

# Entre Nosotras

(Between Us Women)

**Mexican Immigrant Women in Rural Florida  
Advancing the Prevention of HIV/AIDS**

*Anecdotes from the Entre Nosotras Project*

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## Introduction

About the authors: The Rural Women's Health Project (RWHP) team has worked in health promotion with farmworker communities throughout the Southeastern United States for 18 years. The team is composed of specialists in educational material development, public health, non-formal education, lay-health worker program development and community organizing. Project work utilizes quantitative and qualitative data collection with the involvement of lay-health workers. Data evaluation and analysis is carried out by the team, community member representatives and the RWHP Advisory Board which includes physicians, public health experts and educators.

Since its inception in 1991, the RWHP's work in rural communities has focused on HIV and interrelated social issues. The RWHP's three priority areas: 1) increased health literacy through the development of community-based health education materials, 2) dissemination of information to impact positive health behaviors through the training and implementation of lay-health worker programs, and 3) advocacy for farmworker communities with clinicians, social service providers and government entities.

### Between Us Women

Discussions between women have been the manner in which information has been passed on since the beginning of time. This is nothing new to the concept of sharing experiences; however, in rural America where large sectors of Mexican immigrants reside, the concept of *Entre Nosotras* (Between Us Women) takes on additional importance. It serves as a means of increasing interpersonal support, diminishing the barriers of health and social services, and as a strategy to strengthen communities as they struggle toward a better life. In dealing with issues as intimate as HIV/AIDS, *Entre Nosotras* is a clear strategy for building a space for its discussion and an avenue for addressing the internal barriers to women's risk reduction.

### HIV Prevention Barriers

HIV infection and its increase among Hispanics in the Southeastern United States correlate with the increase of the Hispanic immigrant population in the region.<sup>1</sup> HIV prevention is a daunting task in any community; however, it is further stymied by the classical barriers to accessing services by rural immigrants (language acquisition, migration, rural isolation, immigration status, discrimination and lack of health insurance). HIV/AIDS prevention within rural Mexican immigrant communities is additionally hampered by poverty, religious beliefs, cultural norms, and definitions of women's role as wife/companion and mother.

### Women's Voices Set the Prevention Opportunity

*I like the information that they (promotoras) bring to me. It makes me happy and lifts my spirit, because the booklet had a lot of helpful ideas to help me and to soothe my heart.<sup>B</sup>*

*Entre Nosotras...is helping us to open up and not be so timid...it gives me satisfaction to know that through the promotoras, many people are changing how they live their lives.<sup>A</sup>*

*I like it, because it is a program that lets us know that we are not alone and there are those who are concerned about us.<sup>C</sup>*

A) *Entre Nosotras* está...ayudándonos a desenvolvernos y no ser tan tímidas...me da satisfacción de que por medio de las promotoras, muchas personas han cambiado sus hábitos de vida.

B) *Me gusta toda la información que me trajeron. Me alegro y me levanta el ánimo porque el librito de "Acciones para una vida abundante" trae muchas cosas que le ayudan a uno y que ayudan al corazón.*

C) *Me gusta porque es un programa que nos deja saber que no estamos solas y que se preocupan por nosotros.*

*A special aspect for me is the power to help, to feel useful, and to listen to how the people feel happy because someone is there that can help them.<sup>D</sup>*



## A Snapshot of HIV/AIDS Among Hispanic Women in Rural Florida

HIV/AIDS is increasing among Hispanic women and men in Florida, the location of the *Entre Nosotras* project. This increase is notable nationally, especially in the Deep South.<sup>2</sup> In the U.S., the statistics show that more than 25% of all new HIV/AIDS diagnoses are women.<sup>3</sup> HIV infection among farmworkers and their families may be as high as 10 times the national rate.<sup>4</sup>

In Florida, Hispanic women represent 15% of HIV cases and have twice the national rate of corresponding AIDS cases.<sup>5</sup> Of the Hispanic women infected with HIV in Florida, 84% became infected through heterosexual activity.<sup>6</sup>

Several pieces of statistical data are helpful in providing a clearer perspective of the prevalence of HIV/AIDS. In two of the three rural counties of the *Entre Nosotras* project, Hispanic women living with HIV/AIDS outnumber their white counterparts three-to-one.<sup>7</sup> Yet, Hispanics comprise only 10% of the area's population.<sup>8</sup>

