder," *United States Census Bureau*, accessed March, 2014, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

become public, according to different reports, some students and members of the Norwood community harassed the victim and his family, pressuring them to leave town.<sup>27</sup> The importance of mentioning this case is to provide a sense of the culture in the school system in this town, as well as the overall intolerance and prejudice environment imbedded in the community. This culture of harassment and bullying within and outside the school system is what children of this mountain community are constantly exposed to. Within this context, questions about the influences of this culture in the learning process and opportunities of the few students of color in the school and how their parents are treated within this system, needs further exploring since high school education becomes sometimes the only opportunity for young Latinas for upward mobility.

The Norwood Public Library offers books and different online resources in English and Spanish throughout the year. Patrons are able to access this information by visiting the library or from the comfort of their homes. This accessibility to information is very well advertised through the community in English and Spanish. The efforts of the library to reach out to a marginalized and invisible population in the community are seen as a break through in creating a welcoming environment for Spanish speaking Latinos/as in this community, an action not seen in other institutions around this town.

A Colorado State University extension program is located in this town, as well. CSU extension program's mission is to "provide information and education, and

---

<sup>27</sup> Chris Staiti and Barry Bortnick, "In Colorado Town, Hazing Attack Leaves Victim an Outcast," *Bloomberg.com*, June 19, 2013, <http://www.bloomberg.com/news/articles/2013-06-20/sodomy-hazing-leaves-13-year-old-victim-outcast-in-colorado-town>

encourage the application of research-based knowledge in response to local, state and national issues affecting individuals, youth and families, agricultural enterprises and communities of Colorado.”<sup>28</sup> Some of their programs focus on local Food Production and Marketing, Food Safety and Preservation, and Colorado Master Gardener Program for Mountain Communities.<sup>29</sup> Further information on CSU activities in Norwood can be found in San Miguel County’s website.

### **Food Access**

San Miguel County’s most populated cities differ in the availability of food markets, and affordable housing for its population. Norwood has one small market within the city limits but most Latino/a families in the area prefer to drive one hour and fifteen minutes to the city of Montrose to buy groceries because it is more affordable than buying groceries in Norwood. The local store in Norwood (based in Utah but very well integrated in the community) provides fresh products including vegetables, dairy, fruits, meat and poultry, etc. Also, as the only store in town, it has different sections like cleaning, school and office supplies, bathroom products, and cosmetics.

### **Housing**

Norwood, the second largest city of San Miguel County located 45 minutes north west of Telluride, with a population of 518, housed 12.4% of the Latino/a or Hispanic population in 2010. Norwood is a town where workers from Telluride find affordable housing. Norwood offers government housing programs, but for most Latino/as living in

---

<sup>28</sup> “Colorado State University Extension,” *Sanmiguelcounty.org*, accessed March, 2014, <http://www.sanmiguelcounty.org/171/CSU-Extension-Office>

<sup>29</sup> “San Miguel and West Montrose Counties,” *Extension.colostate.edu*, accessed March, 2014, <http://www.extension.colostate.edu/SanMiguel/>

this area it is inaccessible, due to the lack of citizenship status. When seeking housing, people's names are run through an immigration database that provides information about their immigration status. However, private affordable housing in this rural area does not require citizenship status, so, Latino/a residents concentrate in those areas. Most of Norwood's houses surround the city's downtown, where the grocery store and restaurants are accessible and within walking distances for those living near downtown.

Women and children's safety is a major concern in San Miguel County particularly as it relates to violence. The Telluride based non-profit that supports victims provides three-days of safe housing for women who experienced intimate partner violence. However, women who decide to permanently stay away from their home, for their safety and their kids, have to go to the next closest shelter located 66 miles away from Norwood. In this context, women are pushed out of their community for their own safety, a too common practice activity within Norwood, as well as other communities within this country.

### **Transportation**

Public transportation is available to Telluride from Norwood is affordable. Within the city limits, there is no local transportation due to its small size. The galloping goose, the transportation system funded by San Miguel County and the town of Telluride,<sup>30</sup> travels from Norwood to Telluride and Telluride to Norwood. Two buses are scheduled to leave early in the morning from Norwood to get into Telluride on time for workers to

---

<sup>30</sup> "Public Transportation," *Telluride-co.gov*, accessed March, 2014, <http://www.telluride-co.gov/index.aspx?NID=254>

go to their worksites. After the workday is over, around 5:00 pm., workers concentrate on the corner of the courthouse to take the bus back to Norwood.

## **Health Care**

The Uncompahgre Medical Center is the local clinic in the city of Norwood. This clinic offers primary care and dental care within its facility. The clinic's website reiterates that it offers affordable services to the community and payment plans according to family's income. Affordable care is important because 18.4% of Norwood's residents do not have health insurance coverage.<sup>31</sup>

Latino/as in the town of Norwood, however, have expressed their discontentment with this facility. They have complained about the lack of access to interpreters to receive medical information and receiving unwelcoming and racist attitudes from the medical center employees. Participants in the study have linked these behaviors to racist attitudes towards Latino/as.

## **Summary**

The factors that produce health outcomes within a community are tied to the social, environmental, and economic systems, interacting among each other.<sup>32</sup> For the city of Norwood, the small amount of opportunities for upward mobility, scarce educational resources within the community, community's culture, and the limited medical services and resources in the area, create an environment where the possibilities to access quality health care services, including education and prevention,

---

<sup>31</sup> "American Fact Finder," *United States Census Bureau*, accessed March, 2014, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<sup>32</sup> Don Nutbeam, "Health Literacy as a Public health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21<sup>st</sup> Century," *Health Promotion International* 15, no. 3 (2000): 260.



are reduced and limited to the population.

For immigrant Latinas living in the area, these conditions become even more apparent and salient. Participants prefer driving or getting a ride to Telluride (33 miles) to access medical services since they don't feel comfortable going the local clinic in Norwood. They talked about how the local clinic in Telluride offers discounts and reduced cost for some services and medical visits. Adding to this, the lack of translation services creates an obstacle to care for Spanish speaking patients.

In this context, the Norwood and Telluride's socio-economic environment makes it difficult to provide HIV/AIDS education and intervention services to the Latino/a community. It is evident that to develop and deliver effective HIV/AIDS services, particularly among the Latino/a population, it will take a structural approach where economics, housing, transportation, medical services, interpretation services, cultural norms, and education opportunities, are taken into consideration.

### **City of Telluride**

The San Juan Mountains stretch along side the city of Telluride turning it into the most popular ski resort in the country as well as the economic center for San Miguel County. Being one of the most visited places for winter vacations by wealthy Americans, Telluride also attracts the most competitive winter athletes from around the world. But tourists and athletes are not the only ones attracted to Telluride. San Miguel County's Latino/a community, from 200 to 2010, has grown 43.51%. In regards to San Miguel

County's Latino/a population increases, Telluride has experienced the highest increase of 36%, from 2000 to 2010.<sup>33</sup>

### **Employment /Economics**

According to the U.S Census Bureau, from 2008 to 2013, Telluride's median household income was estimated at \$67,037, while the mean household income was estimated at \$88,203.<sup>34</sup> This positions Telluride as the county's wealthiest city. There is however, a large wage gap between male and female workers. While the median earning for a full time male worker is \$44,743, a full time female worker's median earning is \$38,250.<sup>35</sup> Telluride's main economy industry is concentrated in the arts, entertainment, recreation, accommodation, and food services, employing 37.3% of the population, followed by professional, scientific, management, administrative, and waste management services at 13%, and finance and insurance, real state, rental, and leasing at 12.6%.<sup>36</sup>

According to the U.S Census Bureau 33% of the total population in Telluride work in "Arts, entertainment, and recreation, and accommodation and food services."<sup>37</sup>

---

<sup>33</sup> "Census 2010," *Censusviewer.com*, accessed March 2014,  
<http://censusviewer.com/city/CO/Telluride>

<sup>34</sup> "American Fact Finder," *United States Census Bureau*, March, 2014,  
[http://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_DP03&prodType=table](http://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS_13_5YR_DP03&prodType=table)

<sup>35</sup> "American Fact Finder," *United States Census Bureau*, accessed March, 2014,  
[http://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_DP03&prodType=table](http://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS_13_5YR_DP03&prodType=table)

<sup>36</sup> "American Fact Finder," *United States Census Bureau*, accessed March, 2014,  
[http://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_DP03&prodType=table](http://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS_13_5YR_DP03&prodType=table)

<sup>37</sup> "American Fact Finder," *United States Census Bureau*, accessed March, 2014,  
[http://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS\\_13\\_5YR\\_DP03&prodType=table](http://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?pid=ACS_13_5YR_DP03&prodType=table)

It is within this labor force that Latino/as are active participants in the economy of the tourism industry in Telluride.

### **Built Environment**

Surrounded by mountains, the town of Telluride is located in a box canyon, where the beautiful mountain cliffs are part of the scenery from anywhere in town. Hiking trails are found everywhere around town -green areas are something that Telluride does not lack- with different levels of hiking, providing an invitation to beginner hikers to experience the beautiful natural spaces that surrounds town. As a town located in a box canyon, sidewalks are mostly found on the flats areas of town. In the hilly parts of the town there are no sidewalks and the wide roads are use as side walks for pedestrians and those riding their bikes.

### **Recreation**

Even though Telluride is considered a playground for children and adults that enjoy being outside, the town park provides another type of entertainment for the members of the community. Two soccer fields, two baseball fields, a basketball field, a skate park, two sand volleyball fields, and an ice rink, are part of the facilities of the town park. During the summer time, the office of parks and recreation runs different programs. Soccer and softball tournaments are held in these facilities, where community members organize their own teams for the competition. Latinos/as in the community participate every year in the soccer tournament where family members, as well as player's friends, gather during the games to cheer the team.

During the wintertime, parks and recreation organize the hockey tournament, a very well attended event for players and hockey fans. In-door volleyball, basketball, and

in-door soccer are other sports that community members enjoy during the wintertime, especially for Latinos/as, since this is a good opportunity for them to meet with friends and family even during the wintertime. Telluride's athletic culture is seen by most as a positive aspect of the Telluride life style with obesity and other health problems almost non-existent.

Since Telluride is a tourist town it has good lighting during the night, so visitors can access different establishments to enjoy the nightlife. Benches are also along Telluride's main street to provide a place for visitors to sit and enjoy the views and to rest from the elevation. Also, public bathrooms are located in the main areas of town and where there is more public traffic.

### **Learning Opportunities**

The Telluride Public School District offers educational opportunities from early childhood programs to high school. Recently, the Telluride high school was found to be the 4<sup>th</sup> best high school in the State by *U.S News*, and the 1<sup>st</sup> high school among public schools.<sup>38</sup> The school also offers different extra curricular activities for students, providing opportunities for kids to develop different set of skills and to expose them to a variety of activities that they would not be exposed to their own. An example of this is Ski PE. In the Telluride school district, during the wintertime, one entire day is used for the students to go skiing. Students who do not want to participate in the ski PE have other options available to them, such as arts, ice-skating, and Nordic skiing.

Moreover, the Telluride School District, in collaboration with the Telluride

---

<sup>38</sup> "Colorado High Schools," *Usnews.com*, accessed March, 2014, <http://www.usnews.com/education/best-high-schools/colorado/districts/telluride-school-district/telluride-high-school-4348>

Foundation, provides adult ESL (English as second language) classes for Latino/a families in town.<sup>39</sup> They offer one class in the morning and four classes at night twice a week at the Telluride High School. These classes are well attended and depending on how well attended the morning class are, they sometimes open more classes during the day for those that can not attend classes during the morning time.

Ursula Cristol, the Telluride School District cultural liaison, indicated that there are plans to develop a GED program for those who wish to finish high school. If this project gets developed, this will be a great opportunity for many Latinos/as with chances for upward mobility.

## **Transportation**

The town of Telluride and San Miguel County jointly fund public transportation in Telluride. Mostly known as the galloping goose, the bus system runs twice from Norwood to Telluride and back to Norwood. Unfortunately, in an interview with County Commissioner Joan May, the bus route from Norwood to Telluride could end in 2015,<sup>40</sup> due to the decrease of real estate tax transfer experienced during the recession. County commissioner affirms that if there is an increase of these taxes, the route will not be affected, otherwise, conversations have been already established to address this issue.

Around Telluride, the galloping goose runs around the town transporting the public from Shandoka, an affordable rental-housing complex for workers, to Gold Run, another affordable housing project, located at the end of town. The bus runs from 7:00 a.m. to 11:50 p.m. mobilizing workers around town to their homes or work sites.

---

<sup>39</sup> Ursula Cristol, interview by Karla Gonzales Garcia, Telluride, February 5, 2014.

<sup>40</sup> Joan May, interview by Karla Gonzales Garcia, Telluride, January 31, 2014.

The Gondola is another type of transportation that connects the town of Telluride with the town of Mountain Village. The 13-minute ride to Mountain Village stops in the station of Mountain Village. From there, visitors can access different restaurants, stores, and ski lift. Another gondola ride takes visitors and the public to the section of the town where Village Court Apartments is located. These apartments contain affordable rental-housing complex for workers. These two main transportation systems are free to the public year around.

As part of the San Miguel County transportation system, the County vanpool provides transportation for workers from Montrose and Ridgway to Telluride and Mountain Village. This van is an affordable option for workers, since they share gas expenses, making the price of the commute around \$2 each way.

## **Housing**

Shandoka and Village Court Apartments are the main apartment complexes where the Latino/a population concentrates. These housing projects are subsidized by the government, helping families from the community access affordable housing in the area. Access to affordable housing is becoming very important given the demographic change in the last ten years that Telluride had experienced. Immigrants from all over the world have come to Telluride to enjoy the mountains and the ski terrain. A lot of them stay and become part of the Telluride community. Moreover, a high percentage of immigrants from Mexico and Central America have been immigrating recently to the area. In my previous work in the community I found that the majority of the families I worked with were undocumented and their status lessened their opportunities for state

and federal affordable housing and other programs that could enhance their quality of life.

## **Safety**

Telluride is very well known for its hospitality and its friendly community members. And overall, that is the feeling that members of the Latino/a community voice while living in Telluride. However, this sentiment does not obscure the fact that some Latinos/as in Telluride are constantly exposed to microaggressions or institutionalized racism. The overall friendly attitude, however, shared by its community members is reflected in the crime rate of the town. Overall, Telluride has experienced a drop in violent crimes, as well as property crimes in 2012. According to the Telluride Marshall's Department 2012 Annual Report, "Violent crimes witness a slight decrease over 2011 levels, as did the number of Class 'A' Property Crimes...the total number of Class 'A' crimes dropped from 189 offenses in 2011 to 183 offenses reported in 2012."<sup>41</sup> Consistent with these numbers, the overall sense of safety experienced by community members is shown by them leaving houses and cars unlocked. However, for residents living in the downtown area their complaints increase during the summer festivals, where noise or drunk strangers trespassing their property are the most common distresses.

It is important to note that although the town is friendly and perceived to be safe, local health professionals believe that women and children are experiencing violence behind closed doors, not seen by the public and going unreported. The very fact that

---

<sup>41</sup> "Telluride Marshall's Department Annual Report," *Telluride-co.gov*, accessed March, 2014, <http://www.telluride-co.gov/DocumentCenter/View/2750>

San Miguel Resource Center has experienced a 30% increase in its clientele, but not an increase in reported violent crimes by the Telluride's Marshall or the San Miguel County Sheriff, exemplifies the complexities around these "non-public" crimes, and how much needs to be done in order to provide a safe environment for women and children undergoing these assaults.

### **Health care**

The rapid demographic changes experienced in this area also required rapid changes in the delivery of health services for Latinos/as who were not proficient in the English language. In 2005 the local non-profit clinic, The Telluride Medical Center (TMC), was awarded a health equity grant to deliver cultural competent health care services to the Latino population in the area.<sup>42</sup> The grant covered medical visits, cultural competency training for staff, and salary and training of bilingual staff. To this day, TMC offers a variety of services to the Latino/a population such as reduced cost care, free physicals, management of diabetes and cardiovascular diseases, and chronic illness management. These cost-reduced health care services for Latinos/as are made possible from an anonymous donor who provides from \$30,000 to \$50,000 a year to reduce health disparities in the Telluride community.

However, as Dr. Grundy, a local physician, points out, these services are not stable, meaning grants and donors drive them. She further explained the limitations of different services for Latinos/as in the area and the challenges of the collaborative efforts with other agencies to provide free mammograms, pap smears, free HIV testing and treatment, and education programs. Dr. Grundy is also concerned over whether

---

<sup>42</sup> Dr. Sharon Grundy, interview by Karla Gonzales Garcia, June, 2013.



Telluride's outreach efforts are reaching the most vulnerable populations in the community.

### **Community Resources**

Acknowledging the demographic changes within the community, different community-based agencies have extended their services to the Latino/a community in Telluride and around the county. These government and non-profit agencies are dedicated to providing an array of programs for kids and adults in the community. Among them are programs directed to the arts, sports, health, nutrition, education, science, victim's advocacy, mental health, and others. As each organization has its specific mission, it is necessary to point out the need to better build collaborative efforts among organizations to meet the specific needs of the Latino/a community, thus, creating strength and vitality in the community.

### **Summary**

The importance of situating the reader into the Telluride location is to provide an understanding of the socio-economic and cultural apparatus that operate within the city limits, which has a direct relationship on placing immigrant Latinas in extreme vulnerability.

The extreme wage gap between participants and the white population is the strongest indicator of the socio-economic locations that immigrant Latinas occupy in the city. Within this context, the socio-economic disadvantages that immigrant Latinas experience within the city limits their options of acquiring health insurance, an important factor for health outcomes. As Echeverria states, "Noncitizens were less likely to report mammography and Pap smear screening than U.S born women...these disparities

disappeared after controlling for health insurance coverage and usual source of care, suggesting that access to care is the primary factor involved in the observed disparities.”<sup>43</sup>

While living in a beautiful area, the participation of the Latino/a community in recreational activities within the city becomes a space for integration and community building. Thus, building a community becomes a crucial piece for building a strong support network for the Latino/a community that is used if medical emergencies emerge and the cost of it can't be financed with the salary they earn.

For the Latino/a community, the built environment around the town plays an important role in the commute to work and/or medical visits. A big percentage of immigrants Latinas do not have access to a vehicle, which can be an obstacle to accessing care and services. During the summer time this is not a big of an issue for women who can walk around town to go to work or to their medical appointments. However, during the wintertime, this becomes a bigger issue for mothers who are trying to get their kids to school or medical visits. I have seen mothers walking in blizzard conditions carrying three kids at the same time to medical visits. In comparison with white mothers who have access to vehicles prepared for mountain conditions, when snow has not been removed from the sidewalks, and Latino/a's kids strollers are not built for this extreme weather conditions (some of them use very simple strollers since

---

<sup>43</sup> Sandra E. Echeverria and Olveen Carrasquillo, “The Roles of Citizenship Status, Acculturation, and Health Insurance in Breast and Cervical Cancer Screening among Immigrant Women,” *Medical Care* 44, no. 8 (2006): 791.

they can't afford higher stroller prices). It becomes apparent that the environment that many Latina women live in becomes an obstacle to accessing health care.

Housing around the city becomes a source of stress for women who are the head of the household. The high prices of affordable housing, as well as their immigrant status, prevent immigrant Latinas from living in spaces where they can afford and save money for extra expenses. Adding to this, affordable housing has restrictions about the amount of people within livable spaces. For example, a studio apartment's rent goes from \$700 - \$800 monthly, and two people maximum occupancy. However, there are women who have three children, who cannot afford a one-bedroom apartment, leaving them not much of a choice but to move constantly from unit to unit, or to live in a bedroom in a house with multiple families in it.

As mentioned previously, the local clinic offers discounts for certain medical services, as well as interpretation and translation services for medical appointments. This services includes HIV testing and treatment. Even though the TMC tries its best to provide quality services to the Latino/a community, they do not have a solid reputation in regards of providers' practices and relationship building with patients from the Latino/a community. For some participants, this also becomes an obstacle to acquire high quality care within the town.

In short, it is imperative to stress the significance of contextualizing HIV/AIDS from socio-economic and political frames in order to understand the direct relationship of these systems and their role in the HIV/AIDS epidemic. Without a critical analysis of the social determinants of health that immigrant Latinas encounter one will not

understand how their oppression contributes to their increasing rate of transmission of HIV, rapid progress of HIV to AIDS, and increased death among Latinas.

## **CHAPTER THREE**

### **METHODOLOGY**

This qualitative study seeks to explore the narratives of self-identified Latinas residing in San Miguel County, Colorado, related to HIV/AIDS. Specifically, this project intends to examine their perceptions and thoughts on HIV/AIDS services, barriers, cultural influences in their health decisions, and community responses to people with HIV/AIDS. Moreover, this project locates the voices of immigrant Latinas, their lived experiences and their contextualization of the world as privileged knowledge, and follows a feminist epistemology with the purpose of validating and valuing their production of knowledge.

Even though CBPR projects do not require a specific model to replicate because of its “emancipatory” nature, it does require specific objectives that can accomplish the principles of sustainability and social justice in the communities where research is performed. In this context, the objectives for this project included:

- Understanding the socio-economic contexts and cultural dynamics that affect immigrant Latinas access to health services for HIV/AIDS,
- Identifying community responses to people with HIV/AIDS,
- Identifying community capacities to build the basis for intervention programs,
- Assisting in the development of intervention programs that addresses the intersectionality of race, gender, ethnicity, sexuality, citizenship and religion, and
- Promoting the creation of policies aimed at addressing HIV/AIDS disparities in immigrant Latinas.

## Methods

Qualitative research was chosen for this study because it is “enacted in naturalistic settings, draws on multiple methods that respect the humanity of the participants in the study, focuses on context, is emergent and evolving, and is fundamentally interpretative.”<sup>44</sup> It is commonly understood that qualitative researchers strive for detailed descriptions of events that question their position while capturing people’s experiences. The importance of this approach is that it encourages constant reflection by the researcher prior, during, and after the inquiry process. As well, this approach encourages the systematic and interactive awareness of the researcher to “rely on complex reasoning”<sup>45</sup> between the constructions of his/her social world and the ones of the participants in the research. Norman K. Denzin and Yvonna S. Lincoln state,

All research is interpretative; it is guided by the researcher’s set of beliefs and feelings about the world and how it should be understood and studied. Some beliefs may be taken for granted, invisible, only assumed, whereas others are highly problematic and controversial. Each interpretative paradigm makes particular demands on the researcher, including the questions the researcher asks and the interpretations he or she brings to them.<sup>46</sup>

Thus, the assumptions that the researcher brings into the research must be contested in order to create the space within the research where the participants’ voices are privileged and where the interpretations of their stories mirror their lived experiences. Failing to do this may result in the reproduction of the values and assumptions of the

---

<sup>44</sup> Catherine Marshall and Gretchen B. Rossman, *Designing Qualitative Research* (Thousand Oaks: SAGE Publications, Inc., 2011), 2.

<sup>45</sup> Marshall and Rossman, 2.

<sup>46</sup> Norman K. Denzin and Yvonna S. Lincoln, “The Discipline and Practice of Qualitative Research,” in *The SAGE Handbook of Qualitative Research 2005*, ed. by Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks: SAGE Publications Inc., 2005): 22.

researcher. In this scenario, participant's voices are sent into invisibility, in a conscious subjugation and oppression of those already positioned in a subordinated status.

### **The Process**

In this study the qualitative method is coupled with community based participatory research (CBPR) which is "a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strength that each bring."<sup>47</sup> Born from the struggles of oppressed communities in Third World countries to decolonize the "nature of the research to which these peoples were subject,"<sup>48</sup> CBPR is considered an "orientation to research"<sup>49</sup> which strives for the accurate representation of the voices of members of the community that form an active part in the inquiry process. Building on the work of Brazilian philosopher Paulo Freire concept "conscientização" which is focused on critical consciousness, "being conscious of, not only as intent on objects but as turned in upon itself in a Jaspersian 'split' – consciousness as consciousness of consciousness,"<sup>50</sup> CBPR emphasizes the active work of "conscientização" of the researcher in her/his role in the inquiry process, to reiterate the humanization of oppressed individuals whose role in the CBPR process positions them as co-learners and not as mere "objects of study."<sup>51</sup> As Freire states, "The real danger of the investigation...lies in the risk of shifting the focus of the

---

<sup>47</sup> Barbara A. Israel et al., "Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health," *Annual Review Public Health* 19, (1998): 177.

<sup>48</sup> Meredith Minkler and Nina Wallerstein, Introduction to *Community-Based Participatory Research for Health, From Process to Outcomes*, ed. Meredith Minkler and Nina Wallerstein (San Francisco: John Wiley & Sons, Publishers, 2008), 10.

<sup>49</sup> Minkler and Wallerstein, 6.

<sup>50</sup> Freire, 45.

<sup>51</sup> Wallerstein and Duran, 28.

investigation from the meaningful themes to the people themselves, thereby treating the people as objects of the investigation.”<sup>52</sup> As the holders of knowledge and experts of their communities, a community’s participation in the research process is a “practice that promotes authentic partnership”<sup>53</sup> with researchers. This process challenges the former to view themselves as part of a “co-learning process”<sup>54</sup> equally participating in the exchange of knowledge, and not as “those who consider themselves knowledgeable upon those whom they consider to know nothing.”<sup>55</sup>

In this matter, Israel, et al., defined CBPR as,

A collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute ‘unique strengths and shared responsibilities’ to enhance understanding of a given phenomenon and the social and cultural dynamics of the community, and integrate the knowledge gained with action to improve the health and well being of community members.<sup>56</sup>

The “collaborative approach” used in CBPR encourages the equal participation of members of the community in every step of the process. In this context, balancing power relations between participants and researchers in the inquiry process becomes a fundamental piece for CBPR, in which “conscientização” of the researcher and the inquiry process itself looks “to change unequal distributions of power and resources”<sup>57</sup> within the community. Opening a collaborative research process within a community helps to unmask the power dynamics within the community, and between institutions

---

<sup>52</sup> Wallerstein and Duran, 107.

<sup>53</sup> Wallerstein and Duran, 30.

<sup>54</sup> Wallerstein and Duran, 9.

<sup>55</sup> Freire, 72.

<sup>56</sup> Barbara A. Israel et al., Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health, 177.

<sup>57</sup> Wallerstein and Duran, 33.



and individuals<sup>58</sup> whose socially constructed socio-economic position has limited access to resources to live a healthy life, and restricts access to knowledge to change these imposed limitations on them.

