

**Clarifying the Situation:
Let's Talk About HIV/AIDS ...
Facilitating Communication between Latina
Intergenerational Female
Family Dyads**

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Abstract

Lack of parental-child sexual-risk communication can contribute to increased sexual risk behavior and HIV/STI transmission (Rios-Ellis et al., 2011a). Researchers have also shown that the quality vs. quantity of parent-child sexual-risk communication can positively impact risk reduction (Wilson & Donenberg, 2004). Latinas currently have the second highest HIV/AIDS prevalence among women following African Americans. As the Centers for Disease Control and Prevention attempt to normalize HIV testing, it is imperative that culturally and linguistically relevant and gender-based interventions are developed to reduce risk among Latinas. *Hablando Claro* is a female-centered, culturally sensitive program aimed to reduce HIV/STI risk among Latinas by increasing risk communication between intergenerational female family dyads. Furthermore, *Hablando Claro* educated participants about condom use, domestic violence, and mental health. Latina intergenerational female family dyads aged 12 and older who reside in the cities of Paramount or Long Beach participated. Demographic forms, pre/post questionnaires, and follow-up telephone and in-person surveys were entered into SPSS and analyzed to determine if participation influenced sexual-risk communication, intention to use condoms, and intention to engage in HIV testing. Analysis demonstrated that the intervention increased sexual-risk communication and comfort level, as well as intention to use condoms and test for HIV.

Background

Thirty years have passed since the first case of HIV/AIDS was reported in the United States (Centers for Disease and Prevention [CDC], 2001). Every 9 1/2 minutes someone in the United State is infected with HIV/AIDS, contributing to the 1.1 million people who are thought to already be living with HIV/AIDS (AIDS, 2011). The United States population living with HIV/AIDS varies significantly depending on ethnicity. An example of this variation is found among Latinos, who make up 16% of the United States population but account for 19% of people diagnosed with HIV (CDC, 2011a).

There are approximately 200,000 Latinos in the United States living with HIV/AIDS (CDC, 2008). According to the Kaiser Family Foundation (KFF), in 2009 Latinos accounted for 21% of new AIDS diagnoses, which was the third highest of any ethnic group (KFF, 2011). One of the factors that exacerbates AIDS diagnoses among Latinos is that they are more likely than all other racial/ethnic groups to get tested during the later stages of HIV, receive an AIDS diagnosis within one year of learning their status, and die within 18 months of learning their status (Rios-Ellis et al., 2011b). Due to several barriers to health care access, including cost, lack of health insurance, lack of culturally and linguistically relevant health care providers, and others, Latinos are diagnosed late in the course of HIV/AIDS, rendering treatment less effective (Rios-Ellis et al., 2011b). According to Wohl, Tejero, and Frye (2009), Latinos are the last to be tested for HIV and the first to die from AIDS.

In 2008, 31% of new HIV cases were among people ages 13-29 (CDC, 2011b). Latinos aged 13-19 account for 21% of AIDS diagnoses among teens, and Latinos aged 20-24 account for 20% of new AIDS diagnoses among young adults, although Latinos aged 20-24 only represent 15% of the U.S. young adults (CDC, 2010). In 2007 of all the HIV-positive females and males aged 13-24, 18% and 20% were of Latino descent, respectively. In both cases Latino females and males had the second highest percentages following those of African American males and females (CDC, 2010). For males the most common HIV transmission category was male-to-male sexual contact (89.1%) and for females it was heterosexual contact (90.5%) (CDC, 2010).

Latinos are one of the minority groups that comprise the majority of the population of substantial regions in states such as California. Awareness of HIV/AIDS in the Latino community is needed to address major factors that contribute to high rates of HIV infection. In addition to the aforementioned contributing factors, social and cultural barriers, which are of equal importance, such as acculturation, values, and gender also play a vital role in Latino risk (Rios-Ellis et al., 2011b).

Latino youth also struggle with similar risk factors as their adult counterparts. Studies have shown that Latino parents can have a major influence in the sexual and contraceptive behaviors of Latino youth (Wilson & Donenberg, 2004). The increasing number of HIV/AIDS diagnoses among young Latinas aged 13-18 can be related to barriers to open communication about sexuality and contraception with family dyads and sex partners (Rios-Ellis et al., 2011a). Recent programs have sought to increase sexual communication among parents and adolescents by providing culturally relevant spaces for sexual education and communication. Programs targeting Latino parents and adolescents also hope to decrease HIV/AIDS rates in the Latino community by bolstering HIV/AIDS knowledge, as well as increasing intention and opportunity to test for HIV and sexual risk communication within the family.

