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Impact of Poverty, Homelessness, and Drugs on Hispanic Women at Risk for HIV Infection

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The incidence of AIDS among Hispanic women has been increasing more rapidly than among non-Hispanic women. Yet little is known about the crises Hispanic women at risk may experience and the ways they deal with their most immediate concerns. The purpose of this study was to assess the concerns and stresses experienced by Hispanic women, the coping responses commonly used, perceived feelings of self-esteem, locus of control, and emotional distress experienced. Focus group interviews were conducted by Hispanic and black nurses with 43 Hispanic women who were homeless, intravenous drug users (IVDUs), sexual partners of IVDUs, women diagnosed with sexually transmitted diseases, or prostitutes. Content analysis revealed that the overwhelming focus that directed the lives of the women was overcoming threats to the provider role. The predominant situational factors were found to be potential loss of health, drug addiction, lack of social support, lack of information about the potential threat of AIDS, and a life of poverty. Personal factors such as low self-esteem, helplessness, and loss of control, and emotion-focused coping responses such as drug use and daydreaming were additional threats. The adaptive outcome for these women was to achieve adequacy as a provider in optimizing the health and well-being of their children.

Because education programs remain the most effective public health strategy for saving lives, it is critical that attention be focused on developing culturally sensitive AIDS education programs that incorporate a realistic approach to the survival needs of Hispanic women on a multicultural level.

As of March 1989, 1,681 Hispanic women have been diagnosed with Acquired Immunodeficiency Syndrome (AIDS). The prevalence of AIDS among Hispanic women has led health professionals and community leaders

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to recognize the need for culturally sensitive education programs in the minority communities that would be effective in halting the spread of this deadly disease. Women in particular are fast becoming the focus of attention as AIDS has become the leading cause of death among women 25-34 years of age (Holmes & Fernandez, 1988). Women now account for 10% of all AIDS cases diagnosed; 20% of those women are Hispanic. Of children with AIDS, 23% are Hispanic; the majority of those are born to Human Immunodeficiency Virus (HIV) infected mothers (CDC, 1989).

Although the incidence of AIDS among Hispanics is still relatively low, the number of AIDS cases among Hispanic women has been increasing more rapidly than among non-Hispanic women (*California AIDS Update*, 1988). While it may seem unimaginable that the threat of a deadly disease such as AIDS is insufficient to reduce high risk behaviors, the reality of contending with homelessness, joblessness, starvation, and abandonment may become so overwhelming that the risk of AIDS becomes irrelevant. Yet relatively little is known about the crises women at risk may experience on a daily basis and the ways they deal with their most immediate concerns. Cultural and religious factors also present additional barriers that make it difficult, if not impossible, to reach minority women at risk for HIV infection in an effective manner. Because education programs that aim to motivate people to adopt risk-reducing behaviors, to eliminate misconceptions, and to inform about the modes of transmission remain the most important public health strategy for controlling the spread of AIDS, increased attention must be focused on developing realistic, culturally sensitive AIDS education programs for women at risk.

The purpose of this study is to assess the concerns and stresses of Hispanic women, coping responses commonly used, perceived feelings of self-esteem, locus of control, and emotional distress experienced. By understanding the special needs of these women and the motivating forces that might improve the delivery of health messages, a means to reach this vulnerable population may be developed.

Hispanic Women and High Risk Behaviors

There is almost universal agreement that intravenous (IV) drug use and unsafe sexual practices account for the disproportionate occurrence of AIDS in the Hispanic population. Among Hispanics, 42% of male cases and over 80% of female cases are IV drug related (CDC, 1989). Drug-related transmission is implicated in 77% of Hispanic pediatric cases compared with 32% of cases among white children (CDC, 1989). Heterosexual Hispanic men

using IV needles outnumber white male IV needle users 21.4 times. Moreover, Hispanic IVDUs are 19 times more likely to contract AIDS than white IVDUs (Fullilove, 1988a).

