Journal of Gerontological Social Work, 52:48–63, 2009

ISSN: 0163-4372 print/1540-4048 online
DOI: 10.1080/01634370802561950

Routledge
Taylor & Francis Group

Older Latina Women and HIV/AIDS: An Examination of Sexuality and Culture as they Relate to Risk and Protective Factors

RICHARD L. BEAULAURIER, SHELLEY L. CRAIG, and MARIO DE LA ROSA
Center for Research on U.S. Latino HIV/AIDS and Drug Abuse, School of Social Work, Florida International University, Miami, Florida, USA

Older Latina women are one of the least studied American demographic groups with regard to social, health, or sexual behavior. This could leave social workers and other geriatric professionals unprepared for dealing with HIV/AIDS in this population. Currently, older Latina women are one of the fastest growing groups of new AIDS cases. Twenty percent of all women ever diagnosed with the disease are Latina and 5.5% of Latinas infected with the virus are older. The number of diagnosed infections is increasing in older women, including Latinas, in spite of recent declines in infection rates with younger populations. There are also a potentially large number of cases that go misdiagnosed or undiagnosed.

This article also addresses risk and protective factors related to gender roles, traditional Latino family values, religion, socioeconomic factors, health, and health care, with special attention to the triple jeopardy *faced by this population by virtue of being female, seniors, and minorities. The article concludes with recommendations for the development of culturally competent practices with older Latinas and the development of a research agenda to better understand their risk-related and health-seeking behavior.*

KEYWORDS Latinos, women, hispanics, HIV, AIDS, risk factors, protective factors, aging, sexuality

We thank the staff of the Center for Research on U.S. Latino HIV/AIDS and Drug Abuse at Florida International University for their support in the development of this article.

Address correspondence to Richard L. Beaulaurier, PhD, MSW, School of Social Work, Florida International University, 11200 SW 8 St., ECS 364B, Miami, FL 33199. E-mail: beau@fiu.edu

The purpose of this article is to explore the risk of HIV/AIDS with older Latina women. Although there has been very little research on older Latinas' risk of contracting HIV/AIDS, there is reason to believe that the virus is on a collision course with this group.

Older Latina women are one of the least studied American demographic groups. Although there are broad commonalities between Latino subgroups, the term *Latino* (as well as the feminine form, *Latina*) refers to people from a wide array of cultural traditions and backgrounds. Although HIV infection has been increasing dramatically in this population, there has been little empirical exploration. There has, however, been a growing recognition of what some authors have called the "graying of HIV," as well as the "feminization" of HIV (Poindexter & Keigher, 2004, pp. 5–6).

LATINAS AND HIV/AIDS: SCOPE OF THE PROBLEM

As of 2002, there were an estimated 77,000 Latinos living with AIDS, and an additional 13,000 Latinos living with HIV (Centers for Disease Control, 2002). The number of Latinos living with HIV/AIDS increased by an estimated 31% between 2000 and 2004 (Centers for Disease Control, 2006).

About 17% of Hispanics nationwide were diagnosed after 50 (Centers for Disease Control, 2004). As with other populations, the most common transmission category for older Latinos was male-to-male (Centers for Disease Control, 2003). Heterosexual contact is the second most common transmission route for all Latinos. Notably, however, it is by far the most common transmission route for Latinas. It is estimated that as many as 75% of Latinas living with HIV/AIDS acquired the disease through heterosexual contact (Centers for Disease Control, 2003).

As with other female populations, the proportion of Latinas with AIDS (compared to Latinos) has been rising steadily. The latest data suggest that Latinas make up approximately 25% of the total number of Latinos with AIDS (Centers for Disease Control, 2003), and as many as 20% of all women ever diagnosed with the disease (Zambrana, Cornelius, Boykin, & Lopez, 2004). Latinas 55 and over comprised 6% of all Latinas infected with the virus by 2002 (Centers for Disease Control, 2002), and there are estimates that this figure has risen to 7–8%.

Older Latina Women and HIV/AIDS

Latina women are subject to some of the same trends as other women. "Women are the fastest growing population infected with HIV. They are more impoverished, less healthy and they succumb to AIDS faster than men" (Keigher, Stevens, & Plach, 2004, p. 43). In 1986, women accounted for less than 7% of AIDS cases. By 1999, 23% of AIDS cases and almost

one-third of new HIV cases were women (Wingood, 2003). By the end of 2003, more than one-quarter of AIDS cases were in women (Centers for Disease Control, 2003). The proportion of older women living with AIDS is also growing at an alarming rate. In 1994, women over 50 comprised 8% of the total number of women with AIDS. By 2000, this proportion had almost doubled, to 15% (Centers for Disease Control, 2000).

Overall, Latinas comprise about 20% of women diagnosed over 50, a smaller percentage than either their White or Black non-Hispanic counterparts (26% and 53% respectively). By far the most prevalent route of transmission for these women was heterosexual contact (49%) with the next most prevalent route being "unknown" (42%). Together these two categories accounted for 91% of cases.