Literature Review

Safe Sex. Learning accurate sexual risk information is vital to overcome misconceptions and myths found among Latino adolescents. A recent study revealed that Latino adolescents engaged in sexual intercourse on an average of 10 times per month and that condoms were used only 50% of the time. The study also showed that male adolescents used condoms more often than female adolescents and that communication between partners increased the use of condoms (Tschann, Flores, de Groat, Deardorff, & Wibbelsman, 2010).

In addition, it is also important to better understand the influence parents have on the sexual risk behaviors of their children. In a related study conducted on Latino adults most participants had experienced unprotected sex in the two years prior to the research project. For immigrant women, the length of time they had lived in the United States was associated with a lower probability of having unprotected sex within

the previous two years. Condom use is further complicated by the potential insinuation of infidelity and a loss of trust within the relationship, therefore inhibiting participants from asking their partners to use a condom (Rios-Ellis, Frates, D'Anna, Dwyer, Lopez-Zetina, & Ugarte, 2008).

HIV Testing. In the recent intervention *Protégé tu Familia: Hazte La Prueba* (Protect Your Family: Get Tested) that included *charlas* (educational talks) participants increased their intention to test for HIV. Those participants who had never tested for HIV demonstrated increased intention to get tested for HIV. Participants who were single demonstrated increased willingness to suggest HIV testing to partners (Rios-Ellis et al., 2010).

Partner Communication. Condom use is not normally discussed by Latinas due to several gender, culture, and economic factors. Situations such as the one discussed above often influence partner sexual communication. In *Protégé tu Familia: Hazte la Prueba*, *charla* (educational talk) participants felt more comfortable talking with a partner about sex, including sexual behaviors and safer sex practices after their participation. In the same study women also reported not wanting to discuss condom use because they feared angering their partners and arousing suspicion (Rios-Ellis et al., 2010).

Parent-Adolescent Communication. Few interventions have been designed to increase sexual communication among parents and adolescents. A study that intended to see the feasibility of a clinic-based parent intervention found that adolescents wanted to talk to their parents about sex, but felt that their parents needed help to communicate better (Bouris et al., 2010). Research has shown that frequency of communication is not necessarily what influences sexual behavior, but rather the way in which parents discuss sex (Wilson & Donenberg, 2004). In the study *Break the Silence*, there was an increase in mother-daughter communication observed, however, there was no change in the adolescent communication comfort levels (Rios-Ellis et al., 2011a). Although there was no significant change in communication comfort

levels, teens reported an increased ability to talk about sex with their mothers with less restraint (Rios-Ellis et al., 2011a).

Limitations of Previous Interventions. One of the most common limitations in the previously mentioned programs is that the interventions may be too long in duration to facilitate full participation. Limited participation may not allow for the person to experience the entire intervention and therefore pre and post survey results may be skewed. Another common limitation is that the geographic density of given Latino subpopulations may not allow for the representation of diverse Latino groups. Most of the participants in the aforementioned projects are of Mexican or Mexican American descent, which is not fully representative of the breadth of the U.S. Latino population. Some programs such as *Break the Silence* increased HIV-related knowledge, yet adolescents did not retain the information. In addition, sampling methods are not often random and interventions targeting Latinos are more likely to be conducted with convenience samples. Most programs focus on a population from a particular community, which also does not allow generalization of the findings to the larger U.S. Latino population.

Current Study. The current HIV intervention *Hablando Claro*, Clear Talk, was funded by the U.S. Department of Health and Human Services Office of Women's Health. The project's purpose was to increase HIV/AIDS-related awareness and knowledge, prevent HIV/AIDS/STIs, increase intention to test for HIV, and increase family-based sexual-risk communication. There are very few culturally relevant HIV prevention programs targeting Latinos and most focus on men who have sex with men (MSM), and injection drug use (IDU). A scant number deal with partner and family communication. *Hablando Claro* also sought to increase understanding of additional factors that contribute to the contexts of HIV risk among Latinas, such as mental health and domestic violence. I hypothesized that participation in *Hablando Claro*—a *promotores*-based HIV/AIDS prevention and sexual/reproductive health intervention for Latina intergenerational female family dyads—would lead to: increased sexual risk communication among Latinas within the family as well as greater intention to use condoms and test for HIV.

