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Chapter 4

AN INTERACTION MODEL OF HIV/AIDS PREVENTION BASED IN HISPANIC PARENT- ADOLESCENT COMMUNICATION ABOUT SEX

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ABSTRACT

Acquired Immunodeficiency Syndrome is a global epidemic. Seventy six percent of the total cases are in the age range of 18-35, which provide suspicions that most of the infections occur during adolescence. Adolescents often engage in sexual risk behaviors because they do not have enough information to make the best decisions concerning their sexual behavior. The adolescents' parents play a very important role in the sexual development and promotion of HIV/AIDS prevention. Parent-adolescent communication about sex is an important medium for adolescents because it provides them with a source of information and values that allow them to make safer sex decisions. Due to the fact that communication is a bi-directional process, it is important to take into account the parent-adolescent interaction. Therefore, the purpose of this paper is to explain an interaction model for HIV/AIDS prevention based in parent-adolescent communication about sex with the Hispanic population using the Self-Efficacy Theory. The model conceives the parent-adolescent dyad for HIV/AIDS prevention. There are two central elements that support this model. The first is the interaction of parent and adolescent to achieve the same goal, which is HIV/AIDS prevention. The second is focused on the general cultural characteristics of Hispanic families, such as: allocentrism, time orientation, gender roles, and fatalism. The principle concepts in this model are parent-adolescent interactions, preventive behaviors, and HIV/AIDS prevention as an outcome. The parent-adolescent interactions include: cultural characteristics, attitudes, beliefs, and knowledge. Together parent's and adolescent's efficacy expectations may result in the activation of preventive behaviors. The preventive behaviors for adolescents are abstinence, condom use, and partner discussion. The preventive behaviors for parents are

quality and quantity of communication about sex. The maintenance and perseverance of parent-adolescent behaviors are regulated by outcome expectations such as: prevention of diseases, perceived benefits, partner protection for the adolescent, closeness and sexual risk reduction for parents. Thus, the adolescent's and parent's belief about the positive results of their behavior should result in the repetition of the preventive behavior. This repetition will increase the probability of preventing HIV/AIDS in Hispanic adolescents. This model illustrates the importance of working with efficacy and outcome expectations to improve the parent-adolescent behaviors for HIV/AIDS prevention. Health care providers may use this model to develop effective prevention programs in the community, guide the development of parent and adolescent skills in an educational context, and modify it to fit other STD's.

Keywords: HIV/AIDS prevention; communication about sex; self-efficacy; adolescents; parents.

INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) is a global epidemic. Around the world, more than 27 million people have died, and 16 thousand people become infected every day (Joint United Nations Program on HIV/AIDS [UNAIDS], 2006a). In 2005, more than 39 million of people become infected by Human Immunodeficiency Virus (HIV), as a result AIDS has become a public health emergency (UNAIDS, 2006b). In the Latin American and Caribbean countries, the cases of HIV reported in 2005 totaled more than 1,308,000 and more than 90,000 deaths (UNAIDS, 2006c; UNAIDS, 2006d). The Hispanic population in the United States has grown rapidly and this has increased the probability of contracting the HIV virus. In 1993, HIV/AIDS cases among Hispanics totaled 18% and six years later they increased to 20% (Center for Diseases Control and Prevention [CDC], 2006). The fact that AIDS in the 18-35 age group are 72% of the total cases provide suspicions that most of the infections occurred during adolescence because of the long HIV incubation period (CDC, 2005; Pilcher et al., 2001; UNAIDS & World Health Organization [WHO], 2001).

The HIV infections among Hispanic adolescents are influenced by different factors. For example, like all adolescents, Hispanic adolescents go through developmental stages that are characterized by taking risks that allow them to define and discover their identity. In addition, many adolescents do not think about the possibility of getting pregnant or contracting HIV/AIDS (Guttmacher et al., 1997). A behavioral risk for HIV typically taken by Hispanic adolescents is the practice of unprotected sex with multiple partners (Villaseñor-Sierra, Caballero-Hoyos, Hidalgo-San Martin, & Santos-Preciado, 2003). One explanation given for this type of risk behavior is that Hispanic adolescents do not have enough information to make the best decisions concerning their sexual behavior (Romo, Lefkowitz, Sigman, & Au, 2001). One of the most important sources of information for adolescents are their parents. When using a parent-adolescent communication model about sex, parents may clarify adolescents doubts and may encourage them to make safer sex decisions. DiClemente, Wingood, Crosby, Cobb, Harrington, and Davies (2001) reported that adolescents whose parents talk with them about sexual matters and provide sexual education, or contraceptive information at home are more likely than others to postpone sexual activity. In addition, when

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these adolescents become sexually active they have fewer sexual partners and are more likely to use contraceptives, condoms, and other protective methods (DiClemente et al., 2001). However, most Hispanic families do not discuss sexual issues as openly as European American families (Romo et al., 2001).