Insight into these statistics can be gleaned by looking at the lack of information within the community. In a 2009 HIV Knowledge Survey with 50 Mexican women (prior to the initiation of *Entre Nosotras*), it was clear that area women had a limited understanding of the intricacies of HIV. Only 14% knew that HIV was an incurable virus and 34% had no idea what HIV was. Yet, 52% believed that the Hispanic community was more at risk for HIV than other communities. When asked why, 20% stated that the community doesn't have information about the disease and 10% responded that the community doesn't give HIV much importance. While over 50% felt that the Hispanic community was at greater risk for becoming infected by HIV, 80% of the women surveyed stated that they were not personally concerned about infection.<sup>9</sup>

In the specific communities involved with *Entre Nosotras*, the barriers to HIV/AIDS awareness and testing are additionally hampered by limited access

D) *El aspecto especial para mí es el poder para ayudar y sentirme útil, y oír cómo las personas se sienten contentas que haya alguien que les puede ayudar.*

to health care. The following findings illustrate additional challenges to making HIV prevention a priority within the community.

- 63% do not have health insurance<sup>10</sup>
- 33% do not know where to go for medical care<sup>11</sup>
- 26% would like referral support for social services<sup>12</sup>
- 64% do not have a regular health provider
- 25% need assistance with transportation to medical care<sup>E13</sup>
- 15% already deal with a chronic illness<sup>F14</sup>
- 30% want more information about mental health issues<sup>G15</sup>
- 95% have concerns related to the anti-immigrant climate and/or fear of immigration sweeps that occur intermittently in the area<sup>16</sup>

Furthermore, these challenges are compounded when we look at additional daily realities facing many of the community women. Women's stories and messages gathered before and during *Entre Nosotras* present a community of women who are true pillars of their families, dedicated to family well-being, and committed to their spouse. But, traditional gender roles, a lack of willingness to accept their HIV risk as married women, and the statistical increase of HIV infection among Hispanic women in North Central Florida might tell another story. Here, the major mode of HIV transmission is through heterosexual sex. Therefore, *Entre Nosotras* had to look more in-depth at the risk factors expressed by the women:



*I never knew that being called bad names was abuse. I didn't know that I had any rights and that it was against the law.*

*I'm afraid to bring up the idea of using a condom with my husband. It will only make him remember the one time he was unfaithful. Then he'll get angry and communication will get bad again. It's better to chance getting pregnant.*

E) Finding from a survey carried out in neighboring Lake County with similar demographics.

F) An area study found that of 151 Hispanics interviewed 30% were dealing with at least one chronic illness (hypertension), and of those many had multiple illnesses. Also, 80% of those surveyed did not have a regular provider.

G) The data revealed that 50% wanted assistance and more information about emotional health. 30% stated they wanted help with depression, communication with their partner or child, or family therapy.

*He works hard, allowing me to stay home and care for the family. The least I can do is make him feel good at the end of a long day.*

*I was taught that as a woman I have to accept my husband. So, even though he cheats on me and gets angry, I have no choice. I have to give him sex and I have to put up with him even when he beats me.*

But all is not negative in the struggle to increase HIV prevention awareness and decrease risk. When asked, 58% of those surveyed stated that Hispanic women wanted to know more about HIV (transmission, testing and treatment), 24% stated that they would prefer to receive HIV information from a person who speaks Spanish, and 26% favored getting tested at a clinic where Spanish is spoken.<sup>17</sup>

Moreover, post-*Entre Nosotras* education campaign, the women's questions and requests reflect the opportunity for the introduction of additional concepts and tools for women to create more options for themselves and new feelings of hope for the resolution of existing challenges.

*Now we are well informed. It now all depends on us to take responsibility!*

*Now that I am informed, I now know about the types of protection.<sup>H</sup>*

*I hope that they (promotoras) continue informing the community, because there is a lack of information.<sup>I</sup>*



H) Ahora, estamos bien informadas. Todo depende de nosotras de tomar responsabilidad.

I) Ahora, no estoy en la ignorancia, yo sé las formas de protección.

J) Ojala siguieran informando más a la comunidad, porque había mucha falta de información.



*Thanks for the information that will be very helpful in taking care of our health.<sup>K</sup>*

*I really like that they (promotoras) visit me in my house to teach me about birth control and my body.<sup>L</sup>*

## The *Entre Nosotras* Experience

Encouraging HIV prevention among Hispanic women is much more than a simple discussion of transmission, prevention and testing. There is a clear need to focus on comprehensive women's health: well-care, chronic disease management, reproduction/birth control, emotional health, domestic violence, body functioning, sexual pleasure, and the relationship of these issues to cultural roles and traditional norms. What is required is the raising of health literacy, women's understanding of their rights, and the role of negotiation.

