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The University of San Francisco

INDIGENOUS LINGUISTICALLY AND CULTURALLY CONNECTED
COMMUNITY HEALTH EDUCATORS / *PROMOTORAS*:
PREVENTING HIV/AIDS IN THE LATINO COMMUNITY

A Dissertation

Presented to

The Faculty of the School of Education

International and Multicultural Education Department

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

by

Alba Lucia Díaz-Cuéllar

San Francisco

May 2007

This dissertation, written under the direction of the candidate's dissertation committee and approved by the members of the committee, has been presented to and accepted by the Faculty of the School of Education in partial fulfillment of the requirements for the degree of Doctor of Education. The content and research methodologies presented in this work represent the work of the candidate alone.

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In celebration of the life of my mother,

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whose love guides and inspires me.

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In the memory of Rodrigo and many other close friends
who have succumbed in their fight against AIDS.

May their memory inspire us all to persevere in the quest
to end this epidemic.

PREFACE

Donaji, or “Great Soul” in the Zapoteca language, is in charge of conducting a *plática* (workshop) with a group of 30 women at César Chávez School in the Mission District, San Francisco. She sits in a circle with the women and sees herself reflected in each one of them, and also feels their need to know about options and choices in order to make informed decisions about their reproductive health.

Twelve years ago, at the time of her early adolescence, Donaji became pregnant, and knew that she did not feel ready to be a mother at her young age. At the time, her parents were separated and she did not have contact with her maternal family. She went to her father’s sister for medical help, but her aunt confused the pregnancy with a small tumor. Finally, when the pregnancy was confirmed, it was too late to have an abortion.

For Donaji, an abortion was not the easiest choice in the first place. She feared an abortion because in her indigenous community women who dare to have an abortion can end up in prison and being treated as criminals. Therefore, an abortion becomes not only very expensive, but also very dangerous. In Mexico, more than 5,000 women die each year due to unsafe abortions, more than 800,000 are hospitalized, and many end up temporarily or permanently disabled (Huerta, 2005).

Regarding family support from her mother’s side, her circumstances would have been different from those of many girls of her age. Unlike them, she did not have to fear physical harm as much as punishment from family members for dishonoring them. Her mother’s family would not kick her out of the house, or punish her in any other way. Donaji knew that her grandmother would have supported her.

Aurora, Donaji's grandmother, was the symbol of the family's unity. She was a traditional birth attendant for the community, a very wise woman from the Oaxaca - Zapoteca community, and the mother of twelve children. Aurora had learned her skills directly from her own elders who in turn were *curanderas* (traditional healers). She knew about the healing power of herbs, massages and rituals and had become recognized by her community as an authoritative source of information, not only on childbearing but also on everything related to traditional health. Donaji grew up in this environment, listening to the concerns of women of her community and to Aurora's wise advice. This had been Donaji's spiritual breast milk during her early years.

Today as Donaji stands in front of this group of the 30 women, at 4 feet 9 inches tall she appears as a giant. Her tone of voice echoes in the room when she introduces herself and asks the group what they feel they would like to know. At this meeting topics on sexuality are not expressed openly by the women in the group. By sharing taboos that have been held for years, little by little the dynamic between the facilitator and the participants shifts. With time, Donaji and the group become one.

Some of the topics that Donaji proposes for discussion include contraceptives, sexually transmitted diseases, and tools to better communicate with children about sexuality. After only a few minutes, one of the participants raises her hand and asks a question that concerns her own life. This is the sign that shows Donaji that the group is now getting ready to openly start sharing their fears and their beliefs. María says that when her son told her that he was sexually active, she said, "Yea! My son is now a man!" Donaji listens attentively and then asks: "María, if your daughter comes and says to you that she is having sexual relations, would you also say 'Yea!'"

María realizes that she has expressed the double standards used to treat boys and girls. A profound silence goes around the room. After this intervention, the questions come quickly. Josefa asks what sexual relations have to do with pregnancy. Tomasa asks if jumping hard after having intercourse to ensure that the sperm comes out is a good way to prevent unplanned pregnancy. Barbara asks if it is true that coconut water is the best cure for syphilis, but does it also cause gonorrhea? Donaji listens to all these questions and after a long pause asks if the group knows what the word “taboos” means, and how taboos affect our lives. The group finds the answer by themselves based on contributions from participants. Together they agree that much of the information they have received about sexuality is not necessarily true, and that it is time to re-evaluate and differentiate between beliefs that constitute actual cultural values from the lies that have been deeply ingrained in our communities for too long.

Donaji then mentions that in the Jaltipan and Cuajimalpa communities, women who went to the local hospital to have their babies received *la operación salpingo*, a procedure in which the fallopian tubes are cut without the women’s consent. Such unauthorized procedures were, and still are, a generalized practice in most indigenous communities of Latin America. This knowledge causes the women to realize and to understand the importance of self-determination and their right to choose.

During the entire *plática* (small talk), Donaji demonstrates that a good facilitator should not come to the group with the presumption of teaching, but of sharing with respect and dignity. She openly acknowledges to the group that at one point in her own life, she believed many of the same taboos, and that she went through a transformation when she went to be with her grandmother Aurora. This strong woman helped her walk a

long process of *cocientização*, (raising awareness) and empowered her with an understanding of her own sexuality. Today, seeing the difference that this process made in her life enables her to envision the differences that a similar process of change will make in her community.

When asked why she decided to become a *Promotora* (health promoter), Donaji confidently responds:

I find total compatibility with the concerns of the women of my community; their experiences are also my experiences. I work hard to make sure women and also men in my community have better health. I know that their children live in the same shelter we live, or go to the same school my children go, therefore, the quality of life of these women and men will have a direct effect on their children who interact with my children. A community is like water, we are like fish in water, and if we contaminate the water with bad things, we die. It is extremely important to care for our community – We live in it and we grow in it. ... This is one of the many reasons why I love being a *Promotora* in my own community, but above all, I am a *Promotora* to honor my ancestors by sharing what I received from them.

Donaji recalls that Aurora, her grandmother, used to say that people could survive any difficult situation no matter how difficult it was, as long as they were integrated members of a community - “that we are *seres sociais* (social beings).” And with her actions, Aurora demonstrated, how she interacted with the community and how as a member of the community, people could go ahead together. Donaji concludes: “For me, being a *Promotora* is a calling and a big responsibility to work with my community.” The sacred meaning of her mission and her commitment to her community gives heart to her role and makes her an indigenous linguistically and culturally connected *Promotora*

CHAPTER I

THE RESEARCH STUDY

Statement of the Problem

If the AIDS pandemic has taught us something, it is the vulnerability of women. (UNAIDS, 2005, p.8)

How can we, as 21st century educators, combine empowerment pedagogical theory with practical knowledge of community based teaching models? How does the work of *Promotoras*-- the Spanish word for community health workers—reflect the popular education principles with the prevention of sexually transmitted diseases and HIV/AIDS in the Latino' community? This study sought to uncover how, through their practice, *Promotoras* educate, advocate for, and empower Latinos and Latinas in their reproductive health. These three strategic components -- education, advocacy, and empowerment -- of health promotion correspond to the core values addressed in the strategic plans of the Ottawa Charter to reduce health disparities (World Health Organization [WHO], 1998). The purpose of this study was to explore the effect of *Promotoras* in mitigating the spread of HIV/AIDS in the California Latino community.

(1) This research study uses the term “Latinos” - “Latinas” rather than “Hispanic.” The term “Hispanic” derives from the Latin word Hispania, or the name for Spain. The term “Latino” derives from the Latin Roman Empire – another colonizer “little further back in history”. As indicated by Ada (2005), neither of these terms corresponds to or defines “the ever changing complexities inherent in the reality” of this heterogeneous population. Acknowledging that it has not been easy to find a term that captures the multiple aspects of this diverse group of people, the term “Latinos” a Spanish word, “without modification in spelling or pronunciation” (p. 47 - 50) is a self-chosen term for this study. However, policy documents and census materials list a “Hispanic” category, which may be repeated in the text. The term “Latinos” is meant to be non-gender specific, applied to both Latino men and women.

HIV/AIDS: The Global Perspective

When considering the global magnitude of the HIV/AIDS pandemic, one inevitably perceives the urgent need to implement intensive strategies and approaches at the grass-roots level to reduce the unacceptable global toll UNICEF/ UNAIDS (2005) estimated that globally, more than 42.3 million people carry the AIDS-causing human immunodeficiency virus. This document reports that 90 % of those infected do not know it, and therefore are not aware when they transmit the virus to their partners. UNIFEM (2005) research projects demonstrated that the prevalence of HIV infections among women of reproductive age is 20% higher than among men. A UNESCO (2005) report indicated that youth are at risk on an unparalleled scale, and if they contract HIV/AIDS, multitudes of youth will grow up deprived, de-socialized, and disconnected. What is lost due to the lack of effective HIV/AIDS preventive education now will have negative long-term effects for the rest of this new century.

HIV/AIDS: The United States

In the United States, the Center for Disease Control and Prevention (2005) reported that HIV/AIDS continues to increase among women. In 1985, women represented 8% of all U.S. AIDS diagnoses; by 2004, they accounted for 27 %. In 2003, teen girls accounted for half (50 %) of the HIV/AIDS cases among 13-19 years old. The report highlighted the disproportionate concentration and impact of HIV/AIDS on women of color in the U.S. Women from ethnic minorities in the U.S are disproportionately affected by HIV/AIDS (CDC, 2005) and have traditionally been excluded from or underrepresented in clinical trials, which has led to misinformation and wrong assumptions about minority women's health (NALAD, 2005).

HIV/AIDS: The Migrant Community

According to the CDC – HIV/AIDS 2006 Surveillance Report, despite the fact that in the last ten years there has been a general decline in the incidence of the disease in most ethnic groups, the proportion of HIV/AIDS cases among Latinos remains almost the same. The CDC report indicated that Latinos accounted for 16% of the AIDS cases diagnosed since the start of the epidemic and 18% of HIV/AIDS cases in 2005. Latinas represent 22% of AIDS cases diagnosed among Latinos in 2005. The AIDS rate per 100,000 among Latinas was nearly six times higher than the case rate for white women. HIV was the 6th leading cause of death for Latinos aged 25-34 in 2002, and the much-reported decline of deaths due to AIDS has been slower for Latinos than for any other group.

The National Latino AIDS Awareness Day (NLAAD) Annual Report 2005, claimed that the issue of stigma and taboo around HIV testing as well as the lack of culturally appropriate HIV education programs are often the barriers to getting people to test for HIV. Many Latinos find out they are positive after the HIV virus has already progressed to AIDS. Also, Latinos with HIV/AIDS are more likely than other groups to report lack of any health insurance coverage (33% in 2004). Foreign-born Latinos (42%) are more likely to report being uninsured than Latinos born in the US.

The current HIV/AIDS statistics in the Latino community create an alarming picture. According to the California HIV/AIDS Education and Prevention, Service Branch (2006), Latinos in California are diagnosed with HIV infection and AIDS at a significantly younger age than any other racial ethnic group and, as previously indicated, are more likely to delay treatment until the very advanced stages of the infection.

The US Census Bureau Current Population Survey (2004) has documented that the Mexican population is one of the five largest immigrant groups in 42 of the states in the country. Thirteen states have 100,000 or more residents who are Mexican immigrants. Of the 39 million Latinos in the United States, 67% are of Mexican origin (10.2 million). Mexican immigrants account for 38% of the Mexican origin population. The female:male ratio in Mexican immigrant population is 45:55. The average age of Mexican immigrants at entry into the United States is 21, and half of all Mexican immigrants are under age 33. According to the National Health Interview (2000) over half of Mexican immigrants 18-64 years of age were uninsured for all of 2000.

California is now officially a minority majority state, where the so-called “ethnic minority” groups jointly represent the majority of the state’s population. Data from the 2000 Census indicated that with a population of 34 million, Latinos in the State of California comprise over 32 % of the population. Between 1990 and 2000, California’s population grew by 14 %; Latinos comprised 80 % of that growth: from 7,687,938 to 10,966,556 (+ 3,278,618). The Census Bureau (2000) also estimates that more than 8.7 million of the Latino ethnic group in California is of Mexican origin. This represents 26% of the state’s total population. Approximately 3.8 million (44 %) within this population were born in Mexico.

The figures include Meso-American Indians, who come from the Mixtec, Zapotec, Mayan and Chatino communities. The immigrant Mexican farm worker population in California is becoming more diverse with young members of these indigenous minorities. David Escobar (2006), director of the Three Nations Indian Circle, reports that 70,000 to 80,000 Meso-American Indians or indigenous workers from

Oaxaca live throughout California. More than 10,000 Maya Indians from the Yucatán Peninsula of Mexico currently live in Marin County alone, and about 18,000 in the Bay Area (2006). These indigenous immigrants speak their own native languages and learn both Spanish and English, as well as adapt to the US culture. For these indigenous, Mexican, and recent Central American immigrants, many of whom work as seasonal farm workers, the pressing economic conditions and the traumatic impact of migration from Mexico to California potentially increase the risk for HIV infection (Escobar, 2006).

Studies conducted by The U.S Department of Health and Human Services (2000) on the growing crisis among migrant and seasonal farm workers indicate the following factors in this migrant community's high vulnerability and risk for HIV/AIDS infection: (1) a precarious economic circumstance, (2) a need for companionship to compensate for the alienating aspects of the migration experience, and (3) insertion into a more sexually permissive US society, and (4) the decline in social and family controls. All of these factors can compel migrants to exchange sexual services for food, lodging, or money, and to become sexually involved with male partners and /or with prostitutes who are often intravenous drug users (Center of AIDS Prevention, 2004).

Also, studies conducted by Rodríguez and Gayet (2000) have looked at the possible connection between migration and the increasing prevalence of AIDS in Mexico. For example, at the beginning of the epidemic, all reported cases in Mexico involved persons who had previously lived in the United States. However, in 1992 the Mexican epidemiological surveillance system discontinued the systematic registry of variables related to migration history. The Center of AIDS Prevention Studies - CAPS (2004) indicated that the Mexican surveillance system for 2002 reported that 33 % of AIDS

cases in Mexico have occurred in states that export the highest number of migrants to the United States. This increase in AIDS cases in the rural communities in Mexico, together with the association between AIDS cases and the leading sending states, provides potential evidence that suggests migrants acquire the infection while in the United States and subsequently infect their Mexican community when they return. These studies explain the impact that migration has had in the transmission of HIV/AIDS and the transnational character of the disease (CAPS, 2004).

Despite the efforts proposed and projects implemented by diverse non-profit and government organizations--national and transnational--the high health risk and disease vulnerabilities of migratory workers have not been substantially reduced. Further research is required to evaluate the impact of existing policies and strategies on HIV prevention projects in the transnational mobile populations.

A great challenge and essential need is to implement community-based research projects that make a more comprehensive assessment of the extent of the epidemic, including the exploration of why Latino migrant workers suffer from such serious health disparities, and how can grassroots interventions better respond to migrant Latinos not being served by in-school reproductive health education programs.

Background and Need for the Study

We are not animals or things to be studied or photographed. We have our dignity. I am keeping secret what I think no one should know. Not even anthropologists or intellectuals, no matter how many books they have, can find out all our secrets. (Rigoberta Menchú, 1999 p.1)

Significant problems exist in the way studies of ethnic minorities are conducted, and the increase of HIV/AIDS Latino cases over the last decades warrants reflection and action. Much of the research concentrates on the Latino community's ignorance and lack

of knowledge regarding HIV/AIDS and the efforts of institutions to impart this knowledge through the promotion of condom usage (NARAL, 2000). Most qualitative and quantitative studies from the mainstream school of research manipulate communities as objects of study and perpetuate the blaming of the victim (Ryan, 1976). These studies leave out the analysis of socio-economic and political aspects that should be the foundation of any study (Williams, 1990; Feinstein, 1993; Krieger 1987; Krieger & Fee, 1994).

The orthodox way of conducting global qualitative research puts “the other” as the subject of study to be analyzed following outside parameters. These practices emerged from the Western universities (Europe and U.S) and have marginalized the so-called “people of color” or “ethnic minority” groups which they research (Fals-Borda, 1991, p. 20) This is a deeply-rooted practice among anthropologists and folklorists who have devoted themselves to the collection of the ‘exotic” and “authentic” data from “informants” and “objects of study,” only to advance and profit themselves from this oppressive and ethnocentric form of knowledge production (p. 27). The very idea of studying “the other” in order to write and teach about them in languages foreign to the subjects is an obvious example of this ethnocentric attitude. Indigenous communities all over the world have been manipulated as “objects of study,” their secrets have been made public, and their communities have been excluded from any possible benefit from the end result of the study (Fals-Borda, 1991).

Ringe (2004) studied how, when coming into contact with a new culture, the other can be approached in three ways. First, the difference of the other is denied and judgment of the other occurs purely from the subjective standpoint of the viewer. For

example, since most of Western medicine frequently denounced much of indigenous medical knowledge and practices as mere superstition; most Christian missionaries in their indoctrination practices considered the indigenous people as savages. Second, characteristics of the other's culture, traditions and life-experiences are learned.

However, within this approach a trap may exist. For example, often the task of Western anthropologists and "experts" sent to third world countries has been to find more efficient and effective measures to manipulate and subjugate the inhabitants. Third, unlike the first and second ways that objectify the other, the third way poses the idea of identification with the symbolic world of the other. When annexing or acculturation takes place, no actual learning about, from, and with the other, is possible. This approach requires a willingness to be vulnerable, to put one's own strong beliefs to the question, while simultaneously being respectful of the other's dignity (Ringe, 2004).

At a global level, the United Nations (UN) unfortunately has often been a proponent of the use of the first two models of research. In the pre-design stage of most projects, the UN has on many occasions supported the expansion of white cultural supremacy through the proliferation of ethnocentric studies, conducted by outsider "experts" on poor indigenous communities. Until recently, most qualitative research studies and multimillion-dollar projects implemented in Africa, Latin America, and Asia frequently seem to be guided by the words written more than 50 years ago by the 1951 United Nations Department of Social Economic Affairs here quoted by Escobar (1995):

There is a sense in which rapid economic progress is impossible without painful adjustments. Ancient philosophies have to be scrapped; old social institutions have to disintegrated; bonds of cast, creed and race have to burst; and large numbers of persons who can not keep up with progress have to have their expectations of comfortable life frustrated. (Escobar, p. 27)

It is of no use to blame the UN for the mistakes made in developmental intervention in poor and indigenous communities of Third World countries, especially after 1971 when the indigenous communities gained their voices and presence inside the UN. Presently the indigenous communities are included in almost all UN agendas, particularly since 1995 when the UN declared the start of the Decade of Indigenous communities.

However, it is important to recognize that in the articulations that connect hegemonic global-domestic power, despite international aid, the poor nations now experience further neglect, marginalization, poverty, and cultural oppression compared to how they were before foreign intervention. Cultures of vulnerable communities have been damaged irreparably, and their educational opportunities, housing, healthcare, and general well being remained unfilled as the years go by. The most frequently given explanation for poor countries' failure to "catch up" focuses on the faults of the poor, and a retrograde culture is included as a major cause. However, in poor countries where people are hungry, disease ridden, and unable to meet their basic needs, the poorest of the poor are trapped with negative social outcomes (Escobar, 1995 p. 32).

The approach to the management of poor communities has extended well into the regulation of the reproductive rights of women of color. They have been victims of foreign interventions that dictate their reproductive lives even when it is against their will. They have endured every procedure from forced sterilization, to coerced use of long lasting contraceptives, to forced childbearing (Gordon, 1977; Trombley, 1988; Ehrenrich, 1993; Córdoba, 2005). In indigenous communities of Latin America, poor women who gave birth in state hospitals were frequently sterilized without their consent. The *Comité*

Regional Indígena Paéz y Guambiana, Cauca, CRIC report on population control (Díaz, 1975) revealed how sterilization practices were systematically implemented by white clinicians from the state capital's hospital in their attempt to prevent poor indigenous women from bearing children.

Global foreign agencies such as the American Birth Control League, later to become Planned Parenthood -- *Profamilia*-- conducted massive campaigns of population control in poor countries. The agency's mission, originally inspired by a white supremacy ideology, is stated in the words of its founder, Margaret Sanger in 1920:

Every jail, hospital for the insane, reformatory and institution for the feebleminded cries out against the evils of too prolific breeding among wage-workers. (Sanger, 1920, p. 2).

Sanger's early publications covered a wide range of reproductive issues, from advocacy of birth control and reduction of fertility among "socially undesirable poor women" (Sanger, 1920, p. 2) to the support of eugenics research. Eugenics research promoted selective breeding and genetic engineering to advance the human race, a blatant form of scientific racism. Sanger supported research that did not investigate socio-economic conditions facing poor women worldwide and how these conditions were directly affected by the unequal and unjust exercise of power by the few over the many.

Sachs (2005), in his study, *The End of Poverty*, noted how the bearing of large number of children in impoverished families makes sense in the face of high mortality rates. In poor families, having lots of children compensates for those that do not live. In poor communities, children are often seen as future bread winners and caregivers for the rest of the family and for parents in their old age. However, this choice brings the opposite results when families do not have access to resources to satisfy their basic needs.

Sachs called this an avoidable “demographic trap” (p. 64). He stated that family planning and reproductive services can be provided even in poor communities, if girls’ education, law, and social action can empower women. When poverty is openly addressed, women can receive appropriate employment opportunities, housing, health services, and options to make their own fertility choices.

Moreover, despite decades of international conferences, declarations, symposiums, and conventions at the end of the last century when the rich met to talk about the poor (Díaz, 1995), most interventions, projects, and qualitative research did not openly deal with the relationship between social factors, class, and socio-economic status. Most research and community-inspired studies continued to be inaccessible to all groups, and the limited use of the researcher’s own worldviews to judge other peoples has frequently perpetuated the marginalization of ethnic minority groups (Fals-Borda, 1998). Outside “experts” have produced theories that are distant from the actual circumstances they seek to address. As Foucault (1973) asserts, “the experts” have reinforced a dominant form of knowledge creation in studies of an exalted domain, by contributing only partial views and perpetuating the existing arraignments of the status-quo (p. 27).

Foucault (1990), in his work *History of Sexuality*, also defined the “biopolitics of the population” (p. 137) on the one hand, as the ordering of bodies into manageable numeric and demographic categories, and on the other, as the proliferation of statistical data, both aimed at “subjugating” these populations and justifying “regulatory controls” for the “disciplining of the soul” (p. 139-140). In the exercise of “biopolitics”, social control manifests the power of particular human potentials and the “sub-optimization” of others. The assumed right of the dominant group “to take life” or “let it live” leads to

“disallow” that right in the dominated group to the point of its spiritual death (p. 138). Furthermore, the statistical figures are often left hanging without adequate socioeconomic analysis, without due reference to the strengths in the community, which reinforces the perpetuation of power by the dominant group -- the “healthy individuals” -- and increases interiorized racism in the dominated group-- the so called “unhealthy individuals” (Foucault 1990, p. 137). Such usage of statistics in quantitative research of the orthodox school employs objectionable language and reinforces Foucault’s (1973) assertion that calls statistics a “technique of power or power/knowledge” (p. 140)

According to Schoeller (2006), the common use of isolated statistics in quantitative studies of the traditional school, outside of the analysis of elements of race and class, builds credibility but is based on the exaggeration and reinforcement of stereotyped cultural attitudes and beliefs. Such use of statistics allows outside “experts” to reduce a complex and diverse group (i.e. Latinos) to a single collective entity, which is then defined by the resulting data. Once the object of study is contrasted with the dominant class, the cultural inferiority of the former is reinforced. This not only serves to justify the supposed superiority, but also reinforces the dominant class in its intervention and domination of the minority group. Quantitative studies that leave out the analysis of the socio-economic and political aspects as the root of the problem do little to clarify issues faced by poor communities, whose daily needs and concerns remain largely neglected and marginalized.

The San Francisco Department of Public Health (2005) reported that the high Latina teen birthrate in San Francisco County (40 births per 1000) is higher than the birthrate for any other ethnic group. Additionally, the California Department of Health

Services and the Center for Health Statistics (2005) reported that in San Mateo County, the teen birthrate remains high at 53.5 per 1,000 Latina teens. This is 14 times higher than the pregnancy rate for white teenagers. In 2004, 14 % of Latino/a students age 14-19 dropped out of school due to unplanned teen pregnancy, and of these teenage mothers, only 30 % finished high school, as compared to the 94 % who graduate among those white non- Latina girls who had not had a child. These statistics highlight the critical needs of a community that historically has been ignored or disregarded for too long (Huerta, 2005). In the old ways of conducting research on the Latino community, the socio-economic perspective is often ignored, while long-standing stereotypes such as machismo, familismo, homophobia, lack of control of sexuality, sexual licentiousness, and other deep-seated and cultural elements are used to explain the causes of the high pregnancy and birth rates, school drop outs, sexually transmitted diseases - HIV, and barriers to the practice of safe sex (Huerta, 2005).

High levels of poverty in the Latino community are often ignored and not recognized as the core of many of the problems faced by the community (Huerta, 2005) Among Latinos, poverty rates vary according to national origin. The Population Resource Center in its Executive Summary (2000) placed Cubans at a low rate poverty level of 16 %, while Puerto Ricans are rated at 44%. I also reported that the third and subsequent generations of Mexican-origin are about 2.5 times more likely to live in poverty than whites (28% vs. 11%).

Most recent and current international efforts to advance cultural studies as critical, intellectual, and political projects are providing a new light in research, which at this time in history is not a matter of choice, but an absolute necessity. Only when the voices of

those living the situation are heard, and when they themselves pose the questions against oppression, racism, class exploitation, elitism, heterosexism, colonialism, religious intolerance and high levels of poverty, can the process of genuine change then take place (Hall, 1997). This study aimed to contribute to the body of scholarship that concerns itself with this new direction in the decolonization of academic research by using methods that restore the voices of minority communities. In keeping with this new direction, this study was explicitly independent of any form of manipulation and perpetuation of any outside agency-driven interests. It sought to indicate how the lack of cultural sensitivity in projects which are developed within most institutions by researchers socially and educationally exterior to the minority group, are generically ineffectual and are incapable of producing results that foster lasting solutions to minority sociopolitical problems. Such studies generate within the “subjects” being studied a sense of passivity, self-depreciation, and powerlessness all elements of the colonized mind (hooks, 1994).

The goal of this study was to investigate the social attitudes out of which the *Promotoras* live and work that allow them to successfully employ their own resources and become real agents of social change. This research did not only incorporate the voices of the *Promotoras*, but distinguished between mere speaking that is self-aggrandizement, exploitation, and manipulation of the exotic other (hooks, 2003), and facilitated the *Promotoras*’ self reliance and self assertiveness in their own genuine voices of social deliberation and individual affirmation.

This research centered on the *Promotoras* as agents of change, owners of their own destiny, and creators of their own knowledge. The study incorporated stories,

beliefs, myths and legends that occur during *pláticas* (workshops) taught by *Promotoras*, in order to preserve and support their knowledge, thus preventing public ridicule by outside interests, and empowering the elements of critical internal and collective analysis. Any story shared by the *Promotoras* was treated with dignity and respect, and returned to them the legitimacy of the knowledge they are capable of producing.

Purpose of the Study

The more the oppressed see the oppressors as unbeatable, endowed with an invincible power, the less they believe in themselves... Therefore, one of the tasks of a progressive popular education, is to seek, by means of a critical understanding of the mechanism of social conflict, to further the process in which the weakness of the oppressed turns into a strength capable of converting the oppressor's strength into weakness. This is the hope that moves us. (Freire, 1970, p. 80)

The purpose and approach of this study differed greatly from most existing research studies that focus solely on the negative causes of high rates of HIV/AIDS among Latinos. Instead, this research was based on the premise that historically, all cultures in the Third World have had their strong internal systems of group solidarity and helpers indigenous to their given cultural group who provide community members with social support and advice. Opening spaces for the *Promotoras*, this study documented their own voices as natural leaders of the community and, highlighted the mission secure community based infrastructures of education, advocacy, empowerment, and self-dignity. This study was based on a participatory research methodology to Latino community education, stressing the importance of connectivity between this community and the *Promotoras* in which the researcher's focus was on listening without judgment to the *Promotoras'* concerns.

The problem at the core of this study was the chronic problem of HIV/AIDS and

its spread in the Latino community. The study explored the *Promotoras'* approach to reproductive health education with an emphasis on the prevention of HIV/AIDS in their own communities. Given that peoples' decisions and actions make sense of the totality in the socioeconomic world they inhabit, this study engaged the strengths and accomplishments existing in the community to effect positive change, rather than focusing only on the over studied deficits and failures of young Latina mothers (Huerta, 2005). Public policies that have a direct impact on the reproductive health education of the Latino younger generation were also a component of this study.

The spiritual/cosmological component in the practice of *Promotoras* was highlighted in this study, rather than marginalized. Many of the participating *Promotoras* come from indigenous communities in Latin America and are respected traditional healers - *curanderas*, midwives – *comadronas* - *parteras* and natural leaders, in their countries of origin. Now in the US they share their knowledge and wisdom with local Latinos and Latinas. As natural healers - *curanderas*, most *Promotoras* recognize natural healing powers and the potency of their role as spiritual helpers in the practice of prayers and rituals for the people they are treating. As traditional midwives – *comadronas* - *parteras* (traditional birth attendants/midwives), as traditional midwives, *Promotoras* relate to their mission in life as a sacred calling, in the renewals of life. The mission of traditional midwives - *comadronas* - *parteras* in indigenous communities includes assistance in the naming of the child according to the position of the heavens at the moment of birth, instruction on breast-feeding, postpartum remedies, as well as many areas of basic health care. As natural leaders they understand the strength that comes

from group-centered approaches and the power engendered by the unity and support of the community.

The strong support given by women in indigenous groups to reproductive health encompasses all areas of physical care (Davis-Floyd, 1992; Davis-Floyd & Arvidson, 1997; Davis-Floyd & Sargent, 1997; Jordan 1978). The roots of the strong spiritual connection that traditional birth attendants exercise in their practice, and the ancient wisdom of the holistic work of *curanderas* and *comadronas* in rural areas have been the topic of numerous studies that investigate the world's oldest forms of religion and medicine. In her exploration of traditional birth attendant practice in Guatemala, Walsh (2006) honors the dignity of *comadronas* and their sacred view of their practice. Walsh's question to *comadronas*: "What made you decide to be a midwife?" was used in this study to identify the "sacred calling, sacred knowledge, and sacred ritual" (Walsh, 2006, pp. 151-152) in indigenous *Promotoras*.

The term "*Promotora*" the Spanish feminine form of the English word "promoter" or "facilitator" was used in this study, to emphasize that the majority of *Promotoras* are women. The language was adapted according to specific circumstances that reflect a particular relationship to gender, only when this was necessary in the case of male *Promotores*. The terms *Promotora* and Indigenous Linguistically and Culturally Connected Community Health Educator, or ILCHE, were used interchangeably. The acronym ILCHE was also used in specific sessions of the study.

Theoretical Rationale

Since disease can be cured only if others intervene with their knowledge, their resources, their pity, since the patient can be cured only in society, it is just that the illness of some should be transformed into the experience of others. . What is benevolence towards the poor is transformed into knowledge that is applicable to the rich. (Foucault, 1973, p. 27)

Since the concept of power has directly contributed to the theoretical development of empowerment (Ruiz, 2006), it is important to discuss power as one of the main components of the theoretical rationale for this research study. An examination of power demonstrates that power can be exercised in three ways: “power over” “power to” and “power from” (Riger, 1993).