The Particular Risk of HIV Infection Among Older Individuals

Seniors comprise about 11% of reported AIDS cases for seniors nationwide, and the percentage has increased steadily over time (Coleman, 2003; Poindexter & Keigher, 2004). By the end of 2000, more than 90,000 people over the age of 50 had been reported with AIDS (Keigher et al., 2004). The Centers for Disease Control has estimated that there was a 72% increase, between 2000 and 2003, in the number of people over 55 living with HIV/AIDS (Centers for Disease Control, 2003).

In all populations, there has been a sharp rise in the number of infections resulting from heterosexual contact (Coleman, 2003; Emlet & Farkas, 2001). Injection drug use is also on the rise, but remains a small proportion, particularly among older Latinas, accounting for just 5% of cases nationally and locally (Centers for Disease Control, 2004). Heterosexual contact is the most prevalent form of transmission and has the most serious consequences for senior women, because they are more likely than their younger counterparts to contract HIV through heterosexual contact when exposed to the virus, as will be discussed further in the following (Emlet & Farkas, 2002; Theall, Elifson, Sterk, & Klein, 2003).

Most women contract HIV through heterosexual contact. This is especially true of older women. The Centers for Disease Control estimates that two-thirds of all women over the age of 50 who contract AIDS were exposed during heterosexual contact, and as many as 75% of Latinas over 50 (Centers for Disease Control, 2004).

When exposed to the virus through heterosexual contact, women are more likely to contract the virus than men. Transmission is at least 2 to 4 times as efficient in women as in men (Türmen, 2003). Older women are particularly vulnerable. During and after menopause, vaginal tissue tends to become dryer and more prone to tearing. There is broad speculation that this may increase the risk of viral entry in postmenopausal women (Mack & Bland, 1999; Savasta, 2004). Moreover, there is a natural weakening of the

immune system as people age, as well as an increased prevalence of chronic health conditions. As a result, HIV tends to convert more rapidly to AIDS in seniors. The disease also tends to progress more rapidly than in younger populations (Coleman, 2003; Emlet & Farkas, 2002; Nokes et al., 2000; Strombach & Levy, 1998).

There are other risks as well. Problems related to the male partners' ability to maintain erection during intercourse may make condoms difficult to apply or retain. Ironically, the use of Viagra-similar drugs may exacerbate the problem because they may increase the propensity of older persons to engage in sex, thus increasing risk of infection (Savasta, 2004). Indeed, increasing the propensity for older people to engage in sex has been the driving force behind the development and marketing of these drugs. Although Viagra-type drugs are designed to be taken by men, increasingly they have been marketed to both men and women.

Although the incidence of HIV/AIDS is growing in older populations, seniors generally do not see themselves as a high risk group (Falvo & Norman, 2004; Rogers-Farmer, 1999; Topolski, Gotham, Klinkenberg, O'Neill, & Brooks, 2002). As few as one-quarter of older adults between 55–64 have been tested for HIV/AIDS, and in most cases this was due to a recommendation of their physician, rather than their own request. This is troubling for several reasons. Emlet and Farkas (2001) noted that post-menopausal women tend to forego the use of condoms during sex because they are no longer at risk for pregnancy, and tend not to see themselves as at risk for HIV. Their study indicated that most sexually active seniors had some exposure to blood products. Other studies have indicated that seniors perceive themselves to be at low risk, even when they engage in at least some risky behaviors, and that many seniors do not understand how HIV/AIDS is contracted nor how can be prevented (Henderson et al., 2004; Mack & Bland, 1999; Theall et al., 2003; Topolski et al., 2002). Still more troubling, clinicians also consider seniors to be at low risk for HIV/AIDS in older persons, so symptoms often are misdiagnosed, undiagnosed, or diagnosed late (Emlet & Farkas, 2001, 2002; Hillman, 2000; Wooten-Bielski, 1999).

LATINO CULTURAL VALUES AND ATTITUDES: IMPACT ON GENDER ROLE AND LATINA SEXUALITY

There is little research regarding cultural factors related to older Latinas and HIV. Judging by research done with younger populations, however, it is likely that many older Latinas, particularly those from lower educational and socioeconomic backgrounds, will tend to have relatively traditional values (Applewhite & Torres, 2003; Bowleg, Belgrave, & Reisen, 2000; B. V. Marin & Marin, 1990). Several of these factors are of particular

importance, including gender roles, homophobia, *simpatia*, allocentrism, and *familismo*.

Gender Roles

Traditional gender roles have been described as a contrast between *machismo* and *marianismo*. These terms describe male and female roles, respectively. Machismo is associated with many positive male traits, such as being a good provider, strength, bravery, and responsibility. There are, however, several aspects of machismo that appear to constitute risk factors for HIV/AIDS. Men, for example, are expected to have considerable sexual knowledge and experience, and may feel the need to prove their masculinity through sexual activity with multiple partners (Marin, 2003; Marin & Gomez, 1998). West (2001) also noted that some Latinos may feel that conceiving children, even outside their primary relationship, enhances their feelings of machismo, and hence they may eschew the use of condoms.