Bandura (1986) affirmed that people's beliefs about the outcome of a specific behavior may affect their execution. Moreover, the belief related to the confidence of doing a certain action is what he called self-efficacy. Similarly, Weeks (1998) in his metanalysis, concluded that the belief about positive parent-adolescent communication (e.g., decrease of sexual risk behaviors for HIV/AIDS) may predict the parental communication with the adolescent. In addition, adolescents believe the most convenient source of information on sexual topics are parents (Bhattachaya, Cleland, & Holland, 2000; Durán, García, Ramírez, & Sifuentes, 2000; Palacios, 2001). Thus, parents and adolescents efficacy expectations and benefits about the advantage of parent-adolescent communication about sex and sexual health behaviors may have an important impact for HIV/AIDS prevention.

In the last 25 years, theorists have worked hard to develop the evidence base practice. Some of these efforts have been delineating the role health care professionals have in the prevention of various diseases such as HIV/AIDS. Social theories can be used to help understand the phenomenon of HIV/AIDS prevention in adolescents, but it is central to legitimate the use of these theories in our population of interest (Villanuel, Bishop, Simpson, Jemmott, & Fawcett, 2001). In the case of HIV/AIDS prevention, the use of different models *changes in diverse populations*. A cursory review of literature reveals that studies have used models that have not been adapted for Hispanics. It is crucial to understand that this population has some specific characteristics that must be addressed appropriately (Marin, 1991). An HIV/AIDS prevention model that is based on sexual communication needs to include Hispanic cultural values that may affect the process and outcomes of an intervention (Benavides, Bonazzo, & Torres, 2006). Unless the impact of these components is addressed, it will be difficult to have effective HIV/AIDS prevention strategies for Hispanic adolescents. Therefore, the purpose of this paper is to explain an interaction model for HIV/AIDS prevention based in parent-adolescent communication about sex with the Hispanic population using the Self-Efficacy Theory.

SELF-EFFICACY

The first person to introduce the self-efficacy construct was Albert Bandura, who used a Social Cognitive Theory as a basis for his analysis. In this theory, the behavior, characteristics, and environment of a person are represented as constantly interacting (Bandura, 1986, 1997). Cognitive, social, and behavioral skills must be organized for action to take place and control is used in the events that may occur in people's lives. The belief of personal efficacy using these skills is strongly related to their execution. Perceived self-efficacy is defined as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances. It is concerned not with the skills one has, but with judgments of what one can do with whatever skills one possesses" (Bandura, 1986, p.391). In this theory the behavior is acquired and regulated by cognitive processes.

The basic premise in the Self-Efficacy Theory, according to Bandura (1977, 1986), is that the expectation of personal mastery or, in other words, the efficacy expectations, and the outcome expectations determine whether an individual will engage in a particular behavior. The principle concepts in Bandura's model are characteristics of a person, the behavior of the person, and the outcome of the behavior. These combined concepts involve two kinds of expectations that are efficacy expectations and outcome expectations. An efficacy expectation focuses on one's capability to produce the behavior. An outcome expectation is a person's belief about the outcomes that result from a given behavior. People are motivated to perform behaviors that they believe will produce desired outcomes (Bandura, 1977).

The Self-Efficacy Theory mainly focuses on the behavior of an individual however, taking into consideration the usefulness of this model for HIV/AIDS prevention this theory is applicable as a dyad model for parents and adolescents in the Hispanic population. The HIV/AIDS prevention model based in parent-adolescent communication about sex in Hispanics (Figure 1) illustrates their interactions in the model. The emphasis of creating an interactive model is due to the fact that communication is used for the transmission of information from one source to another (King 1981). Therefore, communication about sex is a dyadic process between parents and adolescents as this model explains.