Riger (1993) defines “power over” as dominance, “power to” as combining resources and viewing sharing as an opportunity, and “power from” as resistance against the demands of powerful others. Scholars when describing empowerment, often use power, or the lack of it. Specifically, powerlessness is viewed as a lack of means to control or influence one’s life or environment (Wallerstein, 1992; Kieffer, 1984; Seeman, 1959). In addition, it is defined as an “internalized oppression” or “victim blaming” where individuals “internalize their powerlessness as their own fault, rather than as a response to system wide discrimination” (Wallerstein, 1992, p. 198). In fact, powerlessness can also impact the extent to which people become involved in acts to change their life circumstances because participation is fueled by a sense of power. For instance, people who believe that they lack the knowledge, resources, motivation, or ability to make a difference will not likely engage in acts to change their political conditions (Hill, 1991; Hamilton & Fauri, 2001).

Empowerment theory, research and practice are deeply rooted in the work of

Alinsky (1971) and Freire (1970), who both share the view that power could energize people into action which can and often does impact an individual's life and the life of their community. As social justice activists and scholars, Alinsky and Freire found that power evolved as a process that involves indigenous development, participation, consciousness-raising, leadership, and social action.

To reshape power relations in pursuit of social change, Alinsky (1971) employed a community organizing technique based on the idea that resources were held by elite "Haves", while "poverty, rotten housing, disease, ignorance, political impotence, and despair" represented conditions faced by numerous "Have-Nots" (p.19). Alinsky argued that the key to changing the dire conditions of the "Have-Nots" rested in bringing the powerless together. He felt that independently the "Have-Nots" would remain disenfranchised, but united, their large numbers would provide the means to secure power or "the ability, whether physical, mental, or moral, to act" (p.50). In this context, power is defined as "the potential ability to influence behavior, to change the course of events, to overcome resistance, and to get people to do things that they would not otherwise do" (Pfeffer, 1992, p. 30). Alinsky's mobilizing efforts involved bringing organizers into marginalized communities to develop and strengthen indigenous power in order to create sustainable social change.

Alinsky (1971) argued that power emerges within a community as a process, and that the following elements are critical to the success of social action: community members come together around a shared concern to collectively 1) identify and develop community resources, 2) "freeze" targets and mobilize for social action; 3) skill development and 4) indigenous leadership. Therefore, in order to increase community

residents' abilities in these areas, Alinsky recommends that change agents assume facilitator roles to support residents in more prominent roles. By assuming low-key roles, the organizers can ensure sustainable change since participation and change will then remain within the community even after the organizers have left.

Like Alinsky, Freire (1970) urged the active and deliberate development of power for social change. However, in contrast to Alinsky, Freire's technique of "problem-posing" education used a non-paternalistic approach towards organizing, involving the blurring of the lines between organizer and participant. According to Freire, "problem-posing" education is based on the idea that people are either oppressors or oppressed. Oppression, Freire states, is "any situation in which 'A' objectively exploits 'B' or hinders his and her pursuit of self-affirmation as a responsible person" (p. 55). However, Freire argues that through problem-posing education, the oppressed become more aware of their surroundings; they gain an understanding of the interrelatedness of problems, which, in turn, moves them to feel "increasingly challenged and obliged to respond to that challenge" (p. 81). Furthermore, "their response to the challenge evokes new challenges, followed by new understandings; and gradually the [oppressed person] comes to regard her or himself as committed" to changing the structure of power (Freire, p.81). Although both approaches are different, both models challenge people to reinterpret their circumstances, develop and enhance their skills, and exert their gained power to act on their new understandings. Thus, Alinsky (1971) and Freire (1970) share the view that power and action can and often do impact an individual's sense of competence in dealing with her/his life and the life of her/his community.

Other scholars emphasize the importance of power.

Individuals and groups that believe in their ability to effect change are more likely than others to make efforts to increase their power (Bandura, 1982).

For individuals and communities to understand that their problems stem from a lack of power, they must first comprehend the structure of power in society. An understanding of how group membership can affect life circumstances is crucial for identifying powerlessness feelings as a source of problems. (Gutiérrez, 1995, p. 6).

Gutiérrez and Ortega (1991) depict three levels of empowerment: personal, interpersonal, and political. According to the authors' typology, personal empowerment involves "ways in which individuals can develop feelings of personal power and self efficacy" (p. 24). Interpersonal empowerment reflects the development of skills to enhance one's ability to influence individuals as well as the political process. This version of political empowerment encompasses both the aforementioned typologies and also includes the notion that power is transferred between social groups. Based on this view, the authors support the notion that access to power enhances people's competence, which, in turn, enhances their capacity to advocate on their own behalf and on behalf of their community.

The Ottawa Charter Declaration (World Health Organization [WHO], 1998) states that in terms of health promotion, advocacy requires information, education and communication (IEC) in the creation of knowledge. Additionally, it involves action around a particular concern. Thus, if advocacy stays at the level of just passing on information, it defeats its main purpose. Also the study of socio-political empowerment and social justice is equally essential to the creation of further awareness, and that this creation is not advocacy (WHO, 1984). An advocate must be willing to take action on behalf of a particular issue of concern. Such impulses for action stem from the sense of

empowerment (Gutiérrez & Ortega, 1991).

The theoretical framework for this study on advocacy and empowerment also examined the particular circumstances encountered by *Promotoras* in terms of socio-political action. Studies based on supportive environmental settings and including such elements as pre-disposing factors, intrapersonal, and interactional components for sense of socio-political empowerment were included in the theoretical framework of this study (Fawcett & Paine-Andrews, 1995; Anspaugh, Dignan, & Anspaugh, 2000; Sallis & Owen, 2002; Holden, Crakshaw, Nimsch, Hinnant, Hund, 2004; Holden, Evans, Hinnant, Messeri, 2005).

The study of the motives and characteristics that enhance the *Promotoras'* capacity to participate in advocacy efforts, and their empowerment in the process, was also guided by the theoretical current works of scholars on the subject (Minkler, 1983, 1997, 2003; Roe, Minkler & Saunders, 1995; Hurst, 2004; Stack, 1976, 2005; Ratcliff 1983; Rappaport, 1987, 1990; Hirsch, 1990; Immerman, 1991; Wallerstein, 1992; Perkins & Zimmerman, 1995; Itzhaky & York, 2000; Cox, 2002; Angelique et al., 2002; Kieffer 1984; Zimmerman, 1990, 1995).

The operational definition of empowerment has proven to be difficult. Perkins and Zimmerman (1995) indicated how the explosion of empowerment research and the over use of the “vague buzz-word empowerment” have in turn served the interests of not only liberals progressive movements but also of conservative reactionary individuals (Perkins, p. 766). The present study concentrated on empowerment envisioned as a sense of community (Chavis & Wandersman, 1990), a sense of civic duty (Zimmerman & Rappaport) and as a power search (Gutiérrez & Ortega, 1991).

Research Methodology

Go to the people. Learn from them. Live with them. Start with what they know. Build with what they have. But the best leaders are those that when the job is done, the people say, we have done it ourselves. (Lao Tzu, 604 B.C. Quoted by Center for Popular Education and Participatory Research- CPEPR-2004 p. 1).

Participatory research methodology is grounded in principles of inclusion, equal rights and equal access. It stresses fairness and respect, encourages the broadest possible distribution of power, and requires that all members of a group share the decision-making. Participants in this research project were considered the experts of their daily life and were involved from the design to the evaluation stages of the study. Their participation was accompanied by critical reflection upon their lives and surroundings in the context of present legislation, as well as relevant social and political influences. They analyzed independently not just their own personal situation, but also the inequalities in their social system and their affect on the Latino community as a whole.

The research problem was investigated within the framework of critical pedagogy (Freire, 1970; Ada, 2004, 1993, 1990, Hurst 2004). The *Promotoras* observed local situations of the HIV/AIDS epidemic (problem posing), they participated in a regular cycle of critical reflection, and this led to genuine conversations (dialogue) about what is being done to solve the problems. Then they identified any skills needed, got more information or training (capacity building), and reflected critically on how to generate change and plans of action (praxis).

The incorporation of the critical pedagogy approach in the observation and analysis of the *Promotoras'* educative *pláticas* (small talks) was used to measure the experiential level they achieve during their presentations. Freire (1970) stated that all participants should be recognized as thinking, creative people in search for solutions to

problems. He advocated the posing of questions rather than the lecture type of teaching in order to contrast with the passive transmission of information from teacher to pupil. He disparaged the “banking” type of education in which the teacher “deposits” knowledge into the students’ heads (1970 p. 77). The teaching process, when it uses critical pedagogy, becomes a constant discovery. Participants reflect on their own situations and analyze ways in which they can enact changes. The process of transformation allows for teacher/facilitator and students/participants to work together unfolding new realities.

This study was essentially the analysis of the process of empowerment of immigrant Latinas/*Promotoras*, and of their roles as educators, advocates and agents of change in their communities. As Freire (1970) developed the three stages of consciousness: intransitive consciousness, semi-transitive consciousness, and critical consciousness, he also gave tools to work with participants in the recognition of connections between individual life experiences and the social context within which they are embedded (1970). Hope and Timmel (1984) indicated that the process of problem posing- reflection- dialogues - critical analysis- often leads to a first plan of action that will only solve some aspects of the problem. It is important to go deeper than the first level and face the root causes of the problem. By establishing a cycle of reflection and action in which the *Promotoras* celebrate their achievements, as well as analyze critically the causes of their failures, they can become more aware of their capabilities to effectively transform and empower their daily lives and the lives of those with whom they work (Angelique et al., 2002; Fawcett et al., 1995; Holden et al., 2004; Sallis & Owen, 2002).

It was anticipated that the participatory methodology would foster an increase of

empowerment in the *Promotoras*' leadership skills and in their ability to act as agents for change on three levels of their lives: individual, family members and friends, and the wider community, through a) personal domain-specific control, b) participatory competence, and c) active engagement in transforming social conditions (Angelique et al.; Freire, 1970; Holden et al., 2004; Holden et al. 2005; Keiffer, 1984; Rappaport, 1987; Zimmerman, 1995).

Consistent with the philosophy and methods of participatory research, as described above, a significant focus of the preparation for the research was on the learning component. By creating opportunities for *Promotoras* to gain knowledge and skills, an initial seed is planted for empowerment development (Maton & Salem, 1995). An introductory sharing of the fundamentals of the participatory research methodology during initial meetings with the *Promotoras* provided them participatory research skills on data collection, analysis, and utilization which developed in them “instrumental and psychological competences in an active, participatory skill-building fashion” (Marton & Salem, 1995, p. 643). Furthermore, in phase I of the study, a workshop on the latest techniques on HIV/AIDS prevention and leadership skills was accessible at different learning levels. This was interactive in nature, deep without being dense, and above all else, fun and enjoyable (PROMOVISION, 2006). This specific training – capacity building- provided the *Promotoras* with knowledge and skills to strengthen their own self-efficacy as well as increased their assertiveness due to the importance of these two skills in health activism (Holden et al. 2005; Zimmerman, 1995).

In a second phase of this research study, *Promotoras* became involved in a Photovoice (*Fotovoz*) Project. Photovoice is an important strategy of the participatory

research methodology in which “people can identify, represent, and enhance their community through a photographic technique” (Wang, 2000, p. 1). Photovoice has three basic objectives: a) to enable people to record and reflect their communities’ strengths and concerns, b) to promote critical dialogue and knowledge about “burning issues” through group discussion of photographs c) to reach a large audience of policy makers who can be mobilized for change (Wang & Burris, 1994, 1997; Wang, et al. 2000; Wang & Pies, 2005).

The *Promotoras* participated in a series of three sessions on the Photovoice principles. These sessions were designed following Freirean pedagogy, which engaged the participants in critical thinking and decision-making about the research questions and the powerful use of photographs. This Photovoice further demystified the research process by making it more relevant to the *Promotoras* and by combining their real everyday life situations with skills building. The *Promotoras*’ points of view and stories during dialogues were transcribed, and the transcriptions were given to the *Promotoras* for a validity check before the transcription’s final writing.

Nance Wilson and Stefan Dosho (Youth Empowering Strategies, 2004) co-facilitated the three sessions on the components of the Photovoice project. The three sessions covered: (1) in-depth dialogues on logistics and an overview of the Photovoice process, (2) qualitative focus group discussions - generative themes, and (3) final selection for a showcase with the photographs taken by the participants together with their own narratives. The photos selected by the *Promotoras* were exhibited at County Health Departments of the Bay Area, as well as at colleges, churches and community - based agencies across San Mateo County (October-December). A selection of the

photographs and their respective narratives were published in the San Mateo local newspapers, including the Union newspaper from San Mateo Central Labor Council – *Ventana de la Salud* with the topic: Your health is as important as your work - *Tu salud es tan importante como tu trabajo*. Photos selected by the *Promotoras* were also placed on a website with a link for their narratives, as part of the Bay Area National Latino AIDS Awareness Day (BANLAAD).

Research Questions

The following three questions guided the dialogues as a flexible framework for the interaction with the *Promotoras*:

1. In what ways do *Promotoras* educate, advocate for, and empower Latinos in their reproductive health?
2. How does the work of *Promotoras* reflect the popular education principles of Paulo Freire?
3. What common themes surface in critical discussions with *Promotoras* who have worked with Latinas?

Educational Significance of this Study

Let the future say of our generation that we sent forth mighty currents of hope and that we worked together to heal the world. (Sachs, 2005, p. 368)

The study researched the reproductive health education practices used by *Promotoras* to create classroom community that effectively influences behavioral changes, advocacy, and empowerment for action within the Latino community. It focused on alternative forms of education that effectively address the prevention of HIV/AIDS in the Latino population in the Bay Area.

Beyond its conceptual analysis, this research provided new information for strategic decision-making based on community's perceived sense of empowerment regarding the prevention of HIV/AIDS and other sexually transmitted diseases.

CHAPTER II

REVIEW OF THE LITERATURE

Ten people, the ten richest men on the planet, own wealth equivalent to the value of the total production of fifty countries, and 447 multi-millionaires own a greater fortune than the annual income of half of humanity. (Eduardo Galeano, 2000, quoting UNDP p. 28).

This study investigated how Indigenous Linguistically Culturally Connected Community Health Educators (ILCHE) *Promotoras* educate, advocate for, and empower Latinos through the implementation of Popular Education principles in the prevention of HIV/AIDS.

The literature review concentrated on addressing the following three topics.

(1) Since the problem of this analysis was the current increase of HIV/AIDS cases in the Latino community, the first major topic of the literature review concerned reproductive health and preventive education on HIV/AIDS in the empowerment framework. (2) Since the subject of the *Promotoras*' work is the newly-arrived, low-income Latino workers, the immigration factor and labor conditions was studied as risk factors that exacerbate the spread of HIV/AIDS and sexually transmitted disease in the Latino community. (3) Since this research concerned *Promotoras*, a general overview of the background, history, and present impact of the *Promotoras* model to community education at the international, national and local levels was investigated.

Health Disparities

Differences in health status become inequitable when they are systematic, a result related to power imbalances (Hofrichter, 2003) not individual failure, or inevitable consequences of the dominant society. Health disparities are perpetuated by poverty, inadequate housing, lack of health literacy, and oppressive public policies, yet most

research on health problems rarely touches on such socio-economic and political imbalances. Although behavior, cultural beliefs and attitudes can have a partial influence on health outcomes, they represent “only a small part of the requirements necessary for eliminating health inequities” (Hofrichter, 2003, p.2).

The 2000 U.S Census Bureau of the Census Current Population Survey (CPS) reported that 5.9 million Mexican immigrants in the United States (55 %) do not have access to medical insurance. The Mexico-United States Migration- Health Issues Report (2005) emphasized that the situation is most serious among the most recent immigrants with fewer than 10 years in the country for which the figures indicate that 7 out of 10 do not have any form of health coverage. The young adult group (18-29) shows the lowest coverage rate (2005). The current immigration restrictions for undocumented workers, financial inability to purchase private health insurance, lack of employment-based health benefits, language barriers, and cultural differences are the primary reasons for the lack of access to health services and preventive health education (Advocacy Institute, 2003).

Reproductive Health for Latinas

Historical discrimination, low income, lack of health insurance, lack of cultural competence, language barriers, provider bias, and shortage of Latino health professionals, all affect access to and the quality of the reproductive health of Latinas (Cordoba, 2005). As previously indicated, the origins of the birth control movement were plagued with the influence of the eugenics movement, which sought to reduce the fertility of races considered inferior through forced sterilization (Native American Women’s Health Education Resource Center, 1999). By the 1970’s millions of women were not informed at all, or misinformed, about the irreversibility of the procedure and had been coercively

sterilized, not only in so called "less-developed countries", but also in the United States (Díaz, 1975; Gordon, 1977) Several studies reported that “by 1982, 42 % of Native American women, 35 % of Latina-Puerto Rican women, and 24% of African American women were sterilized, compared to only 15 % of white women” (Rutherford, 1992 p. 70).

Moreover, dominant ideology continues to affect and influence the sexual behavior and reproductive decisions of low-income Latina women. Albiston and Nielsen (1995) found that during the period of welfare reform, many legislators promoted implanting contraceptives in welfare recipients as a condition of cash assistance, or provided financial incentives to low income women who accepted the use of contraceptives that later proved to be aversively affecting their health (Albiston & Nielsen, 1995). Marie Claire (1998) cited Barbara Harris, founder of Children Requiring a Caring Komunity (CRACK), which targets prior substance abusers of mostly ethnic minority neighborhoods. Harris supports long term birth control or permanent sterilization:

We don't allow dogs to breed. We spay them. We neuter them. We try to keep them from having unwanted puppies, and yet these women are literally having litters of children...

Several reports on court orders (Kolder, Gallagher & Parson, 1987) documented that 81 % of all court-ordered obstetrical interventions, such as intrauterine transfusions, cesarean sections, and hospital detentions, involved women of color, and that 21 % of those interventions involved women whose native language was not English and who had difficulty understanding it. Forest & Frost's (1999) found that nearly all (96 %) of Spanish-speaking women and 13 % of English-speaking Latinas surveyed at a family

planning agency preferred to be seen by a Spanish-speaking provider. Yet, of these women only 60 % reported that a doctor or nurse spoke Spanish with them. As it presently stands, the non-English-speaking Latina patient who manages to get to a gynecological service provider -- in addition to worrying about her ailments-- must also provide her own interpreter, often depending on her family, children, friends and neighbors (Bridging the Gap, 2003). As a direct result many non-English-speaking Latino patients put off visiting a physician until it is absolutely necessary, spelling disaster for a system already suffering from skyrocketing costs (*The Economist*, 1999). A more just interpreter protocol needs to be established for non-English-speaking Latina patients, which emphasizes that friends and family members are simply not equipped to provide proper interpretation for medical situations, especially in gynecological visits (Bridging the Gap, 2003).

Culture as well as language plays a key role in the reproductive health care experiences of Latina patients. The lack of reproductive health services offering culturally and linguistically competent healthcare leads low-income Latinas “to seek care through non-traditional healing processes, or when these are not available options, only when an acute need is present” (Juarbe, 1995, p. 23). Although sufficient evidence exists to show the significance of culture and language to the health benefits for Latinas, only a few U.S universities incorporate the teaching of ethnic minority groups’ cultural issues in their medical school trainings (Florez, Gee & Kastner, 2000).

Concerning the legislative/policy formulation component, the proposed *California Community Sexual Education Act* (SB 1471) will require that any program educating the prevention of STDs and unintended pregnancies will have to be culturally and

linguistically relevant for its targeted populations (Fact Sheet, March 29, 2006). This condition is addressed by SB 1405 (January 2006), which states that more than 40 % of Californians who speak another language other than English find that access to reproductive health education and care are compounded by language access barriers. The content of this proposal has many good intentions such as: (1) reproductive health programs may not reflect or promote bias against any person on basis of gender, nationality, race or ethnicity, religion, disability or sexual orientation, (2) reproductive health educators must understand and use current scientific data that is medically accurate, current and objective on sexual health, and (3) the program would require that information be provided on the effectiveness and safety of one or more FDA-approved devices for contraception and STDs prevention (SB 1471, 2006).

Community based advocacy is needed to ensure these written “good intentions” are actually translated into actions that alleviate health disparities, and promote equitable reproductive health and reproductive justice for Latinas.

Reproductive Justice

It is clear that the fulfillment of the above indicated criteria would require much more than the basic reproductive health model (Shen, 2006), a service delivery model, which states that health disparities and inequalities can be ameliorated by the creation and development of progressive health care access and services delivery. Shen asserts that the greatest challenge in the reproductive health model lies in the lack of attention it gives to the essence and roots of health disparities. Also, the emphasis on individual women creates a vicious circle that is resource intensive without leading to long term change.

Moreover, the reproductive rights model is a legal and advocacy-based model that

serves to protect an individual woman's legal right to reproductive health services (Silliman & Bhattacharjee, 2002). The main component of its strategy is to focus on utilizing the courts to legally contend damaging legislation, protect and prevent the erosion of existing reproductive rights, as well as influence public policy to create new laws that promote a woman's legal right to reproductive freedom (Silliman & Bhattacharjee, 2002). Similar to the reproductive health model, the central limitation of the reproductive rights model is its emphasis on the individual woman's choice, obscuring the social context in which individuals make choices, and assumes a level of knowledge that women who are marginalized by immigration status, class, and race, in most cases may not have (Bennett, 2003).

The interception of reproductive health and reproductive rights within the context of the important issues of class, race, culture, immigration, discrimination, and oppression leaves big gaps between what is written in the legislation, and the reality of the lives of non-English speaking, low income, immigrant communities (Collective Voices: Sister Song Women of Color Reproductive Health Collective, 2006). In the analysis of the current situation for reproductive health and reproductive rights, the reproductive justice framework links sexuality, health, and human rights to social justice movements by placing reproductive health issues and human rights not only in the larger contexts of the well being and health of women, but also in the contexts of their families and communities (Silliman & Bhattacharjee, 2002).

Reproductive justice focuses on the link between race, class, gender, education, sexual orientation, immigration status, and globalization, and brings a clearer and deeper perspective to the situation of Latina health and health rights, showing how these are tied

to the conditions of oppression experienced by the whole community (Sister Song, 2006). The reproductive justice model goes several steps beyond the reproductive health and reproductive rights framework by envisioning a holistic approach to health, as a complete system of physical, mental, and spiritual well being (WHO, 1971). Furthermore, this model does not focus solely on one aspect of life, whether at school, at home, at work, or in the streets, but integrates the analysis of societal conditions that limit people of color.

The reproductive justice model aims to mobilize larger constituencies by (1) connecting the local, state, and national levels to the global community by integrating the human rights framework, (2) addressing the needs and issues of diverse groups while acknowledging the layers of oppression that communities face, particularly those who have little access to power and resources, (3) encouraging women and girls to be active agents of change and realize their full potentials, (4) creating opportunities for new leaders to emerge within the communities, (5) integrating the needs of grassroots communities into policy and advocacy efforts, and (6) providing opportunities to work at the intersection of many social justice issues while forging cross-sector relationships (Sister Song, 2006).

The Latino community overwhelmingly supports reproductive health education and better access to health educational services, and very much wants to be more engaged in issues of reproductive rights-policy formulation and advocacy as well as in the struggle for reproductive justice-a comprehensive/holistic model. As stated by Cordoba (California Latinas for Reproductive Justice, 2006), "It is important to go beyond a reproductive health - reproductive rights focus and to keep in perspective the fuller historical context of women of color" (p. 2).

These three models must align themselves with women's empowerment and autonomy, advocating the numerous issues faced by Latina women whose daily needs of adequate housing, educational opportunities, affordable and culturally appropriate health care, as well as immigration concerns remain largely neglected and marginalized (Boehmer, 2000). The critical dialogues on race, class, and culture must guide the process in order to include the often muffled and different voices that extend beyond shared gender (Brenner, 2000).

HIV/AIDS

The existing literature and statistical data were comprehensively reviewed in order to understand how the reproductive justice framework needs to be the central framework to guide the work on the prevention of HIV/AIDS in the Latino community. The statistical analysis provided an initial background for the overview of the magnitude as well as the geographical location of the problem. However, a greater analysis is placed on the socio-economic factors behind the numbers and the theoretical framework of empowerment.

Gomez (1999) highlights how in the social and political climate in the US the prevention of HIV in the Latino community presents specific problems. Racial and ethnic discrimination, anti-immigrant attitudes, policies on mandatory testing for immigrants, and fear of deportation for undocumented immigrants can prevent many Latinos from receiving and accessing adequate resources and existing services for HIV prevention, including HIV counseling and testing (Gomez, Hernandez & Faigeles, 1999).

California ranks second in the nation in cumulative AIDS cases surpassed only by New York. Since 1981, a total of 142,513 people have been diagnosed with HIV/AIDS,

and 82,539 have died (58% fatality rate). In 2005, ethnic minority groups represented the majority of HIV new cases 71 % and 64% of those estimated to be living with AIDS in California. Of the rates of AIDS for all Californian ethnic groups, the second highest was the rate for Latinos; the first was for African Americans. Of the total of HIV/AIDS cases in California, Latinos represent 31,537 (22.5%) of AIDS and 10,582 (26%) of HIV cases. The percentage of newly diagnosed AIDS cases among Latinos has steadily increased in the past twenty years and The Bay Area National Latino AIDS Awareness Day (BANLAAD, 2005) declared that Latinos are diagnosed with HIV infection and AIDS at a significant younger age than other ethnic group. The Center for Disease Control and Prevention reported that in 2000, 47% of AIDS cases among Latino men were attributed to sex with men (MSM), and 33% to injection drug use (IDU), and 14% to sex with women. As far as infection among Latina women, in 2000 a total of 65% of AIDS cases among Latinas were attributed to MSM, and 32% to IDU. Thus among both male and female Latinos, as with most other groups, unprotected sex with an HIV positive man is the most common route for becoming infected with HIV, followed by the sharing of an unclean syringe with an HIV positive person (Gomez, Hernandez , et al, 1999).

Chronological studies of California Statistics Report (2005) indicated that in 2001, HIV/AIDS was the third leading cause of death among Latino men aged 35 to 44 and the fourth leading cause of death among Latina women in the same age group. By the end of 2002, nearly 88,000 Latinos had died from AIDS since the beginning of the epidemic in 1980 in California.

In the Bay Area, the San Francisco Department of Public Health (2005) estimated 1,084 new infections per year, with 14,010 people currently living with HIV, and 8,614

living with AIDS in the city of San Francisco. It documents that since 1981 there have been 26,531 AIDS cases, and 17,917 AIDS deaths to date. Of those newly diagnosed with AIDS in 2005, 56% were white, 23% were Latinos, 18% African Americans, 3% Asian/Pacific Islander and .5% Native Americans. San Mateo County, the 13th most populous county in California, located in the southern region of the Bay Area, reports 1,179 people living with HIV/AIDS, out of a total population of 700,000. According to the Epidemiological Unit for San Mateo Health Department, in 2001, 3.7 % of women in the county were diagnosed with HIV/AIDS; within just four years the percentage has increased to 14 % of women of the total number of cases. The Latino proportion of individuals living with AIDS has increased significantly from 8.9% (5.6, 13.1) in 1990 to 17.2% (14.6 – 20.1) in 2002.

These figures provide an indication of the fact that HIV continues to be a major threat for Latinos, many of whom are disadvantaged due to racism, economic oppression, lack of health literacy and overall health disparities. Large societal factors such as poverty, discrimination, and homophobia must be addressed, along with cultural and linguistic respect in order to impact on risk behaviors in the Latino community.

Overview of Empowering Theory

A growing interest across the United States is developing in alternative approaches to the prevention of HIV/AIDS, such as grassroots-based interventions (CDC, 1996, 2004, 2005; Kelly et al., 1992). Recently a special concern has emerged about the limitations of studies that focus primarily on the individual level and on research shaped by the interests of external donors. Concurrently, more attention is being paid to studies that address the capacity of communities to define their strengths in facing the challenges

posed by the pandemic (CDC, 2005, 2006). Scholars of empowerment theory, such as Zimmerman (1995), state the importance of linking HIV/AIDS prevention to the broader mission of community development and social justice (Zimmerman, 1995; Parker, 1996).

Although relatively new to the work of HIV prevention and to the needs posed by the broad challenges of the epidemic, empowerment principles have become an essential framework in addressing the prevention of HIV/AIDS. From the empowerment perspective, virtually no behavior is under the total and voluntary control of individuals (Bracht, Kingbury & Rissel, 1999); socio-economic, cultural and political settings are always part of the individual's reality. Empowerment extends and widens the socioeconomic lens to include not only individuals at risk, but also the structural context in which HIV transmission occurs (Baranowski, Perry & Parcel 2002).

In health promotion, "empowerment is a process through which people gain greater control over decisions and actions affecting their health" (WHO 1998, p. 6). The history of empowerment in the social sciences, public health, and education extends back to the labor movements of 1930-and 1940 (Minkler, 1990), the American civil rights movements and the early efforts to improve sanitation in urban areas. Community involvement in the assessment of conditions and solutions of problems (Minkler, 1990) has been rooted in the work of political activist, Alinsky (1972) and the Brazilian educator and philosopher, Paulo Freire.

The extensive use of empowerment across multiple disciplines has been the topic of recognition and study for many years (Rappaport, 1987). However, health interventions for HIV at the beginning of the epidemic (1980's) focused solely on the individual's attitudinal disposition, such as motivation and self-management skills, to

follow and comply with a pre-established intensive treatment. The concept of the empowerment of the individuals to take control of their own health and move from individual counseling to group and peer support interventions has generated a new and more comprehensive approach in the last few years (PROMOVISION, 2006). The fact that people are members of a larger system including the physical, biological, mental, and spiritual, as well as the historical, social, cultural and political dimensions, has reoriented HIV prevention interventions (Zimmerman 1990, 1995).

The intertwined relationship between environmental settings and the individual implies that environment plays a key role in empowerment development (Angelique et al., 2002; Wallerstein, 1992; Rappaport, 1990). The Ecological approach to prevention, in which interventions are directed by outside agents to a different segment of the community, has produced a lack of autonomy and dependency on outside initiative (Stokols, 1996; Sallis, Owen, 2002; Green, Kreuter, 1999). On the contrary, community participation in the design of interventions, together with community skills enhancement guided by cultural competence, is expected to produce a higher rate of risk reduction than a similar intervention without such participation (Zimmerman, 1995). The focus of this study is on the combined effects of the following three primary assumptions which may enhance one's empowerment capacity and involvement in social action (Zimmerman 1990, 1995): 1) positive perceived attitudes and beliefs, 2) effectiveness in participatory competence / citizen participation (Minkler, 1990; Bracht, 1999) and 3) development of a critical understanding of one's environment.

The relevance of empowerment to the prevention of HIV is striking in the case of young Latina women constrained by poverty (Feinstein, 1993; Myhre, 1999; Roberts,

1999; Diaz, Chu, Buehler et al. 1994). In a broader understanding of the context in which these women make informed sexual decisions, any empowering intervention would also seek to change the determinants, which lie beyond the control of individual women (Rozenbaum & Roos, 2000). These may include access to health services, options for women to become economically self-sufficient and to obtain educational support and childcare, along with a broad range of socio-economic and cultural opportunities. Empowerment interventions would start with women themselves --as a primary group, but would also require and involve those who control resources for women in the community, such as community leaders, employers, providers and policy makers.

Empowerment theory focuses not only on health-specific risks, beliefs, and behaviors of women, but also on practices that are linked to interpersonal aspects as well as organizational elements and changes at various levels in the community (Robertson and Minkler, 1994). Some examples of the impact of social empowerment would be a greater participation of women in organizations that influence their lives, increased collaboration between female-focused groups, increase in opportunities for women to participate in leadership positions, and decision making coalitions (Speer, 2000; Speer, Jackson, Peterson, 2001; Spreitzer, 1995). The essential component in empowerment is that women themselves are in charge of the change effort rather than external institutions and outside experts.