Closer examination of needle use behavior, which often represents an activity born out of necessity rather than out of social bonding (Marín & Marín, 1988), has shown that black and Hispanic users are more likely to frequent shooting galleries than to engage in social sharing on a more personal level (Schoenbaum, Selwyn, & Hartel, 1988). Black and Hispanic IVDUs have been more likely to share their equipment used in drug injections (Des Jarlais, Friedman, & Hopkins, 1985; Friedman, Des Jarlais, & Sotheran, 1986). Moreover, Peterson and Marín (1988) contend that recent Hispanic immigrants have reused needles and syringes for vitamin and medication injections and may share their equipment with neighbors and friends.

In a review of several studies, Fullilove (1988b) reports that minority bisexual and homosexual men who engage in unsafe sex are less likely than white men to regard themselves at risk for HIV infection. Moreover, men who have sex with other men may not label themselves as homosexual whether it be because the male is playing the dominant masculine role or engages in both homosexual and heterosexual activities (Carrier, 1985).

While it is clear that persons at risk become so as a result of underlying risk behaviors, rather than as a result of their race/ethnicity, economic and cultural factors affecting differences in ethnic groups are still being appreciated. Low income, urban Hispanic women who are homeless, use drugs, or are prostitutes may have concerns more immediate than the threat of infection. For women whose attention needs to be directed toward survival needs, such as shelter, personal safety, or financial assistance, AIDS may be of low concern (Mays & Cochran, 1988). When the disease of addiction is considered, often the need for a fix supercedes the need for practicing safe sex. Moreover, the use of other drugs such as alcohol or marijuana can cloud the sensorium and prevent one from taking the necessary precautions.

Conceptual Orientation

The modified Lazarus and Folkman (1984) Stress and Coping Paradigm serves as the guiding theoretical framework for this study. Within this paradigm, coping is defined as constantly changing cognitive and behavioral efforts made to manage specific demands that tax or exceed the resources of the person. As a process, coping is affected by a constellation of variables which include situational and personal factors, coping responses, coping resources, and adaptive outcome.

Methods

Design

Focus group interviews were used to answer the research questions. This qualitative approach is a systematic process of observing, detailing, describing, documenting, and analyzing the social and cultural worlds of a particular group of people (Leininger, 1985; Omery, 1987). By using this research method, nurses become sensitized to the beliefs and customs of multiethnic clients so that health education programs are appropriately planned and utilized (Tripp-Reimer, 1980).

Focus groups represent a useful combination of participant observation of interaction and the individual interview in direct probing of informant knowledge (Morgan & Spanish, 1984). Because the researcher can challenge or probe for additional responses, supporters of this method claim that it can yield a more in-depth analysis than that produced by formal quantitative methods (Mariampolski, 1984). Through focus group interviews, the researcher creates an environment that nurtures the expression of different perceptions and points of view, without pressuring participants to reach a consensus (Krueger, 1988). The interviews are conducted several times with similar types of participants to identify trends and patterns in perceptions. Careful and systematic analysis of discussions provides insights into the world in which these women live.

Subjects and Setting

The study discussed here is part of a larger project designed to provide counseling and HIV testing for at-risk minority women. Invited to participate were Hispanic females who were: (a) homeless; (b) IVDUs or sexual partners of IVDUs; (c) diagnosed with a sexually transmitted disease; or (d) prostitutes.

There were seven focus groups. Conducted by Hispanic and black nurse researchers, the sessions, were held in private rooms in one of two homeless shelters, or at one of two drug rehabilitation program centers. The nurse researchers were thoroughly trained to provide mild, unobtrusive control over the group and were comfortable with group dynamics. The participants signed informed consent forms and received \$10 at the completion of the two-hour session.