Lacking the understanding of the interrelatedness of the mind (rights, desires, fears) and body (illness, reproduction, risk reduction), HIV/AIDS prevention is near impossible. Without self-identification of risk, there is no action towards prevention. To succeed in affecting knowledge and risk reduction with Mexican immigrant women, three elements have been found to be useful: lay-health workers, flexible learning environments, and a dynamic set of educational tools and pedagogy.



*Entre Nosotras* used the *promotor* (lay-health worker) approach. The *promotoras*: 1) embraced the health topic and its relevance to the community, 2) were trained in both the topic and interactive presentation styles, and 3) participated in outreach to animate community women's participation in both

K) Gracias por la información que nos sirve bastante para cuidar nuestra salud.

L) Me da gusto que me hayan visitado en mi casa para enseñarme sobre el control de la natalidad y sobre mi cuerpo.

community *encuentros* (meetings) and one-on-one *orientaciones* (education sessions). The use of program-developed scripts for teaching, educational materials and contact sheets, assured message continuity and facilitated a strategic follow-up system, key to impacting behavior change.

Flexible learning environments were utilized so that women could either be met privately in their homes, come together as a group, or both. Each of these learning venues respects the community's style and the need to set building blocks for the development of a comprehensive women's health literacy program.



The pedagogic style was based on women's stories. The humor and real-life situations taken from community stories provided the key messages that sparked the women's self-identification of risk. Each lesson, either in a group setting or with a *promotora* at a home visit, included interactive materials (case study cards to examine emotional health, mini *radionovela* stories about fidelity and HIV risk, fertility wheels, puzzles of the reproductive system, etc.).



#### **Entre Nosotras included:**

- ❖ A focus on five health topics: emotional health, fertility, family planning, HIV/AIDS and sexually transmitted infection prevention
- ❖ Community-based educational materials (drawn from discussions, surveys and work with community partners)
- ❖ The creation of "*La Guía*," the area's only Spanish-language resource guide of health and social services
- ❖ Collaboration with partners to create an environment for humor, celebration and support among community women at all events and meetings

#### **Program Challenges:**

The *Entre Nosotras* *promotoras* faced a myriad of challenges that were a reflection of the realities of the community women targeted by this project.



- ❖ Women's work load: managing both household needs and employment, while men migrated for work

- ❖ Economic survival needs, due to unemployment, as a result of a full year cycle of natural weather catastrophes affecting agricultural and construction work<sup>M 18</sup>
- ❖ Fear of detention as women move around police check points on the main highway leading from residences to meeting places
- ❖ Lack of women's ability to pay for medical visits, and a lack of knowledge of community-based health centers with affordable services

#### **Additionally, the project tackled:**

- ❖ Limited funds to expand the *Entre Nosotras* program as requested by community women and the *promotoras* for additional women's health workshops and community-based outreach at day care centers, clinics and community businesses
- ❖ Florida DOH's Bureau of HIV's historically limited involvement or ability to successfully work within the community

#### **Entre Nosotras Successes**

- ❖ Three in-depth trainings of lay-health workers in women's health
- ❖ Seven *Encuentros sobre la salud femenina* (Women's Health Meetings)
- ❖ Three hundred, face-to-face, trainings by ten trained *promotoras* on both women's health and accessing community health and social services
- ❖ Coordination with the Bureau of HIV/AIDS Minority Coordinators and HIV educators in community events, resulting in direct HIV prevention and including a formal MOA with the *Alianza de Mujeres Activas* that also brought about a *National Women and Girls HIV Awareness* event
- ❖ Launching of the North Central Florida Farmworker Corridor HIV Task Force, resulting in the inclusion of 28 health and social service organizations and women's farmworker alliances that now provide across-the-board support for health services, farmworker health fairs and communication
- ❖ HIV education, testing and follow-up meetings, which resulted in the voluntary testing of female participants



M) In addition to the national economic crisis, the weather conditions in 2009 in Central Florida boasted both prolonged floodings and freezes, crippling agricultural production and steady employment in construction. Farmworkers and day laborers (a large population of the rural Hispanic immigrant population) were hit extensively, leading to unemployment and underemployment

- ❖ Twenty-two Community women participated in the development of an HIV/AIDS awareness poster in recognition of *World AIDS Day* and its subsequent distribution by the women of 100 copies to churches, schools, businesses and clinics
- ❖ Distribution of 1500 women's health materials to clinics, schools and churches
- ❖ Distribution of over 1000 Spanish language health and social service resource guides for three counties

#### **Entre Nosotras Educational Tools**

- *Pongámonos de acuerdo*: Family Planning Magazine
- *Acciones para una vida abundante*: Mental health booklet
- *Radionovela* story to spark discussion of married women's risk of HIV
- Fertility Cycle wheel
- Case studies card game on emotional health
- Condom wheel of "Come-ons and Put-ons"

### **Building HIV/AIDS Prevention with Mexican Immigrant Women, Seven *Entre Nosotras* Recommendations:**

To maximize HIV prevention with Mexican immigrant women, it is essential that self-identification of risk and risk reduction actions are relevant to their reality. To be successful, HIV issues need to be approached as part of a comprehensive women's health education program. This will diminish stigma, increase understanding of transmission, and allow for self-identification of risk. The inclusion of an emotional health component allows women to articulate their fears and to practice positive strategies to empower them to negotiate with partners. The inclusion of HIV testing into Well Women's Care visits is critical to a prevention strategy.