The current crisis calls for an acceleration of sustainable, intensive strategies and multiple integrated approaches to dealing with young people (Carpini, 2000; Holden, Crawnshaw, Nimsch et al., 2004; Holden, Evans, Hinnant, et al., 2005; Holden, Messeri, et al, 2004) and women, the sector of the population most vulnerable to sexually

transmitted diseases (Bargad, Hyde, 1991; Boehmer, 2000; Brenner, 2000), particularly Latino young women (Cordoba, 2005; Gutierrez, 1995; Gutierrez, Ortega, 1991; Rodriguez 2000). A great challenge is now before the Latino community to ensure that research studies provide new recommendations for an accelerated increase of culturally relevant services to reduce this unacceptable toll of the epidemic in the State of California. An essential need exists to establish a more comprehensive assessment of the extent of the epidemic (Patterson, 1987; Epstein, 1996; Melendez, Ortiz, Pinto, 1999; Fishbein, 1993), as well as a better understanding of the transmission dynamics and the reasons for the high increase of the pandemic within the Latino population.

The Latino Community

Latino Immigrants in the United States

According to the Pew Hispanic Center for Immigration Studies (2006), the number of people in the United States who are born in other countries totals 35 million. Of this number, it is estimated that over 12 million are undocumented. The report indicated that about one quarter of Latin Americans, from Mexico, Central America, and South Americans from Colombia, and Peru enter the country legally and overstay their visas. Mexico, however, constitutes the largest contemporary source of immigrants to the United States. Undocumented workers represent 5 % of the U.S labor force, and over 90 % of the undocumented men who are in the U.S are active in the labor force, compared to the 83% of actively working men born in the U.S (Census Bureau, 2000).

In December, 2005, when the U.S House of Representatives passed a bill that would make undocumented immigrants and those who aid them subjects of criminal prosecution, the immigrants' rights situation became a matter of basic human rights

(Latinos Unidos, 2006). Intensive advocacy activities started immediately, both through word of mouth, communication between grassroots organizations, and through the organizational and mobilization power of web-based campaigns. The web-based activities have allowed activists to orchestrate spontaneous forms of protest with “unprecedented immediacy” (Ruiz, 2006 p. 14). The internet has become a powerful tool that kept protestors and activists aware of events and upcoming strategies (Borgida, Sullivan et al. 2002; Brodie, Flournoy, et al.2000; Carpini, 2000; Ruiz, 2006). Three weeks before May 1st, students, union members, farm workers, and community leaders all united to protest the current immigration legislation through hunger strikes, local marches, and vigils across the United States. By April 30th protest material including flyers, pamphlets, and brochures were made available as a way to promote large-scale activism among the Latino community. All these efforts drew more than one million people to mass rallies on May 1st, 2006 - the traditional May Day commemoration day of workers’ rights- into the streets of major U.S cities including: Chicago, Los Angeles, San Francisco, Phoenix, Denver, and New York (Latinos Unidos, 2006). These high numbers of Latino immigrants and their action to stop working to participate in mass rallying on May 1st indicated their big presence in the US economy.

Labor Conditions /Risk Factors

A review of the US labor force based on the 2000 current population census shows that Latinos make-up 27% and Asians 12 % of the labor force in California (Valenzuela, 1999). In the analysis the author defines “workforce” as people aged 25-64, stating that this age range allows for a better comparison across ethnic and generational lines. However by using these figures, the number of Latinos in the workforce is

undercounted, because Latinos in particular, not only in California but also across the United States, are on average a younger population that starts working in their teen years (Valenzuela, 1999).

A study conducted by Lopez & Feliciano (2000) showed that more than 62 % of Latinos in the United States are agricultural workers, 25 % manufacturing workers, and 20 % of construction workers. The study confirmed that agricultural work is considered to be the entry occupation for most Mexicans upon arrival in the US. “In California there are approximately 1.3 million agricultural workers with 91% born in Mexico” (p. 22). Davis (2002) discussed the fact that farm workers are not entitled to overtime pay under the Fair Labor Standards Act, and as a consequence, agricultural employers have no financial pressure to limit the workweek to 40 hours.

It is important to indicate that although not as well documented, all these statistics undercount the important contribution made to the state’s economy by undocumented workers who work in informal markets without any job security or legal protection such as day labor, households, and sweatshops (Valenzuela, 1999). Bacon (1998) researched immigrant day laborers in Southern California and indicated that 77.5 % of those sampled were from Mexico. The majority was male and undocumented, although 25 % reported being employed in a variety of high-risk jobs and a variety of tasks in the U.S for more than 10 years. The Bureau of Labor Statistics (2005) indicated that during the years 1992 and 2002, Latino men accounted for an average of 94% of the fatal occupational injuries among Latino workers in the United States. Only 5 % of immigrant Latinos holds jobs that fall under the “professional” category, but the bulk of this group makes up 49 % of

laborers, 42% of factory workers, and 27 % of service workers (households, hotels, and restaurants).

The Child Labor Coalition (2000) claimed that although the minimum age for employment is 14 years, in agriculture Latino children are employed as young as 10 years of age. Also despite that the federal minimum wage is five fifteen (\$5.15) per hour, in some states employers may pay youth a sub-minimum wage during the first ninety consecutive calendar days of employment. In agriculture, children workers (ages 14 through 17) work an average of 31 hours per week. Latino documented as well as undocumented children, work an average of 35 hours per week in agriculture in the United States (Davis, 2000). For the period 1992-2002 there were 707 reported occupational injuries among children. The majority of the fatalities were among 16 and 17 years old, but the under - 13 age group also accounted for a significant percentage. A total of 43.3% of fatal occupational injuries among workers age 17 and younger occurred in agriculture and forestry.

According to the California Working Immigrant Safety and Health Coalition (WISH, 2002), Latinos hold the most hazardous occupations in the labor force as laborers, factory operators, and service workers in the state. Data from the Bureau of Labor Statistics (2000) indicated that the rate of work- related deaths for Latinos has been 20% higher than for Whites or African Americans. Extensive documentation is available on job-related fatalities among immigrant workers because country of origin is recorded on birth certificates. Richardson (2002) reported that the rates of fatalities for foreign-born Latinos were the highest in the nation between 1996 and 2001. The California Working Immigrant Safety and Health Coalition – WISH (2003), stated that Latino

immigrants who are channeled into highly physical and dangerous jobs bear a disproportionate burden and high risk of workplace injuries and deaths. The WISH (2003) study highlighted these risk factors which aggravate the situation: (1) they receive little or no training, since they are isolated and less likely to obtain appropriate information about hazards or safe work practices, (2) they rarely challenge working conditions for fear of the consequences of reprisals on the job, (3) they feel a strong pressure to provide for the family, both here and in their homeland, (4) they do not speak the language and lack knowledge and understanding of the legal system, and (5) they can not afford any form of health insurance.

A study of California workers who had received basic training on the job reported that while Spanish-speaking employees are just as likely to seek improvements in their working conditions as their English-speaking counterparts, they are half as successful in achieving them (Cole, 1996). In a play by San Francisco domestic workers on April 2006, one of its main actresses stated that since they are hired as temporary workers, they are unfamiliar with the job tasks and hazards associated with it and thus rarely receive any formal information on job-related risks. According to the Bureau of Labor Statistics (2004), 12% of very serious injuries occur the first day of the job, and almost 40% of workplace injuries occur in the first year.

Heza (2001) reinforced the significance of these facts and stated that the California Division of Occupational Safety and Health recognizes that many industries exploit Latino immigrant workers who are poorly trained, poorly equipped and unfamiliar with California law. Bacon (1998) indicated that Latino immigrant workers are intimidated to not report injuries. Employment administrators have cooperated with the

Immigration and Naturalization Services (INS) before union elections, strikes, and organizing drives, arresting, and reporting key organizers. Henshaw (2002) describes that in reporting immigrant worker deaths, CAL - OSHA encounters a difficult situation because immigrant workers are afraid to speak about unsafe conditions for fear of being deported. Many workers suffer in silence and take several overtime jobs to make ends meet and to provide for their extensive families.

Leigh and Schenker (2001) studied the cost impact of occupational risks and declared that direct and indirect cost of California's occupational injuries and illness in 1992 were estimated to be \$20.7 billion. Injuries accounted for 86% of the costs. Although these numbers seem high, they underestimate the aspect of human rights and labor rights, as well as factors such as the likelihood that occupational injuries and illness in the Latino workers are undercounted. These figures also ignore the cost associated with pain and suffering, and the burden on home care provided by family or close friends in the community.

Cultural and language differences reduce access to resources that are available for English speaking workers and act as barriers to receiving adequate safety information. Immigrant workers are less likely to report hazards on the job due to fear about job security, knowledge about their rights and language issues (Teran, Baker et al, 2002). The Dymally-Alatorre Bilingual Service Act (2004) requires state agencies that are in contact with a "substantial number of non-English-speaking people" (p. 1) to evaluate and meet the linguistic needs of the public they serve. Also Title 8, California Code of Regulations, section 3203 requires that communication about health and safety matters "be in a form readily understandable by all affected employees" (p.2). However, no

concrete development and plans to meet this mandate are in operation to disseminate information to monolingual workers.

In California, many immigrants are unaware of their right to medical care if injured on the job, or choose not to exert this right. Villarejo (2000) found that only one third of agricultural workers knew that they were eligible for compensation if ill or injured on the job. Since immigrants are more likely to not have health insurance, injured workers do not seek any type of medical attention. This problem of a lack of health care can aggravate injuries and lead to serious complications and permanent disability. A study conducted by Chavez (1992) demonstrated that Latinos do not seek medical attention until a condition has reached its very advanced stages.

In this study, *Promotoras* reviewed these problems, as well as the direct effect of economic oppression, migrant labor conditions as factors that influence HIV risks among Latinos. They inquired about language barriers and analyzed whether or not new legislature supports the standards of training, and communication to provided culturally and linguistically appropriate services in non- English languages (Maier, 2001).

Promotoras

In almost all human communities throughout history, people have relied on their closest family members and friends for health care and health information (Walsh, 2006; Falls-Borda, 1998; Cordoba, 2005; Escobar, 2006). Before the development of Western medicine, community members, many of whom had received their training from elders in the community, were the only health practitioners (National Community Centers in Women's Health, 2005).

In Latin America during the 1950's and 1960's, *Promotoras* programs expanded and flourished in many Latin American countries. The main goal of their mission, inspired mostly by liberation theology and popular education principles, was to take primary health care and health education to very remote rural areas, to the most poor and oppressed communities (Freire, 1978; Hall & Kidd, 1978; Hall, 1997) After the killing of Che Guevara, in the late 1970's, many *Promotoras* were seen as organizers and agitators of the communities, in search of eliminating the unequal distribution of resources (Freire, 1978). During those times of political turmoil and unrest in Latin America, thousands of *Promotores* were imprisoned, tortured, and killed (Galeano, 1976).

In the United States, during the late 1980's community health worker programs were crucial in terms of learning from social group traditions (Breton, 1990; Hirsch 1990; Hamilton & Fauri, 2001). Some clear examples are the work of organizations with migrant and seasonal farm working communities (Huerta, 2005; Rifo & Díaz, 2004). *Promotores* programs were created and solidified; some of these which still exist today, are the US Mexico Border Health Association/PROMOVISION in El Paso-Texas, Camp Health Aide Program sponsored by the Midwest Migrant Health Information Office, the Border Vision Fronteriza Program based at the University of Arizona – Zucherman College of Public Health as part of the Health Arizona 2010 Initiative, and *Nuestra Comunidad Sana* (NCS) based in Hood River, Oregon. These programs follow the Latin American Popular Education principles, which are based largely on the ideas of Brazilian educator and philosopher Paulo Freire.

Several studies have focused on the strengths of the *Promotora* model and the challenges of these community health workers (Goffman, 1963; Goodhart, 1999). Some

of these studies have found that using older women as educators is an effective strategy in addressing the needs of the community (Serrano, 1997; Anspaugh, Dignan & Auspaugh 2000; Cox 2002). Results from a study on a four years nutrition program sponsored by The University of California Berkeley Extension (1983), indicated a very positive impact of its nutrition education program in the areas of Half Moon Bay and Pescadero. This study showed concrete behavioral changes obtained by *Promotoras* from these communities who educated heads of households in the review of their 24-hour nutritional recall and in the nutritional topics relevant to youth and children. The program received national recognition and awards for its general impact on improved knowledge and nutritional behavior changes (Díaz, 1983).

The *Abuela* (grandmother) Project in Yakima, Washington, also based on the *Promotoras* model, looked specifically at behavior changes over 6 months and found positive effects in reducing the incidence of *Salmonella typhimurium* from consumption of raw-milk fresh (Bell, Hillers & Thomas, 1999). This study showed that older Latina women were willing to be trained in making pasteurized fresh cheese. After the training, they signed a contract to teach 14 more people about the new method to prevent food poisoning; since then the program has successfully being expanded. McFarlene's study (1996) of the "from mother to mother" (*De madre a madre*) program in Houston, explored the work of *Promotoras* to reduce the occurrence of low-birth weight babies and to increase outreach to at-risk young mothers, finding promising results over a period of four years.

As natural leaders of their communities, *Promotoras* usually receive specific training (*capacitación* from the Spanish verb *capacitor*, "to build capacity"), support and

wisdom from older experienced *Promotoras*, and in some cases from agency staff (Galbraith 1995; Galer-Unti, Tappe & Lachenmayr, 2004). Some of the topics of these trainings include: (a) tools on how to improve communication between parents and children / adolescents on issues related to sexuality, (b) elements to consider when making sex decisions, (c) physiology of the female and male reproductive systems, (d) the latest information on birth control options, e) STDs and HIV/AIDS. Some other programs include trainings on a wide variety of health topics, such as primary health care issues, dental, mental and environmental health, and self-defense, among many others (Baker, Bouldin & Durham, 1997). *Promotoras* also study subjects, such as how to conduct problem assessment, policy analysis and consultation, and how to address physical, economic, and cultural barriers to health care (PROMOVISON, 2006). Some programs have also expanded to include the training of *Promotoras* in public speaking, self-defense, computers skills, conflict resolution, stress management, addressing mass media (TV and radio), grant writing, and leadership skills.

Studies on leadership development have found that the *Promotoras* model provides holistic and community-centered services that are grounded in local needs as gauged through the input of local members (Baker, Bouldin & Durham, 1997). Poss (1999) found that of the 269 health care organizations in California that were surveyed, 26 % consider that the *Promotoras* provide access to accurate community assessments as well as various levels of activism. These findings have contributed to the design of relevant methods of citizen participation models and advocacy interventions (Arnstein, 1969; Higgins, 1999; Hill 1991).

The program “Go Healthy Return Healthy” (*Vete sano regresa sano / VSRS*), recognizes the difficult situation of inequality of the undocumented workers and of the national agricultural workers laboring far from their families and their communities of origin. It includes the work of *Promotoras* for outreach and educational activities including the prevention of HIV/AIDS. The Center for Farm Worker Health (2002) highlights the goal of the program to guarantee a quality state of health during the three months of migratory absence, and uses *Promotoras* in the migrant communities to promote self-care in health and disseminate health education messages not only in Spanish, but also in Nahuatl, Zapoteco, and Mixteco languages.

El Camino de la Salud (The Road of Health) is a collaboration of community groups, state agencies, and UC Davis to reduce the cancer burden facing low-income Latinos in Sacramento. Investigators are identifying cancer priorities in this population and developing a curriculum to train *Promotoras* in various communities to help address these needs. (Kasper, Ferguson, 2000; Mybre, 1999). Another evaluation study on the impact of *Promotoras* in prevention of breast cancer is sponsored by the Susan G. Komen Breast Cancer Foundation and is using *Promotoras* to promote breast self-exams and mammography in medically underserved Islamic, Vietnamese, and African American communities in Sacramento; results are in progress.

A partially retrospective research study 1995 -1998 sponsored by Partners in Alternative Technologies for Health (PATH) seeking to determine the efficacy of the HIV/AIDS Prevention program in the *Compañeros* Program (Texas), compared the prevention model developed by *Promotoras* and that of the *Compañeros* Program staff. One hundred and eighty (180) participants in the HIV/AIDS programs answered a

questionnaire; of these, ninety (90) received information from the *Promotoras*, and ninety (90) received information from the professional staff at the *Compañeros* Program. One of the findings of the study showed that 64 % of the women assisted by *Promotoras* and 40 % of those assisted by program staff indicated that they had used condoms.

These results reinforced the need to provide more support to the *Promotoras* in their efforts to educate the Latino community about the AIDS epidemic (Hernandez, 2000; Chavis & Wandersman 1990). The US Mexico Border Health Association (USMBHA) developed the PROMOVISION program funded by the Center for Disease Control and Prevention to strengthen community access to and utilization of HIV prevention services through the work of local *Promotoras*. The main goals of PROMOVISION project as stated in their website are: (a) To improve the capacity of *Promotoras* to link individuals at high risk for HIV infection with HIV prevention services, as part of routine health care advocacy or community health promotion, and (b) Improve the capacity of community stakeholders to collaborate with each other, and to develop the awareness, participation, support, and leadership to create and sustain effective HIV prevention coalitions in their communities (PROMOVISION 2007).

Their praxis is based on Freire's Popular Education theory, which recognizes that all people have a large store of knowledge as a result of their life experience (Freire, 1978; Hall & Kidd, 1978; Hall, 1997; Ada 2004; Hurst, 2004). Also the task of the facilitator of group presentations is to tap into that store of knowledge and help people organize and promote changes and actions to improve existing living conditions.

In San Francisco, the program *Hermanos de Luna y Sol* has *Promotores* trained in empowerment education and social support working in an on-going intervention for

Latino gay/bisexual men at Mission Neighborhood Health Center. The program provides outreach, six structured discussion sessions and on-going support to maintain behavioral change. Sessions deal with the common history of oppression among Latino gay men, social support and community and emotional issues around sexuality. The impact of AIDS and HIV transmission are discussed in the final two sessions.

Promotoras in these and other projects are currently receiving intensive updated trainings on the use and applications of the internet to their education process (Grierson, Van-Dijk, Dozois & Mascher, 2006; Pandey & Tiwary, 2003; Ruiz, 2006), as well as in their advocacy, civic involvement, and social interaction (Katz, Rice & Aspden, 2001). Many web pages are being created which highlight the importance of the work of *Promotoras*.

The literature on the effectiveness of the *Promotoras* program is extensive. Some studies deal with a neutral or not-so-positive position on the impact of the *Promotoras*' efforts. A study on the differences in program implementation between professionals and para-professionals (Korfmacher, Brien & Hiatt, et al., 1999) deals with aspects of power structure, and found that in comparing a Denver home visitation program for pregnant and parenting women, paraprofessional *Promotoras* had lower success rates than registered nurses. One interesting finding in this particular study was that the RN's spent more time discussing physical health issues during pregnancy and on parenting issues during infancy, whereas *Promotoras* concentrated on more general issues, such as traditional remedies. The Korfmacher et al. study is important and needs to be taken into consideration in the analysis of the levels of *Promotoras*' capacity building in programs where variations in the power structure are based on specific expertise (Maton & Salem,

1995). Other similar studies such as Eng's (1997) presented the *Promotoras* programs as useful only as a complement to the more specialized work of health professionals, and not as a stand-alone program, especially in the nursing field (Eng, Parker & Harlan, 1997).

Rosenthal & Kotch (1998) surveyed the efforts made by the National Community Health Advisor Study, in including the development of *Promotoras*' core role description, job competency definitions, evaluation strategies, career and field advancement, and the complete integration of *Promotoras* within changing health care systems including managed care environments. This institutionalization of the *Promotoras* model has some positive aspects in that it creates a more standardized "career" feel for some agencies. However, it can also make the *Promotoras* program into an attachment to the main agency, depriving the *Promotoras* of their ability to create a program tailored to and with their own communities. This invalidates the main principle of the empowerment of popular education philosophy, which implies working out together with the community (Freire, 1968). Popular education is empowering education, which represents a very important tool for the *Promotoras* to involve community members in the reflection and critical analysis on issues such as discrimination, racism, and oppression (Hope & Timmel, 1984).

Breslow (1992) criticized the concept of popular education stating that initially *Promotoras* may facilitate for community members to speak, but that in the end, their practice runs the risk of re-enforcing the status quo of those-who-know (*Promotoras*) and those who do not have the knowledge. One of the reasons for this risk is if the *Promotoras* confuse their role as facilitator who nurtures from within the community-- to

the community for the one of the “expert”.

Elsa Auerbach (2004), responding to critiques of Freire’s model of popular education, referred to the so called “Freire’s Tales” and argued that in an attempt to apply Freire’s model, many have misunderstood, and misapplied, Freire’s method, and consequently, have encountered myths. The version of the first “Freire’s tale” or myth sees Freire’s method as a linear and simplistic process (Coffey, 1999, 2000; Ellsworth, 1993) of a) identifying themes, b) co-investigating a theme c) making a code, and d) recognizing oppression in conjunction with the notion of a change. Out of this, then, political action is expected. Some educators/facilitators have felt guilty when the efforts of their students’ activism failed because they expected their work to be a direct motor for radical change and radical political action based on this misguided understanding of Freire’s theory. Instead of a linear and simplistic process, Freire recommends (1970) that educators/facilitators open spaces within their groups, which allow for creativity, so that people can find their own direction for themselves to encounter and develop their own ways to address problematic socio-political issues. Problem posing is not a pre-condition for political action-- there is no immediate result (Auerbach, 2004). The results come in a variety of different ways when approached with time and consistency.

Another of the criticisms of Freire’s work concerns the notion that Freire’s model in education imposes a leftist analysis and a communist content (Coffey, 2000; Ellsworth, 1993). Freire’s model obviously has a political content, but it is not an imposition. Freire in all his writings warned of the delicate exchange that needs to take place between posing without imposing (Auerbach, 1992). Freire insisted on the need to listen as the key component of the model -- the issues discussed must be the issues of central importance

to the participants, not the facilitators. Listening with respect instead of injecting the participants with the facilitators' ideas and political views is the essence of Paulo Freire's popular education. An imposition of any analysis would fully defeat Freire's philosophy (Collins, 1973, 2000, 2003).

Summary

Literature on the health status of Latinos, and particularly on the topic of reproductive health of Latinas, within the scope of reproductive justice, showed that it is crucial to analyze labor conditions of the immigrant community in the US.

Reports from the Hesperian Foundation (2003) and The Working Immigrant Safety and Health Coalition (WISH, 2002) indicated that low-income migrant workers are channeled to the lowest front of the economy. They are placed in highly physical and dangerous jobs, bearing a disproportionate burden of workplace injuries and placing them at high risk of HIV/AIDS and other health problems.

The analysis of these conditions leads to the fact that the struggles of immigrants in the United States are linked to the struggles of workers internationally. They are the two sides of the same coin. On one hand, at the present time is undeniably the international emergence of globalization of corporations (Sachs, 1995) and, on the other hand, the emergence of globalization of grassroots movements. If the expansion of labor with transnational corporations takes an international dimension, unions that defend workers' rights must become international as well. Understanding the global forces brings light to the fact that it is major global forces in the economy and not the individual competence that shape the immigrant's possibilities and frame the risk factors. This was clearly demonstrated by the empowering work of six (6) *Promotoras* in Tijuana who

through the use of photos and simple video images denounced the labor conditions they were experiencing in *maquilas* established in the border Mexico-US (Furani, De LaTorre, 2006).

To speak of the local struggles as a part of the global international struggle gives power to the local. Thinking only locally and acting only locally represents a reduction of the implications of using Freire's transformative model. In this study on the work of *Promotoras*, the global perspective and opinions of the *Promotoras* were incorporated since what is important is not just the individual's; it is not just the local views, or local problem. They are all part of something bigger.

CHAPTER III

METHODOLOGY

Let me put it this way: you never get there by starting from there; you get there by starting from here. This means, ultimately, that educators must not be ignorant of, underestimate, or reject any of the knowledge of living experience. (Freire, 1978, pg.8)

Theoretical Rationale of the Research Design

The methodology used for this study was based on the participatory research model developed by Freire (1976). Participatory research methodology seeks to demystify research, thereby making it a tool which people can use to improve their lives (Tilakaratna, 1990). Therefore, it must be sharply distinguished from “conventional elitist research methodology” (p.2), which assumes that ordinary people are not capable of doing research, so it treats them only as objects of the research process. Key information is obtained and collected by external “experts” through pre-established survey questionnaires. Then, this information is studied and analyzed without any participation of the local people. Final reports are then written to obtain the attention of selected groups of persons. The results and acquired knowledge are rarely returned to the people, publications are made without giving credit and proper respect to the original source. A subtle form of discrimination exists in this form of “conventional elitist research methodology” (p. 3) because it assumes an intellectual dependency of the subject group on the researchers: Such methods make people feel dehumanized, inferior, small and less important than the “expert” (Tilakaratna, 1990, p. 3). Also, the lack of confidence in the people’s own ability to think, to want, and to know, leads to a condescending type of generosity as harmful as that of the oppressor (Freire, 1970, p. 36 - 41).

On the other hand, participatory research methodology builds people's capacities for action and reduces their intellectual dependence on outside researchers. At a 1977 conference in Cartagena (Colombia) the concept of "participatory action research" (PAR) was born when the concept of "action research" used by Fals Borda, met the concept of "participatory research" coined by Hall.

At this gathering, the term "participatory action research methodology" was defined based on seven-points: (1) Participatory research involves a whole range of powerless groups of people exploited, the poor, the oppressed, and the marginal. (2) It involves the full and active participation of the community in the entire research process. (3) The subject of the research originates in the community itself and the problem is defined and solved by the community. (4) The ultimate goal of this research is the transformation of social reality and the improvement of the lives of those who compose the subject of the study. The beneficiaries of the research are the members of the community. (5) The process of participatory research can create greater awareness in the people of their own resources and mobilize them for self-reliant development. (6) Participatory research has a more scientific method in that the participation of the community in the research process facilitates a more accurate and authentic analysis of social reality. (7) The researcher is a committed participant and learner in the process of the research rather than a detached observer (Hall & Kidd, 1978, p. 5)

Therefore, this study followed the participatory research methodology in the light of the respectful recovery of common people's knowledge, traditional livelihoods, and spiritual expressions. Fals Borda's (1998) theoretical contribution in the area of investigation - reflection - action also was an important foundation in the methodology of

this research. The research was guided by the principle that indigenous people and their descendants expect more than rational discourses, and that indigenous wisdom is strongly rooted in the collective spirit of “animism, mythology, and mysticism” (p. 47). Equally important to the theoretical rationale of the methodology used in this study were the contributions by Hall (1997), the adult educator who compiled special issues on participatory research in the journal *Convergence*. He reinforced the long-term task of Participatory Research as the curtailment of the decomposition of society and the disruption of the social fabric that supports racism and discrimination.

It is important to clarify that this study was carefully designed to ensure that the *Promotoras* determined their own tasks. The methodology guided by participatory principles created space for reflection--moving from questions to observation of reality. This created a forum for each one to bring their own experiences to a safe space and to deepen their understanding of themselves and their life circumstances.

Practice and exposure to critical analysis generated a change by unveiling particular evidence in the daily lives of the participants; the mere process of unveiling was in itself a seed for change. This idea of changes that take place with the participatory research methodology is expressed in the title *Alternativa: Atreverse a pensar es empezar a luchar* (Oveja Negra, 1974) --to dare to think is to begin to fight. Freire (1970) calls this the relationship between awareness and the world or *Conscientização* as an instrument for the process of changing the world. In many of his books, Freire emphasized that participatory methodology and empowering education share a similar path of planting seeds that germinate in processes of social change at immediate, middle or long term

intervals, guided by “the emergence of consciousness and critical intervention in reality” (p. 68). These are the fundamental principles upon which this study was based.

Research Setting

The workshop and subsequent three photo-voice sessions took place in the heart of the Mission District in San Francisco and the community centers in San Mateo County. Two main factors influenced the choice of these locations. First the research study was not associated with any agency but developed within the community. Second, *Promotoras* themselves chose the places that were favorable to them, not to the researcher. The long standing collaboration of the *Promotoras* with several non-profit organizations in the Latino community, such as Poder, POWER, Centro del Pueblo, Clinica de la Raza and Mujeres Unidas for San Francisco; and Fair Oaks Community Center, Day Labor Resource Center, Samaritan House, El Concilio, BANLAAD for San Mateo, opened doors to conduct meetings and activities associated with this research study at absolutely no cost. The places for the study’s activities (Workshop, Photovoice sessions and focus group meetings) were chosen by the *Promotoras*, based on easy access to public transportation, cultural atmosphere, and agency’s genuine mission of service to support independent and grass roots interventions in the Latino community.

Role of the Researcher

The researcher in this study worked in the following areas: (1) Assisted participants to collect data and then systematically obtain this knowledge; (2) Linked the local situation expressed by participants to a global and external situation; (3) Facilitated access for the participants to recent information on the central problem addressed by the study; (4) Introduced *Promotoras* to successful experiences from outside their

environment; (5) Brought relevant issues for participants to reflect on and analyze, and then assisted them to arrive at their own conclusions; (6) Supported the participants to pursue their independent actions and conducted participatory processes without dependency on institutions or outside researchers; and (7) Expanded participants' contacts in the Bay Area and Sacramento so that they themselves could advocate for policy makers to be supportive of structures that foster people-centered development.

Moreover, the researcher made special effort not to involve institutions that perpetuate a status quo of oppression in this study. In most *Promotoras* agency-driven research projects, the participating institutions often make profit from the research and create their own wealth, thus exploiting the work of monolingual immigrants as the institution poses in the personas of dedicated *Promotoras*. For example, one local “non-profit” agency uses *Promotoras* as its financial strategy. In this “non-profit” agency, *Promotoras* are invited to meet with possible donors and to talk about their work; impressed with the commitment of these *Promotoras*, donors provide financial grants in almost 100% of the cases, but the *Promotoras* do not receive much from those grants. Besides, this agency openly declares itself as an “English only institution”, maintaining a systematic exclusion of *Promotoras* from contact with agency paid-staff.

Role of the Participants

Participants in this study had the central task of breaking with the “old” roles of the elitist research and worked in the following three areas:

(1) *Promotoras* assumed an active role from the beginning of the research and had a personal connection and investment in every phase of the study. (2) *Promotoras* analyzed and interpreted the data collected during Phase I and Phase II of the study.

They evaluated the significance of the data and drew conclusions about the answers to the initial questions posed. (3) *Promotoras* have ownership of the results of the study and selected their own channels for these results' dissemination, through local newspapers and the *Promotoras* website.

As stated above, in this study the researcher acted as a facilitator and motivated the *Promotoras* to question their unexamined assumptions of authority, leadership, and expertise. In turn, the researcher was open to being confronted on such assumptions and to take a back seat to the *Promotoras* as the actual and best community experts (hooks, 1989).

The Research Design

In order to center the study on the topic of prevention of HIV/AIDS and empowerment, the research study was done in two distinct phases.

Phase I: Workshop

The workshop took place at the Fair-Oaks Community Center in the heart of the Latino community in Redwood City, California. The researcher acted as coordinator of the different aspects of the workshop and Apolonia Hernandez and Maria Elena Ramos from US Mexico Border Health Association/Texas (USMBHA) were invited as co-facilitators, based on their familiarity with the participant-centered approach and popular education principles.¹

¹ The format used in this workshop followed the educational manual designed and implemented by US Mexico Border Health Association (USMBHA). The aims of USMBHA are: To bring together persons and institutions actively engaged or interested in bi-national health activities between the United States of America and the United Mexican States; To foster a better understanding of health needs and problems; To promote public and personal health through mutual assistance; To facilitate health education following Paulo Freire; To promote environmental health; To serve as a mechanism for communication and collaboration among federal, state, and local health authorities; and to carry out support activities for health programs in accordance with the Bylaws.