A convenience sample of 43 Hispanic women participated in the focus groups. They ranked in age from 17 to 67 years; 38 (88%) were under 50 years of age. Thirty-six (83%) of the women were homeless; 6 (7%) were

Table 1. Sample of Structured Interview Items

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1. Thinking back over the last few months, what would you say have been your major concerns or problems?
 2. Thinking back over the last few months:
 - a. What are some ways you have dealt with these problems or concerns?
 - b. Who/what did you find most helpful and least helpful in dealing with these problems or concerns? Probes
 - . . . talking to others
 - . . . getting information
 - . . . going to the clinic
 - c. Of all these activities, which did you use most often? How available was it to you?
 3. Thinking back over the past few months, how important do you think it is to feel good about yourself?
 4. Thinking back over the past few months, how important do you think it is to feel you have control over what happens in your life? Why?
-

IVDUs; 6 (7%) were sexual partners of IVDUs; 1 (2.3%) was a prostitute; and 1 (2.3%) had been diagnosed as having a sexually transmitted disease. The women were predominantly Catholic, 33 (76.6%); unemployed, 33 (76.6%); and not in school, 29 (67%). In terms of relationship status, 17 (40%) were single and 15 (34%) married. Eight (18.6%) women were living with someone, two were separated, and one was divorced. Twenty-one women (49%) were born outside the United States. Twenty-five (58%) of the women had children, and the average number of children was 2.6. Mean educational level of the women was 7 years.

Data Collection

Based on the components of the Lazarus and Folkman (1984) Stress and Coping Paradigm and a thorough review of the literature, a structured guide was developed to assess the concerns and stresses the women experienced, the coping responses utilized, perceived feelings of self-esteem and locus of control, and emotional distress. Table 1 presents a sample of the open-ended questions.

Validity of the interview guide was assured by a thorough review of the literature on minority populations, particularly those at risk for HIV infection. Moreover, content validity was well established by an expert panel composed of researchers and clinicians working with AIDS and minority populations. All focus group sessions were tape-recorded and later transcribed. A content

analysis of the report transcripts, identifying major themes and categories, was performed. Consistency of identification of themes and categories was verified independently by two nurses involved in research on AIDS among minority groups.

Results

Content analysis revealed that regardless of their life experiences, caring for family, particularly the children, was of critical concern to the women interviewed. To successfully perform as providers, these women would need to maintain good health, become and/or remain drug free, and be financially stable. The overwhelming focus of their lives thus became overcoming threats to their role as provider. The threats consisted of situational factors (potential loss of health, drug addiction, lack of social support, lack of information about the potential threat of AIDS, and a life of poverty), personality factors (low self-esteem, helplessness, and loss of control), and emotion-focused coping responses (drug use, withdrawal, and prayer). The adaptive outcome for the women was to be an adequate provider and to optimize the health and well-being of their children (see Figure 1).

Situational Factors

Potential Loss of Health

The potential loss of health represented a major concern to most of the women because they were responsible for caring for the family and supplementing, if not providing, the financial support for the household. If they were not healthy, they would be unable to provide care, pay the rent, and keep the family together. As one woman reported: "Most of us, since we don't have any disability, the only money we can get is welfare . . . and that's not enough."

Fears about AIDS were a reality for drug-using women. Many had heard about the dangers of sharing needles or having sex with an IVDU. One drug-abusing woman said: "What worries me is getting AIDS. When you go out with someone or when you have a boyfriend, you don't know what sexual relations he has had. You don't know it, but he could infect you." What was immediately apparent, however, was not a fear of dying from AIDS, but rather fear of the impact on the family if the provider could not perform her role. For many of the women, the thought of their children being cared for by someone else was frightening.