A “collaborative approach” to challenge power relations within inquiry is not the only goal in the utilization of CBPR.<sup>59</sup> Although, the formulation of alternatives solutions that address the lived realities of participants in the community is an essential component in a CBPR process,<sup>60</sup> CBPR’s main goal is to address a community’s concerns throughout various forms of direct interventions within the community to policy change, whose actions are essentially committed to the social change of ending health disparities.<sup>61</sup>

My role within this CBPR project began as the initiator. CBPR literature emphasizes the participation of community members in the identification of the problem that affects a determined community,<sup>62</sup> however, Peter Reason argues that, “Many PAR [participatory action research] projects would not occur without the initiative of someone with time, skill, and commitment, someone who will almost inevitable be a member of a

---

<sup>58</sup> Wallerstein and Duran, 32

<sup>59</sup> Adam B. Becker, Barbara A. Israel and Alex J. Allen III, “Strategies and Techniques for Effective Group Process in CBPR Partnerships,” in *Methods in Community-Based Participatory Research for Health 2005*, ed. Barbara A. Israel, Eugenia Eng, Amy J. Schulz and Edith A. Parker (San Francisco: John Wiley & Sons, Inc., 1998), 64.

<sup>60</sup> Barbara A. Israel et al., “Critical Issues in Developing and Following CBPR Principles,” in *Community-Based Participatory Research for Health, From Process to Outcomes 2008*, ed. Meredith Minkler and Nina Wallerstein (San Francisco: John Wiley & Sons, Publishers, 2008), 61.

<sup>61</sup> Barbara A. Israel et al., *Methods in Community-Based Participatory Research for Health* (San Francisco: John Wiley & Sons, Inc., 1998), 4-5.

<sup>62</sup> Israel, et al., “Critical Issues in Developing and Following CBPR Principles,” 50.

privileged and educated group.”<sup>63</sup> In this matter, even though my position as a scholar created the conditions that prompted me to identify a hidden problem within the community with no direct input from members of the community, it was this particular position that also made possible the community’s support of a CBPR project that addressed the issues of HIV/AIDS within the community. Once dialog was opened with the Telluride community, I found myself immersed in the role of the consultant, shifting away from initiator. As the consultant the researcher is commissioned by the community to carry out a needed research project while being held accountable to the community.<sup>64</sup>

The community based organizations and governmental organization that collaborated with this project were the San Miguel Resource Center (SMRC), the Telluride Medical Center (TMC), Telluride AIDS benefit, the Norwood Public Library and San Miguel County Nursing. These agencies were chosen because of their close ties to the Latino/a community in the area. Their participation in this project varied and included helping with the recruitment of participants, sharing of knowledge about the community’s culture, resources, infrastructure, skills of community workers, and interpretation services.

Other forms of collaboration consisted of the community assisting with the formulation of the research and focus group questions and data analysis. The open bidirectional dialog of exchange of knowledge about the community, the research’s topic, and the research process, was constant through letters, emails, phone calls, and in-

---

<sup>63</sup> Peter Reason, “Three Approaches to Participative Inquiry,” in *Handbook of Qualitative Research 1994*, eds. Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks: Sage Publications, Inc., 1994), 334.

<sup>64</sup> Israel, et al., *Critical Issues in Developing and Following CBPR Principles*, 50.

person conversations. These continued exchanges of information helped the inquiry process achieve research accountability. As Randy Stoecker explains, “the academic carries it out [the research] while being held accountable to the community.”<sup>65</sup> This CBPR project constantly involved the thoughts, concerns, and preoccupations of community members engaged in the inquiry process, with the ultimate goal of empowering the community through “conscientização,” leading to actions for social change.

### **Theoretical Framework**

Multiracial and transnational feminist lenses have guided this research process. By using this approach, this project seeks to examine the experiences of participants through the intersection of race, class, gender, and citizenship, positioning women’s “voices” at the center of inquiry with the goal of creating change that benefits vulnerable women.<sup>66</sup>

Through the use of a multiracial feminist approach, this study recognizes the spaces of struggle that feminists from minority populations face while bringing the histories of their peers to spaces widely dominated by discourses of white hegemonic feminism. It is within the recognition of these struggles this project seeks to build collaborative coalitions with those embedded in the efforts of dismantling the structures

---

<sup>65</sup> Randy Stoecker, “Are Academics Irrelevant? Approaches and Roles for Scholars in CBPR,” in *Community-Based Participatory Research for Health, From Process to Outcomes, 2008*, ed. Meredith Minkler and Nina Wallerstein (San Francisco: John Wiley & Sons, Publishers, 2008), 110.

<sup>66</sup> Diana Burns and Melanie Walker, “Feminist Methodologies,” in *Research Methods in the Social Sciences 2005*, ed. Bridget Somekh and Cathy Lewin (Thousand Oaks: SAGE Publications Inc., 2005), 69.

that locate their communities in a subordinated status within and outside this country.<sup>67</sup> In addition, the use of a transnational feminist lenses situates and locates the reader within the socio-economic political context of women's border crossing experiences. Moreover, it tries to provide a broader understanding of the production of knowledge, practices, and re-organization of knowledge occurring through the "movement across national borders."<sup>68</sup>

This project also uses intersectionality, to explain how the contemporary socio-economic political state intersects with the experiences of immigrant women and their interlocking social identities, bringing to light systems of privilege and oppression at the macro level,<sup>69</sup> thus, creating HIV/AIDS health disparities among immigrant Latinas.

### **Sampling and Recruitment**

The non-random selection of participants was conducted through purposive and snowball sampling. Purposive sampling refers "to the deliberate choice of an informant due to the qualities the informant possesses,"<sup>70</sup> and snowball-sampling techniques occur when "each individual in the sample is asked to name a different individual in the population."<sup>71</sup> These methods were selected for this study because the sample population is a hard to reach population they build on resources of existing networks, and increase the number of participants in the process.

---

<sup>67</sup> Becky Thompson, "Multiracial Feminism: Recasting the Chronology of Second Wave Feminism," *Feminist Studies* 28. No. 2 (2002): 349.

<sup>68</sup> Leela Fernades, *Transnational Feminism in the United States: Knowledge, Ethics, Power* (New York: New York University Press, 2013), 102.

<sup>69</sup> Lisa Bowleg, 1267.

<sup>70</sup> Ma. Dolores C. Tongo, "Purposive Sampling as a Tool for Informant Selection," *Ethnobotany Research & Applications* 5 (2007): 147.

<sup>71</sup> Leo Goodman, "Snowball Sampling," *The Annals of Mathematical Statistics* 32, no. 1(1961): 148.

Sample size included seventeen Latinas who identified as immigrant women of Latin American origin. Eligibility for this project included, 1) identify as a Latina woman, 2) over the age of 18 years, and 3) reside within the limits of San Miguel County. Men were excluded for this project because this study explores the life experiences, thoughts and concerns of Latinas, who reside in San Miguel County, related to HIV/AIDS. Minors were also excluded given the complexities of gaining human subjects, parental consent, potential undocumented status concerns, and the stigma attached to HIV/AIDS.

The criterion for the selection of the participants is subjected to, as Thomas A. Schwandt states, the “relevance of the research question, analytical framework, and explanation or account being developed in the research.”<sup>72</sup> In this context, the criteria adopted for selecting the participants in this study was aligned to the purpose of the research process which was to gather information of culturally and racially localized participants, within a particular socio-political economic environment.

Moreover, the selection of this specific group was established because of my familiarity with the community in general, and specifically with the issues that immigrant Latinas face around this demographic area. As Bruce L. Berg explains, “Researches use their special knowledge or expertise about some group to select subjects who represent this population.”<sup>73</sup>

---

<sup>72</sup> Thomas A. Schwandt, *The Sage Dictionary of Qualitative Inquiry* (Thousand Oaks: Sage Publications, Inc. 2007), 269.

<sup>73</sup> Bruce L. Berg, *Qualitative Research Methods For The Social Science* (Needham Heights: Allyn & Bacon, 2004), 229.

## **Recruitment**

The San Miguel Resource Center (SMRC), the Telluride Medical Center (TMC), and Parents as Teachers, were selected to help with the recruitment of participants for this study. However, the SMRC and the TMC were the only institutions that responded to the formal invitation letter submitted for IRB approval.

After contacting both non-profits, SMRC's cultural outreach coordinator promptly started making phone calls to potential recruits explaining the project and the follow up phone call that they would receive from the co-principal investigator (Co-PI) if they accepted to be part of the study. The women that agreed to participate in the study were contacted, by phone, by the Co-PI to receive a formal invitation to participate. The Co-PI then called them and provided them with information about the purpose and process of the project, the focus groups, elicited their interest in completing a demographic survey through an individual interview, and explained the incentives to be given for their participation.

Following the snowballing technique, the Co-PI asked all the women to extend the invitation to other Latinas, and to provide her contact information to those who were interested in participating in the study. Several women who agreed to participate provided the Co-PI with phone numbers of other possible participants. The Co-PI called to extend the invitation to participate in the project. Once all participants had been confirmed the Co-PI contacted them to provide the location, dates and time of the focus groups. Two focus group times were provided and the women in Telluride could choose the day that best accommodated to their schedule. To make the focus group more accessible free childcare and food was provided during the focus groups.

Being aware of the low socio-economic status of the women in the study snowball sampling was chosen as the most appropriate method to recruit participants that otherwise would not be reachable. Rowland Atkinson and John Flint explain, “The main value of snowball sampling is as a method for obtaining respondents where they are few in number or where some degree of trust is require to initiate contact.”<sup>74</sup> Even though my long ties with the community played a significant role in women’s participation in the study, I was also aware that my position as a scholar could inhibit some women from participating in the project. For these reasons, snowball sampling helped to minimize the tensions that my position could create allowing for women with similar status and racial/ethnic backgrounds to help recruit.

Atkinson and Flint maintain that it is useful to have an “insider” position within the recruitment process, particularly with members of a hidden population. They explain that, “Under these circumstances, techniques of ‘chain referral’ may imbue the researcher with characteristics associated with being an insider or group member which can aid entry to settings that conventional approaches find difficult to succeed in.”<sup>75</sup> Both, I and other identified women, had insider status that allowed us to identify initial respondents.

My insider status arose from my previous work in the community and my racial and ethnic background. As the Cultural Outreach Coordinator for the local crisis center for victims of domestic violence and sexual assault in Telluride, CO for over eight years, I worked to provide services to the Latino/a community in San Miguel County. Moreover through individual home visits and other activities within the community I had

---

<sup>74</sup> Rowland Atkinson and John Flint, “Accessing Hidden and Hard-to-Reach Populations: Snowball Research Strategies,” *Social Research Update* 28, no. 1 (2001).

<sup>75</sup> Atkinson and Flint.

established relationships with women from the Latino/a community in San Miguel County. As well, my extended experience of working in community development in Peru taught me that it was imperative to gain the trust from the community before talking about the organization and the services that we provide. My years of experience allowed me to gain the confidence and trust among participants with similar characteristics. Their honest responses and conversations during the focus groups also reiterated their comfort and trust for the research process.

### **Data Collection**

Focus groups as the primary method for data collection were combined with one-on-one interviews of demographic information and memoing. The project conducted three focus groups held in different locations throughout San Miguel County and ranged from approximately a half an hour to one and a half hours. While extending the formal invitation to the women after their acceptance to participate in the study, the CO-PI let the participants decide if they wanted to meet prior to the focus group, in a safe location, right before the focus group to complete the demographic survey.

Since focus groups have the ability to gather information from more than one person in the same interview, focus groups were useful tools to gather the reactions of the community to a specific issue. Kieffer, et al. explain,

The focus group is a qualitative research method in which a trained moderator facilitates a guided discussion with a small group of people (often six or eight) who have personal or professional experience with the topic being study...[focus groups] take advantage of group communication to gain insight into respondents' attitudes, feelings, beliefs, cultural norms, experiences, and reactions regarding a specific topic of interest.<sup>76</sup>

---

<sup>76</sup> Edith C. Kieffer et al., "The Application of Focus Group Methodologies to CBPR," in *Methods in Community-Based Participatory Research for Health 2013*, eds. Barbara A.



Since this study involved members of a vulnerable and racial/ethnic population, the utilization of focus groups was the most appropriate because it is a “cultural sensitive method”<sup>77</sup> with its approach seen as less threatening and intimidating for the participants. Given the social and immigrant status of the sample population, the Co-PI understood the need to create a safe group space for them to express their opinions and concerns. The use of focus groups was chosen because it allowed participants to have a conversation with their peers, rather than an interrogation hosted by the researcher about their experiences and day-to-day life. As Kieffer, et al. explains, “The multiple voices, dialogues, and debates among participants may decrease their interaction with the moderator, giving more validation and importance to participant’s thoughts and ideas.”<sup>78</sup>

In addition, the use of focus groups falls in line with Freire’s assertion of “conscientização,” where open dialog among participants enables the process of reflection of participant’s own situation becoming “responsible for a process in which all grow.”<sup>79</sup> To this, authors Kieffer, et al., note, “Community members become change agents by telling their stories, articulating their perspectives on the issues affecting them, and recommending strategies that are grounded in the realities of their environment and experience.”<sup>80</sup> Thus, following CBPR’s principle of being a research approach committed to social change, the use of focus group allows participants to become

---

Israel, Eugenia Eng, Amy J. Shulz and Edith A. Parker (San Francisco: John Wiley & Sons, Publisher, 2013), 250.

<sup>77</sup> Kieffer et al., 147.

<sup>78</sup> Kieffer, et al. 252.

<sup>79</sup> Freire, 80.

<sup>80</sup> Kieffer et al., 252.

agents in solidarity susceptible to be active part of the transformation of their communities.<sup>81</sup>

The focus group participants were asked seven questions. The questions were developed in conjunction with a bilingual health community worker. The Co-PI drafted an initial set of focus group questions then sent them to the health community worker for input. After review by the community health worker, the focus group questions were changed to reflect a more appropriate linguistic and cultural content. The focus group questions aimed to identify immigrant Latina's perceptions, barriers and cultural influences on accessing HIV/AIDS services at a community level. The final questions were the following:

RQ1: Tell me what you know about HIV/AIDS.

RQ2: Tell me about the HIV/AIDS services available in your community.

RQ3: Tell me what the barriers are to accessing HIV/AIDS services in your community.

RQ4: Tell me how your community responds to HIV/AIDS positive women.

RQ5: Tell me how your culture influences your health decision (i.e. accessing services, treatment, care, and medication adherence).

RQ6: Tell me what other things bring you into contact with the medical care system.

RQ7: Additional comments.

Two focus groups were performed in the city of Telluride and one in the city of Norwood. The focus groups in Telluride were conducted at the San Miguel Resource

---

<sup>81</sup> Wallerstein and Duran, 38.

Center. The SMRC is a crisis center for domestic violence and sexual assault victims and it provides a safe space for two focus groups in Telluride. They also provided space for children while the focus group took place. The Norwood Public Library only provided a focus group room because childcare was not needed since participants arranged childcare in advance for their children.

The Norwood Public Library, located in the city of Norwood, kindly provided the space for the only focus group in that area. This location was reached through conversations with immigrant Latinas residing in that area. While looking for a safe space to have the focus group in that city, members of the community encouraged me to contact the new director to ask for a room at the library to perform the focus group. Taking into consideration the trust that community members have for this location, I contacted the Norwood library and was granted permission to have one of the focus groups there.

The Co-PI facilitated and audiotaped all three focus groups. On the days of the focus groups the Co-PI read, in Spanish, a consent form prior to the discussion, and a copy of the form, also in Spanish, was given to the participants to take with them. The consent form contained the researcher's and principle investigator's names as well as contact information, detailed information about the Institutional Review Board from Colorado State University, and it notified participants that the group would be audiotaped. The participants gave verbal consent to participate in the study to avoid linking their name and contact information with the data, thus keeping their information and responses confidential. Also, a script explaining the focus group process was read to participants to know what to expect and to provide them with another opportunity to

decide to participate or not. This form also contained information about the utilization of audio recording devices during the focus groups. During the explanation of the process it was reiterated that one should not mention any names during the focus group, since the sessions was being audiotaped.

Eight Latinas participated in the first focus group in Telluride. This group lasted for one hour and twenty-four minutes. The extended length of this focus group shows the active engagement of the women in the discussion. This group was dynamic and fluid. The participation of the women during the discussion was constant, and they were open to respond to each question of the focus group. Also, they felt comfortable enough to bring up and converse about sexual subjects, thus showing a high level of trust in the facilitator and the group.

The second focus group involved seven participants, and the duration for this session was fifty-five minutes. This group took a little more time to warm up and feel comfortable to answer the questions. Once the rapport was established among the participants, women started to open up little by little to the discussion. Women, eventually, told jokes and felt safe to share their intimate stories during the focus group. By the end of the session, women were laughing and seemed to be having a pleasant time during the discussion.

A third small focus group was performed in the city of Norwood. Two women attended this focus group, an amount that was predicted due to the small size of Latino/as living in this area. The duration of this session was thirty-four minutes. Due to the size of the group, the participants were very open to answering the questions given in the focus group. As a facilitator, for this specific session, the Co-PI tried to encourage

the participation of both women in the discussion in order to balance the responses of both participants, and to avoid the dominance of one participant over the other.

A demographic survey was also used in this study to gather information about participants' socio-economic background, with the goal of enhancing the significance of the knowledge collected during the focus groups, and to collect data that could otherwise be important and lost during the focus group. This demographic survey followed a sequence of questions regarding race, ethnicity, citizenship, employment, income, marriage status, number of children, and language. Both, focus groups and demographic surveys were anonymous to maintain subject's confidentiality and participants were asked to give verbal consent to avoid possible identifiers that could potentially be link to participant's information and data. The use of this method to maintain confidentiality comes from the ethical position that no participant should suffer harm or embarrassment in the community as a consequence of poor manipulation of data in research.<sup>82</sup> In this context, if names of participants came up during the focus groups, these names were deleted during the transcriptions, keeping safe the privacy of participants in the research process.

### **Data Analysis**

The first step of the data analysis was the collection of the demographic information. Once a participant agreed to take part in the study a demographic survey was taken. All participants chose to complete the survey with a one-on-one with the Co-PI prior the focus group. The reason for asking the participants to fill out the survey earlier was to avoid potential discomfort or embarrassment for those who could not read

---

<sup>82</sup> Denzin and Lincoln, 32.

or write. Thus, by giving women the option to complete the survey in a chosen location by them, the Co-PI was extremely careful in maintaining the dignity of the women. The one-on-one interviews and completion of the survey took place at the library, the SMRC, and participants' homes. A consent form was given to the women to read or was read to them before filling out the survey.

The second step was the transcription of all audiotaped data from the focus groups. Transcription was done in the language of the focus groups and used by the participants, Spanish. Likewise, the information collected through the demographic survey was synthesized and used in conjunction with the transcribed data. In an effort to appropriately represent the women's stories, the Spanish language was used during the entire analysis of data, to clearly reflect the cultural enounces and nuances of the women's narratives. By doing this I strove to position their voices in the center of this process to validate their stories and experiences.

An ethical consideration that I was concerned about during my analysis was about my ability to maintain participants' voices. To address this concern Spanish language was maintained throughout the data analysis in order to be faithful to women's nuances during the focus groups. For the purpose of integrating the findings in the final report, the translation of some of the quotes into the English language was performed. Also, throughout out this thesis Spanish words or sentences are used to remind the reader that this project was executed solely in the Spanish language and to counter the hegemony and colonization process of the English language in this society.<sup>83</sup>

---

<sup>83</sup> Marshall and Rossman, 166.

Transcribing and making notes gathered in the field was the initial process for the organization of data. Following this the Co- PI then immersed herself into the data through the constant listening and reading of the data and making constant comparisons. To this Catherine Marshall and Gretchen B. Rossman explain, “Researchers should think of data as something to cuddle up with, embrace, and get to know better. Reading, rereading and reading through the data once more force the researcher to become intimate with the material.”<sup>84</sup> The authors exalt the importance of becoming one with the data, since it is through this process that themes and categories highly link to the data would emerge. It is in this process that I found myself regularly listening to the audiotaped focus groups. The transcriptions were used to attach my thoughts that would emerge while listening to the data. Women’s voices and intonation of their words gave clarity and significance to the transcriptions, getting a better understanding of the data.

Once data was organized, the initial coding for this project was done through the placement of words of actions to the described experiences of the participants. Kathy Charmaz explains, “Staying close to the data and, when possible, starting from the words of your respondents, preserves the fluidity of their experience and gives you new ways of looking at it.”<sup>85</sup> The initial coding in grounded theory aligns what we are trying to accomplish with this CBPR process, to remain as close as possible to the voices and experiences of the participants without detouring our attention to concepts or categories that do not reflect the realities of participant’s lives.

---

<sup>84</sup> Marshall and Rossman, 210.

<sup>85</sup> Kathy Charmaz, *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis* (Los Angeles: Sage Publications Ltd, 2006), 49.

In this stage, line-by-line initial coding was practiced on the gathered data. By naming each line of the transcriptions through words of actions I looked to “identify implicit concerns as well as explicit statements”<sup>86</sup> with the goal of seeing processes within the data, instead of categorical formulations that can arrive from the imposition of my views in the data. This process was done by critically immersing myself into the data and constantly formulating questions about the data, helping me to see the data through different lenses and perspectives.<sup>87</sup> To this Charmaz state, “Line-by-line coding frees you from becoming so immersed in your respondent’s worldviews that you accept them without question.”<sup>88</sup> Charmaz assures that being critical during this initial coding practice will outline the analytic framework from which the analysis of the data will be constructed.

Following the logic of grounded theory, the second stage of qualitative coding included focused coding. In this phase, the most frequent codes from the transcriptions were filtered in order to “synthesize and explain larger segments of data.”<sup>89</sup> Through the application of an inductive approach of analysis I tried to establish relations from the emerged categories to the data itself.<sup>90</sup> This practice was elaborated through the constant contrasting of the data allowing patterns or categories to be able to shape the research, to find “which initial codes make the most analytic sense to

---

<sup>86</sup> Charmaz, 50.

<sup>87</sup> Charmaz, 51.

<sup>88</sup> Charmaz, 51.

<sup>89</sup> Charmaz, 57.

<sup>90</sup> Berg, 273.



categorize... incisively and completely.”<sup>91</sup> This framework was used to give a fluid construction of theory from participants’ realities.

As the last stage of data analysis, theoretical coding was applied to the data to find “relationships between categories.”<sup>92</sup> This last step was done after the finalization of the focused coding, to analyze, to give coherence, to unify the data after being fractured, creating a “story with theoretical direction.”<sup>93</sup> The use of grounded theory was an important step here.

Analysis of the data collected was guided by grounded theory. Kathy Charmaz defines grounded theory methods as “systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories ‘grounded’ in the data themselves.”<sup>94</sup> Namely, the analysis of the transcriptions of the focus groups and demographic surveys were performed under a series of steps that involve the full immersion of the researcher in the data, to construct the theory submerged in the stories and narratives of the participants.

In addition, the process of carefully “listening” to the audio to capture the cultural nuances of participant’s conversations was done in order to immerse myself within the data, and respectfully create data grounded in participant’s voices. Within this context, “listening” became a challenge in itself since it required active engagement of the researcher within the process, since the lack of engagement can result in the construction of the “object” instead of the “subject” within the research process.

---

<sup>91</sup> Charmaz, 58.

<sup>92</sup> Charmaz, 63.

<sup>93</sup> Charmaz, 63.

<sup>94</sup> Charmaz, 2.

Consistent with the active “conscientização” of the researcher, grounded theory aligns with this process since it forces the researcher to be constantly conscious of not forcing “preconceived ideas and theories directly upon our data.”<sup>95</sup> The critical and conscious approach to the data by the researcher in grounded theory follows the emancipatory process of CBPR “which views knowledge as historically and socially constructed.”<sup>96</sup> Thus, the use of grounded theory within this project asserts the researcher’s constant efforts to validate participants’ constructed knowledge, which is immersed within a socio-economic, political and cultural context.

Norma Smith further explains how grounded theory not only creates theory but validates the knowledge of marginalized populations. To this Smith refers, “Grounded theory, like oral history, acknowledges the depth of validity of (or as we say now, it privileges) information that comes from the subjects of study.”<sup>97</sup> For this particular study, grounded theory acts as a co-participant in the inquiry process, since its methods leads to the construction of theory ingrained in the data (women’s stories), which may be used in the implementation of strategies for social change.<sup>98</sup>

---

<sup>95</sup> Charmaz, 17.

<sup>96</sup> Wallerstein and Duran, 33.

<sup>97</sup> Norma Smith, “Oral History and Grounded Theory Procedures as Research Methodology for Studies in Race, Gender and Class,” *Race, Gender & Class* 9, no. 3 (2002): 126.

<sup>98</sup> Smith, 127.

## CHAPTER FOUR

### LITERATURE REVIEW

The perseverant essentialist views placed upon communities of color is also manifested in HIV/AIDS contemporary studies and discourses, contributing to the widespread misunderstanding of the dynamics of HIV/AIDS. As Paul Farmer, Margaret Connors, and Janie Simmons state, “Immodest claims of causality, and even undue focus on the psychological or cultural peculiarities of those with AIDS, are not only incorrect emphases, they also serve to expediently deflect attention away from the real engines of the AIDS pandemic.”<sup>99</sup> Still to these days, after the last revised edition on 2011 of *Women Poverty and AIDS: Sex, Drugs and Structural Violence*, it is alarming to find a greater amount of research on HIV/AIDS focusing on the peculiarities of individual sexual behavior and its relationship with cultural norms as the basis for the expansion of HIV/AIDS epidemics.

The limited literature on the structural vulnerability that communities of color face in accessing HIV/AIDS prevention and treatment has helped accelerate rates of transmission and death among its members. Within the scope of structural vulnerability it is imperative to understand the dynamics of transnational socio-political economics and its relationship with transnational gender relations in order to get a grasp on the HIV/AIDS dynamics within Latino/a communities.

---

<sup>99</sup> Joe Rhatigan and Johanna Daily, “Rereading the Clinical Literature,” in *Women Poverty and AIDS: Sex, Drugs and Structural Violence 2011*, ed. Paul Farmer, Margaret Connors, and Janie Simmons (Monroe: Common Courage Press, 2011), 261.

## HIV/AIDS and Latinas

According to the CDC, by 2010, the infection rates for Hispanic/Latinos/as was three times higher than whites,<sup>100</sup> and by 2012 “HIV was the seventh leading cause of death among Hispanics/Latinos/as aged 25-34 in the United States and the ninth leading cause of death among Hispanics/Latinos/as aged 35-54.”<sup>101</sup> As for women, “of the total number of estimated new HIV infections among women, 64% (6,100) were in African Americans, 18% (1,700) were in whites, and 15% (1,400) were in Hispanic/Latino/a women.”<sup>102</sup>

It was not until 1993 the CDC “included HIV-related infections specific to women in the AIDS diagnosis criteria, thereby allowing women with AIDS to receive appropriate treatments, economic assistance, and services.”<sup>103</sup> By the mid-1990s, it came to light that Latinas born within and outside of the U.S. were predominantly infected by heterosexual HIV transmission than injection drug use.<sup>104</sup> This pattern has not changed since then. Contemporarily, within the U.S., “eighty-six percent (1,315) of the estimated 1,526 HIV diagnoses among Hispanic/Latino women were attributed to heterosexual contact.”<sup>105</sup> Around 20 years has passed since the recognition that HIV/AIDS was not

---

<sup>100</sup> “HIV Among Hispanic/Latinos,” *cdc.gov*, accessed September 2014, <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

<sup>101</sup> “HIV Among Hispanic/Latinos,” *cdc.gov* accessed September 2014, <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

<sup>102</sup> “HIV Among Hispanic/Latinos,” *cdc.gov*, accessed September 2014, <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

<sup>103</sup> Hortensia Amaro, Anita Raj, Elizabeth Reed, and Monica Ulibarri, “Getting Personal: Progress and Pitfalls in HIV Prevention Among Latinas,” *Psychology of Women Quarterly* 35, no. 4 (2011): 656.