As opening to the workshop, Donaji celebrated a ritual with candles, incense and cleansing prayers, as practiced by the indigenous communities of Oaxaca. The overall atmosphere of the workshop created a safe space where participants could openly and in confidence share their ideas and personal views. Participants sat at tables in a circle as one group, or broke up into smaller workgroups as the seminar required. At the beginning of the workshop, *Promotoras* completed an open-ended questionnaire or pre-test that was compared with the results of a post-test administered at the conclusion of the three-day seminar (Appendix D).

Icebreaker exercises at the beginning of every session and the role-plays for each session of the workshop nurtured a pleasant environment and joyful spirit throughout the entire workshop (Duffala, 2005). As closing to the workshop, the *Promotoras* requested to be part of the two-hour meeting with the Bay Area AIDS Awareness Day (BANLAAD) staff, as a way to exchange ideas and suggestions from every participant in the workshop – including facilitators – in order to support the pre-design and planning of the Bay Area National Latino AIDS Awareness Day activities, (BANLAAD).

Expectations

After a brief icebreaker exercise, a flip chart was used to record the group's expectations of the workshop, called by the *Promotoras* "Hopes & Hesitations." This list was then reviewed to clarify whether the individual expectations would be part of the workshop. Any expectation that was not going to be met was prioritized in terms of most felt needs by the majority and in relationship to the amount of time allocated for the workshop. After consensus was obtained, the list of expectations not included was written on a separate flip chart called "Parking Lot," which had the design of a light

signal (*semáforo*), indicating that these expectations would be addressed if time allowed. Expectations that were beyond the scope of the workshop were discussed during breaks, lunch, or before or after the official workshop times. The two lists of expectations recording the main expectations and the *semáforo* were hung in a clearly visible place where they could be reviewed at the end of the workshop, so that the *Promotoras* could verify whether their expectations had been met satisfactorily.

The three main expectations included: (1) If any abbreviation (acronyms), words, labels, phases or information used by the facilitators or a participant were not clear or presented too quickly, anyone in the group should feel comfortable to ask for clarification, (2) Participants were encouraged to take risks and ask questions or make any comments. This encouragement included the need to honor everyone's input regardless of educational level or personal experience with the topic. (3) If any participant did not want to participate in a specific exercise or activity, he/she could simply tell the facilitators and the rest of the group without explaining why. This expectation participatory exercise created a safe channel of communication and a relaxed environment for everyone.

Topics

The central topics for the workshop were presented and briefly reviewed to make sure the *Promotoras* agreed on the proposed topics:

(1) Knowledge: Key moments in the history of health promotion, (2) Attitudes and Beliefs: Popular myths, attitudes beliefs, and barriers affecting the prevention of HIV/AIDS, (3) Practice: *Promotoras* as Educators: Popular Education principles, -- *Promotoras* as Community Advocates: Mobilizing Communities, -- *Promotoras* as

Leaders: Community Empowerment, (4) Others - General overview on: Basic mapping resources, strengths to consider in a community assessment, and its readiness to change; Coalition building - community networks; Strategies for effective community organizing; Action planning; Follow-up for expansion. On the aspect of sustainability and continuity the topic of linking strategies used for HIV prevention in conjunction with breast cancer prevention in the Latino community, were discussed.

The group explored possible changes in the proposed topics, and it was indicated that the participants could make any additions or changes in the process.

Questions Guiding the Dialogue

As introduction to the exercise on *Conocimiento* the following questions guiding the dialogue were posed for small group discussions. (1) Who inspired you to be a *Promotora*, or what made you decide to become a *Promotora*? How many years have you worked as a *Promotora*? (2) What is the greatest satisfaction this work brings to you? After each participant answered both questions on paper in the round shape of stones, the *Promotoras* placed them along a “river” made out of fabric. Their stories symbolized the stepping-stones they need to use in order to cross “the river of health promotion.”

Small groups were then formed to discuss the following three questions:

(3) What are the challenges you experience in your work with families? Why? (4) What are the most frequent complaints you hear from the families regarding the American health system? Why do you think these particular problems happen? (5) What can be done to improve these particular situations? (Appendix C).

Objectives: KABP

The overall objective of the workshop was to initiate group in-depth dialogues and to enhance cohesion as one group of the *Promotoras* that were going to be working together in the study. *Promotoras* discussed the main idea in each topic previously selected by them, and determined general objectives of the workshop, as they agreed on the following three points within the KABP framework: (1) Knowledge: To share their knowledge on the facts on the HIV/AIDS epidemic and its impact in the Latino community, (2) Attitude and beliefs: To identify as one group, the barriers in the prevention of HIV/AIDS, and (3) Practice: To discuss and reinforce leadership skills used in the prevention of HIV/AIDS. Specific objectives for each main objective were also jointly established as: (1) to state verbally the fundamental facts on the HIV/AIDS epidemic in the Latino community, (2) to identify verbally at least five attitudes, beliefs and myths in relation to HIV/AIDS, (3) to demonstrate, through simple role plays leadership skills, as required in the prevention of HIV/AIDS in the Latino community.

Activities for the accomplishment of objective one: Knowledge.

In order to explore the topic on key moments in the history of health promotion, participants were asked to close their eyes and/or to just listen to the following visualization as read by one of the facilitators:

Please, pretend you are taking a long walk in the woods. You can feel the air against your skin. You smell the fresh earth. You hear the birds singing. Then, you come to a stream. On the other side of the stream you see a field of flowers. You really want to get to that field so you can smell the flowers and maybe pick some. The only way to get to that field is by stepping on stones that lead across the stream. Think of those stones as the steps that got you involved in your work as a *Promotora*. What were the most meaningful stepping stones?

Participants had five minutes to write down on sheets of beige color paper and with the shape of stones, brief descriptions of the “stones” that shaped their own journeys as *Promotoras*. Then they pinned the “stones” along a “river” made out of fabric called: Important moments for me as a *Promotora*. Then, shifting the discussion from the personal to the societal level, each of them received a colorful handout also in the shape of “stones” which had an overview of the national and international events that comprise the history of Health Promotion. The *Promotoras* read these different events and also posted them in chronological order along the “river” and as part of one single “current”. The *Promotoras* took a moment to read the papers in the shape of “stones” placed in chronological order along the “river” as part of a “current.” The *Promotoras* then complemented these stepping-stones with key local events in the history of their communities, (i.e.: conferences that were held, or opening or closing of agencies/services, benchmarks in community involvement, and community mobilization efforts).

The historical evolution of health promotion next to their own “stones”/stories helped the *Promotoras* see their contributions not as isolated events, but as part of a larger group of national and international efforts that goes back for centuries. The exercise concluded with the question: How many years have you worked as a *Promotora*? Then the number of years of experience of all the *Promotoras* was added together and written on a flip chart to show the cumulative number of years represented in the room, as a sign of respect for the magnitude of practical work developed in the community by the *Promotoras*.

Activities for the accomplishment of objective two: Attitudes and beliefs.

A brainstorming exercise provided a list of attitudes and beliefs frequently encountered in attempts to talk about sex matters. The list provided by the *Promotoras* was all related to the following problems:

(1) In groups of the Latino culture where Catholicism reigns, guilt and negative messages over the topic of sexuality have caused much unneeded pain: Communication about sex has been considered a taboo, in the majority of Latino households that practice Catholicism. If the topic is addressed, it takes place only with very close circles of trusted family members and friends, if at all. Such matters are usually considered personal bodily functions, and very private, that should remain hidden. The underlying assumption is that talking about the problem will make it worse, and remaining silent will make it go away. The sexual silence sends the incorrect messages that sex is shameful and this false message serves to stigmatize reproductive health education. Also, the one dimensional argument that talking only on abstinence prior marriage will save the world from the ravages of AIDS poses a big barrier to effective and realistic sex health education. For some Latina women, this silence dictates that they should not know or talk to male partners because it suggests promiscuity. Therefore, their ability, comfort and success in insisting on condom use with men may be limited (Gomez & Marin, 1996). This sexual silence is also one of the reasons why newly-arrived Mexican young men and women know little about their body and the use of condoms as a preventive measure. This silence does not protect from risky behaviors.

(2) Newly-arrived Latinos tend to rely more on natural remedies because they lack money to pay for medical visits for *papanicolaos* (pap-smears) or STD tests. Many

of them avoid any contact with the American health care system and institutions. This is especially if they do not have documents, or because they do not speak English to effectively respond to the diagnostic interview with the Anglo medical provider.

(3) The experience of acculturation often includes a clash between US and native cultures and a disruption in the traditional cultural patterns. The various levels of acculturation often lead to widely different worldviews between parents and their youth. When Latino youth adopt the norms and practices of the dominant Anglo culture, they often distance themselves from traditional protective behaviors, including culturally held conservative norms regarding sexuality.

(4) Latino culture is often blamed for the problems, but it needs to be seen as a source of strength and not as a barrier, unfortunately most existing educational programs do not reinforce cultural values or reshape them to fit into the bicultural world of Latinos living in the U.S. Familismo, the traditional Latino commitment to family and a central support to family members are considered one of the factors of the Immigrant Health Paradox (Guendelman, 2006), and in integration with culturally appropriate health education, can be powerful incentives in helping heterosexual Latino men reduce unprotected sex with casual partners outside primary partnerships. Interventions for HIV prevention can capitalize on the strength of the Latino culture build upon the protective aspects and emphasize resilience.

(5) The idea of homogeneity of the Latino immigrant community is a myth. Latinos are lumped all in one large social category. The Latino community is very diverse in terms of countries of origin, socio-economic status, cultural traditions, historical circumstances, and timing of immigration. The official numbers given for

HIV/AIDS, STDs, and other health problems should be disaggregated, because those numbers do not provide an accurate picture of the health status of all Latinos and lead to wrong conclusions. Poverty has the highest role in HIV/AIDS and STDs. For instance: Puerto Ricans are US citizens and are not immigrants, nevertheless, their characteristics of poverty, and disease are higher than for other Latino groups. Therefore, any educational program in the Latino community should first be adjusted according to whether the new immigrants are first, second or third generation, as well as to their educational, socio-economic levels, and cultural and religious traditions. Otherwise any educative effort loses relevance and appropriateness.

Activities for the accomplishment of objective three: Practice.

The afternoon session began with a dialogue with the *Promotoras* on their leadership skills. In groups of two, one *Promotora* lay down on the floor on top of a long sheet of paper. The other drew an outline of her/him using a magic marker. Using the outline of the *Promotora*, they wrote down in the head area of the drawing all the things a *Promotora* knows, in the heart area, all the ways a *Promotora* feels for the community and finally, in the hands and feet areas, all the things a *Promotora* does. This exercise on what *Promotoras* know, how they feel for the community, and what actions they do, followed a model similar to the one provided by Joyce Duffala (2005). Duffala recommended a series of exercises in active learning, which involves the participants physically and emotionally as well as intellectually in the learning process. The *Promotoras* then applied this model to themselves as they explored in small groups and brought to their awareness what they believed- they as *Promotoras* know, how they feel about their communities, and what actions they do.

Then, the groups came back together as a large group to a general discussion of this exercise, which also followed Freire's (1973) model of reflection and action. The conversations/dialogues in smaller groups were personalized by the use of the pronoun "we" (as *Promotoras*) in order to create an environment of "posing without imposing" (Freire, 1973). In the open discussion with the larger group the *Promotoras* listed main themes for each point of thinking, feeling and doing. The list of these themes was then grouped as the main body of themes to work with in the process the study.

Evaluations and feed-back forms (Appendix D) written by the *Promotoras* indicated an increase in awareness on (a) self-confidence (b) self discovery of previously unrecognized strengths, (c) self-trust, (d) pride & self acceptance, (e) awareness of the interrelatedness of self an others, and e) community and group power. The workshop concluded with the distribution of passages from Freire's writings, and with a ritual celebrated by one of the indigenous *Promotoras*. The final reflection was guided by the following Paulo Freire's (1985) quote:

I would like to make it clear that the attributes I am going to speak about are qualities acquired gradually through practice. Furthermore, they are developed through practice in concurrence with a political decision that the educator's role is crucial. (p.38).

Phase II: The Photovoice Project – Design Stage

This study used Photovoice, a participatory method to register the voices of the *Promotoras*, as they reflected on their own experiences, concerns, hopes and expectations of HIV/AIDS prevention activities. The Photovoice project further demystified the research process by making it relevant to the participants by combining their real everyday life situations with skills building. As preparation for the Photovoice Project, the *Promotoras* learned Photovoice skills through a series of three orientation sessions.

These sessions also followed Freire's methodology, which engaged participants in critical thinking and decision-making in their use of the powerful photographic tool. The sessions were provided at different conceptual and time intervals as follows: (1) Dialogues on the logistics and overview of the Photovoice process, (2) Qualitative focus groups discussions with generative themes, and (3) Final selection of photographs for a showcase of the Photovoice participants' work, together with their own narratives.

The design stage of the Photovoice took place at three different locations: Light House- Montara, Centro del Pueblo and Fair Oaks Community Center and during three different sessions: May, June and July 2006. The researcher acted as coordinator of the entire process and Nance Wilson, director of the Youth Empowerment Strategies Photovoice Project (YES!), was invited as co-facilitator with Stephan Dasho. The YES! project was developed by the researchers from the Public Health Institute, the University of California, Berkeley, the University of New Mexico and the University of Michigan, as a tool to implement an innovative after school program that promotes critical thinking, problem solving, social action, and civic participation among underserved children in West Contra Costa County. The researcher was familiar with YES! Project from 2004 when Diaz and YES co-investigators had been invited by the Center for Popular Education and Participatory Research (CPEPR) to be speakers at the Regional CPEPR conference: "From Words to Action."

The three sessions of the Photovoice methodology offered by the two facilitators, gave the *Promotoras* the opportunity to further develop skills, both practical and personal. After the first session the *Promotoras* had control of the expression of the images, the vision and their narratives. The complementary second and third sessions,

and an “in between” meeting with the facilitators, reinforced the critical reflection component, creating a clear distinction between mere photojournalism from the in-dept analysis that needs to take place in an authentic Photovoice project. During the intervals between the three sessions, when the *Promotoras* were behind the cameras they were in charge of how they were seen and what parts of their world they were willing to make public. A decision was made not to let observers attend any of the sessions, in order to eliminate any power differences. The emphasis was on creating a safe space for open discussion, dialogues and active participation, and the presence of anybody just observing what the *Promotoras* were doing and saying would have contradicted the essence of the participant-centered approach and popular education principles of Photovoice.

Objectives

Caroline Wang (2000) stated that Photovoice has three main goals (1) to enable people to record and reflect their communities’ strengths and concerns, (2) to promote critical dialogue and knowledge about “burning issues” through group discussion of photographs, and (3) to reach a large audience and to mobilize for change. According to Wang (1999), in order to ensure that Photovoice brings about critical dialogue and sharing of information about personal and community issues, this process needs to be guided within the following topics and steps: (1) Clear conceptualization of mental picture of the particular problem the *Promotoras* want to address and determining the subjects of the photographs; (2) Practice of individual or small group picture-taking, (3) Critical reflection and dialogues on the reasons for: selecting photographs for discussion / contextualizing / storytelling; (4) Codifying issues, generative themes and writing down/recording the stories (narratives), (5) Reaching out to promote change (i.e. Media,

Faith communities and community agencies), and (6) Conducting participatory evaluation.

Questions Guiding the Dialogue

During the sessions of the Photovoice project, the *Promotoras* reflected on and answered questions such as: (1) Literal Decoding: What do we see here? (2) Telling the Story: What is happening here? What is the conflict? (3) Recognition: Do you know anybody who has had this experience? (4) Analysis: Why have they had this experience? (5) Strategy and Action What can we do about it? (Appendix E). Question number 3 was related to the *Promotoras*' experience, but not by direct and personal questions, as in "Has this ever happened to you personally?" Such personal questions often cause the person to shut down and close off from the process, this result being opposite to the goal of this exercise. Reflections on every "why" were brought at different stages of the dialogue, and specific information were given for each "why" answer to bring the process to a more conscious level, instead of an abstract presentation of facts and events that does not involve the *Promotoras* active thinking and participation. Specific questions were also established for each session.

Session I: Light House (Montara)

As opening to the first session in preparation for the Photovoice project, a ritual cleansing ceremony was carried out by one of the indigenous *Promotoras*: The participants stood in a semi-circle facing the ocean; then, incense was burned from a ritualistic cup and passed to each one of the participants, including the facilitators. The immediate connection between the *Promotoras* and the facilitators was evident and it was clear how much the *Promotoras* appreciated the genuine interest and cultural respect

provided by Nance Wilson and Stephan Dasho. The ceremony was carried out with special dignity and respect, and set the tone for a very productive day.

After a brief introduction, and overview of the YES! Project, the following main objectives were established for this session together with the *Promotoras*:

(1) To have a general overview of the history and process of Photovoice, (2) To familiarize with the SHOWeD methodology (Appendix C), (3) To write samples of narratives from photographs provided by facilitators, (4) To discuss ethics, logics of the Photovoice process, and mechanics of photography (basics of photo composition / photography cameras), (5) To clarify questions /concerns about photography assignments.

The following activities were conducted for the accomplishment of the established specific objectives: (1) A historical overview of Photovoice projects was presented to the *Promotoras*, followed by (2) a brief talk on the SHOWeD methodology which answers the questions: What do we See here? What is Happening here? How does it relate to Our lives? Why does this problem or strength exist? What can we Do about this situation? Using the participatory approach, the *Promotoras* shared concrete examples to the question: Do you know anybody who has had this experience? Why? (Analysis). This question situated the participants in a broader social context, and allowed interesting discussions. This deep questioning was aimed to identify the problems/assets, to discuss the roots of the situation, and to develop strategies.

(3) The *Promotoras* were given a set of several photographs to choose from the ones that spoke directly to them, and they wrote description of the photographs and their feelings about what the photograph represented. The SHOWeD Process incorporated the

writing of narratives for each photographs having the participants working in pairs, each one wrote his/her own version on one picture, and then shared with the respective partner to listen and respect the different approach and voice.

(4) In the afternoon session, the participants shared their attitudes towards taking pictures, which was reinforced by a brief presentation on simple basic photography techniques. (5) In order to begin with the first assignment, each one of the participants received a disposable camera or two films if they preferred to use his/her own camera. Consent forms were distributed, and completed by all the participating *Promotoras*. A timeline was established for second and third sessions.

As an informal follow-up to the first session, the *Promotoras* and the researcher in-group watched the Oscar winning Photovoice documentary: “Born into Brothels” - *Nacidos en Burdeles* – India, at the Cabin “Valparaiso” in La Honda. They also reviewed the Photovoice process demonstrated in the documentary *Maquilapolis -Tijuana*. These documentaries served as reinforcement and introduction for their own project.

The *Promotoras* started their own photo shooting assignment, and wrote simple narratives for three of their favorite photos, following the following reflection questions: What is the first thing we notice in this picture? What story is the picture telling? How does what is happening make you feel? How does what this happening make you think? How do you imagine others might feel? Why is it important? Why do you suppose this exist in our world? What are some things that we can do to make it better?

Session II – Centro del Pueblo (San Francisco) and

Session III - Fair-Oaks Community Center (Redwood City)

Sessions two and three of the design stage for the Photovoice project, followed a similar structure to the one established during the first session. The outline for agenda for both sessions included: Ice breaker exercises, and questions about any surprise that came up in taking pictures. Each participant brought his/her photos and in pairs reviewed their free writing narratives. Brainstorming exercises were developed around the primary themes that had been developed during the workshop and also during the three sessions of the Photovoice, and a list of generative themes was established. The list of primary and generative themes was progressively refined following the following questions: What is the story behind the photo you chose? How does the situation reflected in the photo affect our lives? Why does this situation exist in our community? How can people be empowered to make changes? Researcher and facilitators guided without imposing, and through Freire's participatory methodology engaged the *Promotoras* in further critical reflection about the root problem, and the root causes of the problems reflected in their photographs.

At the final session, and through group share out and brainstorming exercises, the *Promotoras* agreed on how photos and free writes could be clustered into themes for the Bay Area Latino HIV/AIDS Awareness Day exhibition. Samples of different ways to present photos using matte board were explored and agreements on the general approach to audience reactions/feed-back were discussed. As part of the dissemination and publication of photos and of their respective narratives, the *Promotoras* assumed the responsibility of contacting different media channels (T.V, radio, newspapers - Two

Promotoras for media channel). They also took charge of ensuring that the web-site for Bay Area Latino HIV/AIDS Awareness Day incorporated a selection of their Photovoice project.

Data Collection

In this qualitative study, the participatory research methodology was integrated with the ethnographic methodology of interpretative anthropology, since both interpretative anthropology and participatory research methodology ask that the community be engaged in data collection and in the co-creation of any findings of the research study (Ricoeur, 1976). The research subjects are considered the interlocutors or participants in a dialogue, breaking in this way with the classical distinction between subject-object, researcher – research subject – educator and the one to be educated. The participants and the researcher stand in a circle of relation, which is essential for understanding how reality is constructed and re-constructed. The research process is not a frozen body of models to be analyzed, but a dynamic interaction and discovery by both the participants and the researcher. The practice awakes in the participants, as well as in the researcher, a new view with emancipating qualities of change and growth.

After obtaining authorization from the *Promotoras* the consent forms were signed for each of the activities. (Appendix A). Data from Phase I - Workshop was collected from dialogues, and oral interventions of the *Promotoras*. Data from the series of three sessions of the Photovoice project consisted on dialogues and narratives. Data from both phases of the study, besides the data from the researcher's observations documented in her personal journal, provided a progressive view of the process as it was lived and experienced by the *Promotoras* over a three month period.

The dialogues with the *Promotoras* were tape-recorded for later transcription. The transcriptions were shared with the *Promotoras* for their authorization and approval. As described by Ada (2004), it is important for the participants to see the written transcripts, because it gives them a different appreciation to the spoken word, the value of words take another dimension, and it allows for an opportunity for reflection.

The data collected from Phase I and Phase II of the research process provided answers to the three research questions: (1) In what ways do *Promotoras* educate, advocate for, and empower high risk Latinas in their reproductive health? (2) How does the work of *Promotoras* reflect the popular education principles of Paulo Freire. (3) What common themes surface in critical discussions with *Promotoras* who have worked with Latinos in the prevention of HIV/AIDS?

Each piece of evidence found and discussed with the participants during the process of this study determined which of the central questions of the present study was being answered. In several instances, one piece of evidence answered more than one question. The data collection followed the following steps as suggested by Freire (1985): (1) Start with the experience of the participants (2) Look for patterns, (3) Add new information and theory, (4) Apply.

Data Analysis

It is important to acknowledge the fact that one of the biggest challenges confronting qualitative studies is how to assure the quality of the data analysis and the trustworthiness of the findings. Numerous positivist and functionalist approaches to research regard qualitative research as only subjective assertions supported by unscientific methods. Hammersley (1992) recommended the following criteria in

qualitative studies: (A) The criteria of credibility in qualitative studies replaces the idea of *internal validity*. It represents the degree to which findings make sense. In qualitative studies the researcher makes use of member checks by giving the draft of the study to the participants so they can agree or disagree with the researcher's findings.

(B) In qualitative studies the criteria of plausibility replaces the quantitative concept of *external validity*. It responds to the question on whether the findings are apparently believable or conceivably true. The researcher in qualitative studies provides a detailed portrait of the setting in which the research is conducted and of each one of the participants.

(C) The criteria of accuracy replace the idea of *factuality*. The researcher in qualitative studies offers a self-critically reflexive analysis of the methodology used in the research. Furthermore, trustworthiness (*validation*) is built into qualitative studies by a triangulation of data from in-depth dialogues, the researcher's observations, and researcher's engagement/ participation in field activities together with the participants.

Also Richardson (1992), agreed with Hammersley's contribution, but emphasized the need to do more than offer 'scientific' criteria, and to provide more of the 'literary' dimensions. She supported the use of poetry and other literary forms and advocated to expand the evaluation criteria to include: (a) substantive contribution; (b) aesthetic merit; (c) reflexivity; (d) impact; and (e) expression of a reality. Her contribution to the data analysis for qualitative studies emphasized the researcher's responsibility to open a literary window to appreciate things in a different perspective, a space where narratives draw the reader into the researcher's discoveries, allowing the reader to see the worlds of others in respectful and deeper ways. This is an important channel that by expanding the

understanding of the participants' human condition enhances empowerment, growth and their recognition by the wider academic community.

The data analysis of this research study was strengthened by Hamersley (1992) and Richardson's (1992) contributions and by establishing a chain of evidence between in- depth dialogues, observations, and participation of the researcher in various activities with the *Promotoras*.

In-depth Dialogues

The *Promotoras* reviewed the gathered information and had the opportunity to alter transcripts before analysis began. They discussed and responded to the data collected from the in-depth dialogues as they were developing. These dialogues enabled questions relating to developing issues to be raised allowing for clarification and verification of interpretations. The direction and refining of the data analysis began with early discussion of the research questions with the *Promotoras*, and continued throughout the reading of the written material and ongoing discussions. In this way the selection of data to observe became more focused as the research questions became progressively redefined.

Observations

The researcher kept a research diary on the observations, that was both for self-reflection as well as a record of remembered incidents and additional information that came to hand outside of Phase I: The workshop and Phase II: The Photovoice project. Careful records on observations were kept on each one of the *Promotoras*. These records complemented their comments during the semi-structured dialogues and their participation during phases I and II of the study. At times checking notes on observations

and drafts of transcribed dialogues with the *Promotoras* led to an enhancement of the data, since discussions following querying of interpretations, often provided more information.

Participation of the Researcher in Joined Activities

Participatory research conceptualizes the world being researched as socially constructed-- both the researcher and the participants construct their own knowledge and reality. Consequently, the researcher in this study fully thought through her relationship with the *Promotoras*, and dealt with ethical issues relating to their recruitment and their preparation to act as co-researchers. Genuine dialogues developed as a result of the active development of the sound ethical relationships established prior, during and after the research was completed. The participation of the researcher in different settings attended by the *Promotoras*, such as: ceremonial rituals, *Dia de los muertos*-- celebration in honor of Aurora's memory, *quinceañeras*, graduations, *fiesta tipica*, traditional concerts, *cumpleaños*, and other social gatherings, had ecological validity implications, in particular from the perspective of the openness and trust developed by the *Promotoras*.

Triangulation methods in the data analysis of this study included confirmation by the *Promotoras* of the data from the in-depth dialogues and comments for the observations conducted over an extended period of time. Triangulation methods were also used where possible to ensure the accuracy, credibility and plausibility of the developing narratives for the Photovoice, by deriving data for each generative theme from more than one source. Constant comparisons between multiple responses to the same research question were also used for validation of data, as the drafts of narratives, which formed an important part of the Photovoice intervention, were refined and given

back to the *Promotoras* for their revision. To counter a challenge to the validity of the final findings in the narratives, the entire group of participating *Promotoras* was asked to review all the drafts and to arrive to a consensus. Follow-up dialogues and discussions with individual *Promotoras* provided with opportunities to double check their interpretations and analysis.

During the entire study, the researcher was both active participant and objective data analyst. The primary data source was formed by the generative themes from dialogues and Photovoice narratives, which were codified in an interactive process of data reduction. Detailed analysis of the photographs chosen by the *Promotoras*, and their narratives was carried out by the *Promotoras*, analyzed by the researcher, and given back to the *Promotoras* for their final additions and corrections. The researcher translated the Spanish version into English and reviewed the new version with the *Promotoras* for its accuracy of translation and their confirmation. The categories established for the generative themes were further organized into a more detailed list before final classification, and in agreement with the *Promotoras*. The principles and procedures of participatory research, allowed for the final data to reflect both the *Promotoras* and the researcher's perceptions. There were overlaps between some of the themes of the narratives and their categories; these overlaps will be identified and described in Chapter IV of this study.

Protection of Human Subjects

The researcher received approval from the Institutional Review Board for the Protection of Human Subjects (IRBHS) on April 2006. As part of the IRBPHS application, the researcher presented the consent process and procedures that were

followed. The *Promotoras* received and signed consent letter to participate in the study and Photovoice project (Appendix A). Some of the *Promotoras* used pseudonyms, (Appendix B) others used their given names. In order to safeguard personal data of those using pseudonyms, the researcher used a password on the researcher's computer, and locked all hard copies in the researcher's filing system. *Promotoras* did not receive any monetary compensation for their willingness to participate; they have ownership of the final product of the Photovoice, framed narratives and cameras.

Researcher's Entry into the Community

Freire (1978) indicated that as a pre-requisite for the authentic participatory research process, the researcher must establish a relation of "mutual understanding and trust" (p. 102) to show the genuine commitment to the community. As a member of the Latino community with a long-standing involvement in social action with activists such as Dolores Huerta, the researcher is already known within the Latino community. The acceptance and support from the community are founded on her participation in grassroots activities as: bilingual and bicultural mental health counselor for Latino youth "Cholos" in the late 1970's; nutrition and health educator/*Promotora* for farm workers in Pescadero and Half Moon Bay (1982); maternal health educator at Mission Neighborhood Health Center (1987); instructor of bilingual - bicultural interpreters, as well as advocate for the implementation of culturally appropriate medical interpretation services at various Bay Area hospitals, including San Mateo Health Services (1999); and serving as director of Health@Work of the Labor Council providing services to union members displaced from their jobs after September 11, 2001.

Background of the Researcher

In 1974 as a young adult, I went to live with the indigenous people in the high mountains of the Southern part of my country. There I learned the indigenous language and also heard stories of old community members, most of them agricultural workers with calluses on their hands and deep wrinkles in their faces. They told me how when they started school, they only knew a few words of Spanish. Each time they spoke to the teachers in their language, the teachers would make them kneel down and lick the ground; that was how they had learned Spanish. They had been forced to hide and deny their roots or to be submitted to cruel forms of punishment. Consequently, many of them had promised never to teach their native tongue to their own children.

This was a profoundly rooted message, an echo of interiorized racism, displayed by foreign settlers on the sixteenth century which continued all along the twentieth century. The Indigenous communities in most of Latin America have lost their original habitat, many have been simply massacred, and others have found refuge in forced “reservations” created around the 1930’s. Most of these reservations were controlled by the Catholic Church, and later by the North Americans and Europeans with the Linguistic Summer Institute, a *mecca* for their religious missions to save what they considered “the uncivilized, the savages, the non-human.” These “good” intentions were based on the initial unequal relationship between the Spaniards and the Indigenous, under the claim that Indigenous people did not have a soul. Remnants of such mentality remain today in some parts of the world. Their interventions deeply fragmented the communities. First there were only the Animists, then a new religious group took form: the Catholics indoctrinated by the missions. Then with the presence of North Americans and Europeans

translating Bibles for the Indigenous, arose groups of Protestants, Lutherans, and many other groups increasing fragmentation within the indigenous community.

I have clear memories of how in the early 1970's, the fights started in the Indigenous community, brothers fighting brothers to probe among themselves who had "the spiritual truth." Non-Indians, who did not understand the Indigenous language or the culture and had no interest in understanding either one, administered the indigenous reservations in my country, Colombia, like in most Latin American countries. This left the Indigenous communities almost paralyzed, with a decreasing voice in their own future. Learning Spanish proved difficult for many, and understanding the ways of the "white" was a very humiliating process. Those who decided to move with the foreign population could only survive by cutting off all their ties with their families and their community, trying to integrate without leaving a trace of their origins.