Methodology

Sample and Recruitment. Participants were recruited by *promotoras de salud* (peer community health educators). *Promotoras de salud* recruited participants by passing out flyers and by word-of-mouth. Participants' eligibility criteria included being: Latino/Hispanic descent, female, aged 12 and older, and a resident of Long Beach or Paramount, California. Participants were informed about the study and were required to sign informed consent prior to participation in the intervention.

Intervention. *Hablando Claro* (Clear Talk) consisted of an orientation session followed by two four-hour sessions held over two consecutive days. *Promotoras de salud* conducted each of the sessions in the participants' preferred language. The adolescent sessions were usually conducted in English, while their adult counterparts preferred Spanish. During activities in which both the adolescent and the adult were involved, the activity was conducted in Spanish. The *charlas* (educational sessions) were held in two different locations, depending on the city. Long Beach sessions were held at St. Mary's Medical Center and Paramount sessions at the Paramount Community Center. Each location had sufficient space for participants to be placed in two different rooms. The first session was usually held from 5:00 to 9:00 p.m., and the second was usually held from 10:00 a.m. to 2:00 p.m. the next day. HIV testing was offered during the two sessions, and if needed, counseling was made available through a bilingual bicultural licensed therapist.

Session one of the intervention focused on addressing cultural values and increasing knowledge regarding sex and sexuality. In addition, it also focused on improving the breadth, scope and frequency of sexual risk communication among Latino families. The intervention integrated presentations and activities to achieve these goals. Activities were used to put into practice what was being learned in the sessions. One of the activities required that the female adolescent and adult participants identify goals and aspirations for themselves and for each other and ways in which they required support and could support each other in achievement of their goals. The remaining activities focused on facilitating and culturally sanctioning sexual risk-related communication. For example, one activity demonstrated how much information can

change as it is passed down by having the adolescents and the adults play telephone.¹ Session two of the intervention focused on sexual health. Some of the topics consisted of HIV/AIDS and STIs, risk reduction strategies (using a condom), reproductive anatomy, and mental health. During this session one the activities consisted of learning how to put a condom on a penis model. The sessions were organized so as to include small group activities and discussions and were planned to encourage communication while increasing sexual health-related knowledge.

Procedure. Data were obtained through the use of self-administered demographic forms and pre-, post-, and follow-up questionnaires. *Promotoras de salud* facilitated the administration of the forms and questionnaires to ensure that each question was clear, all questions were answered, and to help participants with lower literacy levels. Adults and adolescents were seated in different rooms to avoid biased answers; in addition, participants who were related were not allowed to sit near each other. Three months after the intervention phone calls were made to the participants and they were asked if they would like to complete the follow-up questionnaires. If the participant agreed then the *promotora de salud* would read the questions to the participants aloud and record their responses.

Measures

Communication. Sexual-risk communication (sex, STIs, HIV/AIDS, pregnancy, condom use) between family members was assessed through six multiple choice questions. Questions were chosen from the pre-intervention survey and measured frequency of sexual risk-related communication within the past three months. The frequency of the communication was measured using the following responses: *never*, *rarely*, *sometimes*, or *often*.

¹ Telephone, also known as Chinese whispers, is "a game in which a message is passed on, in a whisper, by each of a number of people, so that a final version of the message is radically changed from the original" ("Telephone (game)," n.d.).

Communication Comfort Level. To assess the effects of the intervention on communication comfort level, five questions were grouped from the pre-, post-intervention, and follow-up surveys. The questions measured comfort level of sexual communication, STIs, HIV/AIDS, pregnancy, and condom use. Communication comfort level was assessed using responses that were adapted to a five-point Likert scale. Response options varied from (0%) *very uncomfortable* to (100%) *very comfortable* and were added together to calculate the pre-, post-, and follow-up scores. The aggregate of each time interval was then compared to determine differences in overall comfort level.

Condom Use. Efficacy regarding condom use was assessed using three questions from the pre- and post-intervention survey. Questions consisted of suggesting condom use to a partner, intention to use at next sexual encounter, and frequency of intention to use condoms. Responses were measured using a five-point Likert scale and options ranged from (0%) *completely disagree* to (100%) *completely agree*. The answer options were assigned a number ranging from one to five and the sum of the responses was used as the total score, which was compared at pre- and post-intervention intervals.

