Purpose: HIV/AIDS is a global epidemic that claims about 18,000 lives in the United States (US) annually. Substance abuse, most particularly intravenous drug (ID) use, is linked to HIV infection, which accounts for 12 percent of new HIV cases. In 2010, Hispanics accounted for 21% of new HIV infections and 25% of these cases were ID users. This report is a cause for alarm as Hispanics are the fastest growing US minority group yet they encounter increasing health disparities in the US health care system compared to other ethno-racial groups. Among Hispanics, HIV diagnosis and treatment are delayed due to poor understandings of the US health care system, lack of knowledge about eligibility requirements to receive care, fear about divulging immigration status, lack of awareness of the high mortality rate from the HIV/AIDS, and stigmatization attached to HIV/AIDS. Reports indicate that US born Mexican Americans have higher rates of alcohol dependence than those born outside of the US. Mexican Americans are less likely to drink but when they do drink, they tend to consume more alcohol in one sitting. The incidence of liver cirrhosis is highest among US born Mexican-Americans and Native Americans. In particular, Mexican-Americans residing in borderlands near Mexico are at high risks for binge drinking behaviors. The legal drinking age in Mexico is 18 compared to 21 in the US and the geographic proximity of Mexico to the US may encourage the youth to buy alcohol and get drunk across the US-Mexico border. Increased binge drinking has been reported among residents of colonias. Colonias are communities in the borderlands where local government regulation is minimal. Over the years, bar establishments have also increased in border towns contributing to alcohol-related risky behaviors among young residents in the US-Mexico border regions.

Literature points to the linkage between bicultural stress and risky behaviors among recent Hispanic immigrants. Adapting to the host culture while retaining one’s original cultural heritage may lead to bicultural stress. Stress often results from attempts to fit in with the host culture while at the same time trying to stay true to the values of one’s original culture. Navigating back and forth between cultures could lead to bicultural stress. The navigation between cultures requires the individual to constantly adjust to both cultures to gain acceptance. Non-acceptance may result to feelings of discrimination from members from either cultures. Perceptions of discrimination may predispose adolescents to psychological vulnerabilities as they attempt to seek and establish their self-identity at a young developmental stage. Identity confusion was found to be associated with alcohol abuse and cultural stress among recently immigrated Hispanic youth. Bicultural stress including the acculturation process were also linked to greater risk for depression and cigarette use among recently immigrated Hispanic youth. Acculturation may lead to poor mental health and substance abuse among recent immigrants; greater exposure to the American society was found associated with alcohol and drug use among immigrants. Perceptions of discrimination from the environment, overtime, could subsequently lead to alcohol problems and post-traumatic stress disorder symptoms.
Given the challenges and vulnerabilities immigrants face, evidence-based interventions to reduce risks are much needed. While many intervention studies have been conducted in the past, few of these were conducted among high-risk young Hispanics residing in areas along the US-Mexico border. Thus, the purpose of this study was to examine effect of an evidence-based programming on the risky behaviors and on perceived stress among young Hispanic residents in a US southern border city.

Methods: Hispanic college students ages 18 to 24 were recruited from a Hispanic-serving institution located in a US southern border city. An epidemiological study using a permuted blocks design with of equal sizes with the treatment and control group was used. Data was collected at three points for both groups: (i) baseline, (ii) completion of Coping with Work and Family Stress 12-module intervention (exit), and (iii) at 3 months post intervention completion (follow-up). A total of n = 145 participants were enrolled in the treatment group, n = 62 were enrolled in the control group. The control group did not receive any program curriculum. The outcome variables are: [1] risky behaviors defined as substance use of cigarette/tobacco, alcohol, and other forms of illicit drugs, [2] refusal and consensual skills, and [3] perception of stress. The main independent variable was the standardized programming, Coping with Work and Family Stress, a standardized curriculum delivered to the treatment group in 6 weeks (i.e., control versus treatment). TAMIU Institutional Review Board (IRB) approval was obtained; participation was voluntary; monetary incentives were provided to all participants. Analysis of variance, chi-square, and Fisher’s Exact tests were used to determine statistical significance and test our hypotheses. All p values below the 5% type-1 error rate were deemed statistically significant.

Results: Results indicate that the intervention group benefited from participating in the program. Differences in overall scores between the intervention and the control groups were small, but some conclusions could be made regarding the impact of the program towards risky behaviors. Statistical difference in refusal and consensual skills was observed in the treatment group across time, indicating that the program most likely affected participants’ behaviors positively. Interestingly, 3-month follow-up data showed many treatment participants engaged in substance use in slightly higher numbers than the control group; however, the former understood the risks of such behaviors in greater numbers. The treatment group participants showed a large increase in their ability to cope with stress after completing the curriculum compared to the control group. Almost all of the items during both exit and 3-month follow-up surveys were significant at the 1% level of significance indicating reduced stress levels. The control group, on the other hand, had several items during exit surveys that were significant in a negative direction i.e. increased stress levels. It appears that the control group members did not exhibit the ability to cope with stress as well as the treatment group.

Conclusion: The programmatic intervention had statistically significant positive effects on participants’ sexual behaviors, substance abuse, and stress. The intensive, culturally-sensitive approach to prevention counseling had a positive impact on the risky behaviors and stress levels of participants both during and after completing the program.

Title:
Evidence-Based Curriculum and Its Impact on Risky Behaviors and Stress Among Hispanic College Students

Keywords:
Hispanics, health disparities and risky behaviors and stress
References:

Abstract Summary:
To present the results of an evidence-based intervention on the risky behaviors and perceived stress among young Hispanic residents in a US southern border city.

Content Outline:
Introduction - Discuss the problem and significance of the study. For example, discuss the alarming rate of HIV/AIDS among Hispanics in the US, and the known causes of health disparities faced by this minority group.
Theoretical Framework - discuss current literature regarding factors associated with risky behaviors and stress among recent Hispanic immigrants. Present geographic, political, and socio-cultural issues in US border lands that render residents vulnerable to risky behaviors and HIV/AIDS.
Method- Present research and sampling designs used in this study. Also, IRB, participant recruitment, incentives, data collection method, measurement of outcome and dependent variables, and statistical analyses used will be presented.
Results: Most important results presented in graphs and tables will be discussed.
Conclusion: Implications towards policies that support individual and systemic academic/university policies to improve preventative measures for stress and substance abuse, HIV, hepatitis infection among young Hispanic residents in US southern border towns will be presented.

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