Many Indigenous leaders lost hope of regaining their former pride and drowned their despair in alcohol. With the alcohol came the listless stupor and lack of will to get the better of the situation. Many got in trouble with local authorities and were incarcerated for years. The clash with authorities and incarcerations of indigenous became a cyclical result of the abuse of alcohol. Many members of the community were dying at a young age, due to the labor imposed on them by the "*colonos*" from the capital. Reduced to fewer than 5,000, scattered in the most remote areas of the countryside, alcoholism, disease, poverty, and all the sickness that pervades a body once it has lost the spiritual strength, were decimating them. Many even regarded death as their only way out of their misery. An old indigenous "*partera*" trained in the "white"

health center, told me once: “Bringing indigenous children is only a prolongation of our suffering.” Many felt that way.

The works of Paulo Freire, whom I met years later in a class at the University of California, Berkeley, were the daily bread, “*el pan de cada día*,” to support the efforts of local agents of change in Latin America. His work inspired many leaders in Chile, Bolivia, Peru, and Colombia. Paulo Freire’s work was a clear guide in our teaching efforts and a personal affirmation that we were not alone with our intuitions and passions in the non-formal education in Latin America. The work of bilingual and bicultural teachers of the Indigenous community led us to get very involved in community organization around several issues affecting the lives of many in the community. We reflected on the socio-economic roots for the lack of resources in education, health and in basic services. We took part in nearly daily meetings as members of the CRIC (*Comité Regional Indígena del Cauca*), as active participants of ANUC (*Asociación Nacional de Unidad Campesina*), and as mobilizers for demonstrations against the massacres of Indigenous leaders.

I started writing articles in the local newspaper, *Unidad Indígena*, about the devastating effects of the “culture” that was coming from the cities, about the racism applied by white doctors posted by the *Ministerio de Salud* who, without asking the consent from the women, practiced forced sterilization. I also wrote about the oppression, the massacres, and horrendous tortures of indigenous leaders, peasants, workers, and local artists. Those articles triggered the beginning of the persecution that ended in my being sent to prison and then to political exile in 1978. That never stopped me from continuing being part of the political action in my country, to pay the debt to the

earthly place that had received me as my homeland. Anyone who loves Colombia wants to see it free of war and its peace assured. I have confidence that that day will come.

I came to Nicaragua on 1978, later to Universidad Autónoma de Méjico (UNAM), and from there to University of California Berkeley, where I completed my undergraduate studies in Sociology and Anthropology, continuing on to the Masters in Public Health. While attending college part time, I worked as Community Health Worker/*Promotora* at San Mateo Mental Health Services – Adolescent team (1979). As *Promotora* I had the opportunity to go to five high schools and talked with students from different ethnic backgrounds including Samoans, Filipinos, African Americans, Native Americans, Latinos and other socio-economic disadvantaged groups in San Mateo County, historically underserved by human service agencies. As part of a versatile community service team, we developed culturally relevant preventive services, such as: (1) a monolingual support group for parents of incarcerated youth, (2) after-care, job opportunities and advocacy services for post-incarcerated youth re-entering the community, (3) three high school Latino student organizations, (4) survival English classes to rural Mexican migrant families (Half Moon Bay and Pescadero) enhancing family cohesion and empowerment, (5) a *La Familia* Conference which brought more than hundred recently arrived Latino families together to discuss their needs and strengths. The group work done in Latin America following Paulo Freire's popular education/community organization was the key element that solidified the foundation as we built on group process facilitation skills with high risk Latino "*Cholo*" youth. I am certain that the love and respect for the community endured in the participants in the program, leaving an acknowledgment that "*Sí se Puede*" - "Yes, it can be done".

In 1987 I was invited to be part of the international program, Return of Talents from Abroad (*Retorno de talentos del exterior*). It was interesting to go back to my country as a “*talento*” having been forced to leave it years before. Shortly after arriving in Colombia I was contacted by the United Nations to work on women's issues in Pakistan. But I declined the offer, and continued working for Valle University and as part of the national technical task force for the implementation at national level of the Program *Supervivir* (child survival). *Supervivir* was based on the integration of the ministries of health and education in the prevention of child morbidity and mortality through the work of local *Promotoras*. It later became an international model and was part of the well-known UN publication: *Facts of Life*.

In 1988, I was again contacted by UNICEF for a position as Director of the Public Health / Communication Program in Guinea Bissau - the country Paulo Freire exemplifies in his book: *Pedagogy in Process*, the country that in the 1970's had become the center for international solidarity to Amilcar Cabral. Cabral was the African leader who, along with *Promotoras* as agents of change, organized the resistance of both Cabo Verde and Guinea Bissau in search of their liberation from Portugal. It came clear to me that I just happened to be called to be an instrument for a work of tremendous impact and in a country very close to my heart.

After studying the history (and *herstory*) of Guinean men and women, I met remarkable *Promotoras* working in remote rural areas – *tabancas*. They will remain as the *Promotoras* in the indigenous communities in my country, being my best students and, at the same time, my best teachers. These *Promotoras* worked not for personal recognition, for prestige, for money but devoted their lives being in deep contact with

human suffering and in search for ways for radical changes at communal levels. In their loud and clear voices, they denounced injustices and corruption as the main disease of the system that deprives them and their communities of their rights to evolve to live a dignified life.

In 1991, I was transferred to Nigeria – the giant of Africa. The experience there was at a different dimension from the one in Guinea Bissau, not less, not more, but different. The spark I found in the Nigerian *Promotoras* allowed for an impact of unprecedented magnitude in Public Health. Nigeria was a county that had 697,000 cases of dracunculiasis, the “forgotten disease of forgotten people.” People get it from drinking water contaminated from ponds that are infected by water fleas (cyclops), which carry the larvae of the guinea worm. There is no cure for the disease, only health education together with other preventive measures can break the cycle of the disease. The Nigerian *Promotoras* working in brigades and task forces deserve all the credit for the reduction of dracunculiasis to 97,000 cases in a period of three years, and for the implementation of holistic programs in their communities. Numbers can only represent part of the level of commitment and ethical values of the millions of rural *Promotoras* artifices of the accomplished mission.

After a series of short consultancies in South East Asia (Thailand and Burma), in 1995 I was appointed as International Officer for Pro-Andes, the United Nations Program for Indigenous communities in the Andean Region of Bolivia, Peru, Ecuador, Colombia and Venezuela. As part of the work of the United Nations for the Decade of Indigenous world needs, more than ever before, became the corner stone of programs and projects. An international meeting in Guatemala of Indigenous leaders with Rigoberta Menchú, the

Nobel Peace Prize Laureate, led to the formation of delegations of Indigenous representatives from Latin America. As director of the Program in the leading International Organization, I had a voice in the final decision-making. I met with national government officials to ensure that the delegation included community based indigenous representation. I requested two things: (a) that local “*alcaldes*” (majors) in rural areas looked for those indigenous teachers who for their entire lives have worked tirelessly, “*con sus uñas*,” to defend the bilingual education programs at *Núcleos Indígenas*, and (b) that my name and position with United Nations were not to be mentioned. I wanted those rural teachers and the many other *Promotoras* who toil behind the scene, under duress and stressful conditions, to be recognized for their entire lives of dedicated work. Their experiences need to be known to the world, for credit must be given where credit is due. I wanted that paying tribute to those invisible people on the field of Indigenous Bilingual Education was not going to be confused with an act of friendship, “*amistad simplemente*.” Since, they, the Indigenous Linguistically and Culturally Connected *Promotoras*, are the experts, they are the unsung heroes, (*sheroes*) their myriads of untold stories and unknown faces, need to be finally recognized and respected.

Profile of the Participants

The highest self in a human heart is revealed by the way the person treats less-fortunate individuals. The six participating *Promotoras* in this study allowed the researcher through their dialogues to have a glimpse into their generous hearts. They all talked with passion about their tenaciously dedicated work for and with the community and about their commitment to serve others in need. The researcher observed them

dealing with several projects at once until exhausted, without the slightest complaint, without attitudinal limits on their ability to work.

Purposeful selection (Yin, 1989) provided the researcher with the opportunity to take several factors into consideration when selecting participants: education, health status, experience, age, and gender. First, *Promotoras* were self-identified as having minimal, adequate, or completed academic education. *Promotoras* living with HIV as well as not living with HIV were selected for this study. Selection procedures reviewed number of years of work experience in the prevention of HIV/AIDS, both independently and with different community agencies, and included *Promotoras* with five years, five to ten, and more than ten years of experience. Finally, participants between 20 to 60 years of age and, both male (2) and female (4) *Promotoras* were included. For the sake of anonymity, the use of pseudonyms was suggested to the *Promotoras*, but two of them opted to use their real names. Regardless of their gender, they all felt comfortable with the use of the word "*Promotora*," the feminine Spanish form of the word "Promoter", as a way of honoring the fact that the majority of the participants were women.

In this session, the two men are the first and last ones to be introduced and the four women are introduced in chronological order. Their profiles start with a description of their origins, educational level, and time in the US, followed by their own voices sharing their belief systems, struggles, joys and hopes.

Rayo

Rayo is 38 years old and has been in the US for the past seven years. He is originally from Chiclayo, Peru, where he completed a five-year training in radiology at the Universidad Federico Villareal in Lima. He was hired at the Hospital Central in Lima before he graduated. Upon completion of his studies, however, he then received a job offer in Chile which he took at the Clínica de la Universidad de Santiago de Chile - Radiology Department, and worked there for three consecutive years until 1999.

When asked why he decided to leave that job and come to the US, he responded:

My supervisor in Chile asked me the same question. And I said: “Have you ever had a dream that motivates you and gives you the drive to search for new horizons?” It is a very strong inner feeling that makes you ask the question: “Should I be satisfied with what I have done so far? Or should I search for something higher?” It was like that. I had been offered a good promotion in my job at the Clínica de la Universidad de Santiago de Chile and I thought: Should I accept it and stay? Or should I use this good fortune in my life to try my luck in a different place. And why not in the US? I needed to answer that question; otherwise I would have been asking myself for the rest of my life—“Would things have been different if I would have gone to the US?” Anyway, I had already taken the first step of moving from my hometown to Cajamarca, and then to the capital in my country, and from there to Chile. That is the reason why I decided to embrace the challenge; I took my savings and came here. But things were not as easy as I expected. In less than three months I already had spent \$2,100, which represented most of my savings, and this just paid for my English classes and rent in the Bay Area. So, I hung up my diploma and my pride and took a job at a fast food place. That was an experience that gave me a lot of humility and made me grow as human being. Today I can connect with many people who are living what I lived at that time in this country.

Family ties are very strong for Rayo; he comes from a family of six. His memories of his family are all associated with sharing with others: “*Donde hay un plato para uno, hay un plato para dos.*” His father worked hard as a tailor, to make sure each child in the family completed their college educations. Rayo reflects on the source of his humanitarian service and, without hesitation, he acknowledges it comes from his mother.

My mother is the most generous person one can ever imagine, so much that we, her own children, often needed to remind her to think of herself. I call her every weekend and tell her that I want to obtain the equivalent of my diploma in radiology here in the US, so that I can help many more here. Now, I strive for that dream, it will take me time, effort and especially money because the institution that I would like to attend costs \$17,000 per year.

Rayo keeps his dream in perspective and lives his life lightly, giving generously without expecting anything in return. This perhaps is one of the reasons that explain why Rayo has been key in the success of very intensive programs with the poorest of the poor in the Latino community in the Bay Area. He received the Operation Access (OA) award in 2005 for being one of the best volunteers of the year. OA is a non-profit organization that mobilizes a network of volunteers, hospitals, and community clinics to provide the uninsured with donated outpatient surgeries and procedures that improve health, work skills, and quality of life of the working poor. Through OA, volunteers collaborate in partnership with hospital facilities to donate surgical care and various health services to those most in need before the patient experiences a medical crisis. OA has contributed to improve the lives of thousands of low-income people, mostly Latinos (71% of their clientele). Rayo feels very proud of being part of OA, and does not lose any opportunity to take Spanish speaking monolingual patients to one of the collaborating hospitals. If the patient has no family members, Rayo waits at the hospital while the medical procedure takes place and provides companionship and support for the patient during her/his recovery.

Also, for three consecutive years, Rayo has received the recognition certificate from Local 1781 Machinist Union for his contribution during their monthly food distribution to displaced families. He has also been nominated as the most committed worker for the enrollment in no-cost health insurance of the children of undocumented

low-income families, Healthy Kids, Healthy Families. Recently, he joined as *Promotor* of the educational activities for the Latinas contra el cáncer and *Una Mano Amiga* - Breast Cancer Education and Prevention programs, in conjunction with the volunteer work he has done every Saturday for the past four years, providing transportation to Latina women, taking them to Mills Hospital in San Mateo for free mammograms.

He assists in the coordination of the Resource Center for day laborers in San Mateo as part of his work with Samaritan House and the Free Clinic. This program ensures that undocumented workers receive fair pay as well as free health care, labor-related English as a Second Language classes, and periodic courses on the prevention of chronic diseases such as diabetes, cholesterol, high blood pressure and HIV/AIDS. Once a week, he teaches classes on HIV/AIDS prevention at Free at Last, a drug rehabilitation project in East Palo Alto. He registers low income Latinos in the CARE/PG&E program sponsored by El Concilio, and oversees the distribution of humanitarian aid and donations to poor, newly-arrived immigrant families.

Nothing stops him from reaching to those in need; in heavy rain, Rayo has walked to the most remote areas of the coast to ensure farm workers receive basic services. He also finds time to continue his studies in the evenings at a local community college.

During this research study, Rayo brought his natural gift of making people feel comfortable around him. His personality combined a balanced, healthy humor with the sense that one could count on him. Rayo entered with ease into the various activities of the study and found ways to help if necessary. And he did it without the slightest sign of superiority, on the contrary, he made all his efforts to change or improve any difficult

situation, and then he stepped back and let the person involved take total charge and receive all the credit for the good result.

Chispa

Chispa is 54 years old and has been in the US for the past six years. She was previously an assistant lawyer in her country, México. Chispa first studied psychology at Universidad Nacional de Mejico (UNAM), but had to leave her studies for economic reasons. When asked if she would have liked to become a psychologist she replied:

With time, after leaving UNAM, I understood that the way psychology is taught and practiced in my country, it was going to lead me to a very individual view of the problems that affected my community. Problems such as alcoholism, drug abuse, gangs, violence and many other forms of self destructive behavior have a socio-economic root and are directly related with extreme levels of poverty and oppression. I understood that a quick individual fix was like putting an-aid on a wound. And what was needed was to promote structural social changes, and that there was a need to educate the people to take charge of their own lives and to get organized to fight for their rights.

This realization moved Chispa to acquire the means to study law and to practice with well-known lawyers in their efforts to establish unions (*sindicatos*). Among her many accomplishments, Chispa listed the use of popular education methods among union members to raise awareness of the health risks they were exposed to in their workplaces, and of potential action to be taken against abusive employers.

As a group, the union members analyzed and discussed their own strengths to solve their problems instead of depending on a lawyer to do it for them. Choosing to hire a lawyer for each union, as solution would have led them to a dependent, passive approach. We as lawyers offered our services in the form of legal advice to them free of cost because the fight was for a just cause to help oppressed workers. We assisted them in the identification of problems and in the realization of their powerful ability to find solutions as a group. This is how we created *Frente de Abogados Democraticos Prácticos*, an organization that did not loose any opportunity to denounce the oppression the workers were experiencing. That was my best school and preparation for what I do today as *Promotora* at the POWER agency in San Francisco.

As a member of POWER, Chispa recently organized a group of 35 women that met every Saturday at Centro del Pueblo to discuss their abusive employer problems in a series of talks on *Negociación*. Many of these women have for many years worked as house cleaners, baby sitters, janitors, fast food cooks, nursing home attendants, and local mission restaurant waiters. During the group discussions and role-plays, these women clearly told how much they as undocumented monolingual workers had been victimized by verbal and sexual abuse. They had taken jobs with the understanding that they would be paid below the minimum wage, and despite the low wage, for months they would hear: “I will pay you later”—“*Te pago luego.*” When the situation became unbearable, and they demanded their pay, they were forced to leave in silence when told: “Do not dare to complain to anyone, because I will report you to Immigration.”—“*Ni te atrevas porque te denuncio a la migra.*”

Chispa and the staff members of POWER now teach these groups of women to start on solid ground with a written negotiation, and then when a problem arises to follow these steps: (1) Identify the problem, (2) Plan, (3) Start re-negotiation, (4) Arrive at an agreement, and (5) Follow up. They are also told that it does not stop there. They are reminded that “*La lucha continúa*” and how important it is to get organized and to fight racial discrimination as a group. Chispa recognizes that the struggles go beyond what agencies or institutions can do, and she asserted:

I am a *Promotora* and as its name indicates, I promote changes, assist in organizing and mobilizing people. In the Latino community we have strength in our unity. The strategy should never be just to refer people to agencies. In most cases those agencies make promises that obviously cannot be met as fully as the community deserves. It is important to create spaces for our people to talk and to discuss their common problems. These places allow us to dare to reflect on the reasons why many do not have enough to eat, that many do not have a place to live, that those that have a job are constantly exploited and humiliated in their

workplaces. And in the heart of this reflection and analysis understand that only by uniting and organizing as one group it is possible to speak up and demand changes. Real structural changes will never come from agencies. The agencies give remedies, short-term aid, analgesics that numb the pain—“*pañitos de agua tibia que adormecen el dolor.*” Changes do not come from outside, they come from inside—this is a very profound and internal process. Also, we cannot look at the problem of HIV/AIDS in the Latino community as a separate event from the socio-economic and cultural oppression experienced by our community.

Chispa accompanied the researcher to Sacramento on August 26, 2006, to participate in Women’s Equality Day, to learn more about the bills on reproductive justice presented to State Assembly members and Senators and to discuss with them the need to support the work of *Promotoras* in the prevention of HIV/AIDS in the Latino community. At the meeting with Senator Jackie Speier, and Assembly member Rudy Bermudes, Chispa responded when asked for volunteers to address the issue of *Promotoras* as Advocates.

I will speak as the voice of the shelter where I live in San Francisco. My two daughters have had the advantage of having a mother who openly speaks to them about the need to protect themselves from STDs, HIV/AIDS. But some of my daughters’ friends at the shelter are pressed by peers and have ended up in prostitution and are now wandering the streets without any education as to the high health risks they are exposing themselves to. I am here to speak for them, to represent their voices, and to ask for support in passing the AB 2141 (Parent - Child Communication Assistant) and SB 1471 (Sex Education Programs Requirement) bills, which will guarantee that girls in poor communities receive education on STD’s and the related health risks of promiscuous sex. These bills will strengthen the work of *Promotoras*, women and men of the local communities who speak the adolescents’ native language and understand the nuances of the Latino culture.

Her contribution was highly respected and honored by the senator, members of the assembly, as well as by all the participants in the advocacy group.

As a member of this research study, she chose the best-suited pseudonym for herself: Chispa. She is the spark that starts the fire. She always brought to the discussion the highest social perspectives to why participatory research is important to the Latino

community. Her words during the workshop fostered intense reflection, and productive deliberations. Her intervention during the Photovoice project preserved it from opportunists who would have joined the project as collaborators at the last minute and diluted the group member's high caliber of commitment to their own group process. Chispa was often the *Promotora* who had the courage to penetrate and change the course of discussions and bring a new perspective to the HIV/AIDS problem.

Tehuanancy

Tehuanancy is 44 years old and has been in the US for the past fifteen years. She is originally from Oaxaca, but her mother moved to Mexico City when she was a young child. When asked about her experiences in this country, she answered:

Housing has been a big problem for us. We rented a place for three years, but it was burned down. We lost everything and we did not have a way to pay rent at a different place, so we ended-up in a shelter, and there we faced so many problems, including verbal and physical violence. Once somebody said to me that once you are homeless and experience the traumatic conditions we encountered, it leaves permanent scars so that the person never is the same. I refused to acknowledge this. I refused to let people think I was dead or that I was nothing, a nobody. I would die when I was officially dead, but I refused to be made as if I no longer existed when I was still alive.

Tehuanancy has three children, two girls and a boy; all of them have been honor students. Talking about her oldest daughter she said:

Once a teacher at my daughter's school said that because we were living in a shelter and we were experiencing so many difficulties, my daughter should be transferred to a school with less academic pressure. To us that meant a worse education, fewer opportunities . . . My daughter resisted, she insisted that she could continue, and she did. She completed her education with the highest honors.

Besides being a *Promotora*, Tehuanancy works as manager of a housing project, and in our dialogues she recalled the steps she needed to take to get where she is today.

Being at the shelter I had two options: One was to meet with a therapist or the second was to take computer classes. I chose the latter. And once I learned the basics of computers, I took a job as a volunteer in a small company. There, I had to cope with very unjust treatment. On many occasions, I worked over-time receiving absolutely no recognition, but I stayed there because I needed a letter of recommendation. My boss was an alcoholic, and the abusive relationship established with him was one of unhealthy dependency. In order to better understand the situation of psychological abuse I was in, I enrolled in Alcoholics Anonymous. It helped me to continue in that place, and as soon as he wrote the letter of recommendation, I went to work as an administrative assistant in a community services agency.

On many occasions, the researcher drove Tehuanancy to attend *pláticas* in Pescadero, Half Moon Bay, and San Francisco, and our conversations brought us closer in trust and understanding. On September 16, 2006, I accompanied Tehuanancy, to Madera for the *Tamejavi* festival where Tehuanancy gave a reading of her poems. *Tamejavi* is a cultural gathering of indigenous cultures through poetry, music, dance and food. The word *Tamejavi* comes from the merging of three words: *Taj-Laj-Tshua-Puam* (Hmong); *Mercado* (Spanish) and *Nun-Javi* (Mixteco) all meaning cultural marketplace. The celebration allowed space for the fusion of other indigenous languages and cultures, including Zapoteco (Losh'vi), Küinchikua (Púrhepecha), and Mixteco (Viko), among many others.

Tehuanancy was one of the notable participants in the festival along with other indigenous artists, such as the well-known Rocío Próspero Maldonado.-Maldonado's work includes the history of indigenous dances throughout the state of Michoacan as well as the history of the Pirekua and its importance in the Púrhepecha music. She is the president of the Indigenous Center for seminars on the analysis of indigenous experiences, an institution that brings together at national level academicians and intellectuals who belong to indigenous communities.

Another indigenous artist who participated at Tamejavi was Martha Toledo, who has performed at *Lluvia de Sueños*—a concert of indigenous poets in Chiapas, *Forjadores de Sueños y Realidades*—a ceremony of popular art for indigenous women, and has recorded *Tecahuinn'í* and Blossoms of Fire. The program of the festival was not a list of scheduled acts, but involved a collective creation process of discovery and coming together through reflection circles, blessing ceremonies, parades, exhibitions, performances, and forums on topics such as indigenous identity, indigenous immigration active citizenship, and indigenous immigrants as actors of social change.

Tehuanancy brought her artistic talent to each one of the activities of the research study. Her poetic self-expression is clearly reflected in her answers to the central and generative themes of the project. She has taught everyone in the group powerful lessons based on high respect for indigenous heritage. As a natural leader, Tehuanancy easily elicited concrete actions and never lost sight of the study's ultimate goal. If she was the facilitator of a reflection action meeting, the discussion got to the essence of things, and the real roots of the problem were directly confronted. No matter how difficult the topic might be, Tehuanancy successfully addressed the most uncomfortable aspects of it with clarity and grace. She had the ability to conceptualize a problem in a way that cuts to the heart of the issue and laid bare the fundamental dimensions that needed to be dealt with.

Hope

Hope is originally from Peru where she completed her studies in nursing. She has been in the US for the past eight years; she is a young very dignified woman in her early thirties. Hope was one of the main organizers to conduct outreach to one of the most challenging communities in HIV/AIDS prevention: Communities of Faith. She

integrated the committee in charge of contacting religious leaders from faith organizations and invited them to the *Una llamada de Esperanza* workshop, a highlight of the Bay Area AIDS Awareness Day. More than 15 religious leaders attended the workshop and developed a plan of action for educational activities after mass and services on Sundays. During the preparation of Latino AIDS Awareness Day, Hope developed a close friendship with Lucy, a young woman who became infected with HIV when only a teenager. Lucy's testimony as the opening remarks for the workshop *Una llamada de Esperanza* moved everyone to tears and to express solidarity in the efforts to educate our younger generation on the risks of HIV/AIDS. With Hope as a member of the organizing committee, the team had the certainty that tasks would be fully accomplished.

Every director of social service agencies where Hope has worked spoke very highly of her impact on the programs. "Hope is a very strong moving force," a director of a community program expressed in a private interview, and continued by saying that "for sixteen years of the agency's existence, it had never reached the high number of people it obtained in 2005, all thanks to the hard work of Hope. She is highly motivated, very reliable, and productive. These traits have helped her to earn the respect from every supervisor who has been lucky enough to have her as a staff member, and to receive appreciation from community members for whom she has worked.

Once the researcher compared Hope to a little bee - *una abejita*, in terms of the amount of work that she diligently had undertaken for the project, and she responded:

I prefer to be compared with an ant that works very hard, but in teams. I do not think that one person can make any change; it is the result of putting forces together and ensuring that every one is walking at the same pace. A good leader needs to walk along with the group. *A la par!*

Her clear voice carried the strength of those that walk their talk. When she spoke during the workshop or the Photovoice sessions, she stood up, looked straight to the audience and expressed her ideas in a clear, concise and convincing way. Whenever a difficult question was posed, Hope took the lead and did not hesitate to speak up, even if her ideas confronted the course of the discussion. Hope showed her ability to go to the heart of the matter and most importantly, she offered concrete ways to solve any problem. She confidently embarked on the study when she perceived that the cause was just. Hope brought to the research study her high level of intelligence, compassion, and integrity to every activity, from the pre-design of the workshop to the conclusion and exhibitions of the of the Photovoice project. Her nature was always friendly and gentle, but she did not waste any occasion to stand up in protest when that was required. She always asked the hard questions, both of herself and of others, speaking from a solid ethical and principled foundation.

Donaji

Donaji did not choose a pseudonym; her own name -Great Soul, *Alma Grande*- conveys the force of this wonderful young woman. In a conversation about her education, she said:

My father was a school teacher, not by training, but by the mission he chose. He taught poor children how to read and write and also to do basic math. He taught me how to read and write at the age of 4. My experience with formal education was not very positive, I had the same teacher for the entire elementary school; this teacher knew what he was teaching very well, but he used physical punishment as a way to keep discipline. When I was 9 years old my sister Kitzia (Moon Light) was born and I stopped going to school in order to take care of her most of the time, so that my mother could work.

To the question on why she came to the US, Donaji responded:

In 1999 my son Jesus became very sick with leukemia and the only place in my country to get treatment was Mexico City, but I did not have a place to stay there, no job, and the cost of treatment was obviously something we could not afford. Our government is so corrupt that the resources that should be available to provide basic education or basic health care are all used for other purposes that satisfy the government's own interests, and the needs of people are left unattended. *Nuestros países están tan saqueados que no hay recursos para atender a nuestros niños en nuestra propia tierra.* The decision to come to the US was not an easy one, it is difficult to leave your homeland and come as an immigrant without speaking the language, and without understanding the new culture to face the problems we all face here. I am very grateful to Gloria Alonzo, one of the bilingual bicultural interpreters who helped us when we arrived. I also received lots of help from my community.

Donaji is clear in her purpose and unswerving in her commitment to improving the human condition in order that all humans can be healthy and fulfill their potentials. Her central dedication is obviously with the Latino community. At the time of this study, several marches and demonstrations took place in defense of immigrant rights. Donaji always showed her charisma in addressing large audiences, be it at the May 1st demonstration on immigrant rights, at the July rallies, at the September marches in front of the Mexican Consulate, at the November forum to support the Oaxaca teachers' strike, or at the December regional conference for more than 500 *Promotoras*. At each one of these occasions, Donaji demonstrated her ability to engage in work and communication activities across the barriers of age, social class, and ethnicity with great facility and effect. She has grown enormously through the design and implementation of this research study, yet her potential for further growth remains undiminished.

Manuel

Manuel is 37 years old and has been in the United States for 15 years. Many Latinos when they find they are living with HIV want to keep it as a secret, but others now see that they can play an important part in educating those who are at risk of

becoming infected. Those who see the need to educate others about the prevention of HIV need courage to inform their families and friends. Sometimes with their support or without their support, they decide to speak out. Manuel Monzon is one example of a person with the courage that it takes to put a face on HIV/AIDS, so that people can see that HIV/AIDS can happen to anyone. He said:

When I arrived in this country I did not read or write English. I didn't know anything about the reality of this devastating illness called AIDS. I had no information resources in Spanish to give me the knowledge I needed in order to understand what HIV/AIDS was. There were no magazines, no television programs, not even teachers at my school who spoke Spanish. Time passed and on January 23rd, 1993 I tested positive to HIV. In September of 1995 I was diagnosed with AIDS.

When asked how most people react when they find out he is HIV+ he responded:

It depends a lot on the personal experiences of each human being whether or not they are able to accept or reject a person who is infected with HIV. Some have offended me with their discriminatory attitudes against me for being HIV positive. On the other hand, others have supported me unconditionally and filled my life with love, tenderness and compassion. I obviously don't have control over what others think about my HIV positive condition. Life has taught me to respect and accept those feelings, because each one thinks and evaluates life differently and that's acceptable. When I am confronted with discriminatory remarks and attitudes, the only thing I can think of is that there is still much work to do to educate our communities and break the stigma that separates us from considering the reality of HIV.

Manuel participates every year in a marathon run for HIV/AIDS from San Francisco to Los Angeles, and has done so for 7 years. For him participation in these types of events is an opportunity to help himself physically and mentally. Also, it gives him an opportunity to help other people living with HIV and to assist those not infected by informing them of appropriate prevention programs. Manuel finds the positive side of even the most negative circumstances, seeing any obstacle as an opportunity. His life shows many examples of service to others in need. Manuel's answers served as a frame

of reference for the workshop and the Photovoice project because they highlighted the important contribution *Promotores* who are openly living with HIV make when they educate others who still have difficulty talking about their infection. His words on his mission as *Promotor* were:

As a Health *Promotor* I feel satisfied in my life. Having lived for 14 years with HIV has given me the sensibility to develop two key principles which have helped me carry out more effective interventions, which are: Do not judge others, and respect others. To educate my community is for me like an internal healing which works better than any of the HIV medications. Sharing my personal and professional experiences has helped other human beings to change their risky behaviors.

Manuel served as a strong source of inspiration to the work of the group. He has found the secret and healing power of forgiveness and gratitude. He often said:

I thank the power of the universe for giving me this illness, because it has taught me to live the essence of life, and shown me how pure life is and how to enjoy it by loving every moment, as if it were my last breath of life. HIV has transformed my life in four aspects: Spiritually it has made me into a being without limitations. Psychologically I've learned how to forgive, because forgiveness is the best healing of the soul, mentally it has filled me with healthy thoughts, which provide the key to success, and physically I have reached unimaginable goals.

Summary

A detailed description of the participatory methodology used to study how the *Promotoras* educate, advocate for and empower the Latino community utilizing Paulo Freire's principles on Popular Education, was presented in this chapter. This section also indicated how the criteria of credibility, plausibility and accuracy was utilized in the data collection and data analysis from in-dept dialogues, researcher's observations recorded in her personal diary, workshop overview, and the Photovoice project outcomes. Moreover, this section highlighted the fact that each piece of evidence found was discussed with the participants during the process of this study, to determine which of the research questions

were being answered. The research questions were restated as well as the questions guiding dialogues. The chapter culminated with portraits from the researcher and the participants.

During the entire study, it was always the *Promotoras'* hope that their participation in the study with their sharing of their daily lives, reflections, series of images, and narratives/stories/poems would sow the seeds for an on-going dialogue between non-governmental agencies/employers and linguistically and culturally competent health educators, as well as with society as a whole in the prevention of HIV/AIDS in the Latino community.