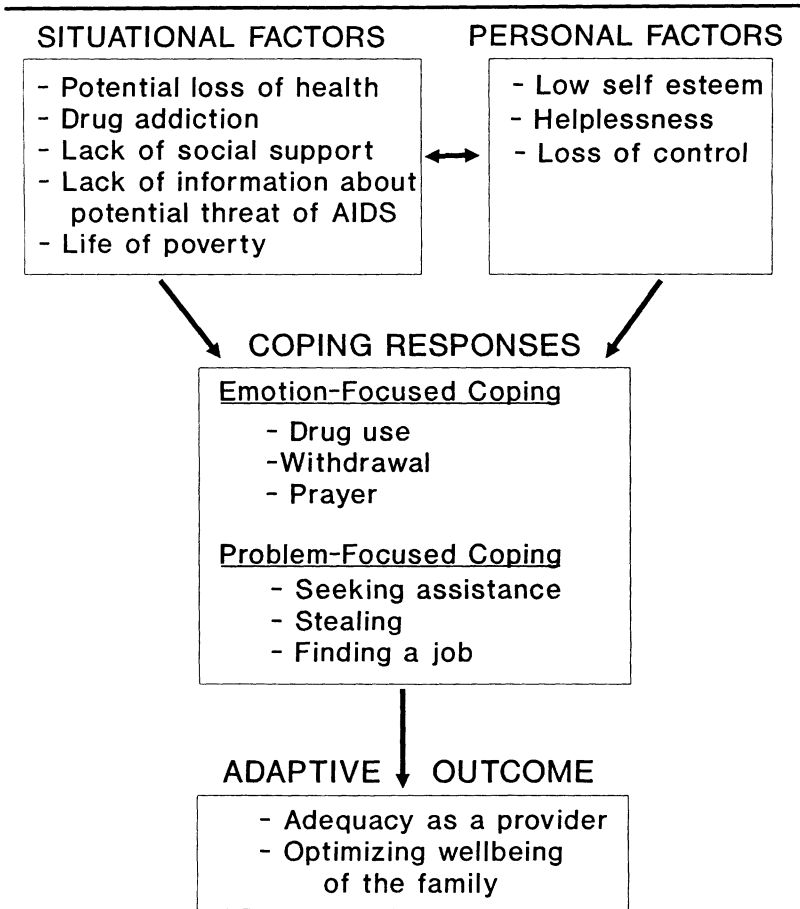


Figure 1. Factors Affecting Hispanic Women's Adequacy in the Provider Role

Drug Addiction

Women who abused drugs were keenly aware of the difficulty in being caring, warm parents while craving a drug high. For the drug-abusing woman, her concern about the children's reaction to their mother's drug use and to the abuse handed out left severe scars. One typical reaction was the following: "I was always worried about how my kids were when I came down, how they reacted when I was getting loaded, and what I did to them.

I had a lot of pain inside me, hurt and anger towards myself for the things that I had done.” Putting drugs before the family left many of the women angry and confused. They resented the fact that many of their babies would be born addicted. While numerous obstacles made it difficult for them to end the drug cycle, there were positive influences, such as fear of imprisonment or the benefits of drug rehabilitation, which enabled some women to end their drug dependence. The most powerful influence of all was the children.

What helped me to stop using drugs was my children. I realized I didn’t want them to go through what I went through. I realized that if I was to continue to use drugs, my children eventually would probably end up using drugs themselves. And I know that there’s more to life than drugs. What I want for my children is a good life.

Another woman commented:

My son is the one that really made me open my eyes and made me realize I had something to live for. Here’s this little four-year-old kid crying when I come in loaded [at] 4:00 in the morning and he says, “Momma, I’m so scared your gonna die.” It was like a light went on. I went into a program ’cause I didn’t have any other choice. I was so strung out. I learned how to deal with all the problems that I could never deal with before and get out all the anger I had, and that’s how I did it.

Lack of Social Support

Many women reported that drugs became their social support. As one woman described: “My only friend at the time I was involved with drugs was drugs. I couldn’t care less if I had a close friend or if I was close to my family.” While on drugs, being alone was an expected occurrence. Although many women reported trying to quit, the failure rate was high. Moreover, many experienced a disturbing isolation because family members often lived out of the country and the women lacked the social and emotional support of close family ties. Perhaps even more distressing were the accounts of family members abandoning the family. For one woman, multiple losses of loved ones drove her to drug use:

I was 14 years old. I had a sister who I was very, very close to; she was 12. And she died. You know, after that I became real rebellious. I didn’t want to get close to anybody in my family. And I just kinda, just changed y’know. I started drinking. I started using pills and just went on from there. And it just carried on and on. A couple of times I stopped but then my grandfather who I was real close with, he died and that just took me down. You know it was like

forget it, I'm not getting close to nobody. I don't want God in my life. I don't want my parents in my life, that's it. All I want is the drug, 'cause that eased the pain.