By contrast, women are expected to be sexually unaware, and to defer to their partners on all matters sexual. Women who assert themselves with regard to the use of condoms, or even discuss sex and sexuality, may appear promiscuous (Blasini-Caceres & Cook, 1997; Marin & Gomez, 1998; Salabarria-Pena, Lee, Montgomery, Hopp, & Muralles, 2003). This can have serious consequences within the context of traditional relationships. West (2001) noted that many Latinas in her study indicated that departures from traditional sex roles (such as knowledge of sex, or actual or perceived promiscuity) would be considered a lack of respect for their partner, and an affront to his machismo. This includes discussion of safe sex practices. Research suggests that use of condoms is a topic seldom broached by Latina women for fear that they may be viewed as promiscuous (Marin & Gomez, 1998; West, 2001). In fact, sexual matters are often not discussed even between partners due to what Marin and Gomez (1998) have called "sexual discomfort" (p. 5)—the reticence in traditional Latino cultural traditions to talk sexuality, which is considered intensely private.

Traditionally, married Latinas are dependent on their husbands economically; statistically, Latinas are less likely than their non-Hispanic White and Black counterparts to work outside the home. Some research with younger Latinas suggests that when women are unemployed, more traditional (with regard to acculturation), less educated, and poorer, they have a more difficult time negotiating safer sex or condom use with their partners (Bowleg et al., 2000; Dixon, Antoni, Peters, & Saul, 2001; Salabarria-Pena et al., 2003; Saul et al., 2000).

Research has indicated that Latinas who are married and/or monogamous have tended to believe that they are invulnerable regarding HIV (Newcomb et al., 1998). Nevertheless, Sabogal and Catania (1996) noted that married Hispanic men are actually more likely to have multiple partners

outside the primary relationship, and Latina women are less likely to use condoms or other forms of safer sex. The combination of an expectation of sexual ignorance, in conjunction with the expectation that men will have multiple partners, increases the chances that even monogamous women may be at risk because of their partner's activity (Saul et al., 2000).

The combination of stigma attached to sexual knowledge and an actual lack of knowledge about risks associated with their own or their partners' activities may be related to the high percentage of older Latinas infected with the virus who report that they do not know how they acquired the virus. This possible relationship, however, is entirely speculative. Ironically, some research has suggested that, in younger populations, some more acculturated Latinas react by rejecting the double standard of traditional sex roles and seeking multiple sexual partners of their own (Salabarria-Pena et al., 2003; West, 2001). Obviously, this would put them at greater risk. It is unclear, however, whether this behavior is prevalent among older Latinas.

Homophobia

Homophobia can be intense in Latino cultural contexts. Brown and Sankar (1998) noted that in many Latino and Black communities, HIV/AIDS is still often considered a gay disease. There may be considerable stigma associated with homosexuality, and by association, AIDS. This stigmatization of AIDS may lead many Latinas to feel that they are not at risk if they are in heterosexual relationships (Blasini-Caceres & Cook, 1997; Bowleg et al., 2000; Brown & Sankar, 1998). As previously noted, however, for most Latino subgroups, the largest number of HIV infections are the result of men having sex with men (MSM). Studies suggest that many Latino MSM may not consider themselves gay, and that a higher proportion of Latino MSM have bisexual relationships and/or are married than non-Latino MSM (Diaz, Ayala, & Bein, 2004; Zea, Reisen, & Diaz, 2003). Moreover, the homophobia of traditional Latino cultural traditions may make Latino MSM very reluctant to reveal their activities to female partners or other members of their families (Marin & Gomez, 1998; Zea et al., 2003). The reluctance of men to acknowledge MSM activity may call into question the feelings of safety in monogamy that Latina women have expressed. Moreover, this may help to explain why 42% of older Latinas with AIDS report that they do not know how they acquired the virus (Centers for Disease Control, 2004).

Simpatia and Familismo

A high value is placed on *simpatia* in traditional Latino households. *Simpatia* refers to the value placed on harmonious social relations. Because HIV/AIDS is associated with activities that many people in traditional Latino cultural contexts consider abhorrent (i.e. homosexuality, female promiscuity,

and drug use) it can be very difficult to discuss or disclose these activities or the risks they engender (Brown & Sankar, 1998; Marin & Gomez, 1998). Moreover, the concept of *simpatia* is associated closely with the notion of *respeto*, (respect). One of the ways in which women show *respeto* for their husbands or partners is by deferring to him, and adhering to traditional gender roles, and thus maintaining the dignity of the family (Marin, 2003; Marin & Gomez, 1998). In a study of younger Latinas, this form of respect for husbands was one of the most important ways that Latinas distinguished themselves from non-Latinas, whom they often saw as disrespectful toward their men (West, 2001).

Simpatia and *respeto* traditionally characterize family relations, and it is hard to overemphasize the importance of the family in traditional Latino cultural contexts. In Latin America, as well as in many Latino communities in the United States, it is expected that unmarried children—especially women—will live at home until they marry. When children do move out of the family home, they often try to move close to their parent's homes. Adult children are expected to communicate with their elders and siblings virtually every day. The family, nuclear and extended, remains the principal source of support and association for life. In the context of this *familismo*, the importance of *simpatia* is clearer. Familial relationships that in Anglo society are more closely associated with childhood are expected to last a lifetime (Galanti, 2003). Zea et al (2003) emphasized that traditional Latinos are allocentrically oriented toward their family and community. One of the consequences of this orientation is that they tend to see their actions reflecting on their family and extended families, rather than merely on themselves. For both men and women, this may manifest as a powerful inhibition about revealing sexual activity or identity that might bring shame to the family.