<sup>104</sup> Hortensia Amaro et al., 656.

<sup>105</sup> “HIV Among Hispanic/Latinos,” *cdc.gov*, accessed September 2014, <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

just a gay white man's disease but that it impacted women as well. There is also a continued lack of contextualization and intersectional assessment of the HIV/AIDS epidemic, particularly an examination of citizenship and how it impacts immigrant Latina women.

### **Social Determinants and HIV Risk Factors**

The multiple barriers that immigrant Latinas encounter in accessing HIV/AIDS preventative and treatment services can, in part, be explained by the social and physical determinants of health that this group faces within their own communities. The CDC defined social determinants of health to be “the complex, integrated, and overlapping social structures and economic systems that include the social environment, physical environment, health services and structural and societal factors.”<sup>106</sup> According to Geeta Rao Gupta, Justin O Parkhurst, Jessica A Ogden, Peter Aggleton, and Ajay Mahal,

These factors help shape a context of vulnerability that either contributes to increase individual risk of exposure to HIV or compromises the ability to protect oneself from infection. Mapping the way in which each of these factors increases individual HIV vulnerability is essential to determine the most appropriate type and level of response.<sup>107</sup>

In this context, under the umbrella of social determinants of health, the socio-economic political and environmental disadvantages that immigrant Latinas face multiplies their risk for HIV transmission. From “the trajectory of gender inequality as a super structural factor that affects women's economic participation and culminates in an

---

<sup>106</sup> “Definitions,” *cdc.gov*, accessed January 2016, <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

<sup>107</sup> Geeta Rao Gupta et al., “HIV Prevention 4: Structural Approaches to HIV Prevention,” *The Lancet* (2008): 53.

inability to purchase food and other life necessities,”<sup>108</sup> to the relationship between risk behavior and violence against women,<sup>109</sup> these factors highlights the “social divisions marked by class position, and race/ethnicity, creating strata of extreme vulnerability.”<sup>110</sup>

Other risk factors affecting immigrant Latinas is the distribution of health care for women with HIV/AIDS. This distribution of care manifests itself through the lack of access to care and quality services. As Barbara Rylko-Bauer and Paul Farmer illustrate,

Although recent attention has been directed to the desperate situation and appallingly high AIDS morbidity and mortality in developing countries, there are also AIDS-related disparities by race and class in the United States. These disparities are reflected in both differential risk for infection and in differential risk of complications, both tightly linked to access to prevention services and, for those already infected, to care.<sup>111</sup>

Likewise, assessing healthcare for racialized minority groups are part of a systemic problem that affects immigrant Latinas directly. As Stephen Crystal, Usha Sambamoorthi, Patrick J. Moynihan, and Elizabeth McSpiritt describe,

Despite being in the same payer system, racial and ethnic minorities experienced greater delays in the initiation of PI/NNRTI therapy and were less persistent in their use of these therapies. African Americans experienced 8 months more of delay in the initiation of therapy than whites, and used these therapies 64% of the time after the first prescription, as compared to 72% for whites. Hispanics also had more delay in initiation and less persistent use, as compared to whites.<sup>112</sup>

---

<sup>108</sup> Edwards, Arlene E. and Charles B. Collins, “Exploring the Influence of Social Determinants on HIV Risk Behaviors and the Potential Application of Structural Interventions to Prevent HIV in Women,” *Journal of Health Disparities Research and Practice* 7, no. 2 (2014): 142-143.

<sup>109</sup> Gupta et al., 53.

<sup>110</sup> Farmer, Women, Poverty and AIDS, 26.

<sup>111</sup> Barbara Rylko-Bauer and Paul Farmer, “Managed Care or Managed Inequality? A Call for Critiques of Market-Based Medicine,” *Medical Anthropology Quarterly, New Series* 16, no. 4 (2002): 482.

<sup>112</sup> Stephen Crystal, et al., “Initiation and Continuation of Newer Antiretroviral Treatments among Medicaid Recipients with AIDS,” *Journal of General Internal Medicine* 16, no. 12 (2001): 855.

Within an intersectional framework, the inclusion of citizenship helps to understanding the dynamics of HIV/AIDS transmission within a socio-political economic structural context. Literature shows that undocumented women are at higher risk for HIV/AIDS transmission due to the structural vulnerability they experience when arriving in the new host country.<sup>113</sup> Although, newly arrived immigrants are in better health than Americans,<sup>114</sup> “because HIV prevention messages are relatively common in the U.S.A, more recently immigrated Hispanic women were considered to be more at-risk for HIV than those who had lived in the U.S.A for a longer period of time.”<sup>115</sup>

### **Gender Relations**

The lack of understanding of “power dynamics” within a heterosexual relationship is extremely problematic since it erases the causality of women’s health choices within a broader systemic frame. As Paul Farmer states, “Taken together, the dynamics of HIV infection among women and responses to its advance reveal much about the complex relationship between power/powerlessness and sexuality.”<sup>116</sup>

According to the CDC, “Eighty-six percent (1,315) of the estimated 1,526 HIV diagnoses among Hispanic/Latino women were attributed to heterosexual contact.”<sup>117</sup> While looking into the HIV/AIDS literature, most of the risk factors that situate poor

---

<sup>113</sup> Eduardo E. Valverde et al., “Migration Patterns and Characteristics of Sexual Partners Associated with Unprotected Sexual Intercourse Among Hispanic Immigrant and Migrant Women In the United States.” *Immigrant Minority Health* (2014):1826.

<sup>114</sup> Valverde et al., 1827.

<sup>115</sup> Hernandez, Amy M., et al., “Factors That Influence HIV Risk Among Hispanic Female Immigrants and Their Implications For HIV Prevention Interventions,” *International Journal of Family Medicine* 2012, (2011): 3.

<sup>116</sup> Farmer, *Women, Poverty and AIDS*, 24.

<sup>117</sup> “HIV Among Hispanic/Latinos,” *cdc.gov*, accessed September 2014, <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

women in extreme vulnerability for HIV infections are piled up and grouped into “risky sexual behaviors,” with most of them attributed to the “number” of heterosexual partners they have. Johanna Daily, Paul Farmer, Joe Rhatigan, Joel Katz, and Jennifer Furin explain, “For women such as Flor and Marie Ange, the only risk factor may be the risk behavior of their one and only partner, of whose behavior they may not be fully apprised.”<sup>118</sup> Due to the fact that for most women in poverty “sex can become a strategy for economic and psychological survival both in cases where sex is engaged in purely for money and drugs, and in relationships where women must depend on their sexual partners for food and rent money.”<sup>119</sup> Concerns however arise given the lack of research on HIV/AIDS and immigrant Latinas.

### **Gender Roles**

The dearth of literature on cultural norms of newly arrived immigrants and its direct relationship with HIV/AIDS transmission is certainly worrisome. The dynamics of gender relations among new immigrants takes a different turn within an economic-politicized space within the U.S. The lack of awareness of the impacts of socio-economic political forces upon gender relations among immigrant Latinas brings into question the imperialistic views on research on immigrant Latinas.

Contemporary literature shows the dichotomized understanding of the performance of gender roles on Latino/as living outside of the U.S, as well as newly arrived Latino/as within the U.S. Most literature presents performances of masculinity as

---

<sup>118</sup> Johanna Daily et al., “Women and HIV Infection: A Different Disease?,” in *Women Poverty and AIDS: Sex, Drugs and Structural Violence 2011*, ed. Paul Farmer, Margaret Connors, and Janie Simmons (Monroe: Common Courage Press, 2011), 136.

<sup>119</sup> Sabrina Marie Chase, *Surviving HIV/AIDS in the Inner City: How Resourceful Latinas Beat the Odds* (New Jersey: Rutgers University Press, 2011), 14.



separate from performances of femininity, with no spaces of ambiguities to show. Researchers in a study on HIV among Hispanic women found that, “Hispanic women tended to be submissive about sexual behavior. Because discussing sexuality was culturally prohibited or forbidden, Hispanic women were often reported to have experienced uneasiness and trepidation when discussing the topic.”<sup>120</sup> The absolutist implicit language in this study is vastly shared among literature on immigrant Latinas and the issues of gender relations and HIV/AIDS.

The dearth of literature on Latino/a gender relations and its dynamics has continued the limited view on it being a static, rigid and dichotomized construction of femininity, masculinity, and its relationship. As Ben Sifuentes-Jáuregui tries to explain,

Masculinity and femininity are effects of a patriarchal structure. In Latin America where that patriarchal structure is omnipresent, those gender effects are radicalized and instituted as the phenomena of machismo and marianismo (the cult of the Virgin Mary as the standard for femininity). These gender figurations are not simply opposites; they are complementary, since they both nurture and promote each other’s interest.<sup>121</sup>

Understanding the socio-political, economic, and cultural construction of marianismo and machismo and its dynamics is imperative to the prevention and intervention efforts on HIV/AIDS in immigrant communities. An approach that does not take into consideration the epistemological principles in these constructions promotes the very fundamentally opposing effect of maintaining the unbalanced gender dynamics that increases the transmission of HIV/AIDS through heterosexual contact.

---

<sup>120</sup> Hernandez et al., 6.

<sup>121</sup> Ben Sifuentes-Jáuregui, *Transvestism, Masculinity, and Latin American Literature: Genders Share Flesh* (New York: Palgrave, 2002), 23.

## **Marianismo**

Marianismo has been conceptualized within the dichotomy puta/virgen (whore/virgin), which reduces gender roles of Latinas to solid, rigid, static boxes of sexual and gender expression. The constrictions of the assumptions of Latina's sexual and gender expression are reduced to mere behavioral patterns of submission, sexual purity, domesticity, idealized motherhood, and loyalty to the male gender. For instance, contemporarily, marianismo is still conceptualized under the scrutiny of women's sexuality, placing into "question" her sexual expression in relationship to the male gender. As Sylvia Chant and Nikki Craske describe, "Normative female sexuality is defined not only in relation to men, but is policed by its own dualisms."<sup>122</sup>

The amount of literature on Latinos/as explaining the dichotomized formation of femininity and masculinity and its relationship to HIV/AIDS epidemics should be critically scrutinized since little change has occurred statistically in the fight against HIV/AIDS. This, of course, raises questions about its use and effectiveness in HIV/AIDS prevention and intervention services.

Some researchers have explored and brought to light new understandings related to the colonized concepts of femininity among Latinos/as. These researchers have contextualized the term through the epistemologies and experiences of Latinos/as providing deeper insight. As Roger N. Lancaster illustrates,

This femininity, however, is not simply the direct opposite of masculinity: the one concave where the other is convex, the one passive where the other is active. Clearly, that is the way each perspective in the gender system sees and treats the other –as an inverted mirror image of itself- but it cannot simply be said, as

---

<sup>122</sup> Sylvia Chant and Nikki Craske, "*Gender in Latin America*" (New Brunswick: Rutgers University Press, 2003), 142.

machismo might occasionally maintain, that masculinity is active, femininity passive. That is after all, only the view from within the masculine horizon.<sup>123</sup>

Here, Lancaster goes beyond dichotomies to explain the relationship between and among the gender performances of the sexes. For him, the dominance of the “masculine” in understandings gender relations, including conceptualizations about femininity, constitute another reflection of the hegemonic paradigm of patriarchy. For this to work, the hyper masculinization of the male gender is constructed and reinforced by the dichotomies in contrast to/in opposition to femininity, in order to create clear and exact delimitations and distribution of power.

Also, the fluidity and ambiguity of performances that sexual gendered beings produce helps to understand broader relationships between and among gendered subjects. As Ben Sifuentes-Jáuregui explain, “Woman as subject does not produce the superior macho; rather, femininity (in the Spanish neuter, lo femenino) as a construct held by a homosexual man is what promotes that macho subjectivity.”<sup>124</sup>

The reductionist understandings of marianismo, which are presented by many researchers as a normative expression of Latina’s sexual behavior, have sadly become the basis for HIV/AIDS research, prevention, and intervention programs. To say, “Marianismo encourages women to be sexually passive and submissive, accepting male partner’s decisions on all sexual matters,”<sup>125</sup> is to explain that Latinas’ sexual

---

<sup>123</sup> Roger N. Lancaster, *Life is Hard: Machismo, Danger, and the Intimacy of Power in Nicaragua* (Berkeley: University of California Press, 1992), 93.

<sup>124</sup> Sifuentes-Jáuregui, 153.

<sup>125</sup> Rosina Cianelli, Natalia Villegas, Sarah Lawson, Lilian Ferrer, Lorena Kaelber, Nilda Peragallo, and Alexandra Yaya, “Unique Factors that Place Older Hispanic Women at Risk for HIV: Intimate Partner Violence, Machismo, and Marianismo,” *Journal of the Association of Nurses in AIDS Care*, 24, no. 4 (2013): 343.

behavior is solely a reaction of male dominance or in relationship to the male gender, where Latinas have no agency in negotiating the performances of their sexual behavior. Also, not considering the geo-political and socio-economic forces that influence the performance of gender roles and sexual behaviors among Latinos/as is accepting the cultural essentialist stereotypes placed upon this community. It is imperative that health professionals critically analyze the broader effects of societal issues on the bodies and minds of racialized gendered beings to develop more effective HIV/AIDS prevention and service programs for immigrant Latinas.

### **Machismo**

In addition to the marianismo construct, machismo and its performances has been attributed exclusively to the Latino man, and the implicit nuance within this construction symbolizes a pathologized being whose “behavior is often portrayed as unchangeable and even uncontrollable.”<sup>126</sup> A slim percentage of contemporary literature deviates from a pathologized concept of “machismo” to a more structural approach, where the geo-political, social and economic forces are the basis for their central argument.

Machismo is characterized by many as “male power,”<sup>127</sup> “male dominance and sexual prowess,”<sup>128</sup> “men’s active subjugation of women,”<sup>129</sup> “encouraging multiple

---

<sup>126</sup> Jenny A. Higgings, Susie Hoffman, and Shari L. Dworkin, “Rethinking Gender, Heterosexual Men, and Women’s Vulnerability to HIV/AIDS,” *American Journal of Public Health* 100, no. 3 (2010): 440.

<sup>127</sup> Patricia J. Kissinger and Michele G. Shedlin, “HIV/STI Risk among Latino Migrant Men in New Receiving Communities: A Case Study of Postdisaster New Orleans,” in *HIV Prevention with Latinos: Theory, Research, and Practice 2012*, ed. Kurt C. Organista (New York: Oxford University Press, Inc., 2012), 251.

<sup>128</sup> Hernandez, et al., 1.

sexual partners to demonstrate virility,<sup>130</sup> possessing “risk-taking behaviors, including alcohol and drug use,”<sup>131</sup> and holding “pent-up anger.”<sup>132</sup> Women who live experiencing the effects of “machismo,” very well exemplify these sets of behaviors. They understand the contradictions and ambivalences of the process of this patriarchal system within themselves. However, their experiences and what they have to say about the embodiment of “machismo” seems to be constantly narrowed by the discourses of others. These views are based on the construction of the male gender as an incapable being –because of its pathology- to assume responsibility of his behavior. As Carlos Ulises Decena explains on his studies on Dominican immigrant men, “Pathologized images of Dominican masculinity in New York also contributed to the informant’s perception of Dominican machismo as extreme.”<sup>133</sup>

To create more effective HIV/AIDS intervention and preventions, the predominantly individualistic constrained and pathologized view of Latino masculinity needs updating for it is not well contextualized to include a historical, political, socio-economic, religious and transnational framework. It becomes a political decolonizing act to deeply understand the continuum of the contextual forces that perpetuates the hyper masculinization of Latino men.

---

<sup>129</sup> Geri-Ann Galanti, “The Hispanic Family and Male-Female Relationships: An overview,” *Journal of Transcultural Nursing* 14, no. 3 (2003): 183.

<sup>130</sup> Claudia Moreno, “The Relationship Between Culture, Gender, Structural Factors, Abuse, Trauma, and HIV/AIDS for Latinas,” *Qualitative Health Research* 17, no. 3 (2007): 350.

<sup>131</sup> Higgings, Hoffman, and Dworkin, 439.

<sup>132</sup> Manuel Peña, “Class, Gender, and Machismo: The ‘Treacherous-Woman’ Folklore of Mexican Male Workers,” *Sage Publications, Inc* 5, no. 1 (1991): 38.

<sup>133</sup> Carlos Ulises Decena, *Tacit Subjects: Belonging and Same-Sex Desire Among Dominican Immigrant Men* (Durham & London: Duke University Press, 2011), 184.

For instance, Lancaster conceptualizes machismo as a product of diverse social forces and not just a dichotomized construction in relation to the female gender. He goes on to explain how machismo -as a system- produces, distributes, consumes, from the material representation of its ideological basis. He explains, “Machismo produces and circulates values: the value of men and women....Machismo is a real political economy of the body, a field of power entailing every bit as much force as economic production.”<sup>134</sup>

Some scholars argued that the systematic process of the normalization of machismo’s hegemonic ideology among Latino men is intertwined with the present economic system that has accommodated women in a subordinated status. As Heidi Hartmann states, “The hierarchical domestic division of labor is perpetuated by the labor market, and vice versa. This process is the present outcome of the continuing interaction of two interlocking systems, capitalism and patriarchy.”<sup>135</sup> However, once normalized and interiorized, machismo –a product of a patriarchy system- became its own system; a system with the capacity to produce and reproduce its own political economy within gender relations. To this, Roger N. Lancaster states,

Machismo, therefore, is more than an ‘effect’ produced by other material relations. It has its own materiality, its own power to produce effects. The resilience of machismo as a system has nothing to do with the tendency of ideological system to ‘lag’ behind changes in the system of economic production, for machismo is more than a ‘reflection’ of economic practices. It is its own economy.<sup>136</sup>

---

<sup>134</sup> Roger N. Lancaster, 236.

<sup>135</sup> Heidi Hartmann, “*Capitalism, Patriarchy, and Job Segregation by Sex*,” *Signs* 1, no. 3 (1976): 139.

<sup>136</sup> Roger N. Lancaster, 236.

Within this context, considering the fluidity in which markets are able to cross around the globe without restrictions, the transnational aspect of the contemporary political economy should be viewed as a direct participant in the production and reproduction of “machismo” and its diverse ways of representation. Namely, the fluidity in which patriarchal practices have navigated borders through crossing economies shows the variability and constant modification of “machismo.” As Pierrette Hondagneu-Sotelo explains,

The cultural-continuity model wrongly assumes that there is a uniform, static patriarchal culture that immigrants carry from the old country. In reality, patriarchal relations in Mexican families...take various forms and are modified by a range of pressures.<sup>137</sup>

### **Transnational Context of Machismo**

As neoliberal economic restructuring rapidly accentuated the decline of the Mexican economy, the calculated imposition of poverty coerced people to abandon or sell their land, forcing families to move to more industrialized areas, or outside of the country. Mexican migration into the U.S. has steadily increased since the 1970s, “in the late 1990s, when immigration levels were quite high, immigrant workers made up 46 percent of the growth of the labor force, while native workers made up 54 percent.”<sup>138</sup> This increase has produced insecurity among the American white working class. As Aihwa Ong states,

The loss of guarantee of a good job meant a ‘broken covenant’ that stripped men of their self-respect; the loss of access to a good life was further compounded by

---

<sup>137</sup> Pierrette Hondagneu-Sotelo, *Gendered Transitions: Mexican Experiences of Immigration* (Berkeley and Los Angeles: University of California Press 1994), 15.

<sup>138</sup> Singer, Audrey, “Immigrant Workers in the U.S Labor Force,” *Brookings*, accessed September, 2014. <http://www.brookings.edu/research/papers/2012/03/15-immigrant-workers-singer>

the deprivations and insecurity suffered by their families. Many were bewildered and no longer sure what the 'cultural rules' were for reversing this downward slide.<sup>139</sup>

In this context, within labor spaces in the new host country, undocumented men find themselves being radically challenged about their masculinity by the dominant white male working class, as Roger N. Lancaster explains, "It is a means of structuring power between and among men."<sup>140</sup> Thus, the accentuation of patriarchal traits in the performance of masculinity by migrant Mexican men is understood as a means "to recuperate their patriarchal claims."<sup>141</sup>

Consequently, factors that shape the rearticulation of gender relations within the host country are manifested through a diverse set of behaviors and attitudes that may increase the risk for HIV/AIDS transmission among immigrant Latinas. As Abreu, S. A. C. Sala and E. M. Candelaria refer, "They identified promiscuity, unprotected sex, infidelity, drug and alcohol use, and sharing syringes as behaviors which would place them at risk of HIV/AIDS transmission."<sup>142</sup> Research shows that women perceived themselves at higher risk for HIV/AIDS transmission even though they maintain

---

<sup>139</sup> Aihwa Ong, *Neoliberalism as Exception: Mutations in Citizenship and Sovereignty* (Durham: Duke University Press, 2007), 172.

<sup>140</sup> Roger N. Lancaster, 236.

<sup>141</sup> Deborah Cohen, "From Peasant to Worker: Migration, Masculinity, and the Making of Mexican Workers in the US," *International Labor and Working-Class History*, no. 69 (2006): 89.

<sup>142</sup> Abreu, S. A. C. Sala and E. M. Candelaria, "Understanding the Barriers that Reduce the Effectiveness of HIV/AIDS Prevention Strategies for Puerto Rican Women Living in Low-income Households in Ponce, PR: A Qualitative Study," *Immigrant Minority Health* 12 (2010): 83.



monogamous relationships,<sup>143</sup> however, “some acknowledged their concern about HIV risk because of their partner’s other relationships.”<sup>144</sup> As Pierrette Hondagneu-Sotelo explains in regards to promiscuity among Mexican immigrant men, “As the Mexican immigrant community grew to include more women by the late 1960s and 1970s, the sojourner husbands sometimes discovered opportunities to pursue extramarital sexual adventures and live-in relationships.”<sup>145</sup> Thus, the political economies that shape migration will influence and re-shape gender performance, gender relations and sexual relations, and its direct relationship with HIV transmission.

### **Prevention Efforts**

The heterogeneity of patriarchal performances, as well as the fluidity and ambiguity of gender relations produced by spatial mobility, should serve as the basis for research, prevention, and education on HIV/AIDS. However, the implicit binary language used by researchers to explain Marianismo and Machismo among Latinos/as is also used in prevention efforts, perpetuating cultural essentialists views about Latinos within the HIV/AIDS movement.

The repercussion of these assumptions could be extremely damaging while creating prevention and intervention programs for immigrant Latinas in the U.S. As it is exemplified by Claudia Moreno’s understanding on HIV, gender and Latinas,

In the context of HIV, marianismo can act as a protective factor, because it aims for sexual exclusivity and proscribes promiscuity. Nevertheless, it can also be considered an influencing risk factor for HIV, because these cultural scripts make

---

<sup>143</sup> Michele G. Shedlin, Carlos Ulises Decena, and Denise Oliver-Velez, “Initial Acculturation and HIV Risk among New Hispanic Immigrants,” *Journal of the National Medical Association* 97, no. 7 (2005): 36.

<sup>144</sup> Michele G. Shedlin, et al., 36.

<sup>145</sup> Hondagneu-Sotelo, 108.

it inappropriate for women to discuss sex with their partners, ask about sexual histories, learn about protection, and negotiate condom use.<sup>146</sup>

To this, Jenny A. Higgings, Susie Hoffman, and Shari L. Dworkin describe how the women's vulnerability paradigm to HIV/AIDS failed to include men's behavior in the conversation of HIV/AIDS, "the paradigm applies gendered, structural understandings and interventions to women's behaviors but not to men's, especially heterosexual men's."<sup>147</sup> Much of the prevention literature excludes men's participation. This act makes it difficult to address issues of power and dominance over women. As Jenny A. Higgings, Susie Hoffman, and Shari L. Dworkin explain, "Heterosexual men are disadvantaged by a model that negates men's health risks and fails to address how masculinity can be harmful to their own and women's health."<sup>148</sup> In contrast, successful prevention efforts among Latinas are based on the implementation of "gender, culturally, and linguistically"<sup>149</sup> specific education programs, as well as the used of bicultural personnel to facilitate those.<sup>150</sup>

Adding to this situation is an array of poorly developed HIV/AIDS prevention efforts. There is minimum effort used to "identify the most efficacious methods for dissemination"<sup>151</sup> of education material, indicating a clear lack of collaboration among

---

<sup>146</sup> Moreno, 349.

<sup>147</sup> Higgings, Hoffman, and Dworkin, 435.

<sup>148</sup> Higgings, Hoffman, and Dworkin, 441.

<sup>149</sup> Monica D. Ulibarri, Anita Raj, and Hortensia Amaro, "Love, Sex, and Power Revisited: The Integration of a Gendered Context in HIV Prevention among Latinas," in *HIV Prevention With Latinos: Theory, Research, and Practice 2012* ed. by Krt C. Organista (New York: Oxford University Press, 2012), 71.

<sup>150</sup> Ulibarri, Raj, and Amaro, 71.

<sup>151</sup> Ulibarri, Raj, and Amaro, 73.

organizations to integrate HIV/AIDS education “into the context of other services.”<sup>152</sup>

Moreover, the exclusion of the relationship between HIV risk and experiences of “inequality and discrimination” within program design<sup>153</sup> has become part of the norm in the construction of HIV/AIDS prevention programs, questioning the impact and efficiency of these common programs.

Also, the use of surface structure HIV prevention programs, which involves “matching intervention materials and messages to observable, ‘superficial’ characteristics of a target population,”<sup>154</sup> has dominated the overall strategies on the prevention field, providing problematic models to follow for future prevention strategies. As Hortensia Amaro, Anita Raj, Elizabeth Reed, and Monica Ulibarri explain, “Prevention intervention studies continue to be characterized by previous problems of inadequate samples of Latinas, thereby also limiting their ability to analyze the efficacy of such intervention for Latinas specifically.”<sup>155</sup>

---

<sup>152</sup> Ulibarri, Raj, and Amaro, 74.

<sup>153</sup> Rafael M. Díaz, Jorge Sánchez, and Kurt Schroeder, “Inequality, Discrimination, and HIV Risk: A Review of Research on Latino Gay men,” in *HIV Prevention With Latinos: Theory, Research, and Practice 2012* ed. by Kurt C. Organista (New York: Oxford University Press, 2012), 135.