Lack of Information about AIDS

When questioned about their concern over AIDS, several women considered Hispanic women at little risk.

I think that if you have a plan to make an investigation about AIDS among Hispanic women, then this thing that you're doing is pretty good. But I think that since none of us here probably have any of these illnesses, wouldn't it be better to do a program like this in some of the buildings where you have maybe hundreds of people? For example in the building where I live, there are a lot of homosexuals.

Other women verbalized concerns regarding public restrooms, hotel beds, and being near men. "Well, I'd like to know if the AIDS infection is stuck on the toilets where you're going to sit down, or if it's a toilet where a lot of men go."

The idea of attending an AIDS education program, where a Hispanic woman with AIDS would speak, was agreeable to most women. Fear of men who have prostitutes on the side was common. Most women thought that being tested for the HIV would be useful.

Life of Poverty

Poverty was not a stranger to many of these women. Accounts of working in the fields instead of going to school were common and encouraged in them a desire to provide a better life for their children. One woman described this vivid remembrance: "When I was growing up we had to struggle a lot. We all had to work in the fields since we were very young children, just to be able to survive. So I didn't even have the opportunity to study through the first grade." Life was a daily struggle against inadequate resources and a double standard. Many women complained about having the sole responsibility for cooking, cleaning, and caring for ill children whether or not they were employed. In view of the many situational obstacles that these women faced, it is not surprising that many reported crying and depression as common occurrences. Particularly distressful, however, was the combination of unfavorable situational factors and debilitating personal factors, such as low self-esteem, hopelessness, and loss of control.

Personal Factors

Low Self-Esteem

The effect of drugs on the women's self-esteem was most damaging. The following passage describes one woman's feelings about herself:

I was really worried because I wasn't able to concentrate on anything, because of my drug use. I always felt really dingy, and really dumb. Somebody would say something to me and I couldn't really compute it until after several minutes. Y'know in my brain I couldn't really understand.

Another woman with low self-worth hid from her well-dressed friends. About her appearance, she said: "I didn't give a shit about myself."

For drug-abusing women, perhaps even more distressing than low self-esteem was the disgust family members felt toward them.

It made me feel ashamed after I had the baby because my whole family found out that I was using drugs, and they kinda looked down on me about it. I'm trying to bring myself back up now, but to them they're always going to look at me as a person who used drugs and endangered my baby's life just to get high.

Hispanic women also experienced low self-esteem as a result of being unable to express themselves adequately. One woman shared the following comment: "I think that in this country you feel discriminated against because you can't speak English very well. And this is a complex that you get a lot in this country." Hispanic women described a multitude of moods which included feeling ashamed, helpless, confused, scared, jealous, humiliated, and angry.

Loss of Control

Addiction took away a woman's control over herself. As one woman explained: "You know I put myself in a lot of places where I shouldn't have been. You know I endangered myself. But I didn't give a shit. I didn't care 'about nothin'." While using drugs, women frequently experienced a profound sense of helplessness. Not only were they unable to help themselves when they craved a high, but they were also unable to imagine that others could help them. During the time they were on drugs, women reported being aimless and lacking direction in their lives. They often expressed anger when they were unable to see a way out.

While several women placed absolute control over events in the hands of God, or powerful others, some verbalized a strong sense of internal control.

These comments illustrate this attitude: "If we get what we have it's because we work and we sacrifice ourselves." "When I get what I want, it's not because of luck. It's because I worked for it."

Some women who abused drugs reported that under certain circumstances their children were taken away from them. Several of these women regained control of their lives in order to get their children back. One woman whose children were taken away reported the following experience:

If it's important, you will do whatever you can to make it better. I first lost my kids because my boyfriend's sister-in-law called the social workers on me. I wanted to kill her. I went down to her house, I broke her windows, I threatened to kill her. At first I was mad, I was confused, I wanted to die. And I just kept getting high, and I started going crazy. Then I went to a drug place and now I think that was the best thing that could ever happen to me.