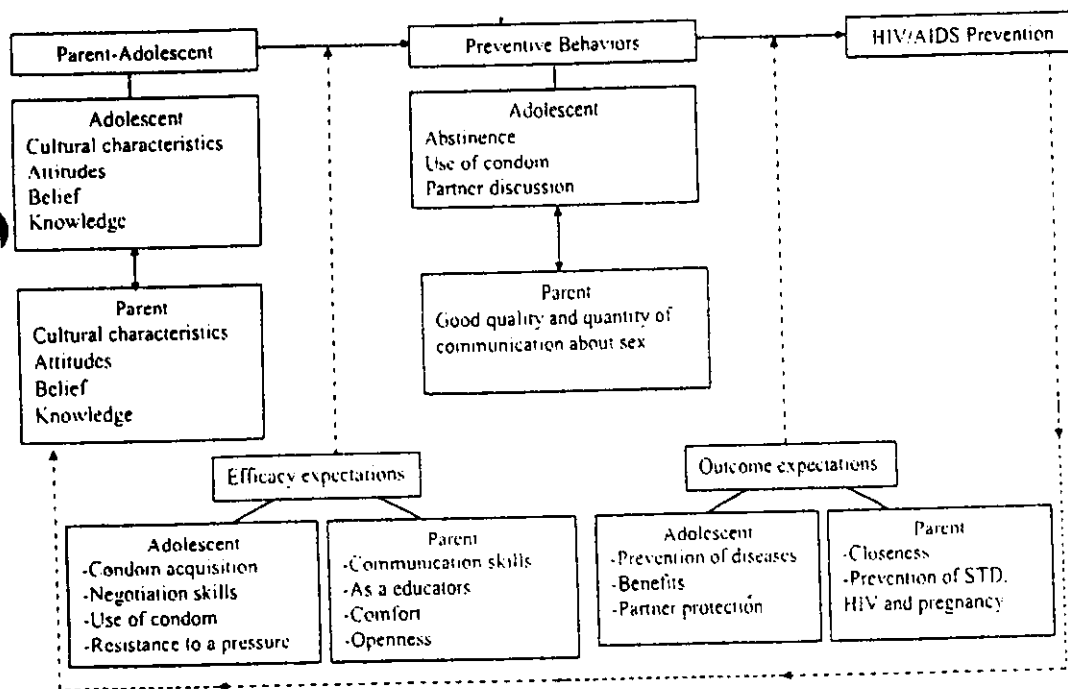


Figure 1. An interaction model of HIV/AIDS prevention based in parent-adolescent communication about sex in Hispanics.

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The principle concepts in the model are parent-adolescent interactions, preventive behaviors, and HIV/AIDS prevention. As mentioned above the model describes cultural characteristics, attitudes, beliefs, and knowledge for adolescents and parents. Together with parent's and adolescent's efficacy and outcome expectations may result in the initiation of HIV prevention.

MODEL OF HIV/AIDS PREVENTION BASED IN PARENT-ADOLESCENT COMMUNICATION ABOUT SEX

Two principle characteristics support the parent-adolescent communication model for Hispanics. The first characteristic is the interaction of parent and adolescent to achieve the same goal, which is HIV/AIDS prevention. However, while the primary goal in this model is HIV/AIDS prevention, this model may be are useful for pregnancy and STD prevention in adolescents as well. The other characteristic that distinguishes the model is its focus on Hispanic families. The model was elaborated with the review of literature focusing only on Hispanic and Latino populations, with emphasis on the cultural characteristics of Hispanics and their importance. The primary concepts in the model are parent-adolescent interactions, preventive behaviors, and HIV/AIDS prevention as an outcome.

The parent-adolescents interactions include: cultural characteristics, attitudes, beliefs, and knowledge for adolescents and parents. Together parent's and adolescent's efficacy expectations may result in the activation of preventive behaviors. The preventive behaviors for adolescents include abstinence, use of condom, and partner discussion. The preventive behaviors for parents are quality and quantity of communication about safe sex behaviors. The maintenance of parent-adolescent behaviors is regulated by outcome expectations, such as prevention of diseases, perceived benefits, partner protection for the adolescent, closeness and sexual risk reduction for the parents. An outcome expectation is the capacity to characterize the future consequences of an action (Bandura, 1977; 1986). In other words the adolescent's and parent's belief about positive outcomes because of their behaviors should result in the recurrence of the preventive behavior. This repetition will increase the probability of preventing HIV/AIDS in the Hispanic adolescent

Parent-Adolescent Interactions

Cultural Characteristics

The concept of cultural characteristics of Hispanics is an important feature to consider when working with the Hispanic population. One of the cultural characteristics common in Hispanic communities is the identification of the individual as member of the community. Even when Hispanics come from Mexico, Cuba, Puerto Rico, or other countries of Latin America, and have different traditions, religions and demography; many share cultural characteristics that make them members of a particular group (Pajewski & Enriquez, 1996; Rizo et al., 2004). Therefore, this paper explains the importance of considering Hispanics' cultural characteristics. The most common cultural characteristics that may influence the execution of a prevention model when working with Hispanics are allocéntrism, time orientation, gender roles, and fatalism.

Allocéntrism

According to Marin and VanOss (1991), *allocéntrism* is a characteristic referring to the feeling of being part of a group. Accordingly, with this cultural characteristic, adolescents and parents may think similarly to a group of friends in their community and that community may influence their behavior when it comes to safe sex behaviors. Allocéntrism involves feelings

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unity, reciprocity, and trust. "La familia" (family), is a close group unit and the primary component of Hispanic society. In most Hispanic families, the authority figure and provider is the father, while the mother is responsible for the home (Hispanic Ministry in the Southeast, 2003). This concept of allocentrism illustrates that the adolescent may make some decisions according to family values and perspectives of the larger community. Due to the value placed on the family, adolescents will be more likely to consider parental opinions or suggestions and attempt to meet their expectations.