CHAPTER IV

FINDINGS

The fact that people become heroes and sheroes can be credited to their ability to identify and empathize with “the other” . . . They make a decision to be conscious of the other - the homeless and hopeless, the downtrodden and the oppressed . . . Heroism is a state of mind and a willingness to act for what is right and just. If we don't say enough about these heroes – those who went before us and acted in a hurtful way – our young people will be discouraged from trying to do what is right . . . It is important to claim as part of our heritage the good action and the victories they engendered (Angelou, 2000, Quoted by Collopy, p. 14).

Introduction

This study used Photovoice, a participatory research method that promotes critical dialogues about personal and community issues through discussions of photographs, to collect and analyze the *Promotoras*'s work with the Latino community in the prevention of HIV/AIDS. The Photovoice Project, *The Voice of The Promotora - La Voz de la Promotora* opened channels of expression for these “heroes and sheroes” in the Latino community who are presently working as agents for constructive social change in HIV/AIDS prevention. Where an individual's health status is closely linked to human interactions, a critical need exists for affected people to be heard and supported by individuals within the community who are in a position to educate, advocate for, and empower those living with or in the shadow of HIV/AIDS. The aim of the study was to explore the ways how *Promotoras* validate the principles of popular education and move an otherwise fearful community to act for positive social change and the improved welfare of themselves, their families, and the community as a whole.

The findings are presented according to their answers to the research questions during Phase II: Photovoice Project - implementation stage. The Photovoice design stage

and sessions were completed when the photographs chosen by the *Promotoras* and their respective narratives were arranged according to the three research questions. It was found that some of the photos answered more than one question. Also, some of the *Promotoras* concentrated more on certain aspects of one question or brought photos that represented a collective voice. The researcher gives her analysis of the findings after each research question, which will be expanded in Chapter V.

Generative Themes

Ten recurrent themes emerged from in-depth dialogues, narratives and group discussions. In the following pages, each generative theme is indicated and then accompanied by the *Promotoras*' selected photograph and written caption.

The ten generative themes are:

1. Raising awareness
2. Confronting myths
3. Encountering socio-economic oppression
4. Achieving personal empowerment
5. Gaining community empowerment
6. Valuing popular art
7. Respecting cultural beliefs
8. Expressing solidarity
9. Facing discrimination
10. Combating rape, abuses and domestic violence

Research Question One (RQ 1)

In what ways do Promotoras (a) educate, (b) advocate for, (c) and empower Latinos in their reproductive health?

The *Promotoras* first focused on their mission as educators and its importance within the Latino community. They all attributed their speaking the language and understanding the culture to creating the strong existing bond with the community. Since they live in the community they serve, they offer formal as well as informal *pláticas* - small talks - on topics such as: a) how parents can talk openly with their children about sexuality, b) making informed sex decisions, c) birth control options, d) STDs, e) HIV/AIDS, f) male and female reproductive system, as well as prevention of domestic violence and its connection with HIV/AIDS. They all expressed feeling comfortable talking with small groups of people at places such as schools, community agencies, churches, union halls, prisons, probation departments. They also indicated how they do not miss opportunities to talk with their neighbors while they wait for a bus at the bus stop, or at a laundry while they wait for their clothes to dry, at the park while mothers watch their children playing, at a car-washing place while workers take a break. Some of them go to play bingo so they can meet people and talk with them not only about reproductive health, but also about programs that can help them with cheap housing, food, health services.

The *Promotoras* living with HIV talked about the impact their testimonies have had on Latino young men and women in their communities. They shared their concern that there has been too much silence about HIV and on their responsibility to speak about it and to educate others. The Photovoice findings from the *Promotoras* that answered the

part (a) on education for RQ 1 were grouped under the themes of *Raising awareness*, and *Confronting myths* and are presented as quoted captions that accompany each photo.

Raising awareness

Manuel shared examples of the materials he developed using his own images. He took a picture of himself standing against the sun, which he called: The shadow of AIDS
- *La sombra del SIDA*.



Figure 1: The shadow of AIDS
La sombra del SIDA.

This is the shadow of AIDS.
I got infected because I did not protect myself.
¡Protect yourself! ¡Use condoms! ¡AIDS kills!
I am a person carrying the HIV virus, which causes AIDS.

I became infected because I did not protect myself.
 AIDS is an illness that has destroyed my life.
 It's like walking dead in life,
 A dark maze without an exit.
 It's an illness that destroys family relationships.
 You do not need to live these experiences!
 Protect yourself and protect your family!

The powerful testimony of Hope's friend, Lucy: As a young teenager infected by my first boyfriend - *Infectada por mi primer novio siendo aún una adolescente*, was directed to young girls on the importance of HIV education and their own self-protection. The words of this young woman were taped with her authorization, and her picture was included with the transcript of her words at her request.



Figure 2: As a young teenager infected by my first boyfriend
Infectada por mi primer novio siendo aun una adolescente

I am originally from Cuba. At the age of 14, I fell in love with a 16 year-old boy who was charming, romantic and, well, very different from anyone I had ever met. The months passed and our relationship grew, things looked promising (I had hoped this was the man I would marry)—very young indeed! One Sunday, we were just hanging out, being teenagers. At first, all remained as if the adults were still around. This created a fun environment for us, including light kissing,

leading to heavy kissing, some petting, and eventually going all the way. It all happened so fast! Before I knew it, I had given up the one thing about me that I considered sacred. The one thing, I was taught, that must be protected and experienced only by my husband on our wedding night. No one had ever explained or talked about human sexuality to me. I guess my parents were waiting for the wedding night, for it was the traditional thing to do back then. Losing one's virginity before marriage represented a lack of morals, among other things. I had now dishonored my family and myself. In short, an outcast! My experience was not a positive one. I did not enjoy this act, nor did I want to repeat it! One of my fears, among all the negative feelings I was now embracing about myself was the possibility of being pregnant! I thought this came automatically, once you gave up your virginity. I had no experience, nor idea of what sex was, nor how to even go about it. I did know that it happened so fast, that thinking was the last thing I was able to do. As I reflect back on that day, it was a painful and embarrassing moment for me. I was shy, wearing a T-shirt with a bathing suit underneath and it remained on, while engaging in the act! As a teenager, I did what any frightened kid would do, I became withdrawn, scared and had a secret to keep, bigger than I could handle. The year was 1977.

In 1989, I decided to apply for U.S. citizenship and was really excited about it. Until, the doctor's office where I had done my physical exam and blood work, called me. I was informed that I had passed my physical and all of my blood work for STD's, except the HIV test! I was HIV+ how could this be? There were no reported cases of anyone surviving HIV for over a decade at that time, specifically someone who appeared as healthy as I did. Only five years later, it was confirmed that it had been the high school boyfriend I lost my virginity to 12 years prior, who had infected me. Educating myself and not letting fear rule was the only way to decision making.

On the theme of the *Promotoras*'s awareness about the importance of their mission as educators, they emphasized the value of sensitivity when addressing communities in need. Donaji illustrated this aspect sharing her experience during a *plática* – small talk - at the Guatemalan consulate in San Francisco. She explained that culturally connected *Promotoras* should not always have the pretension that people should listen attentively on topics such as how to use a condom, when participants have many more urgent things, priority things that are deeply affecting their lives.

During that *plática* at the Consulate, I went thinking that people were going to listen, because I had a message that could save many lives, however, in the group of people I was talking to, there was a person who looked at me, but it was

obvious he was not listening. I got anxious about his lack of attention, but did not say anything. Just a few minutes after I finished the *plática*, the Guatemalan Consul came and asked the group: “Who is the person who is here to get a new death certificate?” The person who responded to the Consul’s question was precisely the person that had irritated me for his lack of attention.

The rest of the group concurred that as *Promotoras* they need “to feel the pulse” of each group they work with and be aware that besides receiving education, information, and communication about specific health topic, the community experiences multiple circumstances that require attention.

Confronting myths

The *Promotoras* explained that *myths* associated with HIV/AIDS can act as barriers to speak openly, but that *Promotoras* have to address and remove them.

Tehuancancy declared:

I do this job as *Promotora*, because I believe in what I do. We as *Promotoras del pueblo* have the great advantage of reaching out, of being heard and understood by our community. But we need to realize that the problem we are dealing with is huge, not only in the physical sense, but also in the ideological aspect. We as *Promotoras* deal with many forms of *myths*, erroneous beliefs and fear in our communities. We need to educate ourselves to better respond to what is not just paranoia, but a generalized fear—and fear paralyzes people. It is important to pay attention to the strongly held beliefs that could be based in racist and discriminatory experiences people might have had.



Figure 3. Facing our myths with clarity and strength
Enfrentando nuestros mitos con claridad y fortaleza
 Taken by Hope

It is important to note, that the researcher intentionally did not define terms as stigma, discrimination, racism for the participants prior to asking any of the research questions. The reasoning for this unorthodox approach had two elements. First of all, any consensus among the *Promotoras* on these definitions would have introduced a bias, either of the researcher or of a *Promotora*. This bias could well have tainted the results by encouraging a certain direction of sharing experiences, or silencing dissenting points of view. Secondly, part of the purpose of this study was to seek out first-hand experiences that reflect a more accurate portrait of the *Promotoras*, so that in the process of openly sharing their own experiences, the *Promotoras* could have the opportunity to reclaim the self-determination and empowerment that some institutions have taken away from them.

In an in-depth dialogue, Hope also referred to the challenge that can be encountered when dealing with myths.

The Latino community lacks information and education about HIV/AIDS because people do not want to open up and talk about it. Just mentioning the word “SIDA” sometimes means “talking about sex,” and sex is something that often is not openly discussed in the Latino community.

The biggest problem is removing the stigma associated with HIV/AIDS because people think, “That is not going to happen to me.” But the truth is that HIV/AIDS can happen to anybody.

It is easy to get infected, and this infection is happening all around our community, our cities, all across this country. It surrounds us. It is crucial that we unveil the magnitude of the HIV/AIDS problem in our community and remove *myths*. We also need to find the real roots of the problem and build capability, not just to impart “trainings” (*No me gusta la palabra “training”*). We need to go beyond giving trainings and passing information. We need to educate, and to empower our community to make sound decisions about health and life in general.

In contrast, to the assumption that it is difficult to talk about sex in the Latino community, some of the *Promotoras* referred to that idea as a *myth*, and shared that once a safe environment is created during their series of *pláticas*, even participants make jokes on sex matters. This less serious attitude facilitates presentations and brings joy in the otherwise tense and dull learning atmosphere. It is important to keep in mind that this topic as addressed by the *Promotoras* in this study cannot yield an indictment against the general Latino community, but that the point of humor is important to be considered while teaching the importance of speaking openly with the Latino community about sexuality. Several examples that illustrated that after a level of friendship is created, the participants in the *pláticas* started making little jokes all related with sex topics.

To illustrate this contrast of ways of dealing with the *myth* of the difficulty to talk about sex in the Latino community, Donaji shared her experience of a talk with a participant at *Ventana de la salud* of the Mexican Consulate, on her definition of the “ABC” of sex education.

At the Mexican Consulate where each day I have a different group of people, sometimes more than 70 people per group, the dynamic has been varied. I try to

be very tactful and careful of not offending anybody with what I say. One day, after given a *plática* on HIV, a man came to me and said, “Aren’t you ashamed of yourself??—A señorita talking so openly about sex matters. Look at you, such a nice lady . . . talking on these topics to a group where the majority is men.” I thought he was upset and so I answered: Do you know that we are in war? He said, “Yes, in Iraq.” And I said, “Well, our real war is here for understanding the ABC of what our youth is experiencing in this culture:

A for Abstinence. That is a *myth*. A study from UCSF showed that 63% of the students in their senior year are sexually active. Our youth, boys and girls are sexually active at a younger age. We have the highest teen-age pregnancy rate.

B is for Be faithful. That is another myth. There is a big risk of believing that anyone is going to be faithful for an entire life.

C is for Condoms. Even if you still believe in the A and the B, it is important to remember it is safer to use a condom. Condoms are sexy.” And I smiled. He smiled as well and said, “I am not mad at you. I just admire the courage that you have standing up and speaking so confidently to a group where the majority are men. Congratulations!”

Reflecting on that and other comments I have received after most *pláticas*, I think that as female *Promotoras*, men also listen more attentively to what we have to say.

Tehunancy complemented this discussion with her definition of the three P’s in reproductive health. She explained:

I need to say without blushing—*sin ponerme roja*—that we need to remove *myths* by speaking openly and with confidence. We are sexual beings, from birth until death and we all want to be sexually healthy, spiritually, emotionally, mentally and physically. The effort should be how to prevent diseases and un-planned pregnancies, rather than concentrating on how to prevent sex. All those messages need to add a strong emphasis on prevention. As somebody said: Sex has to be about the three P’s. Let’s face it, sex is not just for Procreation, sex is also for Pleasure. We need to add another letter P for Protection of ourselves and of our significant others. We need to protect ourselves, protect our partner from diseases such as HIV and STDs, and protect from un-planned pregnancies. Not every sperm should be a baby.

The group of *Promotoras* participating in the study shared that they all are aware of the responsibility to be tactful, but that after “feeling the pulse” of the groups, they need to speak openly and with confidence, so that participants attending their *pláticas* feel comfortable with the topic. They claimed that silence has been detrimental for the

Latino community, and while silence is kept many young men and our young women are dying of HIV/AIDS, STDs and getting into even more poverty because of disease.

When asked about the component of advocacy, part (b) for RQ 1, the researcher observed that the first reaction of two of the *Promotoras* was to look for the exact definition of “advocacy” in a Spanish - English dictionary. They said: “The dictionary says that advocacy is: providing support, backing, encouragement, sponsorship, promotion. We can take this to mean helping a person in a process that he/she does not know, or to assist someone to defend his/her rights.” At the first session of the Photovoice at the lighthouse in Montara, Rayo had brought his own camera, and with permission from the rest of the *Promotoras*, he was the first one to start taking pictures. His narrative on advocacy, part (b) of RQ 1, was paired with his photograph titled: As a lighthouse – *Como un faro*.

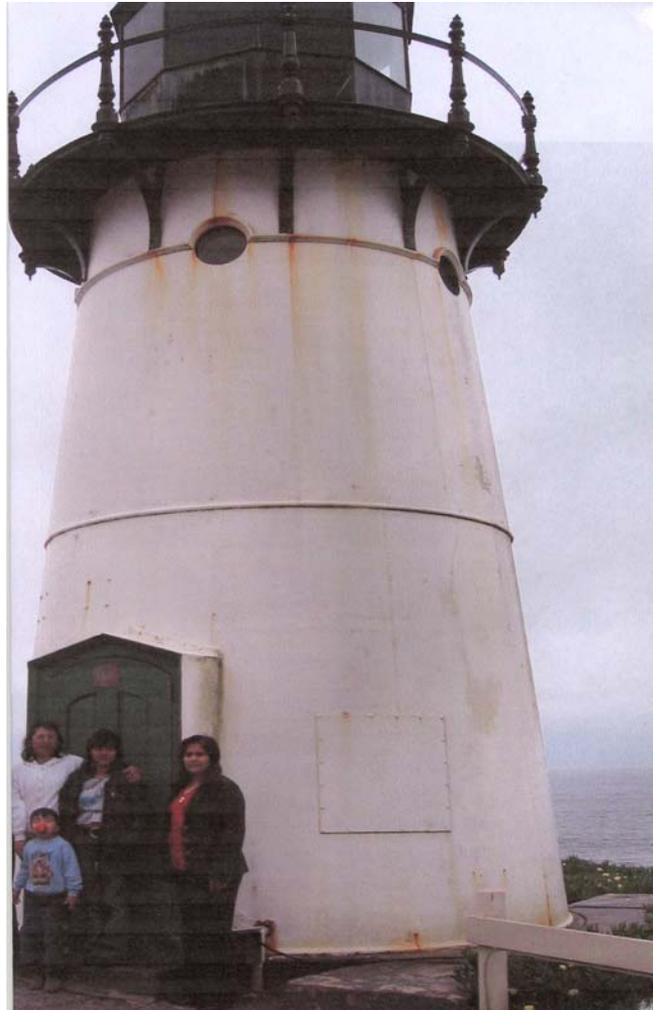


Figure 4: Like a lighthouse
Como un faro
Taken by Rayo

As *Promotores* we have a natural and authentic connection for any situation affecting our communities. It is like a bridge, or a lighthouse. We need to ensure that in order to do effective work, that bridge or lighthouse has to be maintained and preserved, that is why it is important not to raise false expectations, but we must be constantly working towards the improvement of the living conditions of our community.

As *Promotores* we live close to the people we serve, it is the only way to understand them, to really comprehend their most felt needs. HIV is a very serious problem and we need to reinforce not only our skills to provide preventive education and family health, but also to advocate for and to address other problems that affect our communities.

The *Promotoras* explained that in their advocacy efforts they often neglect to strengthen networks of support with different groups in the community. They referred to the urgency to involve the wider community to motivate members of the community, men and women, to educate others in their neighborhoods.

Donaji said:



Figure 5 a: It is not that difficult
No es tan difícil
 Taken by male participant

This picture reminds me of how, after giving a series of *pláticas* on reproductive health and prevention of HIV and STDs, the participants—all men—demonstrate the acceptability of condoms as an affirmation on the importance of their use as a preventative measure.

These men will be the best ones to educate other men and to advocate for the message: “The use of condoms is sexy. - Safe is sexy.”



Figure 5 b: It is not that difficult!
 No es tan difícil!
 Taken by female participant

We need to deliver a very clear message to men and also to women in our community. They all must be aware of the importance of the use of condoms to protect themselves against STDs and HIV. They need to hear us saying that Latinos are one of the most affected groups by HIV/AIDS in the United States. Women in heterosexual relationships (even with their own husbands) are considered a group at high risk of infection. And, that despite the fact that in the last ten years there has been a decline in the number of cases in most ethnic groups, the proportion of HIV/AIDS cases among Latinos remains almost the same. Also the much-reported decline of deaths due to AIDS has been slower for Latinos than for any other group.

Women in groups like this can also become advocates who support our work.

Donaji described in detail her work as *Promotora* and outreach worker, backing the larger community by educating men and women of the Mission District in San Francisco to be partners for advocacy on the use of condoms to prevent HIV/AIDS. She also talked about the need to remove from the community any fear but to deliver the message that change is possible –*Sí se puede!*

Hope discussed the importance of involving other partners in advocacy efforts. She referred to the effectiveness of educating journalists, and other members of the mass

media in the Latino community. Hope highlighted the fact that since mass media can reach large audiences through radio, newspapers, and television, it is crucial that the message they deliver is medically accurate. *Promotoras* need to be invited to speak on radio, and TV, because the power of mass media can never be underestimated, Hope said. She also emphasized that in most instances, programs are accepted and recognized when there is a “green light” from religious institutions. Her narrative indicates the paramount importance of counting on Faith communities as partners in addressing more social justice and conducting various advocacy activities.



Figure 6: Faith Communities
Comunidades de F 
Taken by participant

I think that Faith communities are excellent channels for advocacy, if they can provide support to their communities by providing accurate information without any prejudice, especially regarding HIV/AIDS. Faith communities need to know how HIV is transmitted, what the virus of immunodeficiency really is, and how to prevent infection. A very important and challenging aspect in advocacy by Faith communities, I think is to confront and deal with myths, and especially with the idea that HIV affects only “those communities”—or that it is the consequence and punishment for sins. Faith communities can be wonderful channels for advocacy

if they ensure that medically accurate information gets to their community members.

Manuel also indicated the need for Faith communities to act as partners with advocacy efforts. He asserted that religious leaders should encourage, promote, and motivate the community. He described how Faith communities - *Comunidades de Fé* can be excellent supporters of *Promotoras'* work.

It is sad when people hear that “such and such disease” is a punishment from God. They think: “Oh in that case I am saved, that will not affect me, and therefore I do not need that information on how to prevent it, because my church says that it is only a punishment from God.” In those cases, the church is closed and does not let *Promotoras* pass on the information, or the people just do not want to listen. It is extremely important that religious leaders receive the information on how many people are being infected, and that the heterosexual is at very high risk. We as *Promotores* in our work to advocate for prevention can go to the different churches and talk about the disease with the Latino community, explain the nature of the virus, its transmission, and prevention.

Encountering socio-economic oppression

The *Promotoras* argued that in advocacy, the theme of *socio-economic oppression* had to be highlighted as a daily struggle they are confronted with in their mission as *Promotoras* and each time they assume the advocate role. They agreed that their mission as advocates requires from them to speak up for projects towards improving the quality and effectiveness of programs for underserved populations.

Chispa said:

I think that the greatest challenge that we encounter in our work as advocates is related to the levels of poverty and misery experienced by the people we work with. It is hard to talk about HIV/AIDS to people who have lost hope, people who cannot get a job, and are living in temporary shelters or in the streets without being able to satisfy their basic human needs. We need to expand our role of educators by also being advocates for the most disadvantaged people in our communities.

Donaji concurred:

Education has to go far beyond passing information. How can we talk about HIV prevention without considering that health comprises a whole well being? For example we need to speak up about oppression when we see that people are denied of the resources that should be available in the community to provide access to education, housing, good nutrition, a clean environment, and fair conditions of employment, all based in social justice. We should advocate for more social justice.

They acknowledged the fact that undocumented workers are exposed to a high risk of violence which must be denounced. Rayo claimed that there has been an increase in the number of day laborers, especially very young male workers, after September 11, who are excluded from basic human services. He explained with concrete examples how, after a long day of unsuccessfully waiting for a job, many *jornaleros* (day laborers) say “yes” to work as prostitutes. He disclosed that:

A recently arrived indigenous young fellow who used to come to the resource center for Day Laborers every day did not show up for almost a week. Later he appeared but, as indicated by other *jornaleros* “he was acting strange, he was seen crying often, and getting extremely depressed, he was different from the joyful fellow whom they had known.” A few days later he had a serious nervous breakdown, and he was taken to the local hospital where it was found that he had recently been the victim of sexual assaults several times in the past week. Many *jornaleros* are raped, but they are so afraid to talk about it because in most cases, the perpetrators threaten to turn them in to the INS, which will end in deportation, if they speak up. Many of them live in fear of being victimized, but do not openly talk about it. The risk of HIV among *jornaleros* is increasing and needs urgent attention as well as a voice to protect them against all forms of abuses.

Hope said:

Also, one of the problems we deal with is partly the lack of health insurance for people without documents, but that is only part of the problem. Universal health coverage will not totally solve the access problem of our community to health services. The problem that many Latinos wait to go to see a doctor or to take the test until the HIV has become AIDS is on one side due to the lack of health insurance, but also we must deal with socio-economic oppression and the shadow of past distrust in the US medical system by some of our poor community members.

The group declared that in fact, many low-income Latino families without health insurance make ends meet only by picking up as much overtime as possible. Because of their extra efforts, these families' income is too high for them to be eligible for any form of medical assistance, but too low to cover the cost of independently purchased health coverage. Rayo referred to the case of Ms. Torres (not real name), who developed lupus and required periodic medical attention and drugs, however cannot get affordable independent insurance to cover the costs. He said: "The Torres family (not real name) checked for the cost of a reasonable coverage in a health maintenance organization (HMO) and found out that it could cost more than \$4,000 just for the annual premium."

The theme of socio-economic oppression was expressed in terms of the vicious circle of poverty, since immigrant families are uninsured because they tend to be employed in low-wage, low-benefit jobs. In light of this employment profile, non-citizen immigrants are much less likely be offered private job-based insurance by their employers than native citizen workers, which is one major cause of the insurance coverage gap that exists for immigrant families. As reported by the Health Advocate (2005), California's uninsured problem is the by-product of factors endemic to the U.S health care system, these factors include: low wages that make coverage unaffordable, rising cost of health care insurances, voluntary nature of employment based insurance arrangements, and non-effective and irrelevant public programs that leave millions without health insurance safety net.

Tehuancancy referred to the following experience:

Recently, a friend needed to go to a dentist and she waited for a free clinic for months to give her an appointment. When the day finally came, the dentist had a personal situation to attend to and cancelled the appointment. Finally, when she was seen, it was already too late and she needed to undergo a complicated root

canal treatment. She is still taking antibiotics due to the infection created for not been seen when she needed to be seen. If this happened to my friend, who knows about health services, and communicates in English, can you imagine what a newly arrived, monolingual person has to suffer?

Manuel mentioned that before 1996, immigrants who were legally admitted to the United States could participate in Medicaid on the same terms as citizens. However, the policies changed, so that most legally-admitted immigrants who arrived after the law was enacted were barred from getting Medicaid during their first five years in the country. Moreover, other provisions of that law and another immigration law passed and kept most immigrants from becoming eligible, even after the first five years have passed. He addressed the topic of how new immigrants are particularly vulnerable in the first several years after arrival in the United States, while they are still trying to get established. However, most of them believe that joining health services sponsored by government programs might endanger their legal status or think that all immigrants are ineligible for benefits.

Donaji, whose son Jesus has been hospitalized on many occasions due first to leukemia and more recently due to pneumonia and cardiology care, talked about how she has struggled to meet her needs, incurring huge medical bills, and how community members and local charity programs have helped her with donations to pay the hospital. While now CCS/Healthy Kids helps for medical expenses of Jesus, she has no easy way to pay for co-payment of her own basic medical needs.



Figure 7. Something needs to be done
Algo tiene que hacerse
 Taken by Donaji

Tehuancancy expanded on the topic, declaring:

We as *Promotoras* serve the community motivating, educating, and being an example in health prevention. We increase access to health services. We are the liaison for others to trust the US health system. We distribute accurate information in homes, churches, parks, schools, prisons, community centers, union halls, and work sites. We participate in cultural events, and the community recognizes us as members who are dedicated to impart something of local and personal value to community members. Our health promotion efforts as *Promotoras* are giving results in lowering HIV risks and other health problems, and increase access to health services. All these health promotion and grassroots interventions are having an impact and are very important in reducing health disparities. Every agency gives testimonies on how committed we are in our mission.... So, why can't they just provide us appropriate educational materials, relevant capacity building programs, and specially, comprehensive health coverage? It would be a way to show with actions that our work is being recognized and acknowledged. Something needs to be done to ensure we receive more support from the agencies we work for.

In regards to part (c) of RQ 1 on empowerment, the *Promotoras* reflected on the aspect of personal empowerment as well as community empowerment, and on how the preservation and / or learning of one's own culture, language, traditions, values and the

honoring of elders provided the main source of empowerment of newly arrived Latinos and of the whole Latino community in this new environment of the United States.

One of the premises of this study was to consider the work of the *Promotoras* in terms of female empowerment and how their work as women impacts the effective prevention of HIV/AIDS in the Latino community. The answers to part (c) of RQ 1 led the group to discuss how the *Promotoras*' work in itself effected more control over their own lives and environment, created an appropriate setting for their empowerment, as well as provided access to various sources of empowerment.

An overriding issue in relationship to their own empowerment, however, proved to be the *Promotoras*' conceptualization of female empowerment itself, as shown in several in-depth dialogues with them. No single definition of female empowerment emerged through comments or answers to the questions guiding the dialogue, nor from the *Promotoras*' narratives for this session of RQ 1. Instead, the different narratives revealed the complexity of defining female empowerment and the need to view it as incorporating many dimensions and facets of their own lives and how they can influence others. The group generally agreed that empowerment involves the transformation of power relations, that it includes both control over resources, and a change in self-perception that yields confidence in one's self. They declared that empowerment can be viewed both as an outcome and a process; and that women's empowerment involves the transformation of power relations at three different levels: the household/family, the community, and the government.

Having two male *Promotores* in the group created an interesting power structure of a female (majority) and male (minority), allowing for discussions around what relation

exists between female empowerment and its impact on Latino men. Both *Promotores* expressed that women's empowerment would require a transformation of men; without this reciprocal action the empowerment of one would mean the dis-empowering of the other. Rayo indicated how, in his work as co-director of the Day Labor Center, he often sees the change in marital roles when newly arrived women have better chances than men of getting a job. Even though these jobs are as maids or babysitters, imbalances occur in the marriage when the traditional male provider becomes dependent on the woman.

The other male *Promotor* added that women's participation in the labor force does not automatically translate into women having control over their income. Who actually has access to and control over that income in households where the male figure remains the authority figure, affects the empowerment of both the woman and the man. The group extensively discussed how this form of partial empowerment via employment does not always guarantee a substantial change for women at other levels in the household.

Achieving personal empowerment

Hope's intervention on this topic pointed to the fact that women are socialized into traditional gender roles, but that a low level of female autonomy should not be a barrier to promote condom use, if the woman is well informed and empowered to educate her partner on the risks of HIV/AIDS. Hope emphasized the point that they as *Promotoras* establish different modes of education for sex workers, peasant women, or incarcerated women, in terms of the expected level of negotiation of condom use.

She contributed with the words of Raquelita, together with a photograph taken her titled: Enchanted prince. How do I tell him this? - *Mi príncipe azul. ¿Cómo se lo digo?*. She emphasized the importance of strengthening communication with loved ones -

Fortaleciendo la comunicación con nuestros seres queridos, as it represents the women's ability, comfort and success in insisting on condom use with male partners, as well as an indicator of her self-esteem and personal empowerment.



Figure 8: My enchanted prince. How do I tell him this?
Mi príncipe azul—Cómo se lo digo?
 Taken by Raquelita.

This picture tells the story of my husband when he was contemplating the horizon in East Palo Alto. I love this man. We have been married for 27 years and I cannot imagine my life without him. He is so happy and he makes me happy as well. But I really don't know how much he knows about HIV/AIDS. I don't think that he is unfaithful to me. We don't have any family member with HIV/AIDS and I don't want any of them to be infected. What I learned in the *pláticas* is that I need to share the information of HIV/AIDS with my friends and family including my husband; I want to keep my family safe from HIV. The day I took the photo I decided to talk with my husband about HIV/AIDS.

For the main purpose of this study, in terms of the role of *Promotoras'* empowerment and its impact in the prevention of HIV/AIDS in the Latino community, the Researcher focused the discussion on two central aspects: a) the social construction of femininity and masculinity, which through popular education can be deconstructed and reconstructed; and b) the implications of sexual norms, identities and practices for health

or ill health, especially for the spread of HIV/AIDS and STDs. The *Promotoras* analyzed both of these aspects in the light of socio-economic differences since female empowerment is spread unevenly across the socio-economic network.

The Researcher observed that a high level of sensitivity to social contexts on the part of the culturally competent *Promotoras* during the presentation of sex topics opens many possibilities for improving sexual, reproductive health and reproductive rights for women at various socio-economic levels. The topics of unwanted and unsafe sex, if presented as the *Promotoras* exemplified through their various narratives, can provide new ways to approach traditional questions and empower women in terms of their individual sexual behaviors.

Re-gaining community empowerment

A central reflection when discussing community empowerment was the question: “How can a person be empowered if she/he does not have a clear point of reference, or does not know who one is internally or where one comes from?” The term “culture” was described by the *Promotoras* as their point of reference in expressing their pride and dignity. If one knows the great value of one’s culture, one can take action from this point for change on oppressive issues in the new culture. Tehuanancy spoke about the risk of internalized racism if one does not stand up and speak from a cultural base.

I am a “*Promotora del pueblo.*” Also I am a “*Promotora de nacimiento*” - a born *Promotora*, I had a mother who was an example for us, she was a *Promotora*, she was our “*maestra*”, she was our director. So I did not become a *Promotora*, I was already a *Promotora* from birth. *Nací Promotora.* I am a *Promotora* because, ¡*Ya basta de tener heridas!* It is enough. *Ya basta!* We do not need anybody to come to tell us where it hurts, or where it does not hurt. We know where the pain is coming from. We should be *empowered* to be our own doctors. People come and give us instructions on what they suppose is hurting us, but that is only based on their own diagnosis. Since we are the ones who experience the pain, we cannot let anybody else tell us where it hurts or where it does not hurt.