<sup>154</sup> Miriam Y. Vega and Lina Cherfas, “The Landscape of Latina HIV Prevention Interventions and Their Implementation: Cultural Sensitivity in Community-Based Organizations,” in *HIV Prevention With Latinos: Theory, Research, and Practice 2012* ed. by Kurt C. Organista (New York: Oxford University Press, 2012), 331.

<sup>155</sup> Amaro et al., “Getting Personal: Progress and Pitfalls in HIV Prevention Among Latinas,” *Psychology of Women Quarterly* 34, no. 4 (2011): 664.

## Neoliberalism

The neoliberal program accentuated in the 1970s with pro-business activism,<sup>156</sup> instituted a series of policies to “continue upward distribution of resources”<sup>157</sup> and to consolidate “practices of economic, political and cultural imperialism”<sup>158</sup> within the U.S. and in the global market. Lisa Duggan explains, “Neoliberalism developed over many decades as a mode of polemic aimed at dismantling the limited U.S. welfare state, in order to enhance corporate profit rates.”<sup>159</sup> That is to say, neoliberal rhetoric’s functionality acted as an uncontested paramount of economic re-articulations, in which the embodiment of these socio-economic and political constructions materialized “the rearticulation of hierarchies of race, gender, and sexuality in the United States and around the globe.”<sup>160</sup>

In a world of globalization dominated by transnational corporations, in conjunction with capitalist elites from developing countries, the borders –and other agricultural sites- became a political economic zone destined to serve as a means to acquire surplus value from the means of production and the labor power from de-territorialized racialized gendered classed beings. An explicit example of this is the case of the Mexican-United States border, and other geographical spaces within Mexico.

---

<sup>156</sup> Lisa Duggan, introduction to *The Twilight of Equality? Neoliberalism, Cultural Politics, and the Attack on Democracy* (Boston: Beacon Press, 2003), XI.

<sup>157</sup> Lisa Duggan, XII.

<sup>158</sup> Lisa Duggan, XIII.

<sup>159</sup> Lisa Duggan, XI.

<sup>160</sup> Lisa Duggan, 14.

The establishment of NAFTA<sup>161</sup> and the consolidation of the Institutional Revolutionary Party (PRI) which “represented, or in practice, controlled the main sectors of Mexican society –workers, farmers, the military, and the ‘popular’ sector (which included government employees and professionals),” managed to foster a nationalist sentiment that would “institute a state-directed development program as a means to increase its share of the world market in agriculture (and later oil) and fund the modernization of Mexico.”<sup>162</sup> Under this process, ideologically dominated by capitalist interest, Mexico shifted from “import substitution industrialization”<sup>163</sup> to “industrialization through foreign direct investment,”<sup>164</sup> attracting outside capitalist competitors for investing through the offering of low wage labor.<sup>165</sup> As a result, certain geographic areas were strategically marked and fragmented to overtly exploit the work of lower skill workers through the disfranchisement of any political right within a geopolitical space.

Aihwa Ong explains,

Market-driven logic induces the coordination of political policies with the corporate interests, so that developmental decisions favor the fragmentation of the national space into various noncontiguous zones, and promote the differential regulation of populations who can be connected or disconnected from global circuits of capital.<sup>166</sup>

Within this context, Mexico’s new economic system served as the catapult for its citizens into the United States. As the need for labor force grew within the U.S, Jennifer

---

<sup>161</sup> David Bacon, *Illegal People: How Globalization Creates Migration and Criminalizes Immigrants* (Boston: Beacon Press, 2008), 51-81.

<sup>162</sup> Justin Akers Chacon and Mike Davis, *No One is Illegal: Fighting Racism and State Violence on the U.S.-Mexico Border* (Chicago: Haymarket Books, 2006), 109.

<sup>163</sup> Akers Chacon and Davis, 115-122.

<sup>164</sup> Akers Chacon and Davis, 115-122.

<sup>165</sup> Bacon, 59.

<sup>166</sup> Aihwa Ong, introduction to *Neoliberalism as Exception: Mutations in Citizenship and Sovereignty* (Durham: Duke University Press, 2007), 77.

S. Hirsch and Emily Vasquez explain, “The lust of the American consumer for cheap protein, housing, and berries, for manicured hands and just as neatly manicured lawns, contributes to the maintenance of a migration regime dependent upon low-cost (and therefore necessarily undocumented) migrant labor.”<sup>167</sup> Mexican immigrant labor then became essential for the new economic system based on the overt exploitation of the new incoming labor force, necessary for the “consolidation of capitalism.”<sup>168</sup> As Mae M. Ngain explains, “The economic structure of migratory wage-labor produced other contradictions, as well. Growers wanted not only seasonal workers. They also wanted a labor surplus so they could obtain workers on demand, at low wages, and in plentiful supply to pick their crops early and quickly.”<sup>169</sup>

The heterogeneity of the spaces within the U.S., where the new labor force was situated, explains in depth the establishment of specific socio-political economic relationships with localized immigrant workers. These spaces welcomed immigration policies without contention, placing immigrant bodies spatially and politically in the peripheries of the socio-economic and political life, overwhelming dominated by the white privileged ruling class.

---

<sup>167</sup> Jennifer S. Hirsch and Emily Vasquez, “Mexico-U.S. Migration, Social Exclusion, and HIV Risk: Multisectoral Approaches to Understanding and Preventing Infection,” in *HIV Prevention With Latinos: Theory, Research, and Practice 2012* ed. by Krt C. Organista (New York: Oxford University Press, 2012), 111.

<sup>168</sup> Akers Chacon and Davis, 125.

<sup>169</sup> Mae M. Ngain, *Impossible Subjects: Illegal Aliens and the Making of Modern America* (Princeton: Princeton University Press, 2005), 135.

Becoming employed within the diverse spectrum of jobs in the secondary labor market,<sup>170</sup> immigrants that possess some sort of documentation that proves their “legal” entry to the U.S. have limited rights.<sup>171</sup> While undocumented immigrants “who slip into the country have no legal or social rights.”<sup>172</sup> As Justin Akers Chacon and Mike Davis explain, “Neoliberal immigration policy involved the planned influx and absorption of immigrants, though they have been stigmatized, denaturalized, and disempowered by the legislative process of ‘illegalization’.”

Within the host country, the reduction of political rights of the new labor force “have been implemented in and through culture and politics, reinforcing or contesting relations of class, race, gender, sexuality, ethnicity, religion, or nationality.”<sup>173</sup> Therefore, spaces where undocumented immigrant workers established themselves to create a community within, find themselves facing the institutionalized obstruction to education, shelter, environmental justice, food security, and health care, even though they constitute 16.4% of the total labor force in the U.S.<sup>174</sup> As for the distribution of jobs for immigrant workers within the U.S., Justin Akers Chacon and Mike Davis explain,

According to a 2005 Labor Department survey, they’re [undocumented workers] a quarter of workers in the meat and poultry industry, 24 percent of dishwashers, and 27 percent of drywall and ceiling tile installers...about 24 percent of all farming jobs are held by the undocumented, 17 percent of cleaning jobs, 12

---

<sup>170</sup> Caridad Souza, “Race, Class and Gender” (Ethnic Studies, Fort Collins, November 2013)

<sup>171</sup> Aihwa Ong, *Neoliberalism as Exception: Mutations in Citizenship and Sovereignty* (Durham: Duke University Press, 2007), 79.

<sup>172</sup> Aihwa Ong, 79.

<sup>173</sup> Lisa Duggan, introduction to *The Twilight of Equality? Neoliberalism, Cultural Politics, and the Attack on Democracy* (Boston: Beacon Press, 2003), XIV.

<sup>174</sup> <http://www.brookings.edu/research/papers/2012/03/15-immigrant-workers-singer>

percent of food preparation, and about 31 percent overall work in the service industry.<sup>175</sup>

The reduction of undocumented immigrant labor to the secondary labor market is the precise causation of politically motivated actions to “favor profitability over social sustainability –the interests of corporations and investors over those of workers, indigenous peoples, the world’s poor, and the environment.”<sup>176</sup>

In addition, neoliberalism’s ideological foundations of personal responsibility, self-governing, self-interest, and privateness, provides the “rational” foundation for the subordination of bodies from specific geo-economic socio-political spaces. The de-contextualization of structural forces experienced by undocumented immigrant workers is the normalization of a particular rationality based on individualistic dogmas, with the purpose of reducing their socio-political economic displacement to a mere individualistic behavioral yearns. As Lisa Duggan explains, “The specific spin on this cultural project was the removal of explicitly racist, misogynist language and images, and the substitution of the language and values of privatization and personal responsibility.”<sup>177</sup> Therefore, the insertion of these values is manifested by the exoneration or completely negation of responsibility of the political economy systems that sustain the ‘bare life’ conditions of undocumented workers within spaces of governability.<sup>178</sup> It places, at all times, the doctrine of responsibility and fault to the politically marginalized individual whose product of labor does not allow them to even maintain optimum conditions of subsistence. As Mae M. Ngain explains, “Undocumented immigrants are at once

---

<sup>175</sup> Akers Chacon and Davis, 157.

<sup>176</sup> Akers Chacon and Davis, 89.

<sup>177</sup> Lisa Duggan, 16.

<sup>178</sup> Aihwa Ong, 22.



welcome and unwelcome: they are woven into the economic fabric of the nation, but as labor that is cheap and disposable.”<sup>179</sup>

Within this context, researchers had found the vulnerability that undocumented immigrants experience within the host country is amplified by the intersections of ethnicity, race, gender, nationality, sexuality, and citizenship. Latina immigrants are incorporated into neoliberal labor market spaces where, “foreign-born Latinas make up about 68 percent of nannies, housekeepers, and house-cleaners in major population centers.”<sup>180</sup> As Aihwa Ong explains, “Ethnicized production networks depend on disciplinary institutions of ethnic enclaves, factories, and families to instill feminine values of loyalty, obedience, and patience, and to mold docile labor.”<sup>181</sup> Sadly, labor markets are transformed to maximize surplus value from the gendered immigrant bodies, as well as to normalize attributes of femininity to specific sectors of labor, intended to assert total domain of these markets and its labor force. This situation has a dire impact upon immigrant women’s access to healthcare.

### **U.S Health Care System**

During the 1980s, a series of economic reforms were established to produce economic growth within the country. These reforms included the elimination of social programs for the poor, by normalizing a rational of “socially responsible civil society” and highly advocating for the privatization of the economy.<sup>182</sup> Namely, the United States was solidifying its neoliberal interventionist program where the health care system was

---

<sup>179</sup> Ngain, 2.

<sup>180</sup> Justin Akers Chacon and Mike Davis, 157.

<sup>181</sup> Aihwa Ong, 124.

<sup>182</sup> Lisa Duggan, 10.

just another institution to be touch upon. As Barbara Rylko-Bauer and Paul Farmer explain,

The ascendancy of neoliberal economic and social policies in the 1980s and 1990s, ultimately manifested in welfare 'reform' and the devolution of federal responsibility for social services, accelerated state-level efforts to enroll Medicaid beneficiaries in managed care plans run by both nonprofit and commercial organizations.<sup>183</sup>

Within this period, "market oriented reforms", "financial disclosure," "pro-HMO legislation," and "rate setting and review legislation," characterized the restructuring of the health care system.<sup>184</sup> However, neither the public sector nor those in legislation questioned the implications of these changes on vulnerable populations. By the 1990s, the new set of economic re-adjustments transformed the health care system. The introduction of consumer-driven health care as solution to the contemporary market-based health care system served as a platform of the consolidation of neoliberal ideologies, accentuated by the Bush administration in 2003, where "privatization" and "personal responsibility" were the symbolic conceptions to be implement within the health care system as an economic project, as well as the ingraining of ideologies of individualism.

In theory, the consumer-oriented health care system was supposed to provide "options" to patients to be able to actively participate in the management of care. Key terms introduced during this period were: control, choice and information.<sup>185</sup> By taking

---

<sup>183</sup> Rylko-Bauer and Farmer, 488.

<sup>184</sup> Beth Mintz and Donald Palmer, "Business and Health Care Policy Reform in the 1980's: The 50 States," *Social Problems* 47, no. 3 (2000): 329, 330.

<sup>185</sup> Regina E. Herzlinger, introduction to *Consumer-Driven Health Care: Implications for providers, payers, and policymakers 2004*, ed. Regina Herzlinger (San Francisco: John Wiley & Sons, Inc., 2004), XXII.

into consideration the key terms to the new era of the health care system, how is the new regime was suppose to work for those that do not have the privilege to make choices to control their faith, and to receive information within a hyper bureaucratic system?

As Joseph White refers, “Meanwhile, coverage for the needy through the Medicaid program declined from 12.7 percent of the population in 1994 to 10.5 percent in 1999, because of both the good economy (which reduced need) and the ‘welfare reform’ that reduced participation in Medicaid.”<sup>186</sup> These changes solidified the country’s elite finances, through the cut of indispensable social programs for the poor, resulting in extreme health disparities in regards to race, class, gender, and citizenship.

The outrageous baseless jump of healthcare cost in the U.S. in the last 30 years marks the consolidation of capitalism, the expansion of the neoliberal agenda through the de-regulation of the health care system, limited welfare state, and privatization of public enterprises.<sup>187</sup> Joseph White describes, “The data on premiums paid by large insurers show that premiums grew more quickly than costs from 1990 through 1995, more slowly from 1995 through 2000, and then much more quickly from 2001 to 2003. Through 2005, they continued to increase a bit faster than costs.”<sup>188</sup>

For Joseph White, the “market incentives” has altered “the cost of, quality of, and distribution of access to American health care.”<sup>189</sup> For the author, “supplier’s individual

---

<sup>186</sup> Joseph White, “Markets and Medical Care: The United States, 1993-2005,” *The Milbank Quarterly* 85, no. 3 (2007): 408.

<sup>187</sup> Sue McGregor, “Neoliberalism and Healthcare,” *International Journal of Consumer Studies* 25, no. 2 (2001): 85.

<sup>188</sup> White, 407.

<sup>189</sup> White, 400

pursuit of profit”<sup>190</sup> and the “extensive shopping for care, whether by individuals or agents for individuals,”<sup>191</sup> have consistently exacerbated the inability to provide equitable services for the population. Instead, it has deepened an already broken system, resulting in an extended crisis where the escalated cost of medical services has increased the amount of uninsured, creating obstacles for the accessibility of health care. As Barbara Rylko-Bauer and Paul Farmer explain,

Although exact numbers are not available, it is probably safe to estimate that over 80 million people in the United States are either uninsured, unstably insured, or underinsured. To put it another way, at least 30 percent of the population in the wealthiest country in the world lacks access to health care.<sup>192</sup>

In addition, the quality of medical care produced by the contemporary health care system is vastly contested. According to Fred Goldstein, “Statistics on infant mortality rates show that the people in socialist Cuba, as poor as that country is, have better health care than the masses in the central cities and rural areas of the United States,”<sup>193</sup> To this, Donald W. Light explains, “The United States ranked lowest in both efficiency and effectiveness measures, as experienced by patients. Equity was also lowest in the United States among patients with above-average incomes, and the equity gap is substantially wider among patients with low-average income.”<sup>194</sup>

The normalization of the neoliberal ideological system within society helped to transform health care as a “private” issue, where an individual is the lone person

---

<sup>190</sup> White, 401.

<sup>191</sup> White, 401.

<sup>192</sup> Rylko-Bauer and Farmer, 481.

<sup>193</sup> Fred Goldstein, *Low Wage Capitalism: What the New Globalized High-Tech imperialism means for the Struggle in the U.S.* (New York: World View Forum, 2008), 106.

<sup>194</sup> Donald W. Light, “Introduction: Ironies of Success: A New History of the American Health Care ‘System’,” *Journal of Health and Social Behavior* 45, (2004): 2.

responsible for the acquisition and management of it. Derived from this system are numerous health inequalities and disparities. As Lisa Duggan explains, “Inequalities are routinely assigned to ‘private’ life, understood as ‘natural,’ and bracketed away from consideration in the ‘public’ life of the state.”<sup>195</sup>

Within this context, immigrant workers were at the expense of a market driven care, where life is a matter of disposability within the contemporary labor force worsening the ability to provide care for themselves and family members. As Mark Schlesinger refers, “Minorities who lack financial resources will have little voice in the market... Those who face discrimination lose much of their free choice.”<sup>196</sup> Barbara Rylko-Bauer and Paul Farmer share the same conclusion,

In fact, what is largely missing from analyses of managed care and other forms of market-based medicine and neoliberal health policy is the patient’s perspective and experience.... especially on those who are poor or politically and economically disenfranchised.<sup>197</sup>

The disenfranchisement of immigrants from any political rights within the health care system creates the perfect environment where structural vulnerability engenders the “diseases of the others,” which within a neoliberal rational, is a mere consequence of “risk behaviors” and “choices” made by members of vulnerable populations. Under the neoliberal system, the “diseases of the others” will not be situated as a direct consequence of the market driven health care system and the embodiment of the structural vulnerability. For example, as several studies show, the main barrier for

---

<sup>195</sup> Duggan, 5.

<sup>196</sup> Mark Schlesinger, “Paying the Price: Medical Care, Minorities, and the Newly Competitive Health Care,” *The Milbank Quarterly* 65, part 2 (1987): 270.

<sup>197</sup> Rylko-Bauer and Farmer, 490.

Latinos/as in accessing health care within the U.S. is the lack of health insurance,<sup>198</sup> for they are two to five times more likely to be uninsured than white Americans.<sup>199</sup>

### **Affordable Care Act (ACA)**

With recent changes to overturn the commercialization of health care and poor health outcomes among Americans, many have been asking questions about the impact of these reforms on minority populations, and how and if those will shorten the gap on health disparities. The Patient Protection and Affordable Care (ACA) is a recent change that was designed to get more Americans insured but has proven to be problematic for immigrants. Approval of the ACA by the U.S. Congress in March of 2010,<sup>200</sup> by far, has been one of the most progressive pieces of legislation to reduce economic barriers to care, increase insurance coverage, increase health care quality and efficiency, and to increase accessibility to primary and preventative care.<sup>201</sup> Put into effect on January of 2014, this bill requires U.S citizens and legal residents to acquire health insurance.<sup>202</sup> Under this bill, the expansion of Medicaid is applied to families with less than 133% of the federal poverty level,<sup>203</sup> providing premium credits (subsidies) to

---

<sup>198</sup> Borders, Tyrone F., et al., "Parents' Reports of Children's Medical Care Access: Are There Mexican-American versus Non-Hispanic White Disparities?," *Medical Care* 42, no. 9 (2004): 884.

<sup>199</sup> Sadye Paez Errickson et al., "What will Health-Care Reform Mean for Minority Health Disparities?," *Public Health Reports* 126, no. 2 (2011): 173.

<sup>200</sup> Scott E. Harrington, "U.S. Health Care Reform: The Patient Protection and Affordable Care Act," *The Journal of Risk and Insurance* 77, no. 3 (2010): 703.

<sup>201</sup> Sara Rosenbaum, "The Patient Protection and Affordable Care Act: Implications for Public Health, Policy and Practice," *Public Health Reports* 126, no. 1 (2011): 130.

<sup>202</sup> Harrington, 703.

<sup>203</sup> Rosenbaum, 131.

families or individual with income between 133% to 400% of the FPL,<sup>204</sup> and “reduces cost sharing for persons with incomes up to 400% of the FPL”.<sup>205</sup>

Under this reform, the expansion of Medicaid would directly benefit minority populations, especially Latinos/as/Hispanics, who are “at highest risk for being uninsured.”<sup>206</sup> Since economic barriers are directly related to minority populations’ inability to obtain health insurance the Affordable Care Act is “aimed at reducing financial barriers to care,”<sup>207</sup> which is a step toward eliminating “the health disparities that have plagued racial/ethnic minority groups.”<sup>208</sup>

The ACA is expected to enact specific and diverse activities to achieve health equity. For Sadye Paez Errickson, Mayra Alvarez, Ralph Forquera, Tony L. Whitehead, Anthony Fleg, Tracey Hawkins, Dorothy C. Browne, M. Cookie Newsom, and Victor J. Schoenbach explain,

The Affordable Care Act contains specific provisions to promote access to a regular source of adequate and timely health care, such as the expanded funding for community health centers offering comprehensive services in one place, the ‘medical home’ option for Medicaid enrollees with chronic conditions, and the funding to train community health workers to educate their communities on how to protect their health and monitor their chronic diseases.<sup>209</sup>

---

<sup>204</sup> Harrington, 704.

<sup>205</sup> Harrington, 704.

<sup>206</sup> Cathy Schoen, et al., “Affordable Care Act Reforms Could Reduce The Number of Uninsured US Adults by 70 Percent,” *Health Affairs* 30, no. 9 (2011): 1765.

<sup>207</sup> Sadye Paez Errickson et al., “What will Health-Care Reform Mean for Minority Health Disparities?,” *Public Health Reports* 126, no. 2 (2011): 173.

<sup>208</sup> Paez Errickson et al., 173.

<sup>209</sup> Paez Errickson et al., 174.

While these provisions “are intended to increase both access to and the affordability of care for underserved populations,”<sup>210</sup> the projection of its expansion does not account those excluded by citizenship status. As Cathy Schoen Cathy, Michelle M. Doty, Ruth H. Robertson, and Sara R. Collins explain,

The analysis found that substantial majority (79 percent) of adults with incomes below 133 percent of poverty spent 5 percent of their income or more on premiums or were underinsured or uninsured, or both, in 2010. All of these people would probably benefit from relief for premiums and from enhanced benefits if eligibility for Affordable Care Act reforms were based only on income. However, they will also need to meet standards for citizenship.<sup>211</sup>

Under the ACA, “poor citizens or lawfully residing immigrants who have been in the country for more than five years,”<sup>212</sup> and meet the income guidelines, are eligible for Medicaid extension. However, accessibility, as a construct that symbolizes an activity towards health equity, becomes questionable, since poor immigrants are “required to pay at least 2 percent of their incomes for premiums.”<sup>213</sup>

Hispanics comprise 33.3% of uninsured within the U.S., which is the highest percentage of uninsured from any racial and ethnic group.<sup>214</sup> After full implementation of the Affordable Care Act, “undocumented immigrants are projected to constitute the second-largest group among the uninsured.”<sup>215</sup> As Steven P. Wallace, Jacqueline M. Torres, Tabashir Z. Nobari, and Nadereh Pourat explain, “undocumented immigrants

---

<sup>210</sup> Howard K. Koh, et al., “Reducing Racial and Ethnic Disparities: The Action Plan From the Department of Health and Human Services,” *Health Affairs* 30, no. 10 (2011): 1823.

<sup>211</sup> Schoen, et al., 1768.

<sup>212</sup> Lisa Clemans-Cope et al., “The Affordable Care Act’s Coverage Expansions Will Reduce Difference in Uninsurance Rate by Race and Ethnicity,” *Health Affairs* 31, no 5 (2012): 921.

<sup>213</sup> Clemans-Cope et al., 921.

<sup>214</sup> Clemans-Cope et al., 923.

<sup>215</sup> Clemans-Cope et al., 926.



are estimated to account for 24.5 percent of the remaining uninsured population in the United States by 2016.”<sup>216</sup>

In this context, the benefit of the ACA for racial/ethnic communities is questionable, due to the disadvantages that the reform brings to immigrants, documented and undocumented. By all means, the ACA is a significant piece of legislation geared toward making health care more affordable, accessible and of higher quality for all Americans. This includes previously uninsured Americans, and Americans who had insurance that didn't provide them adequate coverage. Nevertheless, for immigrant Latinos/as accessibility is still as much part of the structural barrier that prevents them from accessing to care due to their citizenship status.

---

<sup>216</sup> Steven P. Wallace et al., “Undocumented and Uninsured: Barriers to Affordable Care for Immigrant Populations,” *UCLA Center for Health Policy Research*, (2013): 11.

## **CHAPTER FIVE**

### **FINDINGS AND DISCUSSION**

Five major themes arose from this study: (1) barriers to health care services, (2) HIV/AIDS-related stigma and discrimination (3) machismo, (4) Latina sexuality, and (5) knowledge of community resources. Within these major themes were layers of subcategories. Collectively these findings provide insight into the needs of HIV/AIDS services for Latina women in San Miguel County, Colorado.

#### **Major Theme 1: Barriers to Health Care**

A major theme that arose in this study was access to health care services with barriers to care as a major subtheme. During the focus groups participants expressed openly their frustrations with a number of barriers to accessing health care services within their community. While women recognized the availability of some important health care services for them and their families, barriers such as lack of HIV/AIDS knowledge, economics, and patient-doctor relationships were prominent.

#### **Lacking of HIV/AIDS Knowledge (subcategory)**

Throughout the focus groups women talked about their understandings on HIV/AIDS, indicating some knowledge on the issue. But, the lack of knowledge was found to be a major subcategory within the major theme of access to health care.

In the focus groups participants debated among themselves about the etiology of HIV/AIDS. Some women demonstrated a lack of knowledge of HIV and AIDS,

“Que el sida es cuando se te desarrolla el virus, y el VIH es que tienes la bacteria”

“Yo he sabido que se desarrolla entre 5 a más años. Es cuando empiezas a darte cuenta que tienes esa enfermedad o bacteria”

“I have heard that [ADIS] develops between 5 to more years. It’s when you start realizing you have the disease or bacteria”

“AIDS is when you developed the virus, and HIV is when you have the bacteria”

Showing a lack of further information, some women spoke about the different ways they thought HIV was transmitted. Several participants showed some knowledge on HIV/AIDS transmission with one woman declaring,

“Pues, que es una enfermedad que se transmite a través de relaciones sexuales”

“Well, it is a disease that is transmitted through sexual intercourse”

“Se trasmite también a través de inyectándose con una misma aguja de otra persona que esta contaminada del VIH”

“It is also transmitted by using the same needle of a person who has HIV”

However, confusion about the transmission of HIV through saliva, plates, or toilets was also prevalent among the participants. The following conversation illustrates the women’s debate, and lack of clear knowledge, on the transmission of HIV through saliva,

“Yo lo que he tenido duda que decían que también era, se podía contagiar por transmission de saliva”

“Yo tengo entendido que no”

“I have a doubt because they used to say it could be transmitted through saliva”

“My understanding is you can’t”

Participants’ perception of the lack of access to information on HIV/AIDS was clear and they showed their frustration over the manner in which public health institutions transmitted information to them. For example, when one participant shouted, “Pues que no nos informan” (Because they don’t inform us), all women in the focus group loudly affirmed this woman’s statement. Another woman described,

“Como que nos dijeran, ‘bueno tenemos este servicio disponible.’ Ir a la clínica, que te informen varias cosas...Habían de darle información esa, verdad?!, aunque no quiera uno!”