These feelings may be intensified by religion. Traditionally, most Latinos are Catholic, a faith with a high degree of emphasis on the family and family life, but also characterized by paternalism and intolerance toward homosexuality and female promiscuity. The fastest growing protestant religions among Latinos are Fundamentalist and Pentacostal faiths that also hold these attitudes.

Such attitudes, in combination with simpatia, respeto and the importance of the family, can combine to create a context of what Marin (2003) has called "sexual silence" about sexual orientation and sexual relations (p. 186). Open discussion of sex, sexuality, and the risks that they may engender may be difficult or impossible for women within traditional Latino cultural contexts.

Acculturation

Acculturation has become increasingly important for understanding a variety of social and health behaviors of immigrant populations (De La Rosa, 2002).

The overwhelming trend seen in this research suggests that acculturation is positively correlated with social and health problems, such as delinquency (Samaniego & Gonzales, 1999), violence (Caetano, Schafer, Clark, Cunradi, & Raspberry, 2000), alcohol abuse and dependency (Caetano & Clark, 2003; Gilbert, 1991; Markides, Ray, Stroup-Benham, & Trevino, 1988; Vega, Alderete, Kolody, & Aguilar-Gaxiola, 1998), and mental health (Vega, Kolody et al., 1998).

Nevertheless, the relationship between acculturation and protective factors for HIV/AIDS is not clear in Latino cultural contexts. Adherence to traditional Latino values for women, such as monogamy, and reluctance to engage in sexual activity with multiple partners may serve as protective factors for avoiding HIV infection. Newcomb et al. (1998) found that acculturated Latinas were more likely to engage in risky sexual activity, but were not more knowledgeable about risks and were not more likely to take precautions. Other studies have found a positive correlation between acculturation and knowledge about HIV/AIDS (B. V. Marin & Marin, 1990). Some studies, however, have suggested that education level, employment, and socioeconomic status, rather than acculturation, are more accurate predictors of the ability of some younger Latina subpopulations to negotiate safer sex (Dixon et al., 2001; Saul et al., 2000). West's (2001) qualitative study found a strong relationship between acculturation and HIV risk, although both acculturation and lack of acculturation carried risks. Some relatively unacculturated Latinas in this study not only were aware that their partners were having sexual relations with other women, but felt that it was the his right to do so. By contrast, acculturated Latinas more frequently engaged in sex with multiple partners.

SOCIOECONOMIC RISK FACTORS ASSOCIATED WITH HIV/AIDS AMONG LATINO WOMEN

Poverty and education have long been associated with HIV/AIDS risk. Latinos are almost twice as likely to be poor and have less than an eighth grade education than non-Hispanic Whites (Brown & Sankar, 1998). Latinos over the age of 65 have the highest rate of poverty of any ethnic group (Applewhite & Torres, 2003). Both factors contribute to the overall lower socioeconomic status of Latinos, and both have been associated with poorer health (Brown & Sankar, 1998).

Poverty is often linked to negative health outcomes in Latino populations, such as increased drug use and a sense of hopelessness that may result in a lack of concern for one's self and increased vulnerability to behaviors that might put them at risk for HIV (De La Rosa, 2002; De La Rosa & White, 2001; Marin, 2003). In turn, poor health can speed conversion from HIV to AIDS, as well as compress the disease trajectory (Mack & Bland, 1999;

Savasta, 2004). This process is particularly true of older women (Coleman, 2003; Emlet & Farkas, 2002; Nokes et al., 2000; Strombach & Levy, 1998).

Although poorer health is generally found among people who experience poverty, there is some evidence that access to employment may also have more direct positive effects. Two studies have found that some younger Latina subpopulations are less likely to use condoms if they are unemployed (Dixon et al., 2001; Ickovics et al., 2002). Unfortunately, according to the Bureau of Labor Statistics, the percentage of unemployed Latinos is higher than for non-Hispanic Whites, higher for Latinas than for male Latinos, and higher for older people than for younger people. Moreover, these same disparities apply to working people, resulting in a disproportionate number of older Latinas who are underemployed (U.S. Department of Labor, 2002). The combination of direct and indirect health risks as a result of poverty among Latina women may make them additionally vulnerable to contracting AIDS.