To honor the power received from the elders – *los que nos precedieron* -
 Tehuanancy wrote a poem in memory of Aurora, Donaji’s grandmother. In fact, it
 was very hard for her not to answer all the questions with poetry. She called it
 “the highest form of expression” Tehuanancy found in her poetry the connection
 between the artistic power of her voice and the affirmation of the power of unity
 within the Latino community.

Aurora.

Your name holds the beginning of a new day
 Your name represents the end of darkness
 Eres la Aurora y el fin del ocaso.
 You are the *curandera*, the healer
 You brought to life women and men
 That continue your legacy fighting for justice
 Renewing souls, building new paths,
 And a vision to eradicate HIV and poverty
 From our community.

(Tehuanancy, 2006).

Donaji shared her narrative for the photo titled: True empowerment is found in
 the legacy of our ancestors - *La verdadera fortaleza radica en el legado de nuestros
 antepasados:*



Figure 9: True empowerment is found in the legacy of our ancestors
La verdadera fortaleza radica en el legado de nuestros antepasados.

This picture for me is a symbol of empowerment, strength and protection. I contemplate this picture of Aurora, the way she is sitting like a great “*Maestra*” full of dignity and wisdom. I feel honored by the presence of this dignified woman—an example to future generations. I think that others might feel threatened by her great strength. Once somebody said to her: “*¿Porque no se quita esa ropa y trata ponerse ropa de la ciudad?*” “Why don’t you remove those clothes (traditional dress) and try to wear some of the clothes worn in the city?” In a firm tone of voice, Aurora responded: “There are no more beautiful clothes than the ones I am wearing now!” What for others is civilization, for us is: rooted traditional identity, and traditional values, which represent the strength that our culture carries within itself.

We should follow the example of Aurora and when people try to change us, to force us to assimilate, telling us to dress differently, act differently, and speak differently. We should respond with dignity like she responded: “There are no more beautiful clothes that the ones I am wearing!”

To conclude the answers to RQ 1, and as a general summary of topics discussed, Tehuanancy also contributed her narrative and a poem with the titled: Our Mission as *Promotoras* and a series of photographs of her daughter.



Figure 10. We are the bridge in Education, Advocacy and Empowerment - *Nosotras somos el puente para Educa, Abogar y Fortalecer.*

I think that we as *Promotoras* have a big responsibility to be channels for education, advocacy, and empowerment in our communities. It is a huge responsibility! I know the community responds to our work in a very positive way, because we are one of them, we live in the community we serve. We are available to help whenever there is a need, and people know we do it with love and respect, not because there is an organization or an institution behind us, but because we really care for each other. We as *Promotoras* should get organized not by outside agencies, but by grassroots efforts. The fight against HIV/AIDS in the Latino community has to take place inside our communities by the recognition of our values, our strengths, not because data says this or that. I am sure that once we find unity in our struggle and we organize, we can find the human and economic resources to face the challenge.

Our Mission as *Promotoras*.

We are the bridge between the two cultures
and the two languages (Photo in the center)
We are rooted in our culture

which give us the strength like a Penca to stand firm (Photo in the right)
 And we also have thorns to defend ourselves.
 We are settled here (Photo in the left)
 And here We will stay and we will flourish
 But especially we are the messengers of the past
 who bring the gift of our ancestors to the present
 This force will guide us with hope into the future,
 Free not only of HIV,
 But of racism, discrimination, and oppression.

(Tehuacan, 2006).

Research Question Two (RQ 2)

How does the work of the Promotoras reflect the popular education principles of Paulo Freire?

To answer the second research question, the *Promotoras* focused on excerpts taken from Paulo Freire's writings distributed during Phase I of the study: The workshop. At that time, several of Freire excerpts were analyzed and discussed for their relevance to the *Promotoras'* work with the community. As part of this process, the *Promotoras* paired Freire passages with pictures they had taken or the ones they brought to the group as a source of reflection. This pairing expressed the *Promotoras'* understanding of Freire's writings, as well as the deeper meanings they perceived in the series of photographs, and the connection with their work and life experiences. Quotations from the Freire excerpts were then chosen by *Promotoras* and put together with their Photovoice photographs. The excerpts and passages are presented next to additional comments/narratives/stories shared by the *Promotoras* in response to RQ 2.

In preparation for the Photovoice work with RQ 2, Donaji decided that she would use a high quality camera to take the pictures, but the cost of this was more than she or the group could pay. So, she used the internet and placed an ad on the internet's

Craig's list that read:

We are a group of independent *Promotoras* who are developing an independent non - profit Photovoice project called: La Voz de la *Promotora* aiming to educate young women and men in the Latino community about HIV/AIDS. The photographs taken with this camera as part of the Photovoice project: La Voz de la *Promotora* will be exhibited on International AIDS Day, December 1, 2006 at the regional conference in Burbank that brings together more than 500 *Promotoras* from all over the state. If you have a camera that you are not using and would like to contribute to this noble cause please contact . . .

Consequently she received a donation of a 24-millimeter camera. Then, Donaji enrolled in free photography classes at a local photography studio. Her pictures were mostly black and white, developed at Costco using the money she earned selling her traditional art craft. Donaji assumed the responsibility of framing each one of the photos for the exhibition using frames and matting paper of different colors and textures donated by the agency POWER.

For the beginning of this session of the study, the *Promotoras* chose this excerpt from Freire's (1970) *Pedagogy of the Oppressed* that they felt illustrated how popular art can be very effective in any HIV/AIDS prevention program and paired it with the photo: Troubadours in action - *Trovadoras en acción*: A flower, a song and a poem - *Una flor, un canto y una poesía*.

Valuing popular art

There is a popular knowledge, a popular wisdom, which is found in the social practice of the people, but at times, what is missing is greater solidarity in understanding the themes, which make up this knowledge (p. 170).



Figure 11: Troubadours in action at a Mission Restaurant
Trovadoras en acción en restaurante de la Misión.
 Photo property of Tehuanancy

A popular song in Spanish on AIDS will for sure be more successful than the distribution of a thousand brochures translated from an English version. A song or a poem written by our people will definitely have a more direct connection than a lecture given by an outside HIV expert. We need to make sure that programs are respectful of our values and traditions.

As *Promotoras del pueblo* we many times integrate popular education with our songs and ballads, and poems, and sing or recite them at local restaurants in the Mission District in San Francisco. This picture brings me a sense of strength, because I remember that we are never afraid of receiving criticism. We never bring our children with us because we do not want people to think that we want to inspire pity for our children or for us. This is a job like any other job, the difference is that we do it with love and with the conviction that our respect for our culture will pay off in our future generations. We are preserving our culture through music and poetry and we feel very proud of what we do.

I feel how our people connect with what represents our authentic values and traditions. Owners of the restaurants in the Mission District always welcome us. On the contrary, the owner of Chevy's once threw us out. I think they did this because they could not connect with our culture, or maybe they did it because they serve a different type of people. We want to sing to the poor, to the ones who can still feel a strong connection to our roots. However, sometimes, there are

people from here (Anglo people) who value our songs, but the connection is different.

All this makes me reflect on the many times when programs that are foreign to us, are brought into our community, and how difficult it is to accept something that we are not directly connected with.

Tehuancancy's use of authentic artistic traditional talent as a poet can easily change dry talks on HIV/AIDS into joyful collective learning experiences that are highly appreciated by the listeners. Through the legacy of the Freirian idea of Theater of the Oppressed / *Teatro del Oprimido*, the *Promotoras* deliver with music and poetry important health education messages on prevention of HIV/AIDS. The message retention is longer when accompanied by familiar rhythm and music, and new doors are opened for the listeners to be exposed to possibilities for change and healthier lives.

The excerpt of Paulo Freire (1970) on cultural invasion was paired with Rayo's narrative and his photo: With dignity we stand - *Con dignidad nos incorporamos* . Rayo was one of the first *Promotores* who participated in the ritual celebrated at the Light House in Montara, and his words carry the impact the ritual had on the group.

Respecting cultural beliefs

The invaders penetrate the cultural context of another group in disrespect of the latter's potentialities. They impose their own view of the world upon those they invade and inhibit the creativity of the invaded by curbing their expression. Cultural invasion is thus always an act of violence against the persons of the invaded culture, who lose their originality or face the threat of losing it (p. 152).



Figure 12: With dignity we stand
Con dignidad nos incorporamos
 Taken by Donaji

I think that people from outside our culture, sometimes with good intentions try to help, but the programs lack the cultural sensitivity, the essential connection and the result is that resources are wasted and we end up with nothing. Therefore, it is important to acknowledge that a gap exists that is hard to bridge, but it is our responsibility as *Promotores* to build that bridge, and to establish an authentic and real connection. That is why any program following the Popular Education principles of Paulo Freire has to be respectful to our own values and traditions, and not be a cultural invasion.

The *Promotoras* discussed in length the theme of cultural beliefs as a foundation to stand on with which to be able to make connections, to adapt to the new culture. They all shared that the healthiest way to survive in the new culture was by being firm in their own cultural roots. They agreed that that is the only way to be authentic, saying that even

if at times this cultural honesty might be difficult, they need to make sure that their culture is respected and honored wherever they go.

Expressing solidarity

One of Freire's (1985) passages on the fact that a single isolated individual is not "conciencized" alone but as part of a community, when she/he has total solidarity in relation to a common situation, was chosen and paired with Chispa's photograph and narrative: Together we will bring change - *Juntos haremos el cambio*

Who are better prepared than the oppressed to understand the terrible significance of an oppressive society? Who suffer the effects of oppression more than the oppressed? Who can better understand the necessity of liberation? They will not gain their liberation by chance but through the praxis of their quest for it, through their recognition of the necessity to fight for it . . . Transformation is made neither by the leaders for the people, nor by the people for the leaders, but by both acting together in unshakable solidarity (p. 127).



Figure 13: Together we will make the change
Juntos haremos el cambio
Taken by Chispa.

When I give a *plática* on reproductive health to day laborers, I find that at first they do not want to listen. They just want to get a job, but I feel I need to insist because what I have to say is important for them. They are regularly exposed to many health risks and they need to know about ways to protect themselves from

STDs and HIV. I understand that for them the priority is to get a job, and they forget about their health, but after trying one, two times, even three times to talk with them, they start to pay attention. For me, that represents a moment of success. And the fact is that there is a duality for them being “the cheap labor” merely a commodity for the US economy receiving close to nothing as a pay for their services, but being confronted with constant acts of discrimination.

I think that the most important is to develop trust. The day laborers have been lied to and exploited in so many ways. Not just with jobs that they do not get, but also in terms of projects that make promises that are never met. I can understand their frustration and their feelings because I have also experienced that mistrust. But we need to work together. When they start to listen, then the connection follows because they say: “You are one of us - *Somos comunidad*.” This is the power of being culturally, linguistically, and socially connected as a *Promotora del pueblo*.

The theme on *solidarity* with the situation of day laborers was extensively discussed in the sense that *jornaleros* are associated with only the so called “illegal aliens” in this country. Tehuanancy said: “I am a poet and words carry a deep meaning for me. Language is very powerful, as children we learn to explain the world around us through language. When I hear the term “*illegal alien*,” it has a huge implication. What gives the right to label any undocumented person as “illegal”? No one is “illegal” and no human being is an “alien.”

The theme was also approached from the economic perspective of the fact that global money has no borders. Chispa denounced: “Money goes wherever money wants to go, there are no laws, nothing to limit the capitalist investments. Yet, for the workers, the laborers, there are fences, electrified fences and bullets.” The group argued that there should be a more human agreement for people to work, and then go back to their homes. Donaji stated that, “Nobody leaves their homes by choice or because that is the best thing. It is because they do not have any other alternative, they had no choice. It is because they are persecuted for political reasons, or because they are starving, or because

there are no job opportunities.” Rayo asked: “Why are they penalized? Why are they now being held responsible for the attacks of September 11?. How are they a threat to US national security?”

The second of Freire’s passage on the theme on *Solidarity* was:

The dominators are compelled by necessity to divide the oppressed, the more easily to preserve the state of oppression, in the dialogical theory the leaders must dedicate themselves to an untiring effort for unity among the oppressed - and unity of the leaders with the oppressed—in order to achieve liberation (1985, p. 172).



Figure 14: Unity
Unidad
Taken by several *Promotoras* (Collage)

Our goal is unity. We have received expressions of solidarity from members of the Black Coalition, Asian American groups including the Philippine Force, Native American Organizations, Faith Communities, and in the last march of September 4, 2006 there were members of different unions marching next to day laborers workers. Also, there were signs being held by Caucasians that read “*Mi país tambien es Su país*”. Many of the protesters were chanting not only: “*Sí se puede*” “*Queremos igualdad*” “*El pueblo unido jamás será vencido*”, but also in

Chinese “yi man! tyun git! (Immigrants Unite), gung yan! tyun gid (Workers Unite); and in Tagalong “Makibaka! Huwag matakot (Struggle on!. Have no fear!).

The following words of Paulo Freire (1997) on organization as the “practice of freedom” inspired the narrative and poem: We are not criminals!

For the dominant elites, organizing means organizing only among themselves. For the revolutionary leaders, organizing means organizing themselves with the people. In the first event, the dominant elite increasingly structures its power so that it can more efficiently dominate and depersonalize. In the second, organization only corresponds to its nature and objective if in itself it constitutes the practice of freedom” (p. 177).



Figure 15: Our March
Nuestra marcha.
 Photo property of *Promotora* and used with authorization from Francisco J. Domínguez

This picture brings the evidence of the historical power of women as organizers, as leaders and as mobilizers of their communities. In this picture I sense the courage of women who dare to stand up in the name of justice. This march of May 1, 2006, like many other marches that have taken place in the Bay Area in the past three months, has shown our unity and our integrity. It gives me pride to be part of a very well organized demonstration to protest the violation of the rights of immigrants as a violation of basic human rights.

We are not criminals!

We are not criminals!
 We are walking with pride and dignity
 in our own space
 We have the smile of the earth in our hearts
 We bare the spirit of hard labor in our shoulders
 We have our own voice to shout
 and defend ourselves when necessary
 We are here not to respond to your questions
 We own the wisdom that moves in our blood
 We claim our rights not just to stay,
 But to stay healthy, free of HIV, free of oppression,
 discrimination, racism, homophobia.
¡Aquí estamos y no nos vamos!

(Tehuacan, 2006)

Several photos were taken by all the participating *Promotoras*, at May 1st, 2006, demonstrations for immigrant rights in San José, San Francisco, and Oakland. All of the photos were very good, and it was difficult for the group to decide which ones should go for the exhibition. There was major concern as to the pictures and narratives that could be made public to safeguard the *Promotoras* confidentiality. A picture taken by each one of the six of them and their respective narratives were paired with the excerpts from Freire on communities and power, but only three of these narratives, a poem and their corresponding photographs are included here. To compensate for this adjustment used in this theme, the *Promotoras* took pictures of their children and paired them with the following three excerpts from Paulo Freire, which they felt resonate with their life experiences.

Inspired by the following passage on Freire's biography from *Reading Paulo Freire: His life and works* by Moacir Gadotti (1976), Tehuacan wrote the poem titled: Our house will be a nest of hope - *Nuestro hogar será un nido de esperanzas*.

I wanted very much to study, but I couldn't, as our economic conditions didn't allow me to. I tried to read and/or pay attention in the classroom, but I didn't understand anything because of my hunger. I wasn't dumb. It wasn't lack of interest. My social condition didn't allow me to have an education. Experience showed me once again the relationship between social class and knowledge. So, because of my problems, my older brother began to work and to help us, and I began to eat more. At that time, I was in the second or third year of high school, and I always had problems. When I began to eat better, I began understanding better what I was reading (p 8).



Figure 16 a: Our children discovering the world
 Toconeme
 Nuestros hijos descubriendo el mundo

Our house will be a nest of hope

Our house will be a nest of hope
 so that our children learn to live
 Our house will be a great rainbow
 with the colors of dreams
 of ideals and the shapes to achieve grandeur.
 To give to the people one more smile
 our house will be made of stars,
 of images of profound desires to live
 Our house will be made of flowers and of olives
 and only what we plant will flourish.
 (Tehuacan, 2006)

Hope paired the second of Freire's (1997) passage was on pedagogy of contentment with her narrative on the value of a pedagogy of that includes questioning, joy and curiosity.

I think that the task of freedom, the task of liberation, history as a possibility, the understanding full of life, this all demands pedagogy of contentment. This will be pedagogy of laughter, of questioning, of curiosity, of seeing the future through the present, a pedagogy that believes in the possibility of transformation of the world, that believes in history as a possibility (p. 154).



Figure 16 b: **Our children – pedagogy of contentment**
 Toconeme
Nuestros hijos - pedagogía del gozo

Since our work in the prevention of HIV/AIDS is very stressful for us, it is important to bring a sense of humor in our *pláticas*. With humor we can be more effective, inviting the active participation of those who attend the *pláticas*. Also games, and competitions can create a favorable environment for people to reflect, learn, and make changes for a healthier life.

Donaji took a picture of her two sons: Jesús and Mampu- *Caricia de la vida*, and wrote the narrative titled: Because I love you I will care for you – *Porque te quiero te cuidaré*, inspired in Freire's (1997) words on living lovingly.

I'll confess something to you: I cannot believe in a revolution that denies love that puts the question of love between brackets. In this I agree with Che Guevara. Love and revolution are married together . . . I am not just in love with the world, but also with the process itself of getting to know the world. I have lived my life lovingly (p.152).



Figure 16 c : Our Children
Toconome,
Nuestros hijos
 Taken by Donaji

Toconeme

Because I love you. I will take care of you.

What is happening with our children?

It is alarming the way children, not only here but all around the world, are being and will be affected by the HIV virus.

Every minute of each day, a child under 15 years of age is dying as the effect of AIDS. In 2004, HIV/AIDS killed 3 million people, one person of each six of these was a child.

How many HIV+ people are parents?

How many children will lose one or both parents because of AIDS?

Because I love you I take care of myself. Our lives do not belong just to us.

We are precious to many.
 In the name of love for our lives, for our partner, for our children:
 We can learn and also we can take action.
 We can open our eyes without any fear.
 We can listen, we can share and we can protect ourselves.
 For you, for me, for love, for life.

(Donaji, 2006)

The words of Paulo Freire (1997) on the new generation were paired with photographs number 17 and 18 and conclude the *Promotoras* contributions to RQ 2



Figure 17: For life
Por la Vida

When a new generation arrives in the world, its future is not predetermined or pre-established. On the other hand, neither is the future a pure repetition of an unsatisfactory present. The future is something, which comes on, and this “coming on” means that the future exists to the extent that I or we change the present. And it is through changing the present that we make the future. Therefore, I am sure that history is a possibility and not a determination (p. 148).



Figure 18: Welcome to the world
Bienvenido al mundo

This second question pointed to two unrelated phenomenon that are very much like each other. The reflection on Freire's passages by the *Promotoras* led to their realization of how they integrate the principles of Popular Education into their daily lives and work. Their narratives present a validation of both of these, for they are both the work of *Promotoras* and the work of Paulo Freire inspired by the need to overcome oppression in education, and both have come to similar answers as to how this oppression can be approached. Therefore, their reflections lead to the implication that the similarities between the two are coincidental, not intentional. This coincidence allowed the two of them to inform each other, and this mutual information and corroboration, this mutually supportive connection, is what was revealed in the series of the *Promotoras'* narratives and photos in Research Question Two.

Research Question Three (RQ 3)

What common themes surface in critical discussions with Promotoras who have worked on HIV/AIDS with the Latino community?

Discrimination and stigma are the two major obstacles to encouraging people to take care of themselves. When people are not able to talk about HIV/AIDS it is very difficult to take action to protect themselves. Individuals who fear stigma are less likely to seek testing or healthcare. This means that the failure to address stigma and discrimination will seriously weaken the struggle to control the HIV/AIDS pandemic (UNAIDS, 2006).

The words “discrimination” and “stigma” always stir critical discussions due to their long-held meaning deeply associated with hatred and prejudice against those who are labeled “minority groups.” In particular these terms have even more pervasive forms of abuse when applied towards non-white people who are living with HIV/AIDS. What types of attitudes and behaviors continue to pave the road to further hostility, fear and mistreatment? What should be done to transform our cultural and linguistic environment from one of abuses, rejection and ethnocentrism to one of respect, empowerment and self-determination? These were some of the objectives RQ 3 set out to ask and answer in conversation with the *Promotoras*. Equally important in this session of the study was to explore the critical issues the *Promotoras* voiced regarding the topics of violence against them as women, both as physical and emotional abuses.

Keeping in mind that the focus of RQ 3 was to explore a variety of critical themes as experienced by the six *Promotoras*, the burning issues around immigration and immigration reform were addressed by the entire group. However, since HIV/AIDS is the main focus of this study, the theme of immigration was discussed but not included in this report. Transcripts of in-depth dialogues on the difficulties the *Promotoras* encounter in their work, conclude this section on critical topics.

Facing discrimination

Any critical discussion with *Promotoras* who have worked on HIV/AIDS with the Latino community always brought up the point that the voices of Latinos living with HIV, and of AIDS survivors, have largely been silenced, except when the ideas they express concur with institutional agendas. As a first step towards addressing this dire situation, while answering RQ 3 of this study, the *Promotoras* engaged in several dialogues with people in the Latino community who are living with HIV/AIDS. Then, in a safe environment to ensure open expression of any critical idea associated with discrimination against Latinos living with HIV, in-depth dialogues and brain storming exercises were conducted with the *Promotoras*. The question as to who most often discriminates against Latino HIV patients brought up the role of educational institutions at all levels, religious leaders, and the general public. Rejection from employers and fear from family members were also mentioned. A common thread of attitudes expressed by all the aforementioned discriminating groups, from hostility, abuse and distrust to indifference and disdain, seems to exist as a deep-seated unconscious fear or misinformation as to the real causes of the disease. The erroneous presumption of “contagiousness” was the most commonly reported discriminatory attitude from the school system and the general public.

During the workshop A call for hope - *Una llamada de esperanza*, Manuel talked to the group about his experience of vulnerability, shared by other Latinos with HIV.

Someone once asked me, “Are you positive?” And I answered “Yes, I am.” His immediate words were, “Don’t touch me.” The look in his eyes burned as if to disintegrate me. There is still a lot of work to do to educate our communities!

During dialogues between the *Promotoras* with Latinos/Latinas living with HIV/AIDS, the presumption of incompetence was frequently cited as a discriminatory attitude from employers, and the wrongful idea of immediate death took the lead among common reactions from close family members. In both groups the use of vulnerability as a means of physical and emotional control was cited several times. Hope's dialogues with Lucy shed light on the topic of fear and negative reaction from family members, she talked about her experience and shared her photograph titled: Fear - *Temor*.



Figure 19: Fear (from the family)
Temor(de parte de la familia)
 Lucy observing her picture at Photovoice exhibition.

My husband did not support the idea of my bringing a child into the world that would be born with the HIV virus, not to mention myself dying shortly thereafter as projected. I felt something die within me . . .yet, every instinct I had, was fighting to stay alive! I went through pain like nothing I had ever known. The shock of receiving this fear from the person I loved the most. The disappointment from losing the confidence and support of the one person I thought would be with me in sickness and in health was unbearable. So much for those vows! The fear he was living with was making me physically ill even though I was not actually “sick.” I was being taught about mind-over-matter, and how quickly I could

progress to the end if I didn't grab a hold of myself. It was hard to watch all the dreams that two people had created slowly disappear. His fears on the one hand, and my overwhelming faith, my efforts to overcome the suffering on the other, left us strangers. I felt as if life was running amuck, with everyone telling me I had no choice but to just wait for the end.

Lucy also shared about the abuses she underwent from physicians and social workers she had to meet with.

I had not had a promiscuous life. I had been faithful to my husband, I had not received a blood transfusion, was not a drug user or alcoholic, had never been hospitalized... I was completely confused and bewildered as to how I could have been infected . . . While being interviewed by the infectious disease doctor, I felt like I was facing the most severe type of judgment. I was horrified at the types of questions I was being asked. What or who, did they think I was or had been? What kind of lifestyle were they assuming I had led? I was very cooperative regardless. It still hurts to reflect on that day . . . physicians and social workers asked me all the "pertinent questions" about everything from drug use to prostitution.

Taken as a whole, this critical topic on who discriminates against Latinos living with HIV provided deep discussions associated with the erroneous perceptions we have of people living with HIV/AIDS.

Combating rape, abuses and domestic violence

The discussion on rape, abuses and domestic violence was partially based on personal anecdote, especially because several of the *Promotoras* participating in this study are members of CORA (Communities Organized Against Abusive Relationships). For the purpose of this study, consequently the issue of rape and abuses as well as the connection with HIV/AIDS was extensively discussed. The main concern expressed in the narratives and during in-depth dialogues was that HIV poses great challenges to the protection of human rights, and is at the root of, as well as the consequence of violence against many women. The *Promotoras* acknowledged that years of experience since the onset of the pandemic, have shown that respect and promotion of human rights are

crucial to halt the spread of HIV, and critical to getting help to those already infected. Also, gender inequalities spur the spread of the disease, making it the source and consequence of a disproportionate effect on women.

All the *Promotoras*, including the two male *Promotores* spoke from the heart about the theme of domestic violence. In order to further protect their confidentiality, the *Promotoras* requested the use of letters, instead of their names or pseudonyms for this session. They agreed to have the photo of Aurora simply titled: Mother's Love - *Amor de Madre* as the image to refer to the first narrative on the topic of domestic violence. *Promotora A* spoke of the home situations of physical and domestic violence she had suffered, and that justice for the crimes against her was never received.



Figure 20: Mother's Love
Amor de Madre

I have experienced physical and emotional violence. The lack of economic autonomy, and the fear of losing my child, meant that I could not take the risk and the truly daunting consequences of leaving the violent situations, and attempting to secure justice from a legal system, that I knew was going to be discriminatory and indifferent. I suffered for years in silence. Home was not a refuge but a place of terror. Almost every day I was beaten and I felt sexually assaulted by my own husband. But his acts of violence against me were never reported, because I felt the police in my town were going to see this violence as normal, rather than criminal. I knew that even if I had decided to seek for justice, I was not going to gain it. Years later, my husband who had been unfaithful since we got married, manipulated situations and falsely accused me of adultery, and I lost custody of my child, and he took her away from me. So much suffering and for what? My child suffered, I suffered, and nobody won.



Figure 21: Someone who cares
Un doliente

In order to avoid concentrating on individual cases, *Promotora B* spoke about forms of social violence and referred to the critical situation of incarcerated women and sex workers.

I would like to talk about other types of abuses. I want to talk now about the social violence women face with the ending of support programs and the cuts in social welfare. Many women and girls living in poverty are forced into prostitution. That I also call violence against women!.

I have given *pláticas* to sex workers and seen how they are discriminated against because they are thought to be infected. The more marginalized and the more discriminated against, the more they are at risk of getting infected. And if they are already infected, the disease further limits their opportunities to support themselves and imposes a huge burden on them.

I have also given *pláticas* at the local women's prison. The harsh conditions there turn the prison into an environment where HIV spreads rapidly. When you have nothing, not even freedom you are more likely to go into unprotected sex. We have a lot of work to do as *Promotoras - dolientes*, and to raise our voices against the current forms of social violence.

Promotora C talked about the judicial system's procedures in her country in the case of abuses perpetrated by family members. She said:

In my country, police and prosecutors are unwilling to believe and assist women abused by family members. Those who dare to call the police are told that it was "incited" by the woman's own behavior. I know of a case of a female lawyer who tried to defend a battered woman who had been raped by an uncle. At the end the lawyer found herself under threat of harassment and violence from other male relatives of the victim.

Promotor D spoke about his determination to continue promoting changes, especially the urgently needed changes for the younger male generation or what he called: The new men of tomorrow - *Los nuevos hombres del mañana*.



Figure 22: The new men of tomorrow
 Los nuevos hombres del mañana
 Taken by Donaji

We need to educate the younger male generation, *Los nuevos hombres del mañana*: men with more respect for women. We also need to work with the men of today.

Abuses are not only physical. Much emotional abuse is put on women who married men, who even recently married, leave them alone, without considering their feelings.

Who can respect a man who abandons his wife or *compañera* alone to raise a baby without any form of financial or emotional support? No one!. It doesn't matter what excuses have been given. A son is a son, and should be the responsibility of two. Even if he goes, he must be responsible. Years later, those fathers re-appear in their children's lives to claim their fatherhood. Some of them even dare to place blame for their abandonment, on the mother. The single mother, who had to struggle alone while raising the children!

¿Quién puede sentir respeto por un hombre que abandona a su esposa o compañera y la deja con un bebé y sin ninguna forma de apoyo financiero o emocional? ¡Nadie! No existe excusa posible. Un hijo es un hijo, y es responsabilidad de dos. Aunque el hombre se aleje, el debe ayudar a los hijos en su crianza. Y luego... años más tarde, el hombre reaparece en la vida de los hijos reclamando paternidad. Algunos hasta tienen el descaro de culpar a la madre por el abandono. La madre que ha luchado sola para sacar los hijos adelante.

Our younger male generation has to have more respect for women, than the one their fathers did. – *Ellos son los hombres del mañana.*

When I give a *plática* and there are mostly women in the group I tell them to invite their partners and husbands, so that they know what the woman is learning. And this is not to ask for permission from *Los señores*, but for them to recognize that women's rights are one of the highest attainable standards of physical and mental health in the family.

The *Promotoras* emphasized that they as advocates and activists must continue promoting the right to reproductive health education, contraceptive advice, and protection of victims of rape, abuses, harassment, and intimidation.

The erroneous expectation that *Promotoras* can eliminate all access barriers in the presently existing structure of US health services, as well as the limited view of the role of *Promotoras* as appendix of health agencies, were also raised as critical issues. The reductionism approach to the role of *Promotoras* as mere tools to increase access to

services - *como empujando rebaños* - through the sustenance of social relations corresponds to the bio-medical model of health promotion guided by organizational cultures oriented toward individual behavior, rather than systemic social change. Such health promotion programs framed only with the individual's needs in mind are inherently disconnected from the cultural, socio-economic, and political networks in need of healing, support, and development.

Even though the topic of the difficulty *Promotoras* encounter in their work with some institutions is not listed as a generative theme, to conclude the contributions on critical themes for RQ 3, the *Promotoras* talked about the challenges they experience in their work. Each *Promotora* spoke openly about the multiple limitations they encounter in their work. One of the most outspoken *Promotoras* opened this discussion on social agencies that make their profit using the image of the *Promotoras*. She stated emphatically that agencies that employ *Promotoras* should foster not only community service programs, but also the *Promotoras*' well being through, for example, the provision of strategic tools and educational resources. Moreover, she reinforced that interventions must be carried out in a way that ethically corresponds with the agency's professed policies and with the established agreements with founders of such *Promotoras* programs. However, she indicated that the problem of agency narrow-minded bureaucracies, together with the challenge faced when creating projects in the context of the present weak policy, raises concerns that allocated funds are being used for purposes other than those initially formulated and communicated to the founders. Unfortunately, the diversion of funds does not go to strengthen alternative community programs, but in most cases, serves the increased honoraria of agency directors.

The *Promotora* went on to explain how such “irregularities” undermine not only the agency’s image in the community, but also the trust that the *Promotoras* had placed in the agency when they were initially hired. She expressed her frustration in the lack of major efforts to correct this level of “irregularities” at the various “so called non-profits,” and stated that she would only work with agencies that have a clean reputation of appropriate funds allocation. Some of her words were transcribed and are indicated in the following lines:

It is frustrating to deal with institutions, even with the so-called non-governmental and non- profits. We constantly experience the feeling of not totally belonging—we are excluded, disrespected, and survive here without any form of protection. In some cases, the manager of the program, the one who should advocate for us making sure we are included in the package of benefits we should be entitled to, perpetuates a system of exclusion and marginalization of us as *Promotoras - se vende haciendole el juego al sistema*. Our hope is that we realize the power we have as a group, that we find unity in our struggle. We need to organize ourselves, and in order to be really organized we need to have a different form of dealing with the problems in our community. We need to work together, we need to be united. I believe that even to dare to think differently is a big achievement. We should never give up. We should keep in mind that change is possible, but we have to operate as one group, not divided, but in unity, and let our voices be heard. Routing out corruption can help break the cycle of poverty and oppression.