“If they could say to us, ‘well, we do have this service available.’ To go to the clinic so they can inform you of various things...They should give you that information, no?!, even if you don’t want it”

Participants also commented on their difficulties in accessing other types of health information outside of HIV/AIDS. One woman noted how she wanted more health information,

“Que te informen de lo que te esta pasando, que no no más te digan, ‘normal.’ Pero qué es normal? Que te expliquen un poquito más. Qué lo provoca?...Osea, si eso es en cuestiones de cosas más fáciles, pues que te esperas de una enfermedad tan grave como es el sida?!”

“To be inform of what is happening with you, not just to hear ‘normal.’ But, what is normal? They should explain a little more. What is the cause [of a health problem]? I mean, if this happens with simple questions, what can you expect with a very serious disease like AIDS?!”

The distribution of information related to HIV/AIDS was discussed in great detail among focus group participants and they pondered the various methods in which they could be informed but were not. The women continuously commented on the lack of HIV/AIDS “platicas” (talks),

“Pues aquí no se escucha mucho...que yo sepa no hay platicas, a lo mejor en la escuela, pero así públicas pues no”

“Well, we don’t hear much...for all I know there are not talks, maybe in the schools, but public talks, no”

They also observed a lack of written education geared toward them.

“Nunca he sabido yo que pongan un cartelon o algo. Yo se porque me han dicho...Mas bien hay folletos pero no lo exhiben.

“I have never known that there is a poster or something like that. I know because people have told me...Well, there are brochures but are not shown”

Adding to this, women constantly mentioned their desire of getting more and vast information on HIV/AIDS.

“Pues nada mas que queremos un poco mas de informacion. We want to understand ”

“Nothing more we want more information. We want to understand”

## **Discussion**

The categorization of the politicized body is extended to other areas of governability within the neoliberal processes, health care. Under the neoliberal program, inequalities in access to basic health care services constitute an effect of the less restrictive competition within the health care market.<sup>217</sup> The encrypted ideologies that accompany the neoliberal economic system, and those who wholeheartedly defend it, created a solid structure where policies strongly advocated for budget cuts on health care, de-regulation of the health care market, and individual responsibility under this new paradigm.<sup>218</sup>

Under this model, health disparities are based on the praxis of individual choices, where individual responsibility -not socio-economic factors- is the primary factor of poor health outcomes within the individual, exonerating the socio-economic factors for health disparities.<sup>219</sup> Within this framework, the health care market was able to normalize the

---

<sup>217</sup> Susan Braedley and Meg Luxton, “Competing Philosophies: Neoliberalism and the Challenges of Everyday Life,” in *Neoliberalism and Everyday Life 2010*, ed. Susan Braedley and Meg Luxton (Quebec: McGill-Queen’s University Press, 2010), 8.

<sup>218</sup> Ifeanyi Ezeonu, “Crimes of Globalization: Health Care, HIV and the Poverty of Neoliberalism in Sub-Saharan Africa,” *International Journal of Social Inquiry* 1, no. 2 (2008): 124.

<sup>219</sup> Howard M. Leichter, “‘Evil Habits’ and ‘Personal Choices’: Assigning Responsibility for Health in the 20<sup>th</sup> Century,” *The Milbank Quarterly* 81, no. 4 (2003): 604.

discourse in which “through ignorance, irresponsibility, indifference, or immorality, individuals were at least complicit in their own physical ills and misfortunes.”<sup>220</sup>

Immigrant Latinas in the town of Telluride, and broadly in San Miguel County, face extreme socio-economic disparities that contribute to their inability to acquire health insurance, thus, an important factor for access to care within the contemporary market based health care system. The high prices for shelter and food, dependency in seasonal work, low wages, long work hours, and a tight household budget, locate immigrant Latinas in extreme economic vulnerability, directly impacting their health care decisions and choices.

There is much research that notes many of the structural barriers that immigrant Latinas face in accessing healthcare including preventative services and knowledge. In an effort to better understand the socio-economic dynamics that influence this issue more research needs to be done. Moreover, the lack of an intersectional framework in public health has left vulnerable populations at the mercy of researchers’ narrow understandings of their lived experiences, obscuring “the existence of multiple intersecting [social] categories”<sup>221</sup> of their individual experiences, and how this intersecting categories plays a role in the access to health care services.

While still there is widespread misunderstanding and lack of knowledge on what HIV/AIDS stands for, the knowledge of transmission through unprotected sexual intercourse and infected blood (infected surgical instruments, infected needles, and blood transfusion), was prevalent among participants’ discussions. However, there was

---

<sup>220</sup> Leichter, 606.

<sup>221</sup> Bowleg, 1267.

some confusion as to whether HIV/AIDS was transmitted through saliva, or sharing plates or toilets.

Findings within this study strongly demonstrate an overall lack of knowledge about HIV/AIDS. Yet, the findings also indicate some understanding and this is commonly found among other vulnerable women. For example, according to Michele G. Shedlin, Carlos Ulises Decena, and Denise Oliver-Velez “women appeared to know more about HIV/AIDS than men, although with many gaps in their information.”<sup>222</sup>

The difficulties that immigrant Latinas encounter in accessing information about HIV/AIDS and other non-related services can be explained by the structural and systemic problems found within the health care system. This inaccessibility is tied to the lack of awareness by public health institutions and professionals of the cultural responsive methods for transmission of knowledge.<sup>223</sup> For example, women talked about the lack of “platicas” (talks) about HIV/AIDS within the community. During the focus groups, participants discussed the lack of written and visual education material tailored to the Latino community. While some of the women refer seeing some information on HIV/AIDS at TMC, the lack of visibility of advertising in strategic places is perceived as an unwillingness of public health professionals to provide crucial information for them. This is also the sentiment in accessing other types of health information besides HIV/AIDS. I found that immigrant Latina women’s desire for more cultural responsive HIV/AIDS information falls in line with other studies related to Latinas and

---

<sup>222</sup> Michele G. Shedlin, Carlos Ulises Decena, and Denise Oliver-Velez, “Initial Acculturation and HIV Risk among New Hispanic Immigrants,” *Journal of the National Medical Association* 97, no. 7 (2005): 36.

<sup>223</sup> Vega and Chermas, 345.

HIV/AIDS. As Britt Rios-Ellis, Janice Frates, Laura Hoyt D'Anna, Maura Dwyer, Javier Lopez-Zetina and Carlos Ugarte explain,

Participants reported a need for culturally relevant Spanish language messages, the involvement of HIV positive Latinos and Latino celebrities, positive messaging, and involvement of men and families in prevention. They suggested that print advertisements be positioned at Laundromats, bus stops, schools taverns, markets, and dance halls, and that prevention messages be placed on television, radio, and as public service announcements preceding pornographic films. Another innovative recommendation was the creation of *telenovelas*, or Spanish language soap opera style television broadcasts, which would deal with HIV in a culturally and linguistically relevant context.<sup>224</sup>

### **Economic Barrier (subcategory)**

Economics was found as another salient barrier to healthcare for immigrant Latinas women. This subcategory shows how the current economic system has impacted participants' health care decisions and access to health care services. Participants expressed strongly their discontent with the elevated cost for medical appointments. They referred to the high cost of care as a serious barrier to care and the main reason for them not seeking medical attention when needed. A participant referred,

“A las personas Latinas que apenas nos alcanza digamos para darle de comer a los hijos, y a veces si queremos ir al doctor, pues no tenemos para pagar la consulta, menos para la medicina, y mejor ahí nos quedamos sin saber que pasa”

“As Latino/as, who sometimes we barely can afford to feed our children, if we want to go to the doctor, well, we don't have money to pay for the appointment, let alone to pay for the medicine, we better stay there without knowing what is going on”

---

<sup>224</sup> Britt Rios-Ellis et al., “Addressing the Need for Access to Culturally and Linguistically Appropriate HIV/AIDS Prevention for Latinos,” *Journal of Immigrant Minority Health* 10, no. 5 (2008): 455.



Another participant noted her minimum income, and like many other women, how expenses and meeting basic needs come first.

“O no comemos. Simplemente va uno a la tienda, ¿cuanto se gasta en una entrada? que disque nada mas por la leche o por cualquier cosita son \$20, \$30, \$50 lo que se lleva uno, y no es el gasto de una semana es hasta a veces para dos días”

“Or we do not eat. Just one goes to the store, how much is spent on a few things, just more for milk or for any little thing is \$20, \$30, \$50, and that is what you bring home, and that is not the spending for the week, sometimes is for two days

Women talked about the incongruence of the cost of the medical visits and the amount of information they received about their health. A woman explained,

“Es que es más lo que se paga que lo que te explican y te atienden”

“What you have to pay for is more than the time they take to explain and to attend you at the visit”

Participants talked during the focus groups about their perceptions on racialized access to specialists, specifically, in regards of the obstacles that Latinas face while trying to access to medical specialists. Participants manifested frustrations about health workers' comments about the high cost of seeing a specialist and their perceived racialization. Some participants felt that their health workers were more interested in “the payments” than referring them to the specialist that could help them with their health problems. One woman communicated,

“Yo le dije si me podría, osea, como ayudar a buscar un ginecólogo o algo. No había. ‘No hay’. Le dije, ‘en Montrose no hay ginecólogos?’, ‘si hay pero es muy caro’. Pues ya también yo por eso me detenía, porque dije es que es muy caro”

“I asked is they could help me to look for a gynecologist or somebody. There was no one. There is no one. I said, ‘there is not a gynecologist in Montrose?’ They said, ‘Yes, but it is very expensive.’ Well, that is why I stopped, because they told me it was expensive”

Women acknowledged the limitations that a small town has on getting medical specialists, however, their frustrations came from observing that their options were limited by receiving, or not, information about specialists from health professionals. Adding to this, participants talked about their perceptions on the range of opportunities for the white community, who had the financial resources, to access medical specialists within and outside of the community. A participant refers,

“La mayoría de Americanos no van al doctor aquí, tienen sus doctores en Montrose o en Grand Junction, o cuando vienen los especialistas de afuera...Para ellos es más fácil pues por ejemplo la mayoría de americanos no van al doctor aquí en la clínica, buscan especialistas mejores”

“The majority of Americans do not go to the doctor here, they have their doctors in Montrose or Grand Junction, or when the specialists come into town...For them is easier, for example the majority of Americans do not go to the doctor at the clinic, they look for better specialists”

## **Discussion**

To understand the situation that immigrant Latinas' experience in San Miguel County, it is imperative to situate the reader within their socio-economic political context. According to the survey taken for this study, most participants live in Telluride, 7 out of 10 participants referred to be “illegal;”<sup>225</sup> 7 out of 10 referred to be separated or single; 9 of them have between 1 to 4 children; 7 out of 10 have not completed high school; and 6 out of 10 yearly income is under \$15,000. Within these numbers, two of them are married and their household yearly income is under \$40,000, and the other two single

---

<sup>225</sup> During this research process, immigrant undocumented Latinas responded to the question about their immigration status as “illegal.” I could changed the wording the wording they have used to explain their immigration status, however, I am not here to tell participants what is the best word to use to describe their immigration situation, in fact, that in it self would be the imposition of my understanding on the issue transforming the members of this research as mere recipients of knowledge and not co-creators of knowledge.

women make a yearly income under \$30,000. Combined, the average yearly income for the participants was \$19,111. It is exactly here that the dramatically racialized gendered economic spaces within Telluride becomes a zone of political contestation between agents of the elite, a white middle upper class population, and a racialized political dismembered immigrant group. The reasoning of not introducing the white working class within this contestation lies on the fact that most of these workers live in the adjacent areas of Telluride, creating a separated socio-economic political space within the region.

As mentioned in the location chapter, Telluride median household income was estimated on \$64,189, while the mean household income was estimated on \$111,406.<sup>226</sup> The extreme wage gap between the privileged white community and the political dismembered Latino community, implicitly obscure the realities of those leaving in ambiguous spaces created by the contestations' zones. For example, single immigrant Latinas with two kids have a proximate yearly household income of \$15,000, which constitutes 23% of the total median household income in Telluride.

Within this context, the structural vulnerability that locates immigrant Latinas at the bottom of the social ladder within one of the wealthiest county in the state of Colorado, constitute the major obstacle for access to health care services. Even though economic discounts are available through the local clinic and the government subsidize women's health facility, for those who two weeks of work equals \$600 to \$700 it

---

<sup>226</sup> "American Fact Finder," *United States Census Bureau*, accessed March, 2014, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

becomes a choice between getting food on the table and/or getting an appointment that could cost them close to an entire week of work. As Aihwa Ong explains,

The biopolitical concerns of the wealthier nation to secure middle-class entitlements depend on the availability of foreign others, creating an environment of class privilege and bias that tolerates slave-like conditions for poor female immigrants. Thus, in addition to the biopolitical fracture, ruptures between racial and moral economies further complicate notions of who can or cannot be considered a morally worthy human being.<sup>227</sup>

The structural obstacles they face in accessing medical specialists leave women in a state of quandary about their well-being. During the focus groups, participants spoke of the lack of information they receive from health workers about referral to specialists. Their perceptions of racialized treatment are reinforced with the messages they receive about the “elevated cost” to access a specialist in the area. As Alejandro Portes states, “A patient’s first contact is not with a nurse or physician, but with a clerk...The gate-keeping line performs a double function: first, it protects the financial viability of the institution and, second, it insulates higher-order personnel from contact with indigent or ineligible patients.”<sup>228</sup> This dynamic could be simplistically be interpreted as the behavioral pattern of an individual in a position of power. However, when cumulated, the behavior of an individual becomes a systemic obstacle that prevents the entrance, of an already racialized oppressed group to knowledge and services for their health. In addition, the imposition of fear about the high cost for accessing health services could be very well interpreted as the maintenance of racial disparities within the health care system. This dynamic has a direct impact in the decisions that women

---

<sup>227</sup> Ong, 198.

<sup>228</sup> Alejandro Portes, Patricia Fernandez-Kelly and Donald Light, “Life on the Edge: Immigrants confront the American Health System,” *Ethnic and Racial Studies* 35, no. 1 (2011): 11-12.

make concerning their health, which unfortunately in some cases, creates passivity and decreases their options of taken decisions about their health on their own. As a participant explained:

“Porque yo le dije si me podrían, osea como ayudar a buscar a un ginecólogo o algo, no había, no hay. Le dije, “En Montrose no hay ginecólogos?” “si hay pero es muy caro”. Pues ya también yo por eso me detenía porque dije pues es que es muy caro.”

“Because I asked if they could, I mean, to help me to find a gynecologist or something. ‘There is not,’ ‘there is no one?’ In Montrose there is not gynecologists? ‘Yes, there are, but it is very expensive.” Well, that is why I stopped because I said to myself it is very expensive.”

“Pues si porque es con lo que primero lo asustan a uno, que es muy caro.”

“Well, yes, because that’s how they scare your first, ‘because it is expensive’.”

To this, Paulo Freire states, “The dominant elites utilize the banking concept to encourage passivity in the oppressed, corresponding with the latter’s ‘submerged’ state of consciousness, and take advantage of that passivity to ‘fill’ that consciousness with slogans which create even more fear of freedom.”<sup>229</sup>

Within the contemporary economic system, the neoliberal ideologies of personal responsibility, self-governing, self-interest, and privateness<sup>230</sup> that sustain the market based health care system, are reflected by the materialization of these ideological systems where subjects become objects of hierarchization. The process of deliberately imposing health “choices” and “personal responsibility” on the bodies of immigrants Latinas who are trying to survive under a minimum wage income within a white affluent community, denies them the quality care they deserve. Neoliberalism’s objectivizing

---

<sup>229</sup> Freire, 95.

<sup>230</sup> Duggan, 16.

dynamic tears apart this political dismembered group from the possibilities of exercising the choices that a neoliberal system claims to produce on the “entire” population.

Contemporarily, the implementation of the Affordable Care Act, a move to the right direction for a systemic health reform, finds itself dancing with the market based health care system, giving insurance companies still a great space to profit from the commodification of health and leaving out those politically disenfranchised. As Benjamin D. Sommers explains,

U.S health care will change dramatically in 2014, with insurance expansions under the ACA that will make a major contribution toward coverage for millions of legal immigrants. But both Medicaid and tax credits for coverage through health insurance exchanges will remain off limits for undocumented immigrants, even for beneficiaries of the so-called Dream Act, who were brought here as children and, in 2012, given a reprieve by President Barack Obama from the threat of deportation. Most undocumented immigrants will remain uninsured, and this group will account for a growing proportion –as much as 25%- of all uninsured people in the United States after implementation of the ACA.<sup>231</sup>

### **Patient-Doctor Relationship (subcategory)**

Patient-doctor relationships were discussed often with much of the conversations noting the overall good treatment they received from doctors in the community.

Although participants talked about economics and the lack of receiving health information, when talking about their doctors, their nuances of their language indicated that their comments were about doctor-patient relationship. However, participants’ main concern was related to the quality of time that doctors spent with them. Women expressed their discontent with the short time that doctors spent with them feeling that

---

<sup>231</sup> Benjamin D. Sommers, “Stuck Between Health and Immigration Reform –Care for Undocumented Immigrants,” *The New England Journal of Medicine* (2013): 594.

the amount of time they spent with them did not compare with the amount of money they paid for the appointment. One participant observed how doctors,

“Va corriendo para agarrar al otro...Digo, porque pareciera que van corriendo agarrar al otro paciente”

“Goes running to catch the other one. I mean, because it seems that they go running to get the next patient”

In addition to wanting to spend more time with their doctors other women expressed a need for more in depth information about their medical concerns to understand what is going on with their own bodies. As a woman illustrated,

“Mira, vas a la clínica, tu te llegas muriendo con calentura, lo que lleves. Te dicen abre la boca, saca la lengua, ‘oh tu estas muy bien. Es un virus’. Es un virus. Todo el tiempo es un virus. De donde salio ese virus? Y que tipo de virus es? Por qué? Dicen, ‘es normal’. Pero, qué es normal?”

"Look, you go to the clinic, your dying, you get there with fever, or whatever you have. They say, ‘Open your mouth, stick out your tongue; oh you're fine. It is a virus’. It is a virus. Every time is a virus. Where this virus comes from? And what kind of virus is it? Why? They say, 'it's normal'. But, what is normal? "

Participants also talked about the inaccessible language that health care providers use in their medical appointments. Frequently, women voiced their frustrations towards some doctors for not using a simple language to explain what is going on with their health. As a women referred,

“Pues nada más que queremos un poco más de informacion...que nos expliquen más, palabras simples no tan raras”

“Well, we just want more information...we want them to explain more to us, simple words no weird words”.

In addition, women talked among each either about their own responsibility in asking their health care providers about the information that they need in regards to their health care. A participant described,

“Y uno mismo se tiene la culpa, osea de no exigir mas informacion”

“One self is to blame. I mean, because we do not demand more information.”

## **Discussion**

On the positive side of the findings, many participants voiced the overall good treatment they received from their medical providers which contradicts some literature indicating poor treatment of Latinas by medical professionals. But, the women’s main concerns were about the amount of time that their doctors spend with them during a medical appointment, as well as the doctor’s use of a more understandable language when talking to them about their health concerns is in line with other research and is also a barrier to quality care.

Interestingly enough, I had the opportunity to work at the clinic in Telluride and I saw first hand what women referred to the “rushed” health services. It is clear that this type of service is more about the amount of patients that doctors could see in a day rather than quality health services. Barbara Rylko-Bauer and Paul Farmer explain,

In the United States, the poor, the uninsured, and other vulnerable populations rely on a patchwork of services and institutions collectively referred to as the ‘health care safety net.’ These include public hospitals, emergency rooms, community health center, and local health departments, as well as community and teaching hospitals, private physicians who give charity care, and school-based health clinics.<sup>232</sup>

Within a health care system based on the commodification of health, the patient-doctor dynamics, even in a non-profit setting, are altered by the materialization of the capitalist economic principle of producing profit to accumulate capital. As explained by Pauline Vaillancourt Rosenau and Stephen H. Linder, “Distinctions between the for-

---

<sup>232</sup> Rylko-Bauer and Farmer, 482.



profits and the nonprofits are being questioned, and some economists contend that differences are disappearing altogether. For example, nonprofit hospitals sometimes establish for-profit providers and pay less attention to social responsibilities.”<sup>233</sup>

While the community’s local clinic works hard to maintain its non-profit status, it is unquestionable that its processes are directly affecting the trust and relationship building with the immigrant Latino community. To this Alejandro Portes, Patricia Fernandez-Kelly and Donald Light explain,

For-profit institutions are the most explicit, commonly building their facilities in suburban locations away from poor areas. Some non-profits follow the same policy, but even those with a stronger sense of mission complain of being hampered by complex rules for obtaining reimbursement for indigent care.<sup>234</sup>

Tied to this sub-theme is the accessible language use for medical providers with immigrant Latino/a patients. While the TMC has medical interpreters in their facilities, what it seems to be missing is the concise and easy to understand description of what is going on with women’s bodies, an issue that women found worrisome. As Emmanuel Scheppers, els van Dongen, Jos Dekker, Jan Geertzen and Joost Dekker explain, “Ineffective communication is another barrier in the partnership that should exist between patients and practitioners. The relationship between an ethnic minority patient and physician is essentially vertical due to social differentials forced by unevenness on linguistic, cognitive and institutional levels.”<sup>235</sup>

---

<sup>233</sup> Pauline Vaillancourt Rosenau and Stephen H. Linder, “Two Decades of Research Comparing For-Profit and Nonprofit Health Provider Performance in the United States,” *Social Science Quarterly* 84, no. 2 (2003): 220.

<sup>234</sup> Portes, et al., 11.

<sup>235</sup> Emmanuel Schepper et al., “Potential Barriers to the Use of Health Services Among Ethnic Minorities: A Review,” *Oxford Journals* 23, no. 3 (2005): 339.

However, women rapidly assumed their part of the responsibility about this doctor-patient dynamic. Participants talked about the importance of situating themselves as agents of their own path to health recovery. Women talked strongly about the right to insist that their medical providers to explain and talk clearly about their health concerns with them. This interesting dynamic helps to understand the empowering moments that women can experience from what could be interpreted as negative interactions with medical providers. It can also be an opportunity to transform the encounter into a learning process for navigating the health care system. Women were able to recognize their active role on possibilities of empowerment within a medical appointment which, according to Paulo Freire is referred to as “responsible Subjects.” Although, Freire talks about “responsible Subjects” in regards to the “conscientização” that victims of injustice experience in order to exclude themselves from any effects of fanaticism,<sup>236</sup> I use the term “responsible Subjects” for participants in this study, to explain their deliberate act of empowered resistance, by “making it possible for people [participants] to enter the historical process as responsible Subjects...in the search for self-affirmation.”<sup>237</sup> Women, as “responsible Subjects,” situate themselves within a particular socio-political economic context, the historical process,<sup>238</sup> which has been and is, a space of contestation and re-evaluation. In these spaces, women were able to transform their passive stance within the processes in a public health institution, to the one of a more active role, where the recognition of their being as “responsible Subjects” provides them an space of re-evaluation towards the process of self-affirmation.

---

<sup>236</sup> Freire, 36.

<sup>237</sup> Freire, 36.

<sup>238</sup> Freire, 36.

## Major Theme 2: HIV/AIDS-related Stigma and Discrimination

During the focus groups, many women talked about HIV/AIDS-related stigma and discrimination and how it was a major reason that people in the Latino/a community did not access HIV/AIDS services. A woman illustrated,

“Osea, porque le da verguenza tal vez de ir a que me hagan ese examen... A lo mejor ya no me van a ver con buenos ojos, no me van hablar...Osea por lo mismo por la discriminacion, porque a muchas personas que tienen esa enfermedad son como rechazadas”

“I mean, because maybe I am embarrassed to get tested...Maybe not longer they're going to look kindly, they will not talk to me... I mean, for the same reason, for discrimination, because many people who have that disease are rejected”

“A lo mejor yo en eso si estoy de acuerdo, que si es una barrera el ir a informarte porque, que van a decir de mí?!, que ya tengo esa enfermedad o por algo and investigando”

“I might agree on that, that is an obstacle to go to get information because, ‘what they are going to say about me?! That I have that illness or I am trying to find out because I am hidden something”

In addition, women talked about the destructive gossip they would be expose if even attempting to look for information on HIV/AIDS. As a woman refers,

“Si le van a preguntar, y no!, Es porque ya estas enferma, te estas muriendo, y ya te van a enterrar”

“They will try to ask her, and no! Is because you are already sick, you are dying, and you are going to be buried soon”

“Se la van a comer a pellizcos...La habladera, si, de por si...Como nosotros decimos otra expresión, comértela viva”

“They will eat her by pinching her...The talk, yes, because of that...Like we say another expression, eat her alive”

Women continued to express their concerns of having prejudices, negative attitudes and abuse directed at them if they were to reach out for HIV/AIDS services, education and/or treatment or they are thought to have the disease.

“Mucha gente si le tiene temor al que diran”

“A ver si te encuentra alguien, escucha algo, y ya le ponen de mas, entonces ahi es ‘el que diran””

“A lot of people are afraid of the ‘what they would think about me””

“Maybe someone sees you, listen to something, and they say more than it is, then, that is ‘what they would think about me””

“Lo primero que van a decir, vulgarmente, es porque anduvo de puta, siempre es así. Porque es una puta, es una puta.”

“The first thing they are going to say, vulgarly, is because she is a whore, it is always that. Because she is a whore, she is a whore.”

Supporting the concept of stigma is shame and together they challenge health promotion efforts. One participant noted the struggle,

“Pues a mi me daría verguenza decir pues, ‘vengo hacerme una prueba del Sida’. Pues si da un poco de verguenza, te quedas como rara, como incomodo”

“Well, I would be embarrassed to go and say, ‘I am coming to get tested for HIV.’ Yeah, it is shameful, you feel weird, like uncomfortable”

Stigmatization among the participation was felt from individuals as well as the community at large. The response of the community of Telluride and San Miguel County to people with HIV/AIDS is one of discrimination, blame, and lack of compassion. Many participants provided examples of how the community responded to those infected with HIV/AIDS. Women observed,

“Mucha crítica”

“Mucha discriminación”

“Ni siquiera le vamos a querer saludar ni de mano”

“A lot of critics”

“Much discrimination”

“We wouldn’t even want to say hi or shake hands”

Women talked extensively about how their communities perceived women with HIV/AIDS. Participants felt that the community blamed women for contracting the disease, understanding HIV/AIDS as a problem of being a “Puta” (Whore). As noted by one participant,

“Siempre lo primero que piensan, lo que van primero a criticar es eso, que es, porque es, una puta”

“Always is the first thought, they are going to criticize that first, that she is, because she is, a whore”

Participants talked about the baseless blame placed on women by the community and its lack of addressing men’s responsibility in the spread of HIV/AIDS. As women described in their dialogs,

“Te aseguro que a una mujer si la despedazan”

“A lo mejor uno comentaría, pero no creo que te despedacen igual”

“Pero a un hombre no...Lo único que pueden decir es ‘por andar de mujeriego’”

“Y nada que fue el hombre el que la contagio”

“I assure you that if is a woman, they dismember her”

"Maybe one would comment, but do not think they would dismember him like they would do to a woman"

"But a man, not... the only thing they would say is 'because he goes around womanizing'"

“And nothing about that is was the man who infected her”

Women also spoke of their communities as being judgmental, discriminating, rejecting, despising, and fearful to being close to people with HIV/AIDS. A woman gave this symbolic explanation about her community’s responses to people with HIV/AIDS,

“[Mujer] todavía peor...primero se la comen, luego la despedazan, y luego ya, sigue entera, por el suelo. Y de ayudarle no le van ayudar, o no le vamos ayudar...”