Coping Responses

The coping style of the women interviewed was predominantly emotion-focused. The most common of these coping strategies were praying to God, drug use, and withdrawal through daydreaming. Selective problem-focused strategies included discussing the problem with others, obtaining more information, and attempting to control their lives.

Emotion-Focused Coping

Prayer. For the majority of women interviewed, God represented the only hope and salvation. For those who were particularly religious, confidence in God prepared them for "anything that could happen." For others, God gave them the patience to endure the situation, the poverty, and the worries, and the power to persevere. Several drug-abusing women were unable to find solace in God, because drugs were their be-all and end-all.

For one woman, praying to God was not a helpful strategy for she resented the fact that God allowed her brother to be taken away. The woman explained: "I'm not into praying like I used to because I had a resentment towards God because he took my brother. Why did God let this happen? I would pray and I'd go to meetings. I tried to understand, why him."

Drug Use. For several women interviewed, drugs eased the pain of crisis, helped them forget the unfavorable situational factors confronting them, and alleviated some of their emotional distress. However, reality was never found to be at a comforting distance as the prospect of dragging the children into a life of drugs was unbearable. In fact, for many women recognizing the effect

of their drug dependency upon the children was the first step in overcoming their addiction.

Withdrawal. Another common emotion-focused coping response was daydreaming. For one woman, daydreaming helped her live and provided some hope. For others, getting away or wanting to be alone seemed to serve a similar purpose. One woman explained: "There's times when I just say, 'God just take me away,' and I wish I could go like that, but it doesn't happen. There's times when I wish I could just snap my fingers and be off in a desert island with nobody around me. Snap my fingers and that's it."

Problem-Focused Coping

Another coping strategy utilized by many women was a problem-focused approach. Some sought assistance by talking over their problems with others. One woman found that explaining to her child what she was going through was beneficial for both of them. Others tried to acquire more information, or accepted a particular situation. Some women cited finding employment or stealing as other means of coping. Very few women reported prostitution as a means of survival.

Discussion

Despite the growing AIDS crisis in the Hispanic community, culturally sensitive AIDS programs are woefully lacking. It is clear that cultural and socioeconomic factors must be taken into account by AIDS educators attempting to communicate with young Hispanic women. Mata and Jorguez (1988) show that Hispanic women today are often unemployed, have no health insurance, and have a long history of poor health. They contend that much of the published educational material is irrelevant to these women.

Hispanics from Mexico, Central America, and South America have value systems, life experiences, and communication patterns which are different from those of the dominant Anglo culture (Vargas, 1988). When the distinct cultural and social values and beliefs of Hispanic women are integrated into a program implemented by bilingual Hispanic nurses, nurses and other health professionals can begin to address the needs of this population, facilitate assimilation of information, and provide an environment in which acceptance, trust, and assistance are apparent (Martin, 1979; Valle & Vega, 1980).

The focus group interviews with Hispanic women at risk for HIV infection provided helpful insights into their concerns, coping responses, and feelings of self-esteem and control, and underscored the importance to them of the

family structure. Whether the family was defined as extended family, husband, or just the children, the women focused on the importance of success in the provider role.

The most serious situational factor which the drug-using women discussed was the grip that their addiction had on their lives. Drugs provided immediate gratification and distraction from hopelessness and pain. The high unemployment rate among Hispanics in poor communities forces many into the world of drugs, and thus provides not only an escape from the problems of poverty but also a means of obtaining additional income through dealing. For many, the series of unsuccessful attempts to abandon drugs was demoralizing and led to lower self-esteem and lack of self-confidence. For many women, the thought of abusing or neglecting their children was devastating. The addicted woman's recognition of the effect of drugs on her children became the first step in letting go of drugs.

Women who were not identified as drug users reported that lack of financial security and social support threatened the security of their families. The level of interaction among Hispanic families is generally high, and the family is viewed as a source of support, security, and strength. Mata and Jorguez (1988) observed that even among IVDUs in the barrio there was widespread reliance on personal and social support networks for learning to use drugs, for obtaining drugs, for information and resource exchanges, and for coping with illicit drug use.