HIV Testing Intention. HIV testing intention was assessed using one question from the pre- and post-intervention survey. The question asked if the participant planned to have a HIV test within the three month period proceeding participation. Intention to test for HIV was measured using a five-point Likert scale and responses varied from (0%) *completely disagree* to (100%) *completely agree*. The average of the response score was measured at pre- and post-intervention and the sum of the responses was used as the total score, which was compared at pre- and post-intervention intervals to measure changes in intention to test for HIV.

Data Analysis

Data from the pre-, post- and follow-up questionnaire were entered onto the Statistical Package for the Social Sciences (SPSS). Answers that applied to what was being measured were grouped and used as scores. The scores were limited to those who answered all of the answers that were grouped. Frequency tests were then conducted on the scores to test the differences in intention to use condoms and test for HIV. Paired-Sample T-tests were conducted for adults and adolescents separately using the scores from the pre- and follow-up questionnaires.

Findings

Demographics. A total of 300 Latina participants completed the *Hablando Claro* curriculum ($n = 129$ adults) and ($n = 171$ adolescents). Ages ranged from 18 to 62 ($\bar{x} = 40.9$) among adults and 11 to 19 ($\bar{x} = 14.3$) among adolescents, respectively. Most adults (68.2%) reported being married and the majority of adolescents reported being single (81.4%). Participants' countries of birth varied from the United States, Mexico, Guatemala, and El Salvador. Among the adults the majority were born in Mexico (96%), while most of the adolescents were born in the United States (80.2%). Both adults (96.9%) and adolescents (63.7%) reported Spanish as their primary language. The highest level of education completed reported by participants varied between adults and adolescents. Most Adults (21%) reported some elementary school and adolescents (42%) reported some middle school.

Communication.

Table 1: Pre-intervention (Pre) and Follow-up (F-up) Adolescents' Communication Percentages.

In the past 3 months, how often have you talked with your partner(s) or the adult(s) you live with about the following topics?

	Sex		STIs		HIV/AIDS		Pregnancy		Condoms	
	Pre	F-up	Pre	F-up	Pre	F-up	Pre	F-up	Pre	F-up
Never	44.0	29.2	43.5	33.3	49.1	32.2	30.8	23.8	53.5	33.6
Rarely	24.4	27.1	23.8	20.8	21.3	26.6	21.9	17.5	24.1	25.2
Sometimes	24.4	35.4	23.8	31.9	24.3	32.9	32.0	36.4	14.7	28.0
Often	7.1	8.3	8.9	13.9	5.3	8.4	15.4	22.4	7.6	13.3

Adolescents. Communication frequency regarding sex, STIs, HIV/AIDS, condom use, and pregnancy increased significantly from the pre-test to the follow-up among adolescents ($t = -4.697$, $p = 0.000$). During the pre-test the average response varied between never and rarely ($\bar{x} = 1.975$). With the exception of pregnancy all other topics were reported with a frequency of *never* being discussed within the past three months with an adult. Over half of the adolescents (53.5%) reported *never* discussing using condoms with their parents within the past three months. Pregnancy was the only topic that was reported with a frequency of *sometimes* being discussed within in the past three months. The average response reported during the follow-up was *sometimes* ($\bar{x} = 2.294$). Communication regarding HIV/AIDS, pregnancy, and sex were all reported with a frequency of *sometimes* being discussed during the past three months. STIs and condom use were the topics most likely to *never* have been discussed. Most teens responded *never* (32.2%) or *sometimes* (32.9%) when reporting the frequency with which they discussed STIs with their parents. At follow-up one-third of the adolescents (33.6%) reported *never* having discussed condom use in the three months following the intervention, however, the percentage of people who reported *never* decreased from the pre-test.

Table 2: Pre-intervention (Pre) and Follow-up (F-up) Adults' Communication Percentages.

In the past 3 months, how often have you talked with your child(ren) you live with about the following topics?