Time Orientation

Another cultural characteristic of Hispanics is *time orientation*. Hispanic society is characterized by its orientation to the present and generally prefer not to plan for the future (Marin & VanOss, 1991). Because the present is viewed more valuable than the future, adolescents and parents engage in prevention behaviors after the fact. For example, an adolescent will go to see the doctor after having sex with somebody suspected of having an STD (McQuinston & Flaskerud, 2000; Pajowsky & Enriquez, 1996) instead of planning ahead to prevent the infection of STD's. Adolescents may not be concerned about a possible risk but they could be interested in the issues about having sex such as experiencing pleasure, enjoying the moment, and attempting to represent themselves as a typical man or woman. In this model, parents must believe that 'right now' is the best time for starting a discussion with their adolescent about sex. Parents should realize that talking to their son or daughter in the present about future behaviors may prevent adolescents to be at risk of contracting HIV or AIDS (Jemmott, Jemmott, & McCaffree, 1999).

Gender Roles

Gender roles are another important cultural characteristic that needs to be taken into consideration when working with Hispanics. Machismo (chauvinism) is a male characteristic, meaning to be strong, in control, and the provider for the family. This machismo affects both men and women, because these attitudes promote the seeking of multiple sexual partners and rare usage of condoms placing them at risk for STD's including HIV/AIDS (VanOss, 2003; Marin & VanOss, 1991). Women are described as submissive and possess less social power than men. Women generally do not talk about their feelings related to sex, as a result, negotiating sexual safety in a relationship is difficult and can encourage sexual abuse (VanOss, 2003; Werner-Wilson & Jay, 1998). Thus, parent-adolescent communication could be influenced by this cultural characteristic: communication issues such as understanding, confidence and even language can be different depending on adolescent's gender as well as the parent's gender.

Fatalism

Fatalism is a cultural belief that emphasizes the inability of an individual to alter fate. In other words, it is the belief that one cannot control the current circumstances in order to change the future (Hondagneu-Sotelo, 1993). An example of fatalism in adolescents is "I am young and gay, so AIDS is going to get me eventually. I might as well enjoy myself while I am here." Parents should recognize their adolescent's sexual self-concept and attempt to transmit a contrary meaning to a fatalistic attitude. For instance a parent could respond to their son or daughter with, "If you practice safe sex like using condoms or abstinence, you

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Attitudes

Attitude is the value given toward a specific behavior and is essential for increasing the probability of performance of that behavior. Evidence supports the notion that increased communication may have a positive impact if parents' attitudes about sexual intercourse are more liberal and accepting of their adolescent's sexual activity (Kirby, 1998). Positive attitudes toward pre-marital sex have become more permissive between Hispanics with a higher level of acculturation to American norms (Meir, 2002). As shown above, parents' and adolescents' attitudes about sex have important implications for the realization of an action. Attitudes reflect expectations (anticipatory effects) and expectancies (values of the expectations) in a given situation. According to Bandura (1977, 1986), expectations are learned from previous experience, from observing others' experience in a similar situation, from social persuasion and from emotional responses. Expectations are the beliefs a person has on a given behavior; value is then placed on the expectation with incentives (expectancies) that help understand what results can be expected with the given behavior (Bandura, 1986). For example, if educators help the parents relay the beliefs to the adolescent that instilling healthy sexual behaviors will prolong their lives and prevent unwanted grief, then the adolescent can begin to formulate the expectancies of how important safe sex is in their quality of life and the life of their partner. Therefore, in a parent-adolescent communication model, sources of learning expectations must be considered: health educators should use and teach parents by involving them in the following types of interaction: role playing, examples, exploration of contextual influences and emotional responses

Beliefs

Beliefs, as it relates to parent-adolescent communication, are convictions about parent's and adolescent's capacity to execute an action. Social Cognitive Theory, as applied to condom use in Hispanic adolescents, posits that if a parent approves the behavior (i.e. using condoms) then it is more likely that the adolescent will believe it is appropriate to use condoms in a sexual encounter (Villarruel, Gallegos, Loveland & Duran, 2003). Behavioral beliefs in adolescents regarding condom use are: protection from HIV and STD's, pregnancy, concerns about partner and peer reaction, and not having any feeling when using a condom. Beliefs about abstinence in adolescents include: favorable parental reaction, maintaining one's self-esteem, and concerns about pleasure in the future (Villarruel, 1998). In the parents' case, there are different beliefs related to the right amount and time for having discussions about sex with their adolescent. Parents' beliefs as sex educators have been associated with greater quantity and quality of communication about sex (Rosental & Feldman, 2000). In the case of adolescents, beliefs are influenced by people that the adolescent interacts with on a daily basis such as, a partner, parents or peers. If they disapprove of condom use, an adolescent may be less likely to use condoms than if their partner or peers approve of the use. Among Hispanics, the influence of parents, siblings, and extended family members are thought to be particularly strong. The parent's opinion about sexual behavior and condom use is rated more highly than the opinion of peers (Jemmott, Jemmott, & Villarruel, 2000).

