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Development of an HIV prevention and life skills program for Spanish-speaking gay and bisexual newcomers

Abstract

This paper reports on the creation, implementation, and evaluation of a life skills and HIV prevention program for Spanish-speaking gay, bisexual, and other men who have sex with men (MSM) who are within three years of arrival in Canada. The *Mano en Mano* program consists of an initial day-long session followed by four two-hour evening sessions addressing HIV prevention, social isolation, social service, and migration issues. Evaluation showed a significant shift toward safer sex practice and decreased sense of social isolation as expressed in exit interviews. The *Mano en Mano* intervention shows movement in the right direction in HIV prevention and sexual health promotion and shows considerable potential to be effective and well liked by participants. Interventions of this type that build social networks and peer bonds in a sexual health context likely have potential to be useful and effective beyond the Latino newcomers who participated in this pilot.

INTRODUCTION

The *Mano en Mano* project focused on the creation, implementation, and evaluation of a life skills and HIV prevention program for Spanish-speaking gay, bisexual, and other men who have

sex with men (MSM) who are within three years of arrival in Canada. Latino MSM have been showing the steepest rise in HIV diagnoses of the six ethnocultural groups (Black, South Asian, Latin American, Asian, Arab/West Asian, Aboriginal) tracked in Ontario, accounting for the largest proportion of HIV diagnoses of the six in 2004, and continuing to rise faster than the MSM average through 2006 (Remis and Liu 2006:27). The rates are consistent with a report from the US Centers for Disease Control that asserts, in 2006, “the rate of new HIV infections among Hispanics/Latinos was 2.5 times that of whites” (Centers for Disease Control and Prevention 2010). In addition, the Toronto Pride 2005 survey found that Latino men were “more than twice as likely (OR=2.38-2.63) to report UAI [unprotected anal intercourse] without ejaculation with both casual (OR=2.63, p=0.007) and regular (OR=2.38, p=0.031) partners” (Adam et al. 2007:29) compared to other survey respondents.

An HIV prevention and sexual health intervention for Latino newcomers was designed through the following procedure:

- a) Latino-specific HIV prevention interventions reported in the research literature were reviewed (Díaz 1998: ch 9; Díaz & Ayala 1999; Darbes et al. 2002; Carrillo 2004; Díaz, Ayala, & Bein 2004; Carballo-Diéguez et al. 2005; Conner et al. 2005; Martin, et al. 2005; Muñoz-Laboy, Castellanos & Westacott 2005; Poppen, et al. 2005; Toro Alfonso et al. 2005; Villarruel et al. 2005; Rhodes et al. 2006; Finlinson et al. 2006; Ramirez Valles 2007; Guevara et al. 2008; Magis-Rodríguez et al. 2009). The research literature identifies a number of critical issues for the heightened vulnerability of Latino migrants to HIV transmission such as: disrupted social networks, isolation, and anxiety associated

with migration, barriers to accessing health services, exposure to different cultural norms, and limited knowledge about HIV.

- b) The research team met with the leading researcher of Latino gay and bisexual men, Rafael Díaz from San Francisco State University, who pioneered the major HIV prevention program for Latinos in the United States, *Hermanos de Luna y Sol*, a “model program” sponsored by the Center for AIDS Prevention Studies at the University of California at San Francisco (<http://www.caps.ucsf.edu/projects/HLS/>). This program has run successfully for more than fifteen years, proving to be a popular resource for Latino men and effective in reducing HIV risk-taking. Dr Díaz provided the facilitator’s manual and program evaluation report for the program. This project shares with the *Hermanos* program the four objectives to:
- i) “Provide experiences of social support, social belonging, and enhanced self-esteem in the context of a Latino gay identity and community;
 - ii) Promote critical awareness of social and cultural forces that impact and shape participants’ social and sexual lives;
 - iii) Increase participants’ sexual self-knowledge, with particular emphasis on sexual contexts and situations of personal vulnerability that limit participants’ ability to practice safer sex; and
 - iv) Facilitate community involvement and activism to support a sense of increased personal agency and self-efficacy (instead of fatalism and victimization) in response to oppressive forces in participants’ lives.” (Program Evaluation Report, pp. 4-5)

- c) An advisory committee of seven, five of whom were Latino gay men, refined the intervention structure and content, helped evaluate it once it had been run, considered next steps in developing a research proposal and new iterations of the intervention, and reviewed the final report.
 - d) A focus group of Latino gay men reviewed the program just prior to implementation.
- 2) The working language of the research team, advisory committee, and the intervention was Spanish.

The intervention and evaluation were conducted with the approval of the Research Ethics Board of the University of Windsor.