SEXUALITY IN OLDER WOMEN

Many authors have commented on pervasive ageist attitudes with regard to sex and sexuality of older people, and older women in particular (Campbell & Huff, 1995; Crose & Drake, 1993; Hillman, 2000; Kaye, 1993; Mack & Bland, 1999). Although some diminution of sexual activity has been frequently cited in the literature, Kaye noted that it is neither necessary nor automatic that sexual activity decline with age. An often cited national study on the sexuality of seniors, conducted by the National Counsel on the Aging (NCOA), indicates that at least half of all seniors over 60 report being sexually active, and 39% would like to have sex more frequently. Among those not satisfied with their sex-lives, medications and physical condition or access to a partner were common reasons. Only a small portion of those with partners reported less interest in sex (15%) and very few respondents reported wanting less sex (4%; NCOA, 1998). These findings are consistent with other studies indicating that a high proportion of older people engage in regular sexual activity well into old age (Falvo & Norman, 2004; Johnson, 1998; Matthias, Lubben, Atchison, & Schweitzer, 1997; Walker & Ephross, 1999).

The NCOA (1998) study finding that many older people would prefer to have sex more often is particularly interesting in light of what one author has labeled as the "Viagratization of America" (Kingsberg, 2002, p. 354). Although sildenafil (Viagra), as well as other forms of therapy for erectile dysfunction and related disorders, are targeted most directly at men, parallel advances in cosmetic surgery, postmenopausal treatment, and other medical interventions that target enhancing sex and sexuality of older women (Kingsberg, 2002).

It stands to reason that there would be increasing interest in sex and sexuality among older populations. Clearly, the pharmaceutical industry

perceives that there is a market, and that sexuality among seniors will be a growth industry (Emmers-Sommer & Allen, 2005). Moreover, older people, particularly those who have divorced or become widowed, are living longer as older adults. Whereas in past generations they might have been considered postsexual, these older scripts are being rewritten. Increasingly, unattached seniors have the expectation that they will date, and that they will continue having sexual relationships, including multiple partners, virtually ad infinitum (Emmers-Sommer & Allen, 2005; Simon & Gagnon, 1999).

The increasing advances—even promotion—of senior sexuality appear to be on a collision course with the confusions and misconceptions that many seniors hold with respect to HIV/AIDS. There are few empirical studies on either seniors and sexuality or seniors, and very little literature of any kind on the potential of related disease risks. Information on the transmission of HIV/AIDS and other STDs has not generally accompanied information on sexuality, even in academic reports, although there are exceptions (Hillman, 2000), Most clinical literature on senior sexuality makes scant mention of safer sex practices or the risk for contracting HIV/AIDS. Discussion of the health and quality of life benefits of sexuality in later life are much more likely to be addressed than risks (Gelfand, 2000; Kaye, 1993; Kingsberg, 2002; Matthias et al., 1997; Walker & Ephross, 1999).

There is literature, however, that does note the reluctance that physicians, social workers, psychologists, and other clinicians have traditionally had in speaking with seniors about their sexuality. In part, this has been due to stereotypes about sexuality among older persons, and cultural or customary barriers to discussing sex and sexuality among older persons (Hillman, 2000; Sankar, Luborsky, Songwantha, & Rawbuhemba, 1998). What literature does exist pays scant attention to culturally different elders, the largest group of which are Latinos. Although Latino communities in the United States are subject to the same promotional efforts and societal forces that the majority culture experiences, there is an additional reluctance to speak with elders about issues related to sex and sexuality in traditional Latino culture. This lack of communication creates another challenge for prevention within this population.

Implications for Research and Practice

Professionals in the fields of aging, health, and social services have been very slow to recognize the risks to seniors of HIV/AIDS, particularly the risk for women. A recently published study has indicated that rates of HIV diagnoses were declining for almost all women except women over 50 (McDavid, Li, & Lee, 2006). Because HIV is spread by behavior, and it is clear that older adults, probably in increasing numbers, are engaging in these behaviors, it stands to reason that AIDS and senior populations are on a collision course. Prevalence rates are still lower for seniors than for younger populations, but

that should not give professionals in the fields of aging, health, and social services a false sense of security. Where the behaviors are prevalent, the disease follows. At best, the professional community has an opportunity to engage in prevention efforts now, when there is still time for most efforts.

As prevention messages and programs targeted toward seniors are developed, there is a need to recognize that all seniors are at risk. The literature gives considerably more indications of why it may be difficult to develop messages and prevention strategies for Latina seniors than suggestions for how to develop them. Ironically, the inherent cultural and linguistic difficulties in developing messages for Latina seniors may increase their risks, yet such initiatives are crucial. Social workers involved in HIV/AIDS education and prevention should include trainings on the risk specific to older Latinas, and should include content about HIV/AIDS prevention in other psycho-educational groups that serve older Latinas. Such groups could include dimensions of culture and sexual health norms that were discussed throughout this article. Such culturally targeted messages could lead to more efficacious outcomes.

Social marketing campaigns should strive to impact this population by reflecting their age and ethnicity in their advertising materials. Finally, organizers of such events as Worlds AIDS Day or Latino HIV Testing Day could offer activities in local community centers or other areas where older Latinas congregate. Furthermore, although potentially very challenging, efforts could be made to engage the husbands in such events. Such initiatives represent opportunities to develop new interventions for a currently invisible population in sexual health education.