“[Women] it is worst...first they eat her, then they dismember her, and then she is done in the floor. And about helping her, they would not help her, or we will not help her”

Tragically, the community of women were generally perceived as being equally condemning of others who had HIV/AIDS, particularly other women. Participants, however, voiced intense criticism towards women that put down infected people,

“Pero hasta entre mujeres, seamos honesta, ‘porque ella es una puta’. Desgraciadamente así estamos”

“Pero las mujeres somos así, osea, como dice ella, entre nosotras mismas nos damos. Le vamos a decir ‘ella es esto’. Osea, ‘ah porque usted anduvo de puta””

“But between women, we have to be honest, ‘because she is a whore.’ Unfortunately we are like that”

“But we are like that, I mean, like she says, we knock down each other. We are going to say, ‘she is this’. I mean, ‘ah! Because you were around like a whore””

Adding to this, women explained the use of a symbolic expression that exemplifies the passive aggressive attitudes that some women have towards other women. As a participant illustrated,

“Como nosotros decimos otra expresion, ‘comertela viva””

“Like we say, other expression, ‘eat her alive””

In extension to this, women talked about the compassion that was missing from the community,

“Nadie pregunta si necesita algo, se siente bien. No”

“No one ask if this person needs something, or he/she feels ok. No”

## **Discussion**

Besides all the structural obstacles that women face to access HIV/AIDS knowledge and services, participants voiced strongly the stigma and discrimination they encountered. Stigma and discrimination are some of the most prominent barriers to

health care and services and it weakens the ability of communities and individuals to protect themselves and stay healthy.

The “Temor al que dirán” (fears to “what they would think about me”) was a repetitive saying from participants during the focus groups. Although not fully articulated the HIV-related stigma that many participants acknowledge could have serious consequences on their ability to work, access to education and care, as well as staying healthy. Stigmatization eventually leads to discrimination. Efforts to reduce the incidence of HIV/AIDS should be tied to efforts to address both stigma and discrimination. As Julie Pulerwitz, Annie Michaelis, Ellen Weiss, Lisanne Brown and Vaishali Mahendra explain, “Measuring multiple dimensions or ‘domains’ of stigma and discrimination is critical to accurately capturing existing stigma as well as changes due to an intervention.”<sup>239</sup>

The stigma surrounding HIV/AIDS had a major influence upon immigrant Latinas’ health seeking behaviors. Participants’ concerns about getting a HIV test was not hindered due to availability but from the prejudices and negative attitudes connected to it. Women indicated that “fears of stigmatization”<sup>240</sup> is one of the prevalent barriers to access HIV/AIDS preventative services. “Temor al que dirán” (fears to what people would think) and “vergüenza” (shame) were predominant words use by participants to describe their feelings when they sought HIV related information or test. As Ronald A. Brooks, Mark A. Etzel, Ernesto Hinojos, Charles L. Henry and Mario Perez refer,

---

<sup>239</sup> Julie Pulerwitz et al., “Reducing HIV-Related Stigma: Lessons Learned from Horizons Research and Programs,” *Public Health Reports* 125, no. 2 (2010): 279.

<sup>240</sup> Díaz, Sánchez, and Schroeder, 127.

A consequence of HIV-related stigma and discrimination is a negative effect on both HIV prevention efforts as well as care for individuals living with HIV. The social forces of stigma and discrimination can create significant barriers to HIV testing, restrict utilization of prevention programs, and hinder the adoption of preventive behaviors such as condom use and disclosure of HIV status to sex partners.<sup>241</sup>

Under these circumstances, the biggest concern is that the participants may be similar to other women who never get tested because of the stigma attached to it.

Once again, the need for community awareness around the HIV/AIDS stigma is essential to changing the culture around the utilization of preventative services. As Julie Pulerwitz, Annie Michaelis, Ellen Weiss, Lianne Brown and Vaishali Mahendra refer, “Studies showed significant associations between HIV-related stigma and less use of voluntary counseling and testing, less willingness to disclose test results, and incorrect knowledge about transmission.”<sup>242</sup>

Participants talked about discrimination, lack of compassion, and women being blamed for the HIV/AIDS problem, as part of the community responses towards people with HIV/AIDS. Women emphasized the harm of living in such small community, and how this plays a role in the stigmatization and critics towards people with HIV, especially women.

“Te aseguro que a una mujer si la despedazan” (I assure you that if is a woman, they dismember her), is a cultural comment that refers to bringing a woman to the

---

<sup>241</sup> Ronald A. Brooks, Mark A. Etzel, Ernesto Hinojos, Charles L. Henry and Mario Perez, “Preventing HIV Among Latino and African American Gay and Bisexual Men in a Context of HIV-Related Stigma, Discrimination, and Homophobia: Perspectives of Providers,” *National Institute of Health* 19, no. 11 (2005): 737.

<sup>242</sup> Julie Pulerwitz, Annie Michaelis, Ellen Weiss, Lianne Brown and Vaishali Mahendra, “Reducing HIV-Related Stigma: Lessons Learned from Horizons Research and Programs,” *Public Health Reports* 125, no. 2 (2010): 272.



ground. This is how the community responds to a person with HIV. Extended amount of literature talks about the stress and mental health damage that people with HIV experienced by the community and family stigmatization and discrimination towards them. To this, Ann P. Zukoski and Sheryl Thourburn describe, “Our findings indicate that people living with HIV in low HIV prevalence areas experience stigma and discrimination in both community and health care settings. In their day-to-day lives, participants described feeling socially isolated and rejected by friends and family.”<sup>243</sup>

Participants talked extensively about community reactions towards women with HIV. For the community, women contracting HIV/AIDS is understood as part of women’s promiscuous behaviors, a problem of being a “Putá” (whore). The community participation on the social rejection of people with HIV, specifically the demonization of women with HIV/AIDS, reflects the perverted ways in which our society has transformed itself into the materialization of hegemonic patriarchy.

This poor societal understanding of women and HIV/AIDS shows the very need to address, at a community level, the factors that perpetuate stigma and acceleration of the spread of HIV/AIDS. To focalized efforts on individual risk behavior is to erase the structural factors that sustain this epidemic. As Stefan Baral et al. explain, “Evaluating risks among key populations commonly do not collect community-level data but instead focus almost exclusively on individual-level determinants such as levels of HIV-related

---

<sup>243</sup> Ann P. Zukoski and Sheryl Thourburn, “Experiences of Stigma and Discrimination among Adults Living with HIV in a Low HIV-Prevalence Context: A Qualitative Analysis,” *AIDS Patient Care and STDs* 23, no. 4 (2009): 273.

knowledge, condom usage, and numbers of sexual partners.”<sup>244</sup> In this context, the application of broader community strategies to reduce HIV/AIDS stigma and discrimination should be embedded within prevention efforts. Not doing so, provides greater opportunities for barriers to access HIV/AIDS services, therefore, never ending the cycle of HIV/AIDS transmission.

### **Major Theme 3: Machismo**

*“Hay muchas formas de machismo”*

*“There are several forms of machismo”*

In all of the focus groups, women’s conversations pointed to the ways men try to exercise power over them and how this impacted their health and health seeking behavior. Women described specific behaviors that constitute what they call “Un Hombre Machista” (a male chauvinist). Within their dialogs, women explored the different forms of representation and performance of *machismo* and from these discussion arose a number of important subcategories: women’s subjugation, men’s promiscuity, and the use of condoms as a mechanism of social control.

To situate the readers within this theme, it is imperative to understand first how participants defined *machismo*, in their own terms. It was evident that their understanding of *machismo*, was not unique to Mexicans. As a participant described,

“Un hombre Latino es un hombre machista...no necesariamente tiene que ser un Mexicano”

“A Latino man is a male chauvinist, no necessarily has to be a Mexican”

---

<sup>244</sup> Stefan Baral et al., “Enhancing Benefits or Increasing Harms: Community Responses for HIV Among Men Who Have Sex With Men, Transgender Women, Female Sex Workers, and People Who Inject Drugs,” *Journal of Acquired Immune Deficiency Syndromes* 66, no. 3 (2014): 325.

And, when given the opportunity to describe what *machismo* was for them, women did not hold back and gave several examples from their own lived experiences with their partners or ex-partners. Their conversation described,

“Es el que quiere mandar, mandar, mandar, y mandar”

“Como si fuera su propiedad”

“El manda sobre ti”

“Controlador de la casa, de la mujer”

“He is the one that wants to command, command, and command”

“Like you are his property”

“He rules over you”

“The one the controls the house, of the woman”

## **Discussion**

When the participants were asked about “machismo” they energetically voiced their frustrations on how machismo was solely attribute to the Mexican male, when in reality this gender performance was not unique to Mexicans.

The participants adamantly contested the dichotomizing process of gender performances -a homogenization practice imposed onto Latin culture- by noting male chauvinism imbedded as well in other countries and cultures. As a process of diverse social forces, machismo needs to be contextualized from a socio-economic, political, historical, and geographical context for the concept to be utilize effective in HIV/AIDS services. As Pierrette Hondagneu-Sotelo argues, “Important elements of patriarchal power and meanings are constructed in family relations, and that macro-level economic and political transformations such as those that produce mass immigration are key to the social construction of patriarchy.”<sup>245</sup> In this context, the production of “machismo”

---

<sup>245</sup> Hondagneu-Sotelo, 4.

characteristics in the male Latino subject is tied to the relationships built among and between structural dynamics.

The concept of machismo however is forever changing and must be observed closely for it is not static. And if utilized in health interventions and prevention programs, its nuances must be included. For example, the socio-economic transnational production of gender relations continues to change with the female subject becoming part of the social dynamic that reinforces, and simultaneously, contests gender social relations. Immigrant Latinas have been successful in utilizing these changes in their quest for personal autonomy<sup>246</sup> and to contest the essentialist views placed upon them and their male counterpart. As Maura I. Toro-Morn explains, “To deconstruct the gender duality that has come to characterize the analysis and description of Latinos, one has to take into account the socioeconomic and political realities that have historically shaped (and continue to shape) the lives of Latinos on both sides of the border.”<sup>247</sup> This changing circumstance may hinder or help immigrant Latinas address concerns of gender relations and power in an effort to obtain HIV/AIDS services and care.

### **Women’s Subjugation (subcategory)**

*“Yo pienso que a veces eso es lo que nos impide informarnos del Sida” [Machismo]  
“I think sometimes that’s what keeps us from informing ourselves about HIV/AIDS” [Male Chauvinism]*

---

<sup>246</sup> Hurts Hannum, *Autonomy, Sovereignty, and Self Determination: The Accommodation of Conflicting Rights* (Philadelphia: University of Pennsylvania Press, 1990), 4.

<sup>247</sup> Maura I. Toro-Morn, “Beyond Gender Dichotomies: Toward a New Century of Gendered Scholarship,” in *The Latina/o Experience, in Latinas/os in the United States: Changing the Face of America*, ed. by Havidan Rodriguez, Rogelio Saenz and Cecilia Menjivar (New York: Springer, 2008), 278.

Found within the theme of *machismo* was the subcategory of women's subjugation. The different attitudes and behaviors that exemplify women's subjugation act as a path for readers to deeply understand participants' experiences around this issue. Participants actively made reference to the inequity between men and women,

"Porque es un hombre macho nos quiere tratar osea inferior a ellos, que ellos pueden hacer todo y nosotras no. No hay igualdad"

"Because he is a male chauvinist he wants to treat us less than them, that they [men] can do everything and we can't, there is not equality"

Another example is related to the domesticity of women's work at home and its use to create dominance and control over women,

"No puedes salir, tu tienes que estar en tu casa...el que quiere sirvienta, criada, amante, de todo"

"You can not leave, you have to be in your house... the one that wants a maid, servant, a lover, everything"

Women described jealousy as another tool used for men to exercise their power over them. Participants talked about the different ways their partners show their unfounded distrust towards them. As a woman referred,

"Y si vas un ratito, 'A qué hora vas a venir?, Y dónde estás?, Ya me vienes!, A qué hora llegas?, Y cuánto tiempo más?"

"And if you go for a while, 'What time are coming back? Where are you?, You have to come now!, When would you arrive?, And how much longer?"

Another description emerged from the data that revealed women's fear of their partners. Women spoke of these fears,

"Osea, muchas mujeres le tienen miedo al esposo"

"Allí si, si le tiene miedo al esposo"

"Well, a lot of women are afraid of their husbands"

"There, yes, it is being afraid to the husband"

Many of these women were fearful of their men for they encountered physical or psychological abuse, regularly, from them,

“Pero para mi es peor el maltrato de palabras que si me dan un empujón...Yo le tengo miedo a eso”

“For me is worst the verbal abuse than my partner pushing me...I am afraid of that”

“Es miedo, osea, y luego le va quedar la duda y cada ratito va estar molestando...miedo a que este molestando”

“It is fear, like, and then he is going to be doubtful and at every moment he is going to be bothering you...fears to be bother constantly”

Lastly, several women talked about their sexual life with their partners as part of a women’s duty and work, a work that is not economically compensated and that is exercised for their partners. As participants’ conversations described,

“Si todavía todo quieren, y de gratis”

“Eso es lo peor de todo”

“Mitad de renta, mitad del mandado, y el sexo es gratis para ellos. Si, si es cierto, pues si es la verdad. Si pagaran la mitad”

“They still want everything, and for free”

“That is the worst of it”

“Half rent, half groceries, and sex is free for them. Yes, it is true. If they at least would pay half for that”

It was found that *machismo* was a serious barrier to accessing HIV/AIDS health services for it allowed men to control women’s health. A woman illustrated,

“Hay hombres que no te dejan hacerte el examen...hay hombres que no permiten eso, que tu cheques físicamente...Hay hombres que no lo aceptan por machismo, porque ellos son el hombre de la casa o porque son sus costumbres”

“There are men that do not want you to have an exam...there are men that don’t allow that, to have physical check ups...there are men that do not accept that because of male chauvinism, because they are the men of the house and they have their manners”

Throughout each focus group, women shared their strong opinions on how machismo played a role in their decisions to acquire information and services related to HIV/AIDS. Conversations among participants targeted *machismo* as a means to control and intimidate women's health behavior. Conversations pointed to how the men took ownership over their bodies,,

“Por ejemplo que la mujer no se hace los chequeos físicos que necesita porque el marido no la deja. Es el machismo.”  
“‘Como va ir otro a mirarla?’ Si, ‘Cómo un hombre la va mirar si no mas la debo ver yo’”

“For example, a woman does not have her physical checkups because the husband doesn't let her to do it. It is the machismo.”  
“‘How another man is going to look at her?,' Yes, 'How another man is going to see her when I am the only one that can look at her’”

Within this category participants identified their partners' fears of women being unfaithful and made an odd connections between looking for HIV/AIDS preventative services and adultery,

“Es que, ‘por qué quieres ir? Qué me andas poniendo el cuerno?’”

“Is like, ‘why do you want to go? What, are you sleeping with someone else?’”

Another woman narrated her husband's sentiments,

“Porque si yo voy averiguar que pasa con el Sida, pues porque ya voy a irme de puta, el marido lo dice”

“Because I try to find out about AIDS it is because I am whore”

## **Discussion**

To understand women's subjugation within Latino/a gender dynamics, it is imperative to situate power and control in the center of this issue. The assertion of power upon women by the “machista” man, is understood to be part of what Roger N.

Lancaster explains, a “means of structuring power between and among men,”<sup>248</sup> where, “two sets of values coexist, compete, and more than occasionally blur: the ideals of machismo, with its cult of aggressive masculinity, defined as a mode of sexual and physical conquest; and the ideals of the revolutionary New Man, who is envisioned as hardworking, devoted, and family oriented.”<sup>249</sup> For Roger N. Lancaster, the “machista” man is not an encapsulated static entity, but an agent of coexisting contradictions capable of the possibilities of awareness of his living contradictions that his being carries within him. The imbalanced distribution of power produced by the “machista” man “relegates women to the margins of power, but it by no means excludes women from the operation of a system whose values they carry.”<sup>250</sup>

The participants’ awareness of their own gender relations was clear in the focus groups, they understood where they stood, in contrast to the prevailing literature about Latina gender relations (marianismo). The frustrations, laughs, heated debates, and other emotions showed during the focus groups demonstrated that these women are more than passive. Knowing that socio-economic and cultural factors does not allow them to fully develop many, however, continued to navigate and negotiate within those spaces for the sake of surviving and to show to the world that they exist and they are present. The constant negotiations within women’s interactions with their partners should not be considered a display of submissive attitudes but one of empowerment.

These spaces of negotiation do not obscure the fact that exacerbated imbalance of power within an intimate relationship becomes a high risk factor for HIV/AIDS

---

<sup>248</sup> Lancaster, 236.

<sup>249</sup> Lancaster, 40.

<sup>250</sup> Lancaster, 44.



transmission. As Michelle Teti, Mariana Chilton, Linda Lloyd, and Susan Rubinstein explain, “Intimate partner violence hinders women’s efforts to decrease their HIV risk behaviors.”<sup>251</sup> For women in the study, their “fears” of the psychological abuse or harassment from their partners is enough of a reason to not seek HIV/AIDS preventative services. “Es miedo, osea, y luego le va quedar la duda y cada ratito va estar molestando...miedo a que este molestatndo” (It is fear, I mean, and then he is going to be doubtful and at every moment he is going to be bothering you...fears to be bother constantly), a participant stated.

The power struggle women experience to maintain some control of their health and mental health is also tied to their sexual life. “Si pagaran la mitad” (If they at least would pay half of that) is a comment made by a woman to infer that sex is more of a chore or “work” than a means to find pleasure. “Todo lo quieren y de gratis” (They still want everything, and for free), is another comment made by a woman talking about men having sex with them “for free” and not receiving a remuneration for this activity. The risk that sexual dynamics within a partnership might be influenced by an imbalance distribution of power is worrisome, since there is connection between gender imbalance and HIV transmission. As Michelle Teti, Mariana Chilton, Linda Lloyd, and Susan Rubinstein state, “It is helpful to view HIV as an embodiment of gender inequity and subsequent IPV [intimate partner violence]...violence plays a key role in women’s IV

---

<sup>251</sup> Michelle Teti et al., “Identifying The Links Between Violence Against Women And HIV/AIDS: Ecosocial and Human Rights Frameworks Offer Insight into U.S Prevention Policies,” *Health and Human Rights* 9, no. 2 (2006): 40.

risk practices.”<sup>252</sup> A deeper exploration into these dynamics might provide more insights for HIV and violence against women prevention movement.

In addition to IPV being a risk factor for receiving HIV/AIDS care and services, participants also discussed how men controlled their bodies by prohibiting them from accessing HIV/AIDS preventative health services. In this study, men’s control over women’s bodies is directly related to men’s fear of their partner’s being unfaithful. Women explained how the reason their partners would not allow them to access HIV/AIDS preventative services was because their partners were afraid they were having an affair.

### **Men’s Promiscuity (subcategory)**

Machismo as a cultural concept that defines what a “man” is and what he can and cannot do. Tied to this concept is the idea that machismo reinforces promiscuity for men. In this study, participants continuously mentioned men’s infidelity (with women and men) to be part of the cultural norm, specifically, part of “machismo.” Women narrated,

“Machismo porque les gusta andar de sinverguenzas”

“Male chauvinist, because they enjoy being rascal”

“Los hombres por andar de putos o andar con los jotos, verdad?!”

“Men, going around like whores or going around with the faggots, true?!”

The implications of their partners’ promiscuity on their health did not go unnoticed. Women talked about the distrust and the preoccupations toward their

---

<sup>252</sup> Teti et al., 46.

partners' unfaithful behaviors because of the possible consequences upon their bodies.

Participants described,

“Pues a veces uno de mujer esta tranquila en la casa pero los viejos allí andan pa cá y pa llá y uno no sabe que va pasar con uno.”

“Sometimes we, as women, we are quiet at home, but the men there are out there, from one place to another, and we don't even know what is going to happen to us”

“El hombre puede hacer lo que quiere y la mujer no...y nada que fue el hombre que la contagio”

“Men can do whatever they want, and women no...and you hear nothing about the man that gave it to her [transmitted HIV]”

In contrast with the subtle acceptance of men's promiscuity, the demonization of women's infidelity by the Latino/a community was prevalent during the women's conversations. Participants described,

“Y de los hombres, pese a quien pese, mujeriego; o porque anda con las viejas así, y a uno, ‘no pues es que anda de puta la vieja”

“And men, no matter who, womanizer; or because he goes around with women, just like that, and one, ‘no, well, is because she goes around as a whore the bitch one”

“Pero para que haiga una puta hay muchos putos”

“But for one whore, there are a lot of men whores”

While participants made fervent comments about “Machista” participants confirmed that some women's promiscuous behaviors were comparable to men's behavior,

“Entre la mujer y el hombre son igual, si alguien quiere ser infiel lo va ser”

“Is the same between women and men, if somebody wants to be unfaithful will do it”

## Discussion

During the focus groups, women spent an extended time talking about the infidelity of their partners and other men who they know are unfaithful to their partners. For participants, this behavior is reinforced by cultural norms that allow men to look for instant sexual gratification outside of marriage or partnership.

Within this theme, women's distrust towards their partners was a prevalent issue that brought up a lot of emotions and concerns for them. Interestingly enough, even though women voiced their strong frustrations and disapproval toward this type of behavior, they did not mention, at any point, that they would leave or confront their partners. Also, this distrust extended to their dire concerns about their health. Even though they talked about taking "precautions" due to their distrust it was evident that the lack of knowledge and information about HIV/AIDS, the stigma associated with it, and the cultural and economic barriers to care made it impossible for them to conceptualize the what, how, and when to take these "precautions." As Abreu, S, A. C. Sala and E. M. Candelaria explain,

To make matters worse, most of the participants have little confidence in the faithfulness of their partners. Thus, they believe that their health is constantly being put at risk; while they acknowledge that they have alternatives that aid them in diminishing their risk of becoming infected, they feel prohibited (by social imperatives) for using these alternatives.<sup>253</sup>

---

<sup>253</sup> Abreu, S, A. C. Sala and E. M. Candelaria, "Understanding the Barriers that Reduce the Effectiveness of HIV/AIDS Prevention Strategies for Puerto Rican Women Living in Low-income Households in Ponce, PR: A Qualitative Study," *Immigrant Minority Health* 12 (2010): 87.

## **Major Theme 4: Latina Sexuality**

In the focus groups participants did not hold back and they talked openly about their sexuality. As a result of these candid discussions a major theme of Latina sexuality arose with subcategories of (1) sexual life and sexual gratification, (2) control of women's sexuality, and (2) control of women's sexuality.

### **Sexual Life and Sexual Gratification (subcategory)**

The major theme of Latina sexuality entailed information about the women's sexual life and their search for sexual gratification. While talking about sex, some women expressed their discontent with their sex life, arguing that sex for them was more of a job than a means to obtain pleasure,

“Siquiera lo pagaran no?! [sexo]. Le mete uno la mita”

“At least they could us no?! [sex]. Just half is shove it”

For some participants, having a healthy sexual life is a reflection of their value of themselves. A woman explained,

“No tener sexo es como faltarme a mí misma”

“No having sex is like not showing value to myself”

Seeking sexual gratification was important to the women and they talked of the various ways to achieve it. Participants spoke of the importance of thinking about themselves as sexual beings and through referring to sex as part of the human experience. One participant communicated,

“Somos seres humanos y tenemos el cuerpo...tu cuerpo lo necesita”

“We are human beings and your body needs it”

Another woman talked about bringing pleasure by having multiple partners even if it is through being unfaithful,

“Entre la mujer y el hombre son iguales, si alguien quiere ser infiel lo va hacer”

“Men and women are the same, if somebody wants to be unfaithful she/he will be”

Participants talked about the similar libido and sexual desire that women and men have and how it is not determined by gender. As a woman said,

“Yo aguanté un año sola...chinga su madre como voy a estar aguantando tanto!”

“I just last one year alone...fuck that shit, how am I going to hold on for so long”

Also, women talked about the health benefits and joy that sex brings to one’s life,

“No mas te van a ver al otro día bien!!!, saludito...ah! A esta le dieron!”

“The next day you will look great and happy!!! Ha! She got laid last night!!”

“Pero a nosotras nos encanta!”

“Nos encanta!”

“Nos encanta!”

“Yo digo que tienes que poner entusiasmo en tu vida”

“But we love it!”

“We love it”

“We love it”

“ I say you have to put excitement in your life”

Women were also aware of the dangers that sex may bring with one woman noting the connection between sex and HIV,

“Cambiemos de tema porque estamos trabajando con Karla”

“Si es importante porque esto se refiere al sexo y del sexo viene el sida”

“Let’s change the topic because we are working with Karla”

“Yes, it is important because this is referent to sex and from sex comes HIV”

## **Control of Women's Sexuality (subcategory)**

For the majority of women in the focus groups they argued that sex and the exploration of their sexuality was regulated by cultural and community norms and not by themselves. Several women spoke of how culture controls behavior and it is a part of you that is hard to let go of,

“Eso es otra cosa que lo que tenemos en nuestra cultura, osea, ‘no como voy andar de loca?!’...eres una persona libre. No es que te equivocas una noche, no lo veo nada de malo las personas que los hacen; si te dieron ganas, si te gustó alguien, protégete, es sexo. Pero la cultura que tenemos, ‘No! Cómo?!’”

“That is another thing we have in our culture, ‘no! How am I going to be behaving like a crazy woman?!’ Is not that you made a mistake one night, I don’t see anything wrong with people that does it; if you crave it, if you like somebody, use protection, is sex. But the culture we have, ‘no! how?!’”,

“Pero ella no se ha liberado de la cultura...es normal que lo traiga uno”

“But she has not liberated her self from the culture...is normal to have it with you”

For those participants who expressed being more open with their sexuality, they still referred keeping “private” their sexual life because they still felt controlled through fear of their community’s criticism,

“Yo lo disfruté. Pues pero no lo anda publicando uno, no más uno lo va saber”

“I enjoyed it. Well, but you are not going around publishing what you did, you are the only one is going to know”

“Al fin de cuentas si nadie se entera, pues cual es el problema?”

“After all, if no body knows, what is the problem?”