	Sex		STIs		HIV/AIDS		Pregnancy		Condoms	
	Pre	F-up	Pre	F-up	Pre	F-up	Pre	F-up	Pre	F-up
Never	9.8	2.7	14.8	3.6	15.8	7.2	9.1	8.2	23.3	16.2
Rarely	19.5	10.8	14.8	11.7	19.2	9.9	10.7	6.4	13.3	9.9
Sometimes	29.3	39.6	29.5	34.2	24.2	36.9	26.4	27.3	26.7	22.5
Often	41.5	46.8	41.0	50.5	40.8	45.9	53.7	58.2	36.7	51.4

Adults. Adults' responses were different than those of their adolescent counterparts. Similar to the adolescents, the adults also demonstrated significant changes from pre-test to the follow-up ($t = -3.044$ $p = .003$). Adults' responses to the pre-test questions revealed that on average adults discussed sex, STIs, HIV/AIDS, condom use, and pregnancy with a frequency of *rarely* or *sometimes* ($\bar{x} = 2.932$). Although analyses revealed a high response frequency for *rarely* or *sometimes*, most participants still selected *often*. Average response during the follow-up was between *sometimes* and *often* ($\bar{x} = 3.253$). Over 50% of adults claimed to have more frequent conversations with their children when measured at follow-up, with the most common topics being condom use, STIs, and pregnancy.

Communication Comfort Level.

Table 3: Pre-intervention (Pre) and Follow-up (F-up) Adults' Communication Comfort Percentages.

How comfortable do you feel talking about each of these topics with your parent(s) or adults you live with?

	Sex		STIs		HIV/AIDS		Pregnancy		Condoms	
	Pre	F-up	Pre	F-up	Pre	F-up	Pre	F-up	Pre	F-up
Very Uncomfortable	29.8	15.2	23.4	11.1	22.6	11.1	22.0	11.8	33.3	11.2
Somewhat Uncomfortable	20.8	21.4	16.8	16.0	13.7	15.3	13.7	9.7	17.3	18.9
Neutral	25.0	27.6	29.3	31.9	33.3	27.8	26.8	27.8	23.8	23.8
Somewhat Comfortable	13.1	22.8	17.4	24.3	16.7	29.2	18.5	25.7	15.5	27.3
Very Comfortable	11.3	13.1	13.2	16.7	13.7	16.7	19.0	25.0	10.1	18.9

Adolescents. Paired sample T-tests revealed significant increases in sexual communication comfort level among adolescents before the intervention compared to follow-up ($t = -3.526$ $p = .001$). Communication comfort level increased significantly from 2.75 out of 5 to 3.21 out of 5. Pre-intervention answers showed that adolescents had *neutral* comfort level for most of the topics (STIs, HIV/AIDS, and pregnancy), but when discussing sex and condom use they reported being *very uncomfortable*. Frequencies as a measure of central tendency revealed that adolescents' comfort level discussing sex and condom use increased from pre-intervention to follow-up. Adolescents felt *neutral* about discussing sex and *somewhat comfortable* when discussing condom use. STIs, HIV/AIDS, and pregnancy comfort level after the intervention varied from *neutral* to *very comfortable*.

Table 4: Pre-intervention (Pre) and Follow-up (F-up) Adults' Communication Comfort Percentages.

How comfortable do you feel talking about each of these topics with your child(ren)?

	Sex		STIs		HIV/AIDS		Pregnancy		Condoms	
	Pre	F-up	Pre	F-up	Pre	F-up	Pre	F-up	Pre	F-up
Very Uncomfortable	8.0	6.3	5.6	4.5	6.4	5.4	6.3	4.5	7.3	9.9
Somewhat Uncomfortable	25.6	9.8	20.6	8.1	19.2	7.2	17.5	5.4	19.4	8.1
Neutral	8.8	10.7	14.3	9.9	11.2	8.1	10.3	10.8	9.7	9.0
Somewhat Comfortable	29.6	33.0	29.4	31.5	33.6	30.6	34.1	27.0	29.8	26.1
Very Comfortable	28.0	40.2	30.2	45.9	29.6	48.6	31.7	52.3	33.9	46.8

Adults. Adults' pre- and follow-up intervention results were higher than adolescents' results, however, like the adolescents the adults also had a significant increase in communication comfort ($t=-3.398$ $p=.001$). Adults' total communication comfort score increased from an average of 3.614/5 to 4.04/5. Adults' answers for comfort level on topics of sex, pregnancy, STIs, HIV/AIDS, and condom use varied between *somewhat comfortable* to *very comfortable*. During the follow-up over 40% of adults reported feeling *very comfortable* with the topics.

Condom Use.