Although there have been suggestions to clinicians about how to approach elderly clients about sexuality and HIV, such approaches are largely anecdotal, and not based on empirical evidence related to the perspectives and understandings of older persons (Hillman, 2000), nor do such approaches take Latino culture into account. Empirical work in this area is vital to the understanding of productive avenues of intervention with this population. There is an opportunity do engage in this work now, before prevalence of the virus grows to the proportions that is has with other groups that believed, naively, that they were at low risk and unlikely to contract the virus from their peers. Practitioners should remember to include sexual health screening in their psycho social assessments, particularly those working in medical settings. Furthermore, older Latinas should be encouraged to take steps to protect their sexual health, such as seeking voluntary counseling and testing for HIV/AIDS as part of their preventive health schedule. Messages related to sexual health, prevention, and testing should be normalized and reinforced by geriatric social workers and health care providers.

Finally, because promoting and providing products to enhance the sexuality of older people has become a growth industry (Emmers-Sommer & Allen, 2005; Kingsberg, 2002), opportunities for advocacy abound. Although

cultural norms may make sex and sexuality or older Latinas particularly complex, this has not stopped enterprising drug makers and entrepreneurs from marketing their products in the Spanish language media. It seems unlikely that drug companies would go the kind of expense necessary to inundate the airwaves and Internet with advertisements for products designed to enhance sexuality of older people unless they saw the potential of a large and growing market. However, corporations already involved in prevention efforts, such as condom makers and others, should be approached about the potential for marketing to this population. Moreover, social workers in an advocacy role could encourage drug companies to include messages about safe sex in their advertisements, as they have done at times in campaigns targeted toward younger populations.

Moreover, social workers in public health, aging, and HIV/AIDS services should work together to educate seniors, Latino or non-Latino, about the dangers of unprotected sexual activities, this presents an opportunity for social workers. Although, at the current time, there have been no national efforts to educate seniors, particularly Latino seniors, about HIV/AIDS, there have been efforts at the local level that have included social workers in health and in aging, such as the AIDS and Aging Task Force in Miami, FL; the Chicago Forum on HIV and Aging; and the Associations on HIV over 50 in the Bay Area, New York, and New Jersey.

Clearly, there is a need for studies that explore the attitudes, perceptions, and knowledge of older Latinas, to help develop and focus prevention messages and strategies. More important, however, aging, social work, and health providers must make sure that Latinos, women, and other hard-to-reach populations are included in their efforts at outreach and prevention with senior populations.

Although practitioners in some areas have been working to develop messages that reach older minority populations, including Latinos and Latinas, there has been little research on their activities or on approaches to outreach with these populations. Future efforts should be directed at exploration of such approaches.

REFERENCES

Applewhite, S. L., & Torres, C. (2003). Rural Latino elders. *Journal of Gerontological Social Work*, *41*(1/2), 151–174.

Blasini-Caceres, L., & Cook, A. B. (1997). *Hispanic/Latina women and AIDS: A critical perspective*. Carbondale, IL: Jilian Samora Research Institute, Southern Illinois University.

Bowleg, L., Belgrave, F. Z., & Reisen, C. A. (2000). Gender roles, power strategies, and precautionary sexual self-efficacy: Implications for Black and Latina women's HIV/AIDS protective behaviors. *Sex roles*, *42*, 613–635.

Brown, D. R., & Sankar, A. (1998). HIV/AIDS and aging minority populations. *Research on Aging*, *20*, 865–884.

Caetano, R., & Clark, C. (2003). Acculturation, alcohol consumption, smoking, and drug abuse among Hispanics. In K. Chun, P. Balls-Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 223–240). Washington, DC: American Psychological Association.

Caetano, R., Schafer, J., Clark, C. L., Cunradi, C., & Raspberry, K. (2000). Intimate partner violence, acculturation and alcohol consumption among Hispanic couples in the United States. *Journal of Interpersonal Violence*, *15*, 30–45.

Campbell, J. M., & Huff, M. S. (1995). Sexuality in older women. *Gerontology and Geriatrics Education*, *16*(1), 71–81.

Centers for Disease Control. (2000). *HIV/AIDS surveillance supplemental report: AIDS Cases in adolescents and adults, by age—United States, 1994–2000*. Atlanta, GA: U. S. Department of Health and Human Services.

Centers for Disease Control. (2002). *HIV/AIDS surveillance supplemental report: Cases HIV infection and AIDS in the United States, by race/ethnicity, 1998–2002*. Atlanta, GA: U. S. Department of Health and Human Services.

Centers for Disease Control. (2003). *HIV/AIDS surveillance report*. Atlanta, GA: U. S. Department of Health and Human Services.

Centers for Disease Control. (2004). *CDC Wonder On-line Database US surveillance data for 1981–2001*. Atlanta, GA: U. S. Department of Health and Human Services.

Centers for Disease Control. (2006). *HIV/AIDS surveillance supplemental report: Cases of HIV infection and AIDS in the United States, by race/ethnicity, 2000–2004*. Atlanta, GA: U.S. Department of Health and Human Services.

Coleman, C. L. (2003). Transmission of HIV infection among older adults: A population at risk. *Journal of the Association of Nurses in AIDS Care*, *14*, 82–85.