Participants talked about how learning about the proper use of condoms has helped to empower themselves, as well as to open up about sexuality.

Women's conversations pointed to the shift of traditional gender roles that in the past were assumed to be part of men's role. A woman describes,

"Ahora las mujeres son las que compran condones"

"Now women are the ones that buy condoms"

Participants talked about women carrying condoms in case the opportunity of sexual interaction takes place. Humorously, a woman speaks about this,

"Ya se fue con la otra de aquí que te vas a la farmacia. Mejor tráetelo tú, verdad?!"

"He already left with someone else if you go to the pharmacy. Better bring it with you, right?!"

By using humor, women's dialogs correlated their sexual desires with taking precautions when deciding to have sex. As a woman said during a focus group,

"Aquí lo traigo! Y traigo dos para darnos dos!"

"I bring it here! And I bring two, for two rounds!"

Participants talked about how being in the U.S has shifted their perceptions in the use of condoms. Specifically, women's conversations were on how living in the U.S has shaped the way they approach sex and the use of condoms. As a woman illustrates,

"Antes si. Antes si era más. Ahora ya no porque ahora si un poquito mas liberal estando aquí en los Estados Unidos, pero en Mexico yo nunca hubiera pensado porque no, cómo?!"

"Before, yes. Before it was worst. Now not because now is a little more liberal being here in the United States, but in Mexico I would never think about it, because no, how?!"

This need for satisfying sex, however, is tied closely to suppression of this desire. And, within this study the use of condoms was found to be a mechanism to further desire and for social control.



Women's discussions on the use or non-use of condoms revealed a direct relationship to community perceptions or criticism towards women. During their conversations they talked about how the use of condoms during intercourse was perceived to be equivalent to being promiscuous. Women exemplified,

“Si estas con un hombre y hay que, no, ya están a punto de tener relaciones y llegas a sacar un condón tu, ya eres lo peor porque traías un condón”

“If you are with a man, and, well, you are ready to have sex and you get to take out a condom, you are the worst because you brought with you a condom”

“Si, osea eres lo peor eh! Los hombres piensan lo pero de ti”

“Yes, I mean, you are the worst eh! Men think the worst of you”

Another participant shared what her partner said when she used condoms,

“Eres una cualquiera”

“You are a slut”

Participants talked about their concerns that their partner's did not use a condom with others. One participant spoke of husbands who have an affair and how,

“No se protegen, y ellos se van a lo fácil y no se protegen. Para ellos es, ‘hay no pasa nada’.”

“They don't use protection, and they go through easy route and don't use protection. For them is like, ‘nothing can happen’”

Shame and fear of community criticism were other topics that arose for women when talking about condom use. In trying to access condoms one woman said,

“Hasta para pedir condones te da verguenza”

“You even feel ashamed asking for condoms”

This shame is also extended to the communities that women live in. Another woman disclosed that in her community if a woman gets condoms people would say,

“Por qué anda con condones ella?!”, osea uno lo toma a mal. Dicen, ‘Ay no, esta si va ser así, va ser para eso’ [puta]”

“Why is she with condoms?!’. Well, one takes it in the wrong way. They say, ‘Oh no, she is going to be like that, she will be that’ [whore]”

Although one woman felt that it was impossible to use condoms with her partners all the time, she devised an answer to the dilemma,

“Pienso que estaría una solución sería como tampoco estarte cuidando como tu dices todo el tiempo, pero si como una vez al año hacerte el examen”

“I think a solution would be no using protection all the time like you said, but to do the test like once a year”

Lastly, after an extended dialog among women, they connected women , sex, and HIV/AIDS, seeing the dangers that unprotected sex could cause on their bodies, thus their lives.

## **Discussion**

To my surprise, participants were extremely open on their conversations about sex and sexuality. Through the use of humor, women shared information that I was not expecting to hear during the focus groups. These open and honest discussions could assist in building effective HIV/AIDS prevention and intervention programs for Latinas.

“Marianismo,” a dichotomized concept about Latina’s sexuality and gender performance, has been used extensively to explain gender dynamics within Latin cultures. It has also been taken as the solely truth about Latinas, creating essentialist understandings on Latinas and its social relations. As Berta E. Hernández-Truyol explains,

These binary roles [machismo and marianismo] signify that the male belongs in the public sphere and the female –at least the *mujer Buena* (good woman)- in the private sphere. She exists primarily (only) in the home and is to retain her virtue

forever and remain a virgin until she gets married. The Public women – epitomized by whores- are cultural outlaws who do not deserve or get *respeto*.<sup>254</sup>

Although sex was noted as a positive part of their lives it was not true for all the participants. During the focus groups, women voiced their discontent with their sexual life. Within their conversations, participants talked about sex as a wife's duty, and not as a means to obtain pleasure. Contesting this issue, women talked about the great significance of having a healthy sexual life, so important for them, that they compare it with a sign of having a great value of themselves. As Rebecca Cashman referred,

Participants considered sexual health to be important and a priority and they recognized the need to become better informed... They reported that sexual health may not be discussed within Latino families, which, coupled with a lack of sexual health education offered in Spanish language from other resources (e.g., school, educational programs, television, radio), may result in negative health consequences, including infection with HIV and STIs.<sup>255</sup>

These women live within a complex and contradictory world that will both hinder and help keep them healthy. Machismo behavior is one of those systems that created dissatisfaction with their sexual life. But, it was evident that the participants also desired and worked toward a healthier sexual life. The fact that women talked about the desires of seeing themselves, thinking of themselves, and feeling themselves as sexual beings expresses their fight against the power imbalance of giving and receiving sexual pleasure from their partners, an imbalance gender relations that goes on under the sheets. Their narratives are also contradictory to the reductionist assumption of Latinas

---

<sup>254</sup> Berta E. Hernández-Truyol, "The Gender Bend: Culture, Sex, and Sexuality –A LatCritical Human Rights Map of Latina/o Border Crossings," *Indiana Law Journal* 83 (2008): 1301.

<sup>255</sup> Rebecca Cashman et al., "Exploring the Sexual Health Priorities and Needs of Immigrant Latinas in the Southeastern United States: A community-Based Participatory Research Approach," *AIDS Education and Prevention* 23, no. 3 (2011): 245.

as being passive sexual beings, with no other thought than pleasing their partners. This limited view of Latina women is based on the binary concept of “marianismo.” As Berta E. Hernández-Truyol refers,

Before accepting or adopting any universalist format as the blueprint for generally appropriate social –here in particular sexual- conduct, the culture questions must be asked. The culture inquiry results in a scrutiny and deconstruction of the proposed paradigm to ascertain whether it is culturally sensitive or generally appropriate based upon complex socio-cultural differences of the minority populations within the group to which the paradigm applies.<sup>256</sup>

In this context, challenging the binary “virgen/puta,” in which the concept of marianismo is constructed from, women talked extensively about the sexual drive among men and women. Within “marianismo” women are considered to have no sexual drive and viewed as “pure beings.” They explained that sexual libido is present at all times in men as well as women. For participants, they viewed their increased sexual drive or libido as having nothing to do with gender. During the focus groups, women displayed a strong position on this issue by talking constantly to each other about how they won’t wait for so long before having sex. These comments were reinforced by women’s fervent approval during their conversations, exposing their desires for a better understanding on sexual gender relations. They shared an understanding without the normalized, naturalized, homogenized, and essentialized, assumptions on Latina’s sexual libido and its relationship with other social dynamics. Women also referred to the valuable health benefits of having sex. For participants, these benefits are tied to the joy and overall good feeling after having sexual intercourse. Overall, participants

---

<sup>256</sup> Hernández-Truyol, 1323.

recognized that having sex is part of being human. A participant explained during the conversation.

“Somos seres humanos y tenemos el cuerpo...tu cuerpo lo necesita”

We are human beings and your body needs it”

The regulation of Latinas' sexuality by cultural and community norms was prevalent during women's discussions. Women's frustrations for not having total control of their minds and their bodies in reference to sexual choices, was a significant indication of the disagreement with cultural and community norms that prevents them from fully exploring and developing their sexual desires. Through the reference of “is hard to let go of [culture],” women challenge the perpetuation of cultural norms that limit their possibilities and choices, in this particular issue, their sexual choices.

Another space of resistance that women were able to create in order to not stop the exploration of their sexual choices and desires, is by keeping their sexual life “private.” While women opt to do this because of their fears of community criticism, they are not stopping doing what it feels right for them to do. “The more radical the person is, the more fully he or she enters into reality so that, knowing it better, he or she can better transform it,” explains Paulo Freire, which extending this concept to women's experiences, we can understand their active role of resistance against the compliance with cultural norms that ask them to give up the exploration of their sexual exploration and gratification.

Women's discussions on condom use brought up interesting issues within this study process. For participants, the proper use of condoms has furthered their self-empowerment and allowed them to explore their sexuality. Their openness in discussing

condoms is in contrast to a study of condoms use by Mexican immigrant women.

Michele G. Shedlin, Carlos Ulises Decena, and Denise Oliver-Velez established in their research, “Mexican women were especially reluctant to discuss condoms in a group. They did not agree on whether men would use them or not. Other than for contraception, there was little expectation among female respondents from all groups that partners would use condoms.”<sup>257</sup>

While we had explored the use of condom within the constrictions that “machismo” and the gender relations it produces, women explained the shift of traditional gender roles that now allows them to be more aware and active in the negotiation of condom use with their partners. They talked about the ability of carrying condoms with them in case an opportunity for sexual interaction takes place, something that they would never imagine doing before, where in the past it was part of men’s role to do so.

Participants attribute some of these shifts of thought to the relocation of themselves to the U.S. Women talked about how living in the U.S. has re-shaped their mindset about the way they approach sex and the use of condom. Manuel Barajas and Elvia Ramirez explain, “Early research on gender and immigration generally concluded that employment and/or immigration to the United States typically empower immigrant women within the domestic sphere.”<sup>258</sup> However, Katie L. Acosta explains that

---

<sup>257</sup> Michele G. Shedlin, Carlos Ulises Decena, and Denise Oliver-Velez. “Initial Acculturation and HIV Risk among New Hispanic Immigrants.” *Journal of the National Medical Association* 97, no. 7 (2005): 35.

<sup>258</sup> Manuel Barajas and Elvia Ramirez, “Beyond Home-Host Dichotomies: A Comparative Examination of Gender Relations In A Transnational Mexican Community,” *Sociological Perspectives* 50, no. 3 (2007): 369.

immigration to the U.S not always becomes a space for sexual liberation, “Immigration and the economic opportunities that come with it do not always result in greater sexual autonomy. Myriad additional factors including age, marital status, immigration status, and work place environment likely affect an immigrant’s sexual independence.”<sup>259</sup>

Women’s conversations explained the reorganization of their mental schemes through the confrontation of new information they acquired from their environment, in this case living in Telluride, CO, with the information established from cultural and social norms while living in their country of origin. Thus, women become constructors of their new realities through the transformation of confrontational information. As Paulo Freire explains, “Implicit in the banking concept is the assumption of a dichotomy between human beings and the world: a person is merely in the world, not with the world or with others; the individual is spectator, not re-creator.”<sup>260</sup> In this context, women’s re-shaping of their approach to sex and use of condom was through their inherent ability to re-create their world, within a socio-economic political space, to be able to use it actively in their resistance to the settlement of mental schemes that did not allow them to fully explore and enjoy pleasure. This transnational space of re-shaping sexual pleasure and gratification, through the movements of locations and positions within those localities, opened new zones of exploration, where women were willing to search, and more importantly, to re-construct within their new spatial locality a conceptual, tangible and time related reality about their sexuality.

---

<sup>259</sup> Katie L. Acosta, “Lesbianas In The Borderlands: Shifting Identities and Imagined Communities,” *Gender and Society* 22, no. 5 (2008): 641-642.

<sup>260</sup> Freire, 75.

For participants, the use of condoms is directly tied to the perceptions that the community have towards women. They explained that women are extremely scrutinized just by talking and getting condoms. The community criticisms that women are exposed to for taking control of their health by the use of condoms produces shame and fear within women. These feelings have an overall impact in their decisions to protect themselves with the use of condoms.

Participants explained the relationship between promiscuity and condom use. Within their community, a woman that uses condoms is considered a “puta” (whore). As discussed within the subtheme on men’s promiscuity, women promiscuous behaviors are largely condemned by the community, while men’s promiscuous behaviors are normalized, naturalized, and widely accepted as part of the cultural norms. As Hernandez, Amy M., et al. explain, “When Hispanic female participants were asked why some Hispanic women who have safe sex knowledge still engage in unprotected sex acts, they explained their fears that a man will think they are too experienced with sex.”<sup>261</sup> These discrepancies are extended to the use of protection during sexual intercourse, where women are still shamed and extremely blamed as “putas” for taking care of their bodies while having sexual intercourse. This shame is absolutely not extended at all to sexual active males.

Women also expressed their concern about men not using condoms with women other than their partners. It was clear during the focus group the high stress that this dynamic causes in women, since their bodies and health are the ones exposed to whatever their partners can give to them. As referred by Michele G. Shedlin, Carlos Ulises

---

<sup>261</sup> Hernandez et al., 7.



Decena, and Denise Oliver-Velez, “Women saw themselves at risk even if in a monogamous relationship with husbands and boyfriends, and believed they could be infected more easily being in the United States.”<sup>262</sup> Adding to this dynamic, when women try to take care of their bodies, since they know about the infidelity of their partners, their partners would question women’s fidelity by accusing them of being with other men. As Michele G. Shedlin, Carlos Ulises Decena, and Denise Oliver-Velez explain, “Mexican men explained that they did not associate condoms with ‘pure love’ and thus would not use them with long-term partners or spouses.”<sup>263</sup>

Once again, the blame and shame are placed onto women. Men’s responsibility with their own bodies and their partners’ bodies are set aside, and what is brought up to the front of the conversation is women’s sexual integrity among members of the community. The community’s policing of women’s sexuality and men’s regulation on women’s bodies through shame and blame when trying to use condoms, are directly related to the transmission of HIV/AIDS, debunking assumptions related to the individual behaviors as high risk factors for the transmission of HIV/AIDS.

Another interesting issue that participants brought up within the focus groups was women’s promiscuity. As conversations kept happening fluidly during the focus groups and the topic of men’s promiscuity was being debated, participants talked about women’s capacity to be as unfaithful as men are. As Maura I. Toro-Morn refers, “The

---

<sup>262</sup> Michele G. Shedlin, Carlos Ulises Decena, and Denise Oliver-Velez. “Initial Acculturation and HIV Risk among New Hispanic Immigrants.” *Journal of the National Medical Association* 97, no. 7 (2005): 36.

<sup>263</sup> Michele G. Shedlin, Carlos Ulises Decena, and Denise Oliver-Velez. “Initial Acculturation and HIV Risk among New Hispanic Immigrants.” *Journal of the National Medical Association* 97, no. 7 (2005): 35.

docile mother who only leaves home to go to church or the faithful wife who endures her husband's sexual infidelity have become images used to support the ahistorical and stereotypical notion of Latinas as the ever-suffering, family-and-church-bound women."<sup>264</sup>

Women's comparisons were made by pointing out there are no differences between both sexes when the time to be unfaithful arrives. This distinction did not place blame on women. To the contrary, the tone that participants used to explain this issue was more aligned with trying to challenge essentialist assumptions about them, like Latinas' docility, submissiveness, passivity, low sexual drive, naiveté, etc. Also, women showed their disagreements and frustrations towards their community when talking about women's unfaithfulness. For participants, women's unfaithful behavior is condemned more severely than men, while men's unfaithful behavior is accepted and normalized by community cultural norms.

Subsequently, women's conversations provide a different insight in the understanding of the relationship that women have with each other. The awareness of the differential treatment between women and men within their community, as well as observation of the normalization of certain behaviors seen on men but demonized in women, becomes critical for the "re-invention" and re-structuring of the world they live in. As Paulo Freire explains, "Knowledge emerges only through invention and re-invention, through restless, impatient continuing, hopeful inquiry human beings pursue in the world, with the world, and with each other."<sup>265</sup> Within these moments of awareness,

---

<sup>264</sup> Toro-Morn, 279.

<sup>265</sup> Freire, 72.

women are in charge of the construction of spaces where they can freely participate actively in the “re-invention” of their realities.

## **Major Theme 5: Knowledge of Community Resources**

### **HIV Testing (subcategory)**

Participants had a clear understanding about the availability of HIV testing at both health institutions with the TMC providing affordable HIV testing because of the “descuento para los Hispanos” (Hispanic discount). Participants, however, did express confusion about the costs of this specific service. Women were confused about if the services were free or not. As the women explained,

“Lo que he sabido es que te dan gratis en la clinica el examen para el VIH, ese si te lo dan gratis”

“Bueno, no se si te fijaste que en esta vez no lo hicieron”

“Pero tienes que pagar para que te lo hagan [Enfermeras del Condado]”

“En la clínica lo daban [gratis]”

“What I've learned is that you get free HIV testing in the clinic, you get tested for free”

"Well, I don't know if you noticed that this year they didn't do it"

"But you have to pay to get it done [County Nursing]"

"You just to get it at the clinic [free HIV testing]"

A few participants intended to clarify this misunderstanding by pointing out that the TMC used to offer free HIV testing during annual physicals in the month of May, as an optional service, while the testing at the SMCN was all the time at the cost of the patient. Further dialogs illustrated the continued confusion about the community services,

“Hay exámenes gratis en el medical center, confidenciales, todo el año”

“Cada mayo”

“Cada año”

“Es un examen general”

“Porque ahora yo que fui ahí decía que \$40 pos si quería hacer la prueba del sida”

“Porque allí [Enfermeras del Condado] nada mas se hacen el papanicolaou... pero el de VIH te lo cobran”

“There are free testing a the medical center, confidential, all year”

“Each May”

“Each Year”

“It is a annual physical exam”

“Because I went there and it said that it would be \$40 if I wanted to have HIV testing”

“Because there [County Nursing] is just the pap smear, but they charge you for the HIV test”

“Yo no puedo decir que sea gratis porque no, nunca he sabido”

“Yo pense que lo hacian cada año, cuando hacen lo de chequeo fisico”

“Todo el tiempo segun yo se”

“I can't say that is free because no, I never knew”

“I thought they did it every year, with the physical exam”

“All the time according to what I know”

Women conveyed their satisfaction with TMC services and the precautions taken to keep their information confidential. One woman voiced,

“De hecho tuvimos una fiestasita en el Elks, había verduritas y cervezas y bien relax, y de ahí bajamos y te ibas por la puerta de atrás. Entrabas por la puerta de atrás y te hacían el examen, así como muy discreto”

In fact, there was a party at the Elks, there were vegetables, beer, and it was relaxing. Then we went downstairs and you would leave from the back door. You would enter through the back door, you got tested, and just like that, very discrete”

On fears of being criticized by the community, some women commented how they never took an HIV test, even when available. As a woman said,

“No pues, la verdad yo no me lo he hecho”

“Osea porque le da verguenza tal vez de ir a ese examen...A lo mejor ya no me van a ver con buenos ojos, no me van hablar”

“Because no, I really never had it done”

“Well, because maybe we are embarrassed to go to get tested...Maybe they won’t look at me with good eyes, they are going to stop talking to me”

### **HIV Treatment (subcategory)**

Women had no knowledge of HIV/AIDS treatment or simply where to get information about treatment. However, a woman commented on her friend’s experience about an affordable option for treatment through the clinic,

“En la clínica le dieron un descuento pues, y el se estaba controlando del sida”

“He got a discount in the clinic, and he was managing his illness”

### **Health Services (subcategory)**

Community response to HIV/AIDS included the services that are available. Participants were able to identified only two health care entities that provided HIV/AIDS testing. The Telluride Medical Center (TMC) and the San Miguel Nursing County were recognized as predominant institutions to access to health care services within the Telluride community. The Telluride Medical Center was identified as the most visited medical organization, since this institution provided medical interpretation and translation services to its patients.

When addressing the HIV/AIDS services available many participants spoke about cost and other health services that they felt were important. However, due to their lack of finances many of these women had to access services in the month of May. Not all, but most participants knew that the month of May is Health Month whereby health services are offered for free to the Latino community residing in San Miguel County. Participants referred to these services as preventative care. During the focus groups women showed their contentment with the availability of these services for them and their families. One woman happily stated,

“Yo llamé a la clínica. Me dijeron que sí, que era para los hispanos, que era para hombres, mujeres; que era gratis, y son, pues es un examen general, osea que hacen de todo. Si el examen anual, de todo”

“I called the clinic. They told me yes, that is was for Hispanics, that it was for men, women; that is was free, and, well, it is a general exam, I mean, they do everything. Yes, the annual exam, everything”

Throughout the rest of the year, discounts for medical services are available for Latinos/as that do not have medical insurance. These discounts vary from 20% to 80% off depending household income. In rare cases, discounts are available up to 100% off.

As a woman refers,

“A veces ayudan como el 70% u 80% en la clínica. Bueno, a mí me ha tocado hasta el 80% por mis dos niñas”

“In the clinic, sometimes they help with 70% or 80%. Well, I even had 80% because of my two daughters”

## **Discussion**

Overall, participants had a good understanding of the places where they could access HIV preventative services like HIV testing. The debate among participants was about the price of the test and which location offers those tests for free. In this context, it is reassuring that at least the overall immigrant Latina population knows about the HIV testing in the community.

It is important to mention the fact that the local clinic has done a great job providing extreme precautions to protect the confidentiality of members of the Latino/a community while getting tested. These efforts have created a safe and welcoming environment that is perceived and voiced by participants. However, fears to criticism stills play a role on preventing women from getting tested, and getting other health care services.

Participants' knowledge about the availability of treatment for people with HIV/AIDS in the community comes from personal interactions with some members of the community who are HIV positive.

In this context, the anxieties and skepticism around HIV/AIDS are translated into shame, prejudice and negative attitudes towards programs that offer services and towards those who desire obtain services from them. Efforts to increase the amount of people accessing HIV/AIDS preventative services should be tied to efforts on changing the culture of skepticism through the building of strong relationships with minority communities, thus acquiring better results in the fight of HIV/AIDS.

## CHAPTER SIX: CONCLUSIONS

*“La temporada de diciembre se termina en Abril y Mayo, y luego estoy en octubre y noviembre sin trabajo. Cuatro meses sin trabajo.”*

*“The season finishes in April and May, then October and November without work. Four months without work.”*

This quote illustrates the realities of most immigrant Latinas living in the town of Telluride and surrounding communities. Known as one of “the world’s most exclusive ski resorts,” Telluride’s “exclusivity” is greatly shown by the economic disenfranchisement of vulnerable populations, resulting in exacerbated wealth disparities between whites and the immigrant community. Wealth disparities are also translated into health disparities, where efforts by the local non-profit community based clinic to minimize this gap through “affordable” payment options and health care programs, has at least created a somewhat trusted environment where the majority of immigrant Latinos/as community members access to health services.

The assumption that the immigrant community has access to health care “options” within a system that systematically has excluded them from the economic advantages that the white affluent community enjoys, is a product of the neoliberal discourses incorporated within the market based health care system. And the illusion of “personal responsibility,” also a product of neoliberal ideologies, is violently imposed within the contemporary health care system. Here, the privilege to “choose” from “options” becomes a recreational practice for those who hold the economic means to create the illusion of “personal freedom and responsibility” to “choose.” For the disposable body, these ideals become a set of practices that exclude them from the joy



of living a healthy life style, where the contextualization and conceptualization of the intersections of race, gender, class and citizenship, deepens the structural vulnerabilities they are subjugated to.

For immigrant Latinos/as in San Miguel county, meeting educational goals or daily subsistence while not having the economic resources to do so, young Latinos/as become rapidly part of the Telluride service industry workforce. In these circumstances buying food, and paying for housing, becomes more important than getting a college degree or seeking health care. Adding to the already disproportionate wage gap, it is extremely important to mention that not having the proper documentation to work in this country is a severe hindrance to accessing health care since they are not eligible for ACA and have no economic means. This situation places immigrant Latinas at great risk for HIV/AIDS.

The cultural essentialist premises that have dominated HIV/AIDS research, prevention and intervention programs, have contributed to the problematic of HIV/AIDS epidemics among Latinos/as. As long as “machismo” is seen as a mere cultural trait, and not as a practice where patriarchy, colonization, capitalism, sexuality, and transnationalism are considered, we may continue to see an increase of HIV/AIDS among immigrant Latinas. The same reference could be extended to the issue of “marianismo,” where the assumption of the “inherent passivity” of Latinas has created this “object” in need to be “saved,” instead of an agent of change and transformation rooted in their own construction of knowledge through their lived experiences.

In this context, this study shows the structural vulnerabilities that immigrant Latinas face in San Miguel County where the reader is submerge into the socio-

economic political contextualization of the HIV/AIDS epidemics in the area. It provides an introduction to the necessity of a deeper understanding of transnational spaces and sites within the dynamics of HIV/AIDS, in order to incorporate more suitable prevention and intervention programs. Lastly, this study expands the colonial understandings of Latino/a's cultural norms and its direct relationship with counterproductive HIV/AIDS prevention and intervention programs within Latino/a communities, with the goal to produce projects born from the epistemes of the population to serve, and not the violent imposition of western lenses.

### **Limitations**

Although this study brings to light new HIV/AIDS issues and concerns among immigrant Latina women in San Miguel County, it has its limitations. The main limitation of the research was the generalizability of the study. Namely, this is the study of a specific community, and how this community responds to specific issues that a specific vulnerable population has within this community.

Another limitation is the translation of the data into the English language. According to Marshall and Rossman the biggest ethical question on translating transcriptions is about the representation of the participants spoken voices.<sup>266</sup> To avoid misinterpretation of women's stories, the entire data analysis was done in the Spanish language, as a commitment to represent participant's voices in the research. However, challenges were still present when translating some quotes into the English language, where the audience potentially would not capture or have in depth understanding of the translated data's cultural nuances. As Fenna van Nes, Tineke Abma, Hans Jonsson,

---

<sup>266</sup> Marshall and Rossman, 167.

and Dorly Deeg explain, “Translation of quotes poses specific challenges, because it may be difficult to translate concepts for which specific culturally bound words were used by the participants.”<sup>267</sup>

## **Recommendations**

This study has provided some important insights into possible culturally appropriate intervention and prevention programs that I feel is important to share:

1. The creation of “platicas.” Platicas is a group of ladies sitting together having a conversation. It is a place for women to share and have open and honest conversations. The process of exchanging of information and knowledge can help women clarify ideas, challenge knowledge, and guide them to resolve problems.