Adolescents. Intention to use condoms increased from pre-intervention ($n = 2.134/5$) to post-intervention ($n = 2.498/5$) demonstrating an increase in adolescents' intention to use condoms. Pre-intervention results revealed that most adolescents were *neutral/unsure* regarding whether or not they would use a condom the next time they engaged in intercourse and use condoms more often. After the intervention, most adolescents (45.3% and 44.9%, respectively) *completely agreed* that they would use a condom during next sexual intercourse and use condoms more often.

Adults. Adults' intention to use condoms increased from pre-intervention ($n= 2.294/5$) to post-intervention ($n= 2.66/5$). Frequencies

revealed that most adults *agreed* that they planned to suggest condom use to their partners and that they would use a condom during their next intercourse encounter. However there were two common responses regarding condom use, *agree* and *completely agree*. Post-intervention frequency tests revealed that over 50% of adult participants *completely agreed* that they would suggest condom use to a partner, use a condom during their next intercourse encounter, and use condoms more often.

HIV Testing Intention.

Adolescents. When asked if they had ever been tested for HIV, 79.3% of adolescents reported never having been tested, 5.3% reported having been tested, and 15.3% reported being unsure. Further analyses revealed that only 5 of 27 adolescents who reported previous or active sexual intercourse had tested for HIV. Prior to the intervention 48.5% of adolescent participants were *neutral/unsure* regarding whether or not they planned to have an HIV test within the following three months. After the intervention, the adolescents' answers shifted and the percentages of adolescents who *completely agreed* or *agreed* to plan to have an HIV test in the next three months increased from 20.7% to 44.1 %.

Adults. All of the adult participants reported having been sexually active, however only 80.3% stated that they had ever been tested for HIV. Before the intervention, 42.1% of the adults *agreed* that they planned to have an HIV test in the next three months. After the intervention, the percentage of adults who *completely agreed* to test for HIV in the next three months increased from 27.8% to 44.8%.

Limitations

The current intervention findings are limited by the fact that it is based on a small, non-random, and convenience sample of Latinas living in Long Beach and Paramount. In addition, insufficient time hampered the *promotores'* and research staff's ability to gather more information from the participants. Data were collected from participants before and after the intervention and during three month follow-up survey intervals. The three-month follow-up may not have allowed enough time to analyze whether or not the intervention's effects remained significant.

Participants were asked to attend both days of the intervention, but not all were able to do so. Some found it difficult to attend both days of the intervention due to conflicting responsibilities. In order to be able to increase participants' attendance additional incentives may heighten intervention completion.

Conclusions

Data analyses not only revealed the effectiveness of the intervention but also demonstrated the differences in effectiveness among the youth and adult participants that comprised the intergenerational female family dyads. Most of the adults were raised in Latin American countries, unlike the adolescents who were predominately raised in the United States. Educational development and origin of education differed greatly between the female adults and their youth counterparts. At a young age the adolescent participants had already surpassed the average educational level of the adults. These differences influence the values that shape appropriate communication patterns in both parts of the intergenerational female family dyad. This difference in values often leads to difficulty in communication and *Hablando Claro* demonstrated its effectiveness in providing culturally relevant sexual risk-related education and facilitating family-based communication.

Reported sexual-risk communication and sexual-risk communication comfort varied between adults and adolescents. Although the adults claimed to have frequent conversations about sexual risk with their younger counterparts, adolescents claimed that these conversations were not as frequent as their adult counterparts claimed. This may be due to the developmental stage of adolescence as they are often distracted and have a myriad of developmental events and stimuli at that stage of growth (Miller, Kotchick, Dorsey, Forehand, & Ham, 1998). Differences also may be due to previous exposure to sex-related dialogue. Whereas it has become somewhat commonplace for adolescents to discuss sex in contemporary society, Latina adults raised in traditional Latin American households within their countries of origin may perceive frequency of sexual risk-related dialogue as more than their adolescent counterparts. Notwithstanding, the adolescents' reporting of the frequency of sexual risk-related conversations increased from *never* to *sometimes* at follow-

up. In addition, pregnancy was one of the sexual-risk conversation topics that both adults and adolescents claimed was discussed frequently. Although discussion of pregnancy is more commonplace, little dialogue was reported regarding birth control methods, including condom use.

In the future, I would like to conduct research on the factors that influence the frequency of pregnancy discussion within Latino families, as opposed to other topics related to pregnancy such as sex, birth control, STIs, and HIV/AIDS. In addition, I would like to study the effects of this intervention on adolescents' perceptions of future sexual risk-reduction dialogues with their prospective children and families.

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