Crose, R., & Drake, L. K. (1993). Older women's sexulaity. *Clinical Gerontologist*, *12*(4), 51–56.

De La Rosa, M. (2002). Acculturation and Latino adolescent drug abuse: A research agenda. *Journal of Drug Use and Misuse*, *37*, 429–456.

De La Rosa, M., & White, M. (2001). The role of social support systems in the drug use behavior of Hispanics revisited. *Journal of Psychoactive Drugs*, *33*, 233–239.

Diaz, R. M., Ayala, G., & Bein, E. (2004). Sexual risk as an outcome of social oppression: Data from a probability sample of Latino gay men in three U. S. cities. *Cultural Diversity and Ethnic Minority Psychology*, *10*, 255–267.

Dixon, D. A., Antoni, M., Peters, M., & Saul, J. (2001). Employment, socail support and HIV sexual-risk behavior in Puerto Rican women. *AIDS and Behavior*, *5*, 331–342.

Emlet, C. A., & Farkas, K. J. (2001). A descriptive analysis of older adults with HIV/AIDS in California. *Health and Social Work*, *26*, 226–234.

Emlet, C. A., & Farkas, K. J. (2002). Correlates of service utilization among midlife and older adults with HIV/AIDS. *Journal of Aging and Health*, *14*, 315–335.

Emmers-Sommer, T. M., & Allen, M. (2005). *Safer sex in personal relationships*. Mahwah, NJ: Lawrence Erlbaum.

Falvo, N., & Norman, S. (2004). Never too old to learn: The impact of an HIV/AIDS education program on older adults' knowledge. *Clinical Gerontologist*, *27*(1/2), 103–117.

Galanti, G.-A. (2003). The Hispanic family and male–female relationships: An overview. *Journal of Transcultural Nursing*, *14*, 180–185.

Gelfand, M., M. (2000). Sexuality among older women. *Journal of Women's Health and Gender-Based Medicine*, *9*(Supplement 1), 15–20.

Gilbert, J. M. (1991). Acculturation and changes in drinking patterns among Mexican–American women. *Alcohol Health and Research World*, *15*, 234–238.

Henderson, S. J., Bernstein, L. B., St. George, D. M., Doyle, J. P., Paranjape, A., & Corbie-Smith, G. (2004). Older women and HIV: How much do they know and where are they getting their information. *Journal of the American Geriatrics Society*, *52*, 1549–1553.

Hillman, J. L. (2000). *Clinical perspectives on elderly sexuality*. New York: Kluwer Academic/Plenum.

Ickovics, J. R., Beren, S. E., Grigorenko, E. L., Morrill, A. C., Druley, J. A., & Rodin, J. (2002). Pathways of risk: Race, social class, stress, and coping as factors predicting heterosexual risk behaviors for HIV among women. *AIDS and Behavior*, *6*, 339–350.

Johnson, B. (1998). A correlational framework for understanding sexuality in women age 50 and older. *Health Care for Women International*, *19*, 553–564.

Kaye, R. A. (1993). Sexuality in the later years. *Aging and Society*, *13*, 415–426.

Keigher, S., Stevens, P. E., & Plach, S. K. (2004). Midlife women with HIV: Health, social and economic factors shaping their futures. *Journal of HIV/AIDS and Social Services*, *3*(1), 43–58.

Kingsberg, S. A. (2002). The impact of aging on sexual function in women and their partners. *Archives of Sexual Behavior*, *31*, 431–437.

Mack, K. A., & Bland, S. D. (1999). HIV testing behaviors and attitudes regarding HIV/AIDS of adults aged 50–64. *Gerontologist*, *39*, 687–694.

Marin, B. V., & Marin, G. (1990). Effects of acculturation on knowledge of AIDS and HIV among Hispanics. *Hispanic Journal of Behavioral Sciences*, *12*, 110–121.

Marin, B. V. O. (2003). HIV Prevention in the Hispanic community: Sex, culture and empowerment. *Journal of Transcultural Nursing*, *14*, 186–192.

Marin, B. V. O., & Gomez, C. A. (1998). *Latinos and HIV: Cultural issues in AIDS prevention*. Retrieved November 13, 2004, from http://hivinsite.ucsf.edu/insite?page=pr-rr-03

Markides, K. S., Ray, L. A., Stroup-Benham, C. A., & Trevino, F. (1988). Acculturation and alcohol consumption in the Mexican American population of the southwestern United States: Findings from HHANES. *American Journal of Public Health*, *80*(Supplement), 42–46.

Matthias, R. E., Lubben, J. E., Atchison, K. A., & Schweitzer, S. O. (1997). Sexual activity and satisfaction among very old adults: Results from a community-dwelling medicare population survey. *Gerontologist*, *37*, 6–14.

McDavid, K., Li, J., & Lee, L. M. (2006). Racial and ethnic disparities in HIV diagnoses for women in the United States. *Journal of Acquired Immune Deficiency Syndromes*, *42*, 101–107.