The vocalization of women on the inclusion of men during the “platicas” shows the spaces that immigrant Latinas are trying to create for their men and the men in their community. While women did not talk about what these spaces would look like, the possibility of introducing men in the talk of HIV/AIDS was a concern for them, since they strongly consider this topic being a men’s issue as well. As a woman refers,

“Dárselos primero a los papas [charlas], juntos [mother and father], para que los papas tengan conciencia”

“Give them first to the parents [talks], together [mother and father], so parents can be aware”

2. Broaden health professionals’ knowledge of the people they work with. It is recommended that they begin to ask basic questions about their cultural, social, and

---

<sup>267</sup> Fenna van Nes, Tineke Abma, Hans Jonsson, and Dorly Deeg, “Language Differences in Qualitative Research: Is Meaning Lost In Translation,?” *European Journal of Ageing* 7, no. 4 (2010): 315.

political background that will allow them to work more effectively with immigrant Latina women.

3. The use of community based participatory research to include immigrant Latina women in the development of all interventions and preventions efforts in their communities. At the same time, prevention efforts should include healthy ways to explore sexuality. This is important because their active participation in the creation of alternatives solutions to access health care knowledge directly challenges the paternalistic imperialists views from the dominant culture on marginalized communities. These views assume the lack of “authentic thinking, thinking that is concerned about reality”<sup>268</sup> constructed from the experiences of racialized gendered undocumented immigrants within the U.S. This linear thought is seen as well in the branches that sustains the political body of this country, which in the health care system is reflected by the racialized access to health care, health literacy, but most importantly, the racialized access to information and knowledge that could potentially determine their chances to a healthy life. As Paulo Freire describes, “to alienate human beings from their own decision-making is to change them into objects.”<sup>269</sup> This study has worked towards the participants’ own empowerment through using CBPR which allows for the participants to be partners in the study.

4. Development of culturally appropriate HIV/AIDS materials in places that immigrant Latinas visit frequently. Places such as the local clinics, library, and community gatherings, and local newspapers.

---

<sup>268</sup> Freire, 77.

<sup>269</sup> Freire, 85.

5. More collaborative work within the community. Prevention education efforts should be based in the needs, knowledge, and readiness of the community. Creating strong collaborative efforts with different community-based organizations is imperative in the prevention and education movement. Failing to do so endangers the access and sustainability of attendance for implemented programs in the community.

And lastly, the development of community-based health information outreach projects that may empower the community to become more engaged in the field. The community is an underutilized resource in building and strengthening core capacity so there is a strong need to empower communities and transform social structures to create a community that recognizes the reality of HIV/AIDS. It is through this growth that the community can then share knowledge and skills to create an environment where people can engage in protective behavior and support their fellow community members.

## BIBLIOGRAPHY

Abreu, S, A. C. Sala and E. M. Candelaria. "Understanding the Barriers that Reduce the Effectiveness of HIV/AIDS Prevention Strategies for Puerto Rican Women Living in Low-income Households in Ponce, PR: A Qualitative Study." *Immigrant Minority Health* 12 (2010): 83-92.

Acosta, Katie L. "Lesbianas In The Borderlands: Shifting Identities and Imagined Communities." *Gender and Society* 22, no. 5 (2008): 639-659.

Akers Chacón, Justin, and Mike Davis. *No one is Illegal: Fighting Racism and State Violence on the U.S.-Mexico Border*. Chicago: Haymarket Books, 2006.

Amaro, Hortensia, Anita Raj, Elizabeth Reed, and Monica Ulibarri. "Getting Personal: Progress and Pitfalls in HIV Prevention Among Latinas." *Psychology of Women Quarterly* 34, no. 4 (2011): 655-670.

"American Fact Finder." *United States Census Bureau*. Accessed March 2014.  
<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

Atkinson, Rowland and John Flint. "Accessing Hidden and Hard-to-Reach Populations: Snowball Research Strategies." *Social Research Update* 28, no. 1 (2001).

Bacon, David. *Illegal People: How Globalization Creates Migration and Criminalizes Immigrants*. Boston: Beacon Press, 2008.

Barajas, Manuel, and Elvia Ramirez. "Beyond Home-Host Dichotomies: A Comparative Examination of Gender Relations In A Transnational Mexican Community." *Sociological Perspectives* 50, no. 3 (2007): 367-392.

Baral, Stefan, Claire E. Holland, Kate Shannon, Carmen Logie, Paul Semugoma, Erin Papworth, Fatou Drame, and Chris Beyrer. "Enhancing Benefits or Increasing Harms: Community Responses for HIV Among Men Who Have Sex With Men, Transgender Women, Female Sex Workers, and People Who Inject Drugs." *Journal of Acquired Immune Deficiency Syndromes* 66, no. 3 (2014): 319-328.

Becker, Adam B., Barbara A. Israel and Alex J. Allen III. "Strategies and Techniques for Effective Group Process in CBPR Partnerships." In *Methods in Community-Based Participatory Research for Health 2005*, edited by Barbara A. Israel, Eugenia Eng, Amy J. Schulz and Edith A. Parker, 52-73 (San Francisco: John Wiley & Sons, Inc., 1998), 64.

Berg, Bruce L. *Qualitative Research Methods For The Social Science*. Needham Heights: Allyn & Bacon, 2004.

Borders, Tyrone F., Angelique Brannon-Goedke, Ahmed Arif and Ke Tom Xu. "Parents' Reports of Children's Medical Care Access: Are There Mexican-American versus Non-Hispanic White Disparities?" *Medical Care* 42, no. 9 (2004): 884-892.

Bowleg, Lisa. "The Problem with the Phrase Women and Minorities: Intersectionality – An Important Theoretical Framework for Public Health." *American Journal of Public Health* 102, no. 7 (2012): 1267-1273.

Braedley, Susan and Meg Luxton. "Competing Philosophies: Neoliberalism and the Challenges of Everyday Life." In *Neoliberalism and Everyday Life 2010*, edited by Susan Braedley and Meg Luxton, 3-22. Quebec: McGill-Queen's University Press, 2010.

Brooks, Ronald A., Mark A. Etzel, Ernesto Hinojos, Charles L. Henry and Mario Perez. "Preventing HIV Among Latino and African American Gay and Bisexual Men in a Context of HIV-Related Stigma, Discrimination, and Homophobia: Perspectives of Providers." *National Institute of Health* 19, no. 11 (2005): 737.

Burns, Diana and Melanie Walker. "Feminist Methodologies." In *Research Methods in the Social Sciences 2005*, edited by Bridget Somekh and Cathy Lewin, 66-73. Thousand Oaks: SAGE Publications Inc., 2005.

Cashman, Rebecca, Eugenia Eng, Florence Siman, and Scott D. Rhodes. "Exploring the Sexual Health Priorities and Needs of Immigrant Latinas in the Southeastern United States: A Community-Based Participatory Research Approach." *AIDS Education and Prevention* 23, no. 3 (2011): 236-248.

"Census 2010." *Censusviewer.com*. Accessed March, 2014.  
<http://censusviewer.com/city/CO/Telluride>

Chant Sylvia and Nikki Craske. *Gender in Latin America*. New Brunswick: Rutgers University Press, 2003.

Charmaz, Kathy. *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. Los Angeles: Sage Publications Ltd, 2006.

Chase, Sabrina Marie. *Surviving HIV/AIDS in the Inner City: How Resourceful Latinas Beat the Odds*. New Jersey: Rutgers University Press, 2011.

Chavez, Vivan, Bonnie Duran, Quinton E. Baker, Magdalena M. Avila and Nina Wallerstein. "The Dance of Race and Privilege In CBPR." In *Community-Based Participatory Research for Health: From Process to Outcomes 2008*, edited by Meredith Minkler and Nina Wallerstein, 81-97. San Francisco: Jon Wiley & Sons, Publishers, 2008.

Cianelli, Rosina, Natalia Villegas, Sarah Lawson, Lilian Ferrer, Lorena Kaelber, Nilda Peragallo, and Alexandra Yaya. "Unique Factors that Place Older Hispanic Women at Risk for HIV: Intimate Partner Violence, Machismo, and Marianismo." *Journal of the Association of Nurses in AIDS Care* 24, no. 4 (2013): 341-354.

Clemans-Cope, Lisa, Genevieve M. Kenney, Matthew Buettgens, Caitlin Carrol and Fredric Blavin. "The Affordable Care Act's Coverage Expansions Will Reduce Difference in Uninsurance Rate by Race and Ethnicity." *Health Affairs* 31, no 5 (2012): 920-930.

Cohen, Deborah. "From Peasant to Workers: Migration, Masculinity, and the Making of Mexican Workers in the US." *International Labor and Working-Class History*, no. 69 (2006): 81-103.

"Colorado High Schools." *Usnews.com*. Accessed March, 2014.  
<http://www.usnews.com/education/best-high-schools/colorado/districts/telluride-school-district/telluride-high-school-4348>

"Colorado State University Extension." *Sanmiguelcounty.org*. Accessed March, 2014,  
<http://www.sanmiguelcounty.org/171/CSU-Extension-Office>

Crystal, Stephen, Usha Sambamoorthi, Patrick J. Moynihan, and Elizabeth McSpirtt. "Initiation and Continuation of Newer Antiretroviral Treatments among Medicaid Recipients with AIDS." *Journal of General Internal Medicine* 16, no. 12 (2001): 850-859.

Daily, Johanna, Paul Farmer, Joe Rhatigan, Joel Katz, and Jennifer Furin. "Women and HIV Infection: A Different Disease?" In *Women Poverty and AIDS: Sex, Drugs and Structural Violence 2011*, edited by Paul Farmer, Margaret Connors, and Janie Simmons, 125-144. Monroe: Common Courage Press, 2011.

Decena, Carlos Ulises. *Tacit Subjects: Belonging and Same-Sex Desire Among Dominican Immigrant Men*. Durham: Duke University Press, 2011.

"Definitions." *Cdc.gov*. Accessed January, 2016.  
<http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

Denzin, Norman K. and Yvonna S. Lincoln. "The Discipline and Practice of Qualitative Research." In *The SAGE Handbook of Qualitative Research 2005*, edited by Norman K. Denzin and Yvonna S. Lincoln, 1-32. Thousand Oaks: SAGE Publications Inc., 2005.

Díaz, Rafael M. Jorge Sánchez, and Kurt Schroeder. "Inequality, Discrimination, and HIV Risk: A Review of Research on Latino Gay men." In *HIV Prevention With Latinos: Theory, Research, and Practice 2012*, edited by Kurt C. Organista, 121-137. New York: Oxford University Press, 2012.

Duggan, Lisa. Introduction to *The Twilight of Equality? Neoliberalism, Cultural Politics, and the Attack on Democracy*. Boston: Beacon Press, 2003.



Echeverria, Sandra E. and Olveen Carrasquillo. "The Roles of Citizenship Status, Acculturation, and Health Insurance in Breast and Cervical Cancer Screening among Immigrant Women." *Medical Care* 44, no. 8 (2006): 788-792.

Edwards, Arlene E. and Charles B. Collins. "Exploring the Influence of Social Determinants on HIV Risk Behaviors and the Potential Application of Structural Interventions to Prevent HIV in Women." *Journal of Health Disparities Research and Practice* 7, no. 2 (2014): 141-155.

Ezeonu, Ifeanyi. "Crimes of Globalization: Health Care, HIV and the Poverty of Neoliberalism in Sub-Saharan Africa." *International Journal of Social Inquiry* 1, no. 2 (2008): 113-134.

Farmer, Paul, Margaret Connors and Janie Simmons. *Women, Poverty and Aids: Sex, Drugs and Structural Violence*. Boston: Partners in Health, 2011.

Fernades, Leela. *Transnational Feminism in the United States: Knowledge, Ethics, Power*. New York: New York University Press, 2013.

Freire, Paulo. *Pedagogy of the Oppressed*. New York: Continuum International Publishing Group, 1970.

Galanti, Geri-Ann. "The Hispanic Family and Male-Female Relationships: An Overview." *Journal of Transcultural Nursing* 14, no. 3 (2003): 180-185.

Garner, Elizabeth, Cindy DeGroen, Deying Zhou, Grant Nulle, Barbara Musick and Sheila Dorrell. "Regional Profile: West Central Colorado." *Dola*. Accessed March, 2014. <https://dola.colorado.gov/dlg/demog/profiles/region10.pdf>

"General Information." Norwoodcolorado. Accessed March, 2014. <http://norwoodcolorado.com/about-norwood/>

Goldstein, Fred. *Low Wage Capitalism: What the New Globalized High-Tech imperialism means for the Struggle in the U.S.* New York: World View Forum, 2008.

Goodman, Leo. "Snowball Sampling." *The Annals of Mathematical Statistics* 32, no. 1 (1961): 148-170.

Gupta, Geeta Rao, Justin O Parkhurst, Jessica A Ogden, Peter Aggleton, and Ajay Mahal. "HIV Prevention 4: Structural Approaches to HIV Prevention." *The Lancet* (2008): 52-63.

Hartmann, Heidi. "Capitalism, Patriarchy, and Job Segregation by Sex." *Signs* 1, no. 3 (1976): 137-169.

Harrington, Scott E. "U.S. Health Care Reform: The Patient Protection and Affordable Care Act." *The Journal of Risk and Insurance* 77, no. 3 (2010): 703-708.

Hernandez, Amy M., William A. Zule, Rhonda S. Karg, Felicia A. Browne, and Wendee M. Wechsberg. "Factors That Influence HIV Risk Among Hispanic Female Immigrants and Their Implications For HIV Prevention Interventions." *International Journal of Family Medicine* 2012, (2011): 1-11.

Hernández-Truyol, Berta E. "The Gender Bend: Culture, Sex, and Sexuality –A LatCritical Human Rights Map of Latina/o Border Crossings." *Indiana Law Journal* 83 (2008): 1283-1331.

Herzlinger, Regina E. Introduction to *Consumer-Driven Health Care: Implications for providers, payers, and policymakers*, Edited by Regina E. Herzlinger. San Francisco: John Wiley & Sons, Inc., 2004.

"HIV Among Hispanics/Latinos." *Centers for Disease and Control*. Accessed September, 2014. <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

Higgins, Jenny A., Susie Hoffman, and Shari L. Dworkin. "Rethinking Gender, Heterosexual Men, and Women's Vulnerability to HIV/AIDS." *American Journal of Public Health* 100, no. 3 (2010): 435-445.

Hirsch, Jennifer S., and Emily Vasquez. "Mexico-U.S. Migration, Social Exclusion, and HIV Risk: Multisectoral Approaches to Understanding and Preventing Infection." In *HIV Prevention With Latinos: Theory, Research, and Practice 2012*, edited by Krt C. Organista, 103-120. New York: Oxford University Press, 2012.

Hondagneu-Sotelo, Pierrette. *Gendered Transitions: Mexican Experiences of Immigration*. Berkeley: University of California Press, Ltd., 1994.

Hortensia Amaro, Anita Raj, Elizabeth Reed, and Monica Ulibarri. "Getting Personal: Progress and Pitfalls in HIV Prevention Among Latinas." *Psychology of Women Quarterly* 35, no. 4 (2011): 655-670.

Hannum, Hurts. *Autonomy, Sovereignty, and Self Determination: The Accommodation of Conflicting Rights*. Philadelphia: University of Pennsylvania Press, 1990.

Howard K. Koh, Garth Graham, and Sherry A. Glied. "Reducing Racial and Ethnic Disparities: The Action Plan From the Department of Health and Human Services." *Health Affairs* 30, no. 10 (2011): 1822-1829.

Israel, Barbara A, Eugenia Eng, Amy J. Schulz and Edith A. Parker. *Methods in Community-Based Participatory Research for Health*. San Francisco: John Wiley & Sons, Inc., 2005.

Israel, Barbara A., Amy J. Schulz, Edith A. Parker, Adam B. Becker, Alex J. Allen III, and J. Ricardo Guzman. "Critical Issues in Developing and Following CBPR Principles." In *Community-Based Participatory Research for Health, From Process to Outcomes 2008*, edited by Meredith Minkler and Nina Wallerstein, 47-66. San Francisco: John Wiley & Sons, Publishers, 2008.

Israel, Barbara A, Schulz, Amy J, Parker, Edith A, and Adam B. Becker. "Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health." *Annual Review of Public Health* 19, (1998): 173-202.

Kieffer, Edith C, Yamir Salabarría-Peña, Angela M. Odoms-Young, Sharla K. Willis, Gloria Palmisano, and J. Ricardo Guzman. "The Application of Focus Group Methodologies to CBPR." In *Methods for CBPR for Health 2013*, edited by Barbara A. Israel, Eugenia Eng, Amy J. Schulz and Edith A. Parker, 249-276. San Francisco: John Wiley & Sons, Inc., 2013.

Kissinger, Patricia J. and Michele G. Shedlin. "HIV/STI Risk among Latino Migrant Men in New Receiving Communities: A Case Study of Postdisaster New Orleans." In *HIV Prevention with Latinos: Theory, Research, and Practice 2012*, edited by Kurt C. Organista, 245-274. New York: Oxford University Press, Inc., 2012.

Lancaster, Roger N. *Life is hard: Machismo, Danger, and the Intimacy of Power in Nicaragua*. Berkeley: University of California Press, 1992.

Leichter, Howard M. "'Evil Habits' and 'Personal Choices': Assigning Responsibility for Health in the 20<sup>th</sup> Century." *The Milbank Quarterly* 81, no. 4 (2003): 603-626.

Light, Donald W. "Introduction: Ironies of Success: A New History of the American Health Care 'System'." *Journal of Health and Social Behavior* 45, (2004): 1-24.

Marshall, Catherine and Gretchen B. Rossman. *Designing Qualitative Research*. California: SAGE Publications, Inc., 2011.

McGregor, Sue. "Neoliberalism and Healthcare." *International Journal of Consumer Studies* 25, no. 2 (2001): 82-89.

Minkler, Meredith, and Nina Wallerstein. Introduction to *Community-Based Participatory Research: New Issues and Emphases*. Edited by Meredith Minkler and Nina Wallerstein. San Francisco: John Wiley & Sons, Publishers, 2008.

Mintz, Beth, and Donald Palmer. "Business and Health Care Policy Reform in the 1980s: The 50 States." *Social Problems* 47, no. 3 (2000): 327-359.

"HIV/AIDS and Hispanic Americans." *Minorityhealth.hhs.gov*. Accessed October, 2014. <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=66>

Moreno, Claudia L. "The Relationship between Culture, Gender, Structural Factors, Abuse, Trauma, and HIV/Aids for Latinas." *Qualitative Health Research* 17, no. 3 (2007): 340-352.

Nutbeam, Don. "Health Literacy as a Public health Goal: A Challenge for Contemporary Health Education and Communication Strategies into the 21<sup>st</sup> Century." *Health Promotion International* 15, no. 3 (2000): 259-267.

Ngai, Mae M. *Impossible Subjects: Illegal Aliens and the Making of Modern America*. Princeton: Princeton University Press, 2005.

Ong, Aihwa. *Neoliberalism as Exception: Mutations in Citizenship and sovereignty*. Durham: Duke University Press, 2006.

Paez Errickson, Sadye, Mayra Alvarez, Ralph Forquera, Tony L. Whitehead, Anthony Fleg, Tracey Hawkins, Dorothy C. Browne, M. Cookie Newsom, and Victor J. Schoenbach. "What Will Health Care Reform Mean for Minority Health Disparities?." *Public Health Reports* 126, no. 2 (2011): 170-175.

Peña, Manuel. "Class, Gender, and Machismo: The 'Traacherous-Woman' Folklore of Mexican Male Workers." *Gender and Society* 5, no. 1 (1991): 30-46.

Portes, Alejandro, Patricia Fernandez-Kelly and Donald Light. "Life on the Edge: Immigrants confront the American Health System." *Ethnic and Racial Studies* 35, no. 1 (2011): 3-22.

"Public Transportation," Telluride-co.gov. Accessed March, 2014. <http://www.telluride-co.gov/index.aspx?NID=254>

Pulerwitz, Julie, Annie Michaelis, Ellen Weiss, Lisanne Brown and Vaishali Mahendra. "Reducing HIV-Related Stigma: Lessons Learned from Horizons Research and Programs." *Public Health Reports* 125, no. 2 (2010): 272-281.

Rhatigan, Joe, and Johanna Daily. "Rereading the Clinical Medicine." In *Women Poverty and AIDS: Sex, Drugs and Structural Violence 2011*, edited by Paul Farmer, Margaret Connors, and Janie Simmons, 245-298. Monroe: Common Courage Press, 2011.

Rios-Ellis, Britt, Janice Frates, Laura Hoyt D'Anna, Maura Dwyer, Javier Lopez-Zetina and Carlos Ugarte. "Addressing the Need for Access to Culturally and Linguistically Appropriate HIV/AIDS Prevention for Latinos." *Journal of Immigrant Minority Health* 10, no. 5 (2008): 445 – 460.

Rosenbaum, Sara. "The Patient Protection and Affordable Care Act: Implications for Public Health, Policy and Practice." *Public Health Reports* 126, no. 1 (2011): 130-135.

Rylko-Bauer, Barbara, and Farmer, Paul. "Managed Care or Managed Inequality? A Call for Critiques of Market-Based Medicine." *Medical Anthropology Quarterly, New Series* 16, no. 4 (2002): 476-502.

"San Miguel and West Montrose Counties." *Extension.colostate.edu*.  
*Extension.colostate.edu*. Accessed March, 2014.  
<http://www.extension.colostate.edu/SanMiguel/>

Scheppers, Emmanuel, Els van Dongen, Jos Dekker, Jan Geertzen and Joost Dekker, "Potential Barriers to the Use of Health Services Among Ethnic Minorities: A Review," *Oxford Journals* 23, no. 3 (2005): 325-348.

Schlesinger, Mark. "Paying the Price: Medical Care, Minorities, and the Newly Competitive Health Care System." *The Milbank Quarterly* 65, no. 2 (1987): 270-296.

Schoen, Cathy, Michelle M. Doty, Ruth H. Robertson, and Sara R. Collins. "Affordable Care Act Reforms Could Reduce The Number of Uninsured US Adults by 70 Percent." *Health Affairs* 30, no. 9 (2011): 1762-1771.

Schwandt, Thomas A. *The Sage Dictionary of Qualitative Inquiry*. Thousand Oaks: Sage Publications, Inc., 2007.

Shedlin, Michele G, Carlos Ulises Decena, and Denise Oliver-Velez. "Initial Acculturation and HIV Risk among New Hispanic Immigrants." *Journal of the National Medical Association* 97, no. 7 (2005): 32-37.

Sifuentes-Jáurequi, Ben. *Transvestism, Masculinity, and Latin American Literature: Genders Share Flesh*. New York: Palgrave, 2002.

Simmons, Janie, Paul Farmer, and Brooke G. Schoeph. "A Global Perspective." In *Women Poverty and AIDS: Sex, Drugs and Structural Violence 2011*, edited by Paul Farmer, Margaret Connors, and Janie Simmons, 39-90. Monroe: Common Courage Press, 2011.

Singer, Audrey. "Immigrant Workers in the U.S Labor Force." *Brookings*. Accessed September, 2014. <http://www.brookings.edu/research/papers/2012/03/15-immigrant-workers-singer>

Smith, Norman. "Oral History and Grounded Theory Procedures as Research Methodology for Studies in Race, Gender and Class." *Race, Gender & Class* 9, no. 3 (2002): 121-138.

Sommers, Benjamin D. "Stuck Between Health and Immigration Reform –Care for Undocumented Immigrants." *The New England Journal of Medicine* (2013): 593-595.

Stoecker, Randy. "Are Academics Irrelevant? Approaches and Roles for Scholars in

CBPR.” In *Community-Based Participatory Research for Health, From Process to Outcomes, 2008*, edited by Meredith Minkler and Nina Wallerstein, 107-120. San Francisco: John Wiley & Sons, Publishers, 2008.

“Telluride Marshall’s Department Annual Report.” *Telluride-co.gov*. Accessed March, 2014. <http://www.telluride-co.gov/DocumentCenter/View/2750>

Teti, Michelle, Mariana Chilton, Linda Lloyd and Susan Rubinstein. “Identifying the Links between Violence Against Women and HIV/AIDS: Ecosocial and Human Rights Frameworks Offer Insight into US Prevention Policies.” *Health and Human Rights* 9, no. 2 (2006): 40-61.

Thompson, Becky. “Multiracial Feminism: Recasting the Chronology of Second Wave Feminism.” *Feminist Studies* 28, no. 2 (2002): 337-360.

Tongo, Ma. Dolores C. “Purposive Sampling as a Tool for Informant Selection,” *Ethnobotany Research & Applications* 5 (2007): 147-158.

Toro-Morn, Maura I. “Beyond Gender Dichotomies: Toward a New Century of Gendered Scholarship.” In *The Latina/o Experience, in Latinas/os in the United States: Changing the Face of America 2008*, edited by Havidan Rodriguez, Rogelio Saenz and Cecilia Menjivar, 277-293. New York: Springer, 2008.

Ulibarri, Monica D., Anita Raj, and Hortensia Amaro. “Love, Sex, and Power Revisited: The Integration of a Gendered Context in HIV Prevention among Latinas.” In *HIV Prevention With Latinos: Theory, Research, and Practice 2012*, edited by Kurt C. Organista, 63-81. New York: Oxford University Press, 2012.

Vaillancourt Rosenau, Pauline and Stephen H. Linder. “Two Decades of Research Comparing For-Profit and Nonprofit Health Provider Performance in the United States.” *Social Science Quarterly* 84, no. 2 (2003): 219-241.

Valverde, Eduardo E., Thomas Painter, James D. Heffelfinger, Jeffrey D. Schulden, Pollyanna Chavez and Elizabeth A. DiNenno. “Migration Patterns and Characteristics of Sexual Partners Associated with Unprotected Sexual Intercourse Among Hispanic Immigrant and Migrant Women In the United States.” *Immigrant Minority Health* (2014): 1826-1833.

Vega, Miriam Y., and Lina Cherfas. “The Landscape of Latina HIV Prevention Interventions and Their Implementation: Cultural Sensitivity in Community-Based Organizations.” In *HIV Prevention with Latinos: Theory, Research, and Practice 2012*, edited by Kurt C. Organista, 329-349. New York: Oxford University Press, Inc., 2012.

Wallace, Steven P., Jacqueline M. Torres, Tabashir Z. Nobari, and Nadereh Pourat. “Undocumented and Uninsured: Barriers to Affordable Care for Immigrant Populations.” *UCLA Center for Health Policy Research* (August 2013): 1-18.

Wallerstein, Nina, and Bonnie Duran. "The Theoretical, Historical, and Practice Roots of CBPR," in *Community-Based Participatory Research for Health: From Process to Outcomes 2008*, edited by Meredith Minkler and Nina Wallerstein, 25-46. San Francisco: Jon Wiley & Sons, Publishers, 2008.

White, Joseph. "Markets and Medical Care: The United States, 1993-2005." *The Milbank Quarterly* 85, no. 3 (2007): 395-448.

Zukoski Ann P. and Sheryl Thourburn. "Experiences of Stigma and Discrimination among Adults Living with HIV in a Low HIV-Prevalence Context: A Qualitative Analysis." *AIDS Patient Care and STDs* 23, no. 4 (2009): 267-276.