Knowledge

The knowledge component is an important factor in the performance of an action. Many of the sexual risk behaviors that adolescents carry out are for the reason that many do not have enough information to make good decisions about sexual interactions. In the parents' case, they may not talk with their adolescent because they assume that they do not know enough about how to relay that information to their son or daughter (Benavides, 2002). The perceptions of the amount of information that parents share with adolescents about sexuality relates to adolescent sexual behaviors. Hispanic adolescents who receive more information from their parents about sexuality are less likely to become pregnant (Baumeister, Flores, & Marin, 1995). Different studies have shown that most adolescents think that they must receive information about sex from their parents, while parents think that talking about sex will encourage adolescents to have sex (Palacios, 2001). Therefore, if parents have accurate knowledge about HIV prevention and HIV transmission and learn that providing adolescents accurate information does not increase or encourage their sexual behaviors, adolescents may potentially acquire more information and increase their knowledge about prevention.

Preventive Behaviors

Adolescent Behaviors

There are three behaviors that this model demonstrates as important factors in HIV prevention. The first is abstinence, which is the only 100% secure method for HIV prevention. The second is condom use, which includes not only using it but also the correct and consistent use of it. In addition to abstinence and use of condoms, talking with their partners is another protective factor in HIV prevention. When adolescents have good communication with their partner they are able to negotiate about abstinence and/or condom use and learn about each other's past sexual experience (i.e., past partners and sexual practices). Communication about sex between parents and adolescents is one of the central points in HIV/AIDS prevention. Adolescents who have open communication with their parents are more likely to negotiate with their partner and are more likely to use a condom (DiClemente et al., 2001).

Parent Behavior

Parent-child communication about sex is the desired behavior proposed in this model for parents. It is important to understand that communication involves not only discussion about physical development but also emotional. Communication about sex in this model has two components. The first component is quantity. This is the act of providing information that the adolescent needs on safe sex and the amount of conversations that clarifies doubts. The quantity of information is a concern between parents. This model posits that nobody is a better source of information than the parents and parents will know the right amount of information to give their adolescent. Quality is another crucial component of parent-child communication because it not only involves talking about sexual physical changes but it also involves learning the emotional aspect sexual intercourse. Talking with a high degree of quality includes using specific examples and depth of information (dates, first intercourse, peer pressure, etc.) in an understandable way for the adolescent and allowing for the

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adolescent to elaborate on that information. As mentioned above, communication has several benefits if it is a consistent behavior parents use with their adolescent.

HIV/AIDS Prevention

Prevention of HIV and AIDS is the outcome or goal of this model. Cognitive processes control and regulate behaviors in adolescents and parents. As Bandura (1977) mentioned, motivation is related to behavior persistence, which is strongly related to cognitive processes in an individual. In this part of the model the outcome expectations are very important for the attainment of safe behaviors in adolescents. Outcome expectations in adolescents include positive future outcomes such as, prevention of HIV, STD, and pregnancy; benefits of abstinence; use of condoms; negotiation with the partner; and the expectation of maintaining safe relationship with a partner. The capacity to demonstrate positive outcomes may produce the tendency to repeat a specific behavior that results in HIV prevention. In the parent's case, communication about sex is the behavior that the model proposes to maintain. There are different outcome expectations that affect the repetition of parents' actions. Parents who perceive that the communication has positive outcomes will talk with their child more often (Dilorio, Dudley, Leer & Soet, 2000). Parents who perceive that the communication will prevent HIV, STD and pregnancy are more likely to talk with their adolescent about sex. In addition, most parents who believe that communication may increase closeness between them and their son or daughter are more likely to communicate about sex (Hutchinson & Conney, 1998). In summary, the final outcome, HIV prevention, will take place if personal factors, self-efficacy expectations, behaviors, and outcome expectations address the need to achieve HIV prevention.