METHODS: PARTICIPANTS, SETTING AND INTERVENTION

The intervention was based in Toronto and participants were recruited from among: the client base of the Centre for Spanish Speaking Peoples (CSSP), community groups such as Hola (the local gay Hispanic group) and Latinos Positivos, and through key organizations that work with newcomers in association with the CSSP such as: YMCA Newcomers Centre, Access Alliance, York Hispanic Centre, ACCES Employment Services, Culture Link, Costi, and Hassle Free Clinic. In addition, notices were placed in the local gay press. Participants were offered food and refreshments at breaks, subway tokens for transportation to and from each workshop, post-workshop social time, a door prize or raffle for a gift card to a food store (\$30), and a final incentive for those completing the full set of workshops (\$50 for the first and \$100 for subsequent sessions).

The intervention was offered through space provided by the Centre for Spanish Speaking Peoples, an office close to the subway and a block from the core of the gay village. It consisted of an initial day-long session followed by four two-hour evening sessions that addressed the topics of:

- a. Basic HIV and STI prevention information
- b. Safer sex negotiating skills
- c. Housing and settlement challenges
- d. Orientation to local gay cultures and communities
- e. Dating, cyber sex, and bathhouses
- f. Services and support for HIV-positive people
- g. Risk management and services concerning alcohol and drugs
- h. Social and health services for newcomers

A home-grown resource in the form of a *fotonovela* (www.guyslikeyou.ca) was developed to illustrate situations of risk and serve as a springboard for role play and critical discussion. The intervention was offered in four cycles from the fall of 2009 through the spring of 2010.

Regular offering of the program fulfills the model pioneered by *Hermanos de Luna y Sol* by creating an opportunity for more newcomers to avail themselves of it, and by creating and reinforcing an ongoing culture of sexual health that earlier graduates of *Mano en Mano* can access again as needed.

In keeping with the objectives of the project, its status as an unprecedented pilot intervention, and its small scale, the evaluation gathered data through three instruments: a

pre- and post-test assessment of frequency of un/protected anal intercourse, pre- and post-administration of the Revised UCLA Loneliness Scale to measure self-perceived degree of social connection versus social isolation, and qualitative interviews with participants conducted after the conclusion of the intervention by a social science doctoral student who was himself a recent arrival from Mexico and independent of the intervention itself.

RESULTS

The demographic characteristics of the participants in the four successive iterations of *Mano en Mano* are as follows:

- a) Age: 8 participants were between the ages of 16 and 24, 15 were 25-31, and 18 were 32-59.
- b) Sexual orientation: 39 identified as gay, 1 bisexual, 1 heterosexual.
- c) Education: 9 had secondary school education or less, 7 had 1-2 years of postsecondary education, 21 had 3-5 years of postsecondary education, and 4 had postgraduate degrees.
- d) Marital status: 22 were single, 7 married to men, 7 living with male partners, 2 divorced, and 3 other.
- e) Country of origin: Mexico 27, Venezuela 5, Colombia 3, Peru 2, and one each from Paraguay and Ecuador. Two did not answer.
- f) Legal status in Canada: 18 refugees, 11 permanent residents, 5 residency applicants, 4 refugee applicants, 2 work permits, 1 Canadian citizen.

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In the sexual risk questionnaire, participants were asked about protected and unprotected sex with regular and casual partners over the previous month. They filled out the pre-test questionnaire in advance of the first *Mano en Mano* session and the post-test questionnaire two to three weeks after its conclusion. They were also asked whether these partners were known to be HIV-negative, positive, or of unknown sero-status. The number of participants reporting unprotected anal intercourse (UAI) was low. Seven report an instance of UAI with a regular partner, four with a casual partner, and one with both at the pre-test point. Changes in within-group proportions reportedly engaging in a minimum of one experience of unprotected anal intercourse with either a regular or casual sexual partner, based on four-week retrospective reporting at pre-intervention and four-week retrospective reporting two to three weeks post-intervention, were analyzed using McNemar chi-squared test. For the four sessions of *Mano en Mano* combined together (N=40), the decrease in UAI from pre-test to post-test was statistically significant (McNemar test, $p=0.004$).

MeM session	Pre-test		Post-test	
	UAI, regular	UAI, casual	UAI, regular	UAI, casual
1	4	2	2	0
2	0	0	0	0
3	2	1	1	0
4	2	2	0	1
Total	8	5	3	1

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It should be noted, as well, that seven participants reported being in a couple relationship with a male partner and another seven reported being married to their male partner.

Pre- to post-intervention changes in mean ratings of the Revised UCLA Loneliness scale were assessed utilizing a paired t test. The overall mean score, combining results from the four iterations of Mano en Mano, decreased from the pre-test to the post-test, but the difference was statistically non-significant.