The majority of Hispanic women interviewed did not report the threat of AIDS as a common fear. Denial of the potential of this threat, or lack of knowledge of the potential threat, is, however, of serious concern to many, particularly since the topic of safer sex practices is a difficult one to discuss within a predominantly Catholic population whose values and beliefs hold that the female should remain innocent and unaware of sexual practices until her husband provides the education. The fact is, however, that heterosexual transmission is 15% higher among Hispanics than among whites (CDC, 1989). Moreover, while Hispanics are intensely family oriented, heterosexual monogamy is often undermined by the "macho" male's abuse of his spouse and visit prostitutes (Special Report, 1987). Furthermore, Hispanics account for 42% of all U.S. AIDS cases among gay and bisexual men (CDC, 1989). Many of the female sex partners of these men are unaware of their partners' bisexuality, or of their partners' current or past drug use. As a result, they are often unaware of the risk of HIV infection.

With respect to personal factors, the Hispanic women interviewed identified loss of control, low self-esteem, and helplessness as common experi-

ences. These inadequacies diminished their ability to successfully carry out the parental role, and, in many cases, nurtured the drug habit. Loss of self-esteem was extremely difficult for these women to cope with since respect is a highly valued concept in Hispanic cultures.

Coping responses utilized by Hispanic women, particularly drug abusers, were primarily emotion-focused. For many, the use of drugs was a convenient escape from reality to a world without pain. Unfortunately, when the high disappeared, the realization of the effect of the drug dependency on the family was quite disturbing. Another emotion-focused strategy many women reported was turning to prayer and religion. For some women entrenched in years of drug abuse, religion became their only salvation. Problem-focused strategies were likewise reported. Particularly among non-drug-using women, holding down a job, seeking food and shelter, and stealing were methods of assuring family survival. Few women reported prostitution as a means of survival.

Despite the serious obstacles to providing AIDS education to Hispanic women, overcoming cultural insensitivity is one way that nurses can assure effective service delivery and positive outcomes for this population. Those most at risk are young (one-third of the U.S. Hispanic population is under 15; the median age is 23), poor (40% of the Hispanic families are female headed; 51.3% of these live below the poverty line), and have low educational levels (Giachello, 1985). Consequently, developing educational materials at third to fourth grade educational level would be most practical. Moreover, as the family is the pivotal focus for Hispanic women, educational messages should take into account family and cultural values that might have an impact on both sexuality and drug use (Worth & Rodriguez, 1987). For example, to convince women that they need to educate their partners on the preventive aspects of condoms, an effective approach, which incorporates cultural values, might be to arrange an educational session with the woman and man. By ascertaining the role of the male in terms of protecting the family, and assuming that the children would be cared for by the mother, use of condoms would be critical in preventing HIV infection in the woman.

The results of the focus group interviews also point out the hierarchy of needs of Hispanic women who live in poverty, are poorly educated, and face language and cultural barriers. These women grossly underutilize primary health care, family planning, and prenatal or pediatric care services (Worth & Rodriguez, 1987). Providing AIDS education to a population struggling for survival on a daily basis is anything but ludicrous. Nurses are in an ideal position to recognize the needs of women at risk and to communicate and network with community agencies to pro-

vide referrals, food and shelter, job training, and financial assistance. Trust and respect would be gained, thus opening the way for developing and implementing AIDS education programs.

It is very clear that the best approach to ensuring cultural sensitivity is by training Hispanic health care professionals to provide more of the necessary education. Particularly when working with drug users, extensive background in the theories and practice of drug abuse is critical in developing a therapeutic relationship. Augmenting the health care team with well-trained lay personnel from the community who have experienced drug abuse, prostitution, or homelessness may also contribute to improving the delivery of the culturally relevant educational message and to slowing the spread of this deadly disease.

Health care agencies have an enormous task ahead to modify and expand their services to meet the needs of a distinct population. At this time, since education is the only strategy available to save thousands of lives, the educational messages must be appropriate and culturally relevant.

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