Things to be Aware of When Working with the Hispanic Population

Although the Hispanic population as a panethnic category do share common beliefs, attitudes, and behaviors, it is important to acknowledge that differences do exist between the Hispanic subgroups. In a study that sampled Mexicans, Puerto Rican, Cubans, and Dominicans and data collected over the span of 5 years showed that ethnic variations did exist between subgroups with respect to overall health outcomes (Zsembik & Fennell, 2005). The majority of the differences were attributed to differences in socioeconomic status, cultural heritage, interaction styles, and lifestyles characteristics. This especially important when it is likely that a health provider or educator will interact with members of the family on a regular basis to establish the model in the context of the parent-child communication. Some of the differences between the subgroups relevant to the proposed model can be found in language, legal status, parenting styles, and health patterns.

Language is one of the essential components to carrying out a prevention model. It is through language that we convey facts and practices that will help prevent HIV infection and will allow health care educators to communicate with parents and adolescents. But for some Hispanics meanings of concepts or ideas vary depending on the cultural heritage. An educator must take this into account because of the possibility for miscommunication or unintended offensiveness. For example, the word "bicho" has varying meanings throughout Latin

American countries and the Caribbean. For Mexicans the word *bicho* is referred to as an insect. In Puerto Rico the word is considered a vulgar reference to a male penis. In El Salvador it is commonly used as slang for "kids." In Nicaragua and parts of Costa Rica the word *bicho* is used to refer to a female vagina. If educators are going to be talking about sensitive issues it is important to be familiar with what country the family is from.

Another important difference that can impact the interaction between the educator and family is legal status. It has been shown in the literature that some Hispanics fear participating in prevention programs and government sponsored research because of the belief that they may be sent back to their home country (Brooks, Newman, Duan, & Ortiz, 2007; Zuniga, 2004). This is largely a product of living in the US illegally. But there are some Hispanics/Latinos who are here legally because of political policies of asylum or their home country is a US colony or territory. For instance, Puerto Ricans are considered US citizens and Cubans can obtain political asylum and have many of the same rights as any American.

There are research that has shown that Hispanics differ in parenting styles (De Von Figueroa-Moseley, Ramey, Keltner, & Lanzi, 2006) and health patterns (Zsembik & Fennell, 2005). Puerto Rican parents have been found to have more nurturant behaviors and overall consistency than Mexican Americans and El Salvadorians. With respect to health patterns, it was found that differences exist between Mexicans, Puerto Ricans, Cubans, and Dominicans. Mexicans with higher levels of socioeconomic status and acculturation had worse health than any other group. In contrast, Puerto Ricans with lower levels of socioeconomic status and acculturation tended to have the worse health. Cubans and Dominicans were mixed in their health because of the variation of health disparities and advantages. It is important to take into account these differences because it will provide the tools for a more effective prevention model and ultimately diminish the possibilities of not having a clear understanding of the people you serve.

IMPLICATIONS FOR FUTURE RESEARCH AND PRACTICE

It is necessary to work with parents and adolescent at the same time when establishing an HIV/AIDS prevention program. This model can be used to create programs that empower parents and adolescents. This interactive model for HIV/AIDS prevention based in parent-adolescent communication about sex in Hispanics can be used as a reference to create HIV/AIDS prevention programs. When health professionals and parents feel that sexual issues have power over adolescents and are challenged to explain how to address the cultural characteristics expressed above, they can translate effectively the Hispanic's values into a model that focus on a partnership. Using this model in a partnership process emphasizes the working relationship between parents and health professionals to promote safe sex among adolescents. A partnership will allow Hispanic parents to improve their capacity and empower themselves. As a result, the parents are able to act more effectively when communicating with their adolescents about sex. Furthermore, health care providers and educators need to encourage parents to communicate more effectively about sexual issues to prevent or to reduce HIV/AIDS problems and to promote healthy sexual behaviors (Benavides, Bonazzo, & Torres, 2006).

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To understand the context in which the parent and adolescent are involved it is crucial to have effective interventions. Additionally, health care providers are responsible to clarify and empower parents to feel confident to talk with their adolescents about sexual issues. Parents have the need to know if they are communicating the information to their adolescent in a correct and suitable manner, so educators must transmit a feeling of mastery. When using this model, health care providers may play the role of facilitators in order to encourage parents and adolescents to communicate about prevention so that the adolescent begins to practice better sexual health behaviors. Adolescents and parents may feel that they do not have the capacity to perform a specific action and the health care provider can facilitate that action to ensure quality of communication and self-efficacy. It is imperative to understand that adolescents spend more time with parents than anyone else, so health care providers need to empower parents to communicate about sex (Nelson et al., 2000). Working with parents in the community implies the commitment to be an authentic partner, which will require them to become parent enablers (Courtney, 1996). Moreover, parents need to know their role and responsibility for HIV prevention and understand that the facilitators will act as a guide when they take action. Facilitators must provide parents and adolescents the necessary information and help them both to develop new communication skills and knowledge about HIV prevention using their cultural characteristics to their own benefit.