MeM session	Pre-test (SD)	Post-test (SD)	Paired samples T test
1	41.67 (11.04)	40.40 (8.30)	$T=.458, df=14, p=.654$
2	41.63 (9.58)	37.13(10.08)	$T=1.51, df=7, p=.176$
3	45.44 (13.02)	46.56 (13.02)	$T=-.584, df=8, p=.575$
4	46.00 (9.65)	43.00 (9.26)	$T=1.26, df=7, p=.247$
Combined	43.38 (10.76)	41.65 (10.19)	$T=1.28, df=39, p=.208$

At the end of each workshop, participants were asked to provide a quick written evaluation of the usefulness of the session. The research assistant, who was not involved with conducting the intervention, did exit interviews on perceptions of the overall usefulness of the pilot program and ways to improve it. Participants were offered a \$30 honorarium for completion of the interview. Interviews showed a high level of enthusiasm, a strong sense of group solidarity, an interest in additional information on STIs, and a request for more sessions. The primary themes emerging from the interviews following the first run of *Mano en Mano* were (in descending order of frequency):

What participants liked

- Recognizing and coping with situations of personal vulnerability, for example, feeling at a disadvantage as an immigrant or running risks when feeling depressed
- HIV prevention and sexual health information
- Dating, love, and relationships between men; how to express oneself better with a partner
- Being able to make a new group of friends
- Asserting self worth in the face of homophobia in families, religion, in home countries, and in Canada
- Personal stories of immigration
- Inclusion of material relevant to HIV-positive people

Suggestions for improvement

- Not enough time to explore full range of issues
- More information about STIs, in particular, how to recognize symptoms
- More audio-visuals
- More on dealing with abuse in relationships
- Should be extended to all newcomers and even to long-term immigrants
- How to adapt not only to “Canadians” but to the whole cultural diversity of Canada
- Groups with a focus on different age groups, immigration status, or sero-status.

When asked if he would recommend *Mano en Mano* to others, one participant remarked,

Yes, I would recommend it because it is a way for immigrants to socialize, get to know each other, and if he wants, to open up and make new friendships, become part of a new group. Beyond that, it fills in many gaps and unknowns for someone arriving in this country. It teaches him how to deal with them, where to go, and available resources. (translated from the Spanish)

Another stated,

The workshop was very well put together and I believe that we have the necessary tools to confront life here in Canada.

When asked what they found most valuable about the program, some comments touched specifically on HIV prevention:

Something new that I learned: I have a stable partner. I am married and before we weren't using condoms. Now we are starting to use them.

We are more aware. That information was good.

You arrive in a country with a different culture where it is easier to have casual relationships but you must be careful with that. In one way or another, your sex life can become more active and that can have consequences.

These interviews were used by the research team and advisory committee to make adjustments to subsequent offerings of *Mano en Mano*. Exit interviews with participants in

Mano en Mano 2-4 revealed fewer “suggestions for improvement,” an indicator that the workshops had successfully been revised in response to comments.

In the first offering of *Mano en Mano*, 4 of the 19 initial participants did not complete the five sessions. Some participants mentioned that drop outs from the first intervention were those hoping for counselling on dealing with the job market, education, housing, welfare, and legal status as a migrant, which were not objectives of this intervention. The three subsequent offerings had fewer participants (8, 9, and 8) and full retention. After the conclusion of the *Mano en Mano* sessions, participants subsequently organized and facilitated additional sessions on their own with the assistance of the Centre.

DISCUSSION

Overall this first intervention for Latino MSM in Canada shows movement in the right direction in HIV prevention and sexual health promotion and shows considerable potential to be effective and well liked by participants. Its popularity has led to recent follow-up iterations of *Mano en Mano* for graduates who wished to have a refresher (*Mano en Mano* masters), as well workshops in development for particular groups, *Mano en Mano* travesti for transgendered (MTF) people and *Mano en Mano* poz for HIV-positive men. The intent is to adapt to emerging needs of the community while conserving such core elements as:

- creating spaces for social networking and decreasing social isolation
- developing resilience in the face of immigration challenges
- providing HIV and STI prevention information

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- creating an opportunity for critical awareness
- clarifying options and enhancing self-efficacy

Because of the virtual absence of research on gay and bisexual Latino men in Canada, the intervention has stimulated the first survey of Spanish and Portuguese speaking gay, bisexual, and other men who have sex with men, Cuentame/Conta-me (cuentame.ca). The fundamental principles upon which Mano en Mano is built likely have applicability to other newcomer groups and perhaps beyond. Social isolation remains a persistent predictor of unprotected sex for a wide range of MSM and is associated with other predictors of HIV vulnerability such as depression and substance use (Stall et al. 2003; Fernández et al. 2005; Kurtz and Surratt 2010) and interventions of this type that build social networks and peer bonds in a sexual health context likely have potential to be useful and effective beyond the Latino newcomers who participated in this pilot.

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