National Counsel on the Aging. (1998). *Half of older Americans report they are sexually active; 4 in 10 want more sex, says new survey*. Retrieved January 24, 2004, from http://www.ncoa.org/content.cfm?sectionID=105&detail=128

Newcomb, M. D., Romero, G. J., Wayment, H. A., Wyat, G. E., Tucker, M. B., Carmona, J. V., et al. (1998). Acculturation, sexual risk taking and HIV health promotion among Latinas. *Journal of Counseling Psychology*, *45*, 454–467.

Nokes, K., M., Holzemer, W. L., Corless, I. B., Bakken, S., Brown, M.-A., Powell-Cope, G. M., et al. (2000). Health-related quality of life in persons younger and older than 50 who are living with HIV/AIDS. *Research on Aging*, *22*, 290–310.

Poindexter, C. C., & Keigher, S. M. (2004). Inclusion of "older" adults with HIV. *Journal of HIV/AIDS and Social Services*, *3*(1), 3–8.

Rogers-Farmer, A. (1999). HIV risk factors, HIV antibody testing, and AIDS knowledge among African Americans age 55 years and older. *Social Work in Health Care*, *29*(3), 1–17.

Sabogal, F., & Catania, J. A. (1996). HIV risk factors, condom use, and HIV antibody testing among heterosexual Hispanics: The national AIDS behavioral surveys (NABS). *Hispanic Journal of Behavioral Sciences*, *18*, 367–391.

Salabarria-Pena, Y., Lee, J. W., Montgomery, S. B., Hopp, H. W., & Muralles, A. (2003). Determinants of female and male condom use among immigrant women of Central American descent. *AIDS and Behavior*, *7*, 163–174.

Samaniego, R. Y., & Gonzales, N. A. (1999). Multiple mediators of the effects of acculturation status on delinquency for Mexican American adolescents. *Journal of Community Psychology*, *27*, 189–210.

Sankar, A., Luborsky, M., Songwantha, P., & Rawbuhemba, T. (1998). Comparative social, structural and meaning perspectives of living with HIV in late life. *Research on Aging*, *20*, 885–912.

Saul, J., Noris, F. H., Bartholow, K. K., Dixon, D. A., Peters, M., & Moore, J. (2000). Heterosexual risk for HIV among Puerto Rican women: Does power influence self-protective behavior? *AIDS and Behavior*, *4*, 361–371.

Savasta, A. M. (2004). HIV: Associated transmission risks in older adults—An integrative review of the literature. *Journal of the Association of Nurses in AIDS Care*, *15*, 50–59.

Simon, W., & Gagnon, J. H. (1999). Sexual scripts. In R. Parker & P. Aggleton (Eds.), *Culture, society and sexuality* (pp. 29–37). London: UCL Press.

Strombach, R., & Levy, J. A. (1998). Educational strategies and interventions targeting adults age 50 and older for HIV/AIDS prevention. *Research on Aging*, *20*, 912–295.

Theall, K., Elifson, K. W., Sterk, C. E., & Klein, H. (2003). Perceived susceptibility to HIV among women. *Research on Aging*, *25*, 405–432.

Topolski, J. M., Gotham, H. J., Klinkenberg, W. D., O'Neill, D. L., & Brooks, A. R. (2002). Older adults, substance use, and HIV/AIDS: Preparing for a future crisis. *Journal of Mental Health and Aging*, *8*, 349–363.

Türmen, T. (2003). Gender and HIV/AIDS. *International Journal of Gynecology and Obstetrics*, *82*, 411–418.

U.S. Department of Labor: Bureau of Labor Statistics (2002). *Geographic profile of employment and unemployment, 2002.: Employment status of the civilian noninstitutional population by sex, age, race, and Hispanic origin*. Retrieved January 2005 from http://www.bls.gov/opub/gp/pdf/gp02_12.pdf

Vega, W. A., Alderete, E., Kolody, B., & Aguilar-Gaxiola, S. (1998). Illicit drug use among Mexicans and Mexican Americans in California: The effects of gender and acculturation. *Addiction*, *93*, 1839–1850.

Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R., & Caraveo-Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. *Archives of General Psychiatry*, *55*, 771–778.

Walker, B. L., & Ephross, P. H. (1999). Knowledge and attitudes toward sexuality of a group of elderly. *Journal of Gerontological Social Work*, *31*(1/2), 85–107.

West, A. D. (2001). HIV/AIDS education for Latina inmates: The delimiting impact of culture on prevention efforts. *Prison Journal*, *81*, 20–41.

Wingood, G. M. (2003). Feminization of HIV epidemic in the United States: Major research findings and future research needs. *Journal of Urban Health*, *80*(4, Supplement 3), iii67–iii76.

Wooten-Bielski, K. (1999). HIV and AIDS in older adults. *Geriatric Nursing*, *20*, 268–272.

Zambrana, R. E., Cornelius, L. J., Boykin, S. S., & Lopez, D. S. (2004). Latinas and HIV/AIDS risk factors: Implications of harm reduction strategies. *American Journal of Public Health*, *94*, 1152–1158.

Zea, M. C., Reisen, C. A., & Diaz, R. M. (2003). Methodological issues in research on sexual behavior with Latino gay and bisexual men. *American Journal of Community Psychology*, *31*, 281–291.