CONCLUSION

It is important that health care providers legitimize models from other disciplines in order to understand the HIV/AIDS prevention phenomenon in adolescents. It is recommended that self-efficacy theory be used in HIV/AIDS prevention based on parent-adolescent communication about sex in Hispanics. This model, designed for individual use, has been adapted for the parent-adolescent dyad. Health care providers may use this model in order to create new programs with the parent as a central participant on HIV prevention. This model may be modified to fit other types of STD preventions and takes into account the importance of incorporating the understanding of cultural characteristics. Without a clear understanding of the population of interest health care providers run the risk of an ineffective prevention program. Taking into account the nuances and particular characteristics found within a population affords the possibility of success and healthier adolescent sexual behaviors.

REFERENCES

- Benavides, R. A. (2003). *Comunicación y creencias sexuales de padres de adolescentes*. Unpublished master's thesis, Universidad Autónoma de Nuevo León, Monterrey, México.
- Benavides, R., Bonazzo, C., & Torres, R. (2006). Parent-Child Communication: A Model for Hispanics on HIV Prevention. *Journal of Community Health in Nursing*, 23, 81-94.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.

- Bandura, A. (1986). *Social foundations of thought and action: a social cognitive theory*. Englewoods Cliffs, NJ: Prentice Hall.
- Bandura, A. (1997). *Self-efficacy: the exercise of control*. New York: Freeman.
- Bhattacharya, G., Cleland, C., & Holland, S. (2000). Knowledge about HIV/AIDS, the perceived risks of infections, and sources of information by Asian-Indian adolescents born in the USA. *AIDS Care*, 12 (2), 203-209.
- Brooks, R.A., Newman, P.A., Duan, N. & Ortiz, D.J. (2007). HIV vaccine trial preparedness among Spanish-speaking Latinos in the US. *AIDS Care*, 19, 52-58.
- Courtney, R., Ballard, E., Fauver, S., Gariota, M., & Holland, L. (1996). The partnership model: working with individuals, families and communities toward a new vision of health. *Public Health Nursing*, 13, 177-186.
- Department of Human Health and Human Services & Center for Diseases Control and Prevention (CDC). (2002, May 11). HIV/ AIDS among Hispanics in the United States. Retrieved on March 2004 from <http://www.cdc.gov/hiv/pubs/facts/hispanic.htm>
- De Von Figueroa-Moseley, C., Ramey, C.T., Keltner, B., & Lanzi, R.G. (2006). Variations in Latino parenting practices and their effects on child cognitive developmental outcomes. *Hispanic Journal of Behavioral Sciences*, 28, 102-114.
- DiClemente, R., Wingood, G., Crosby, R., Cobb, B., Harrington, K. & Davies, S. (2001). Parent-adolescent communication and sexual risk behaviors among African American adolescent females. *Journal of Pediatrics*, 139, 407-412.
- Dilorio C., Dudley, W., Leer C., & Soez, J. (2000). Correlates on safer sex communication among college students. *Journal of Advanced Nursing*, 32, 658-665.
- Durán, M., García, M., Ramírez, J. & Sifuentes, D. (2000). Conocimiento, actitudes y necesidades de apoyo en adolescentes para prevención del VIH/SIDA. *Revista de Desarrollo Científico de Enfermería*, 8(10), 291-294.
- Guttmacher, S., Lieberman, L., Ward, D., Freudenberg, N., Radosh, A. & Des Jarlais, D. (1997). Condom availability in New York City public high schools: Relationships to condom use and sexual behavior. *American Journal of Public Health*, 87, 1427-1433.
- Hispanic Ministry in the Southeast (2003). Family. Retrieved from http://www.hispanic-ministry.org/hispanic_culture/hispanic_culture01.html.
- Hondagneu-Sotelo, P. (1993). New perspectives on Latina women. *Feminist Studies*, 19(1), 193-106.
- Hutchinson, M. K. & Conney, T. M. (1998). Patterns of parental-teen sexual risk communication: implications for intervention. *Family relations*, 47, 185-194.
- Jemmott, J. B., Jemmott, L. S., & McCaffree, K. (1999) An Abstinence-Based Approach to HIV / STDs and Teen Pregnancy Prevention. Retrieved on February 2004 from <http://www.selectmedia.org/curriculum.asp?curid=1>
- Jemmott, J. B., Jemmott, L. S., & Villarruel A. M. (2000). Latino colleges students and condom use: a test of theory planed behavior. (manuscript submitted for publication).
- Joint United Nations Programme on HIV/AIDS (2006). A Global view of HIV infections. Retrieved on March 2007 from http://data.unaids.org/pub/GlobalReport/2006/2006GR-PrevalenceMap_en.pdf
- Joint United Nations Programme on HIV/AIDS (UNAIDS) & World Health Organization (WHO). (2001). El VIH y el SIDA en las Américas: una epidemia con muchas caras. *Pan-American Journal of Public Health*, 8, 422-430.