Incorporating lay-health workers into a prevention program allows for a built-in resource within the community. A combination of HIV prevention message continuity and community members prepared to assist with referrals and follow-up strengthen the campaign. The dissemination of prevention information in a variety of settings allows women to be met where they are (both physically and emotionally) to learn about issues as intimate as HIV/AIDS. Finally, it is essential that Resource Guides be put into the hands of the community women so they know what services are available and have the tools to make informed choices.



#### **Comprehensive Women's Health Literacy**

Reproductive and emotional health are the main tenants of comprehensive women's health. These elements are vital to the successful

utilization of risk reduction strategies by Hispanic immigrant women living in rural communities. Increasing comprehensive women's health literacy enhances their ability to synthesize how their emotional needs intersect with their bodies' function and the consequences of their health-related behaviors. Additionally, issues such as low self-esteem, mild depression, fear of violence, and the difficulty in articulating future goals can all be addressed within this context.

#### **Trained *Promotoras de salud***

Lay-health workers (*promotoras de salud*) are community allies. Trained to understand the intricacies of a health issue, they participate in education, orientation and/or follow-up. As community members, they live through the local challenges addressed by a program, but have been trained to recognize and articulate realistic solutions to health problems. Their role is transcendental, assuring that the prevention and risk-reduction messages are relevant to the community. Successful programs include attention to the preparation of uniform educational and follow-up messages of the campaign.



#### **Community-Developed Education Materials**

It is essential that the development of a health education program embrace the perspectives of the community. The gathering of their views and the direct participation of community members in the development of health messages and tools will reflect those perspectives. Interactive education, such as stories taken from the community and transmitted through audio, visual and print media, allows for the modeling of positive behaviors to enhance negotiation and other risk-reduction options.<sup>19</sup>

#### **Inclusion of Rapid HIV Testing at Well Woman Care Visits**

The incorporation of rapid HIV testing and prevention discussions as a part of all women's health visits is a proactive preventive strategy for Mexican immigrant women. These actions can serve to reduce the stigma of HIV and encourage sexually transmitted infections prevention as the norm for women's health. It can also increase the potential for testing and reduce the common problem of women not returning for results using traditional testing methods. Rapid testing benefits the importance of early detection of HIV among Hispanic women<sup>20</sup> by being able to offer testing /results to women while engaged in consultation with her health professional. Rapid HIV testing as part of Well Woman routine diminishes the need for a return visit,

side-stepping the fear of returning for the results. It also eliminates rural women's ever-present concerns of transportation and clinical costs for a return visit.

### Flexible Education Venues

Capturing women's interest about HIV is both essential and challenging. A combination of approaches increases the potential for maximum participation. Equally important is the choice of the venue. The use of large group meetings (*encuentros*), face-to-face encounters in homes<sup>N21</sup> and small, informal group gatherings help to meet the needs of the various levels of timidity and learning styles. Flexible venues maximize message delivery, strengthening the breadth of a campaign.



### Resources Placed in Community Hands



The lack of information and the accessing of health and social services are prevalent in rural Mexican immigrant communities. To meet the community's health needs, a resource Guide, *La Guía*, prepared in Spanish serves as a critical bridge to prevention. Concrete training and practice in using the Guide at the time of distribution increases exponentially the probability of the use of the Guide.<sup>O22</sup>

### Spanish-language Educators and Providers

The employment of Spanish speakers in outreach, education and testing is crucial to impacting the increased access to HIV information and participation in HIV testing by Mexican immigrant women living in rural areas. Research findings support that there is increased interest, clearer communication of concepts, and better trust when the Hispanic community members receive services in their primary language.<sup>23</sup>

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N) 80% of *Entre Nosotras* recipients of *promotoras'* trainings responded that they would like to attend Women's Health Meetings, the rest preferred home visits.

O) *Entre Nosotras' La Guía* was well received by the community (97% stated they found the Guide useful. 75% responded that they needed help getting services and that the Guide would assist them with their search).

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