King, L. (1996)
 Kirby, D. (1997)
 32, 153-
 Marin, G. &
 Sage pub
 Marin, B.
 empower
 McQuiston, C.
 Journal
 Meir, A. (2000)
 sex. *Soc*
 Nelson, G. (1997)
 School
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 Palacios, Y.
 licenciad
 Pitcher, C. (1997)
 Sexual
 the Ame
 Pajowsky, A.
 a non
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 Rizzo, N. (2004)
 Journal
 Romo, L. F.
 adolesce
 72-82
 Villarruel, A.
 Latina
 Villarruel, A.
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 Villarruel,
 Collabo
 Journal
 Villaseñor-S.
 (2003).
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 Weeks, J. (1997)
 Zsembik, B.
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udies, 19(1),

sexual risk

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' infections.
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Organization
achas caras.

- King, J. (1981). *Enfermería como profesión: filosofía, principios y objetivos* (Imogene King, Trans.). México, D.F.: México: Limusa.
- Kirby, D. (1999). Sexuality and sex education at home and school. *Journal of Adolescence* 32, 153-159.
- Marin, G., & VanOss, B. (1991). *Research with Hispanic populations*. Newbury Park, CA: Sage publications.
- Marin, B. (2003). HIV prevention in the Hispanic community: sex, culture, and empowerment. *Journal of Transcultural Nursing*, 14, 186-192.
- McQuiston C., & Flaskerud, J.H. (2000) Sexual prevention of HIV: A model for Latinos. *Journal of the Association of Nurses in AIDS Care*, 11, 70-79.
- Meir, A. (2002). Adolescents' transition to first intercourse, religiosity and attitudes about sex. *Social Forces*, 81, 1031-1052.
- Nelson, G., Amio, J., Prilleltensky, I., & Nickels, P. (2000). Partnerships for Implementing School and Community Prevention Programs. *Journal of Educational & Psychological Consultation*, 11, 121-125.
- Palacios, Y. (2001). *Fuentes de información y conducta sexual de los adolescentes*. Tesis de licenciatura no publicada, Universidad Autónoma de Nuevo León, Monterrey, México.
- Pilcher, C. D., Eron, J. J., Vemazza, P. L., Battegay, M., Yerly, S., Vom, S. et al. (2001) Sexual transmission during the incubation period of primary HIV Infection. *Journal of the American Medical Association*, 286, 1713-1714.
- Pajowsky, A., & Enriquez, L. (1996). *Teaching from a Hispanic perspective: A handbook for a non Hispanics educators*. Phoenix, AZ: The Arizona adult literacy and technology resource center, Inc.
- Rizzo, N., Ciardelli V., Colleoni, G., Bonavita, B., Parisio, C., Farina, A., & Bovicelli, L. (2004). Delivery and Immigration: The Experience of an Italian Hospital. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 116, 170-172.
- Romo, L. F., Lefkowitz, E. S., Sigman, M. & Au, T. K. (2001). Determinants of mother-adolescent communication about sex in Latino families. *Adolescent & Family Health*, 2, 72-82.
- Villarruel, A. (1998). Cultural influences on the sexual attitudes, beliefs and norms of young Latina adolescents. *Journal of Social Public Nursing*, 3(2), 69-79.
- Villarruel, A. M., Bishop, T. L., Simpson, E., Jemmott, L. S., & Fawcett, J. (2001). Borrowed theories, shared theories, and the development of nursing knowledge. *Nursing Science Quarterly*, 14, 158-163.
- Villarruel, A., Gallegos, E., Loveland, C., & Duran, M. (2003). La uniendo fronteras: Collaboration to develop HIV prevention strategies for Mexican and Latino youth. *Journal of Transcultural Nursing*, 14, 193-206.
- Villaseñor-Sierra, A., Caballero-Hoyos, R., Hidalgo-San Martín, A. & Santos-Preciado, J. (2003). Conocimiento objetivo y subjetivo sobre el VIH/SIDA como predictor del uso de condón en adolescentes. *Salud Publica de Mexico*, 45(s1), s73-s80.
- Weeks, J. (1998). The sexual citizen, *Theory, Culture & Society*, 15(3), 35 - 52.
- Zsembik, B.A. & Fennell, D. (2005). Ethnic variation in health and the determinants of health among Latinos. *Social Science and Medicine*, 61, 53-63.
- Zuniga, M. (2004). *Culturally competent practice with immigrant and refugee children and families*. New York, NY: Guildford Press.

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