Other *Promotoras* in the study also agreed that to achieve integrity, non-governmental organizations (NGO’s) need to address the issues of accountability, donor institution relationship, and investment in *Promotoras*’ capacity building. The entire group took a stand against agencies that declare themselves as “English only institutions” while engaging *Promotoras* for their Spanish language skills. These agencies use a cost-saving strategy and take advantage of the skills of committed *Promotoras*, without officially hiring them or providing them with basic health care coverage, and suspending programs without any genuine respect for the community. The group emphatically

named this as an oppressive and discriminatory practice and a violation of basic workers' rights.

The Photovoice concluded with a ritual by the ocean.



Figure 23: Ritual
 Ritual
 Taken by Rayo

Summary

This chapter unveiled the effectiveness of *Promotoras* in the public education, community empowerment, and advocacy for the prevention of HIV/AIDS in the Latino community, by opening channels of expression for those traditionally not recognized and valued for their efforts. Their answers to in-depth dialogues and narratives validated the power of participatory research in exploring authentic perspectives forms of knowledge creation. The *Promotoras* took ownership of the study from its pre-design stage. They worked diligently to capture images that reflect their realities; then, they articulated and systematized their own thought process through dialogues and powerful narratives.

Ten generative themes emerged from the study: (a) *Raising awareness*: The *Promotoras* are aware of their responsibility as educators to motivate others for healthier life styles. Those living with HIV provided concrete examples on the various ways how their testimonies can also serve as educational tools. (b) Several *Myths* were analyzed as barriers that need to be *confronted* and overcome to break through the deadly silence of education on HIV/AIDS. (c) *Encountering socio-economic oppression*: The lack of opportunities and poverty was discussed as the source of unhealthy lifestyles. The *Promotoras* discussed the challenge they encounter as advocates for the prevention of HIV/AIDS in the harsh and debilitating social service environment for those at risk. (d) *Achieving personal and regaining community empowerment* were analyzed as key factors that play a pivotal role in the advancement of objectives in the elimination of HIV/AIDS.

Not only does this chapter incorporate the work of *Promotoras* as educators, advocates and agents of empowerment, but also it showed the inter-relation between the *Promotoras'* work and the principles of popular education developed by Paulo Freire. Within the framework of Freire's passages three generative themes emerged: (e) *Valuing popular art*, (f) *Respecting cultural beliefs* and (g) *Expressing solidarity*.

Finally, *Promotoras* living with HIV shared their pain and suffering caused by unjustified (h) *Discrimination* from the general public, family members, and service providers. The theme of (i) *Combating rape, abuses and domestic violence* was raised as cause and consequence of HIV, and in the context of the great challenges for the protection of human rights. They all formulated their visions to strive together for a better world for women, children and the community.

CHAPTER V

*SUMMARY – DISCUSSION – REFLECTIONS – LIMITATIONS AND DIRECTIONS
FOR FURTHER RESEARCH*

The purpose of this research was to study how Indigenous Linguistically and Culturally Connected Health Educators/ILCCHE - *Promotoras* educate, advocate for and empower Latinos in the prevention of HIV/AIDS. This research involved six *Promotoras*, both female and male, who work independently or with community agencies in the areas of San Francisco and San Mateo counties. The Photovoice project, The Voice of the *Promotora - La Voz de la Promotora*, was used as the primary methodological tool in order to obtain a more complete picture of the work *Promotoras* carry out in the community as well as of their everyday realities.

This chapter presents the summary of the responses to the three research questions in the context of the *Promotoras*' empowerment (Freire, 1977, Zimmerman, 1995, Rappaport, 1987, Gutierrez & Ortega, 1991) and offers recommendations. Then, a general overview of the Photovoice is provided. During the course of the Photovoice: The Voice of the *Promotora - La Voz de la Promotora*, a noticeable shift was observed in the *Promotoras*' attitudes as acting as agents of change in the Latino community. This shift will be considered from the pedagogical (Freire, 1970) and anthropological dimensions (Ricoeur, 1976). Additionally, this chapter indicates the study limitations and directions for further research and concludes with final thoughts.

The study closes with the words from the book: Fully Empowered – *Plenos Poderes* of the Chilean poet, Pablo Neruda

Summary

Results from the Research Questions

Research Question One

In what ways do Promotoras educate, advocate for, and empower Latinos in their reproductive health?

The research results for Research Question One (RQ1) demonstrated that the six *Promotoras* in their roles as educators and advocates generate processes of empowerment in themselves and in the communities where they work. Results from RQ1 lend support not only to the idea that the *Promotoras'* cultural and linguistic competence is reflected in the positive response they received during the *pláticas* they offered to various groups in the Latino community, but also to the power of their mediating role as bridges for education, advocacy, and empowerment. *Promotoras* reach the populations that are in most need of community services, such as day laborers, farm workers, sex workers, and newly arrived Latino youth populations, who are least likely to enroll in or come in contact with institutionalized health education programs that address the prevention of HIV/AIDS.

Most educational practices aimed at preventing HIV/AIDS in the Latino community are disconnected from the organic contexts of people's daily activities and their collective experiences within their linguistic, cultural, socio-economic, and political endeavors. Educational practices that nurture the cultural expression at the community level have proven to respond more adequately to the needs of the community. In a culture of highly social connectiveness, such as the Latino culture, progress in reproductive health education depends on how well we understand such cultural patterns.

Promotoras/ILCHE educate, advocate, and empower their communities through cultural platforms that connect with people. This type of “soul connectiveness” strengthens cultural identity and demonstrates the *Promotoras*’ effectiveness in motivating people not only to learn more about HIV, but also to act on the information received.

Observations of the *Promotoras*’ *pláticas* on reproductive health evidenced the way they are able to touch on very sensitive and personal topics in a manner that is attuned to the native culture and to their understandings within the contexts of their surrounding environment. Manuel shared his testimony as a young Latino living with HIV and how he makes his own artistic educational materials, while Tehuanancy conveyed how she uses her talent as poet and singer to communicate messages about HIV. They both told how they face the educational challenges presented by HIV education with cultural expressions that effectively address the community without the artificiality and stigma of standard public forums.

Donaji and Chispa spoke openly about myths and taboos; this direct openness was apparent as an essential mechanism for persuading, modeling and reinforcing powerful behavioral changes. Hope and Rayo reach out to immigrants, particularly those who are undocumented, and isolated from other structures of communication. All of them expressed how they bring personal contact and direct information for education, advocacy, counseling and natural empowerment at personal and community levels.

The results of the Researcher’s analysis of the Photovoice narratives, observations, and in-depth dialogues for RQ1 showed that in order to support the *Promotoras*’ educational and advocacy mission, as well as their own empowerment, the *Promotoras* would benefit from the following initiatives: (a) the reinforcement of

Promotoras' capacity building through various cultural tools and presentations that sustain community values, while motivating the community to adopt protective sexual behaviors. This effect would generate an initiative for a *Promotoras* Institute that would promote the views of alternative forms of education and respond to specific needs of diverse populations, (b) establishing a field system of working in pairs, one young *Promotora* with one experienced *Promotora*. This would guarantee the retention of experienced *Promotoras* in the community and the natural dissemination of knowledge to the young *Promotoras*, (c) involvement of more community-based organizations in promoting a better understanding of *Promotoras'* work among diverse communities to ensure that the *Promotoras'* work is properly supported, and (d) creation and increase of the number of *Promotoras* programs that are tailored to be both culturally/ linguistically sensitive and appropriate.

Research Question Two

How does the work of the Promotoras reflect the popular education principles of Paulo Freire?

The results for Research Question Two (RQ2) revealed that the quotes chosen from Paulo Freire inspired the *Promotoras* to share how Freire's words correspond to the *Promotoras'* praxis with the communities. The writings of Paulo Freire dovetail so closely with the *Promotoras* methodology that by studying the corpus of his passages, the *Promotoras* gained entrance into the authentic cultural approach, which they practice in their daily efforts of education for empowerment with their Latino community.

Promotoras enrich the educational setting of their *pláticas* on the premise that people are actors in their own learning process (Ada & Beutel, 1993). Like Paulo Freire,

the *Promotoras*' participatory teaching style works through interactive sessions that reach out to those who have traditionally been isolated from, excluded by, or placed at the bottom of most socio-economic and political endeavors. Tehuanancy, Chispa, Hope, Rayo, Manuel and Donaji shared how their work does not stop with the simple distribution of condoms, but that they open spaces for people to have discussions aimed at promoting social changes among the most disenfranchised segments of the population. And it is not the *Promotora* who takes the lead during these discussions; instead the *Promotora* as leader creates time and space aimed at building personal and collective capacity for change in the participants.

Meredith Minkler (1982) states that "the process for change comes through the analysis of conditions and people's role in changing those conditions" (p. 39). Freire's popular education is aimed at human liberation, self-reliance, and self-determination. The Researcher observed several of the *pláticas* offered by POWER on negotiation tools. In these participants centered *pláticas* with a group of women housecleaners and janitors, Chispa as the *Promotora* acted only as facilitator, following her approach to a group process that greatly resembles the Freirian approaches of de-construction, capacity-building, and reassurance of leadership. Both the *Promotoras*' and Freire's approach foster concrete actions directed towards changing communities' socio-economic landscapes. The group feedback clearly stated that the *plática* had been an eye-opener - *para abrir los ojos* and would help to stop the cycle of social abuse in which the group members found themselves immobilized - *que nos dejen de tratar como monigotes*.

Freire's contribution to cultural action and *contizaçao* is clearly reflected in the way Tehuanancy acts on the meaning of the common expression in Spanish, "With music

and poetry everything is easier: Culture heals - *Con música y poesía todo es más fácil, pues la cultura cura*; and “We each have a little bit of the musician, the poet, and the crazy person inside of us - *De músico, poeta y loco todos tenemos un poco*.” These traditional sayings are evidence of the therapeutic effects and fascination attributed to music and poetry in the Latino culture (Torres & Cernada, 2006). Tehuanancy’s improvisation of poems and music transforms complicated lectures into public expressions of collective experience that are culturally relevant to the listeners.

Supported by the ancient Latin American tradition of the use of lyrics, and in keeping with the Freirian idea of Theater of the Oppressed - *Teatro del Oprimido*, the *Promotoras* deliver through music and poetry not only health education messages on prevention of HIV, but also key stories which allow the listeners to see in themselves the possibilities for change and healthier lives.

During observations of Hope’s and other *Promotoras’ pláticas*, the use of jokes, stories, simple role-plays and drama proved to be a valuable source of icebreaker exercises. These strategic dialogue openers initiated successful discussions on HIV prevention, promoted new behaviors, and at the same time appealed to the participants’ aesthetic values and desire for entertainment. These *Promotoras* were coincidentally using popular education and popular cultural platforms (Freire 1970) to disseminate health information through their simple performances. Their educational strategy is to reclaim the Latino cultural legacy and effectively apply this legacy to the prevention of HIV in the Latino community.

The results from RQ2 corroborated the need to continue reinforcing the principles of popular education in the training - *capacitación* of *Promotoras* and the surrounding

community. The analysis of these findings verified the need to recommend that the *Promotoras'* work be properly supported with (a) educational techniques that address socio-political challenges, (b) inclusion of participants' perceptions in order to honor their diverse cultural backgrounds, (c) integration of social interaction components of empowerment, as a way to foster relevance of educational interventions, and d) adaptation of cultural expressions that reflect the artistic richness of the Latino culture.

Question Two's findings have practical implications for community-based health practitioners, and also for grassroots educational initiatives, such as PROMOVISION. Contrary to other *Promotoras* programs, PROMOVISION understands that Freirian praxis does not guarantee immediate results, as is often expected by donors who have little understanding of Freirian approaches. In depth dialogues with the *Promotoras* participating in this study confirmed that the *Promotoras* are aware that capacity-building following Freirian methodology views behavioral change as a human response developed over long periods of time. As such, the education and re-education of behavior are aimed at long-term results.

Research Question Three

What common themes surface in critical discussions with Promotoras?

The results for Research Question Three (RQ3) on themes that surfaced in critical discussions with *Promotoras* who have worked with Latinos, shed light on the potential of Photovoice as a tool that enables participants to think critically about crucial issues and allows for self-expression empowerment. Photovoice: The Voice of the *Promotora* - *La Voz de la Promotora* established the context for open expression by creating a congenial setting for participants who belong to a cohesive group, share common

interests and make use of opportunities for knowledge, new skills and leadership. All of these are elements of empowering settings (Rappaport, 1987, Zimmerman, 1995, Gutierrez and Ortega 1991).

As stated by Ruiz (2006), empowerment theory is consistent with the ecological models, which teach a new approach to health promotion. This approach considers the influence of empowered individuals on their environment, and reciprocally, empowerment theory suggests that characteristics found within environmental settings can impact a person's experience of empowerment (Rappaport, 1987, Zimmerman, 1995, Ruiz 2006). Gutierrez and Ortega (1991) defined empowering settings as environments that encourage and support the development of empowerment among those who share a sense of group cohesion, common belief systems (Maton & Salem, 1995), and opportunities for the acquisition of knowledge and skills (Kieffer, 1984), leadership (Bargad & Hyde, 1991), and experience (Breton, 1990).

Guided by *Promotoras'* answers to RQ3, and through the implementation of the Photovoice project, the development of group cohesiveness influenced empowerment among the *Promotoras* by encouraging perceptions of group consciousness and motivating a collective orientation towards change (Gutierrez, 1995; Gutierrez and Ortega 1991). For instance, when the participating *Promotoras* met as one group at the first session of the Photovoice in Montara, they established clear guidelines to stick together and to remain united as one group in the pursuit of the final product for the project. The level of commitment was clearly evidenced by the constant feedback and mutual support provided throughout the process.

In regards to sharing common belief systems and interests, when confronted with critical themes such as cruel judgment of people living with HIV, abuses, domestic violence, rape, and exploitation, the *Promotoras* expressed an uncensored and collective voice. Also insofar as the topic of immigration, the entire group strongly agreed on the need to actively participate in the May 1st, 2006 demonstrations and the other marches that took place in the Bay Area at the time this study was conducted. They felt called upon to let their voices be heard. This solidarity demonstrated the effectiveness of identified goals and showed the power of a common belief system to motivate purposeful activities.

Indeed, according to Maton and Salem (1995), collective actions that are directive and beyond self-interest support empowerment development, and provide a channel to address and achieve collective group efforts. Furthermore, while addressing critical themes of RQ 3, a “safe space” to speak up, was created in empowering settings that gave opportunities and supported *Promotoras* in their sharing and learning from each other’s life experiences.

From a general perspective, the findings for RQ 3 revealed the impact of group cohesion, common belief systems, and shared opportunities within the Photovoice participation as an empowering experience. The Photovoice narratives for RQ 3 provided the circumstances to trigger in each *Promotora* all these elements for a meaningful collective action, and enhanced their belief in their own capacities to achieve, and even excel beyond, the proposed goals. This result corroborates the notion that educational and group opportunities create circumstances whereby individuals can acquire and employ skills and experiences (Kieffer, 1984; Maton and Sallen, 1995;

Holden et al., 2005). In turn, these acquired skills and experiences work towards empowering individuals within the group.

Prior studies (Freire, 1977, Kieffer, 1984, Bargad & Hyde, 1991, Breton, 1990) have noted that the offering of opportunities on their own is not enough to significantly contribute to empowerment development. Instead, offering opportunities must be combined with participants' action, along with their active role in accomplishing goals. This orientation accounts for the positive effects of these influences on empowerment development. When one of the most experienced *Promotoras* discussed this topic on empowerment-plus-action, she illustrated it with a visual image. She stood in front of the group and asked another *Promotora* to come to the front of the room with her. She then stood behind the other *Promotora* and said, "A *Promotora* is someone who does this—," and she pushed the other *Promotora* forwards. She then continued, "A *Promotora* is someone who is aware of resources, someone who is assertive, has advocacy skills to push others as a collective whole, to act in defense of our rights - *para empujar en la defensa de nuestros derechos*".

This image corresponds with Zimmerman's (1995) theoretical perspective on empowerment, as well as with Freire's (1976) and Holden et. als (2004, 2005) recent research on empowerment. Empowerment towards action requires social participatory competence as well as skills in personal assertiveness and advocacy along with self-recognized efficacy. Although group cohesion, common belief systems, and opportunities are necessary for empowerment, predisposing personal factors associated with individual perception can nurture or inhibit any process of change.

Most of the *Promotoras* participating in this study take an active role in socio-political processes. Even younger *Promotoras* demonstrated characteristics of empowerment in their actions. When the Researcher questioned Hope about this topic, her answer gave clear evidence that being exposed to other *Promotoras* with experience in social mobilization had served her and other *Promotoras* by providing good examples to follow. Her answer, “One does not accomplish everything on her/his own - *Uno no se hace solo*” refers directly to the influence she felt from other more experienced and older *Promotoras*. Very importantly, in the context of the rise in HIV infections and STDs, it is crucial to view empowerment not only as an individual process, but also as a collective effort to provide the Latino community with adequate educational strategies.

Moreover, the in-depth dialogues for each research question of the Photovoice lead to the conclusion that empowerment is context-driven and context-specific. For example, Donaji, in the context of working as a *Promotora*, appeared as an empowered woman and exhibited high inner strength with groups. She spoke to them about her purpose and unswerving commitment to continue improving the condition of women so that all her community can be healthy and fulfill its potential. This makes her a very charismatic and effective *Promotora*.

At the actual employment level, however, her level of empowerment is very different. She works one day cleaning houses as maid, a second day as babysitter, a third day selling used clothes that she receives as donations, a fourth day preparing and selling traditional food, and a fifth day taking pictures during fiestas in the Mission District. In spite of all these efforts, she still finds it very difficult to make ends meet as a single mother. She envisions a future when she can complete her education, but everyday

struggles often diminish and inhibit her empowerment and potential to further grow. The Researcher connected Donaji with the part-time educational program at San Francisco City College (CCSF) on *Promotoras*. She has now connected with people in her area of expertise at CCSF and is exploring the ways she can use her *Pomotora* skills. After conclusion of the Photovoice, Donaji attended the training - *capacitación* - at San José to participate in the breast cancer prevention program: *Una Mano Amiga – Latinas contra cancer de seno*. Hopefully, this shift in context will in the future empower her to move in a direction of further development.

In the context of the three research questions, the Photovoice provided opportunities for *Promotoras* to become involved in group- process, gain knowledge and skills, and expand their leadership abilities. The narratives brought useful insights into the relationship that exists among group cohesiveness, common belief systems, opportunities, predisposing factors, and also individual perceptions within the framework and contexts of empowerment. The *Promotoras* utilized every opportunity not only to accomplish all of the established objectives, but also they surpassed expectations and organized concrete advocacy activities. Clear evidence of the positive outcomes showed itself in the successful empowerment of the *Promotoras* to engage in concrete actions after participating in the Photovoice. Through the many activities they took on during the Photovoice project, the skills they developed can now be applied and adapted as necessary to other programs such as *Mano Amiga – Latinas contra el cancer*.

Discussion

The Photovoice Project Development and Results

When approval from the Institutional Review Board at the University of San Francisco was obtained, the global ethical concerns of informed consent, confidentiality and potential harm to the participants were discussed with the *Promotoras*. To address these concerns, the general aims of the whole research project were discussed with the *Promotoras*, prior to the beginning of the study, and throughout the negotiation of the research direction, as the project was carried out. The research questions and approaches were carefully explained to the *Promotoras*, who were given the opportunity to modify them if they considered this necessary. Permission to audiotape dialogues was sought from each one of the *Promotoras*. Much attention was given to the confidentiality procedures, especially the participants' consent confirmation. This served to develop trust and to ensure that the study would not harm the participants in any way. Anonymity was protected by the use of changed names or personally selected pseudonyms.

As the first activity, individual meetings took place between the Researcher and each one of the *Promotoras*. The initial questions guiding the dialogue were formulated and adapted to incorporate their suggestions. At the Photovoice sessions, the Researcher and facilitators opened the space for the discussion in brainstorming exercises and the group got involved in the process of codifying (Wang, 1996; Yi, 1998). This process allowed the *Promotoras* to identify a list of collective themes. The process involved selecting photographs that most accurately reflected the *Promotoras*' concerns, and conceptualizing or writing narratives about what the photograph represented. Then they focused on a thoughtful, in-depth analysis of each response with a watchful eye for

recurring themes and overall patterns. In the process of the three sessions for the Photovoice project, the list of themes per research question served as the primary source for discussion with the entire group, and generative themes emerged from the analysis of each primary theme.

The task of identifying categories and subcategories in the responses from each of the six *Promotoras* proved to be much more of a challenge than originally expected. Two *Promotoras* volunteered to work together with the Researcher on the second list of generative themes by grouping responses in which each generative theme was mentioned. These two *Promotoras* assumed the role of co-principal investigators and followed a rigorous and time-consuming process for each question together with the Researcher, keeping in constant communication with the remaining four *Promotoras*.

The community based social services agency, POWER, generously allowed the co-principal investigators and the Researcher to make use of their office space, computer and office supplies. At POWER the *Promotoras* and the Researcher worked with the text of the narratives and developed a coding system for the generative themes to establish categories that corresponded with the photographs taken and selected by each one of the six *Promotoras*. Since both *Promotoras* acting as co-principal investigators had full time jobs during the day, the work for the project was done after office hours, even past midnight. But our hard efforts were rewarded when the grouping of the generative themes was shared with the larger group of *Promotoras* and consensus was obtained. They all participated in deciding which photo should accompany each of the responses for the final ten generative themes for the three research questions. After this process was completed, they were pleased with the result and enthusiastically named the

exhibition: Independent Photovoice Project: The Voice of the *Promotora / Proyecto Independiente de Fotovoz: La Voz de la Promotora*. The entire group of *Promotoras* agreed to have it ready as a contribution to San Mateo County's Bay Area AIDS Awareness Day (BANLAAD) on October 15, 2006, a goal which the group successfully met.

When asked whether the Photovoice: *La Voz de la Promotora* gave them opportunities for empowerment, the *Promotoras* expressed: "This has been a very rewarding experience. We had the opportunity to be consulted from the pre-design phases of the study, through the questions guiding the dialogues, and the various reflections during the entire process." Similarly, the *Promotoras* rated the content of the Photovoice sessions as a very valuable opportunity to engage in leadership activities and to contribute to mutual learning through the sharing of their life experiences.

Presenting the Photovoice exhibitions to a variety of different audiences helped the *Promotoras* and the Researcher evaluate the success of the narratives and the photographs as to how compelling they were, and whether they communicated the meaning intended. After the first pre-view of the sets of photographs during the September meeting with the BANLAAD, the director of HIV/AIDS prevention program for San Mateo County, supervised the production of a website using a selection of the photos and narratives. The web page (Appendix F) was also completed in time for the HIV/AIDS Day and it can be viewed at: <http://www.banlaad.org>.

The *Promotoras* eventually hope to link this website to other *Promotoras* websites both in Latin America and the United States.

Observers of the exhibition at the Bay Area AIDS Awareness Day as well as website visitors provided feedback on the exhibition. Comments from this first open exhibition at Fair Oaks Community Center, and then at Alameda County Health Services, Hayward State University and various area churches, provided important feedback as to which parts of the work of the Photovoice exhibition needed to be prioritized and expanded in future exhibitions. In response to this and in agreement with the group, one *Promotora* undertook the responsibility of re-organizing the series of pictures per research question. Also at this point, Samaritan House donated a dozen frames, and POWER contributed brightly colored paper, so that the photos and narratives could be artistically framed in three colorful sets, per research question.

Organizers of the annual conference *Vision y Compromiso* then invited the *Promotoras* to exhibit their Photovoice project as the main display of the annual Vision y Compromiso conference held at the Burbank, Southern California, Hilton Hotel. The public, including legislators, politicians, religious leaders, community leaders, university professors, directors of governmental and non-governmental organizations, and more than 500 *Promotoras* from Mexico and the United States, attended the conference. The Photovoice exhibition was placed in the front of the main venue and received high acclaim from the conference organizers as well as from the participants.

The success of their efforts generated a very empowering experience for the *Promotoras*. In discussions with San Mateo Health Services, it was agreed that the Photovoice Project: The Voice of the *Promotora* - *La Voz la Promotora* exhibition will be displayed in any other venue that unfolds in the future. The advisory group of BANLAAD 2006 requested to have the Photovoice exhibition for the next BANLAAD

2007 that will take in place in October 2007 in Contra Costa County. PROMOVISION – US Mexico Border Health Association, El Paso is promoting the implementation of a *Promotoras* initiative on the prevention of HIV in the Latino community of New York. The present research study as well as the Photovoice project: *La Voz de la Promotora* will be a contribution to this effort, and to the establishment of a *Promotoras* Institute.

Reflections

Analysis of the Attitudinal Shift as a Function of the Photovoice Experience

Photovoice was used for this study as the central tool for participatory research methodology for its ability to mitigate the classical distinction between the researcher and the research-subject. The following pedagogical and anthropological reflections were made after observing the effect generated by the photos and narratives (interlocutors) during the various exhibitions of the Photovoice project at health fairs, state universities, church activities, and at the annual conference and meetings with legislators and religious leaders (readers/observers).

The practice of Photovoice sets up a form of confrontation between the products of Photovoice, the photos and the narratives on the one hand, and the readers/observers on the other. This confrontation process needs to be taken into consideration, for the goal of Photovoice is to engender a change in the one who makes the product as well as in those who meet this product (readers/observers). Through this encounter, the world of both the producer and the observer undergoes change. The substance of the Photovoice exhibitions is found in the way both the narratives and the photos tell their own story. In a sense, they are complementary; but more primarily they stand in their own light, they

pose their own conditions, and they each have their own impact. In this sense, for the readers/observers, the narratives as well as the photographs act as interlocutors.

Something similar to the process that occurs in a museum happens when the viewer goes first to the written text, next to the artwork, and reads or hears what the painting is about. The commentary pre-constructs the viewer's reality. A discursive net is laid over the artwork that tells people how it should be understood. Before going any further, it is important to clarify that the readers/observers are not capable of a 100% objective distance because each viewer brings his/her own history and culture to the image while the viewers are in visual "dialogue" with the narratives and photographs. The readers/observers already have within them their own pre-formed horizon, their own body of judgments and biases—the models they have of reality—before they step into their interaction with their observations/dialogue of/concerning the piece of art (Ricoeur, 1976).

In order to further explore the impact that the photos and their respective narratives might have on observers/readers, the photos and narratives were included, as a preview, at a small exhibition at a local health fair for the prevention of breast cancer. Here the Photovoice: The Voice of the *Promotora - La Voz de la Promotora* exhibit was organized so that the observers saw the photos before reading the narratives; the viewers described what they thought and felt when looking at the images on their own. Then, the narratives written by the *Promotoras* were placed next to their corresponding photographs, the observers/readers were asked to look at each photo again, and then to read the narratives. The viewers were then asked to describe this experience. The findings demonstrated a clear difference between the two sets of observation conditions.

The initial comments from the observers related to their own expectations, biases, and pre-judgments; the second set of comments showed that the life reports of the *Promotoras* had impacted the ways in which the photos had been initially perceived. The horizons of the readers/observers and the worlds of the *Promotoras* met at two different time intervals: when observing the photos without the narratives, and when observing the photos with the narratives.

In order to ascertain the impact and changes experienced as a result of observing the Photovoice, the transformations were reflected upon from the pedagogical and the anthropological dimensions.

Pedagogical Dimension

The pedagogical dimension of the Photovoice project: *The Voice of the Promotora - La Voz de la Promotora* involved the learning process for the *Promotoras* who took, chose, and framed the pictures that told their stories. This pedagogical dimension is described below in terms of emancipation, safe learning space, liberating language, and future vision.

The pedagogical dimension of the Photovoice process had an emancipating effect when the *Promotoras* became aware of the human value and spiritual capacity their images and narratives implied about them. This effect was pedagogical because it taught emancipation—the world and oneself could be seen in another light; a process of changed awareness was initiated. A new understanding that is self-understanding was developed. Freire calls this process *concientização*: through the dialogue, the interlocutor changes. Each one of the *Promotoras* experienced and recognized this type of change occurring within themselves with their multiple viewings of the exhibition. For example, the photo

later called: “My charming prince - *Mi principe azul*,” had as its original title, “Through our own lenses - *A traves de nuestros propios lentes*.”

Its narrative read:

The first thing anybody notices in this picture is its intense, blue color. This picture tells the story of a sunset when my husband was contemplating the horizon in Palo Alto. I was looking at him and thought, “I would like to have a picture that shows exactly how I see him in this moment.” So, I removed my own glasses and placed them in front of the camera and I took the picture. There were no sophisticated filters or special lenses used to take this picture, just my own \$12-dollar sunglasses. I like the picture for what it represents to me. It also makes me reflect on the many times when outsiders from our culture have taken pictures of us using their own sophisticated lenses, their own ways of looking at our beliefs, and our traditions.

I feel that we need to say “no” when we are not acknowledged for who we really are. We need to say “no” to outsiders from our culture when they treat us as if we are in their labs under a microscope, and they draw conclusions based merely on their own observations. We have our own stories to tell, and our own voices to express them. We have our own lenses to see things the way we experience them. I think that there is a need for a conversation between me and my culture, my beliefs, my traditions, and that we can write about our own experiences.

I think that there has been much arrogance in the way others look through their own lenses and try to document the experiences of ethnic minorities and different cultures. Pictures have been taken of us without our consent, and have only served as records for the photographers. That practice has perpetuated the idea of a cultural superiority and cultural oppression.

This Photovoice project is very meaningful. It shows daily lives as perceived by us. It is simple in essence, but very profound in the sense that we chose what we considered important for us—how we relate with our families, friends, and with the community we serve.

The photo and narrative: “Through our own lenses - *A traves de nuestros propios lentes*,” was one of the first ones to be organized as part of the final Photovoice product. Everyone in the group liked both the photo and the narrative and unanimously agreed to include the topic of personal empowerment as a generative theme for further discussion. After a couple of weeks of distance from her contribution, the *Promotora* who had

brought this picture approached the Researcher and the group with the request to modify her narrative. She had decided to use the same picture, but to concentrate on the need for open communication in dealing with the stigma of HIV/AIDS in her commentary, starting with own close family members. Her new narrative was then integrated in the final Photovoice exhibition with the new name: “*My charming prince- Mi principe azul*” (RQ2, Figure 8)

A second aspect of the pedagogical dimension of Photovoice was demonstrated in its ability to create a safe learning space. If a process of learning is to take place, it first needs a safe space in which the interlocutors can show their vulnerability and their strength. This ensures that the dialogue relationships can be free of power relations and unhealthy dependence. During the planning stage of the first Photovoice training session, three school health educators from one of the social service agencies asked to join the *Promotoras* in the first training session - *capacitación* at Montara. After the facilitators examined the power relation these three school health educators had in relation to the *Promotoras*, the facilitators decided that the pedagogical space would be jeopardized if these school health educators attended.

Also important to the pedagogical dimension is a third aspect of language and terminology. It is important to clarify that from the first session, the term “training” was modified to the Spanish word “*capacitación*” which means “to build capacity.” This decision was made by the *Promotoras* who requested that none of the sessions of the Photovoice: The Voice of the *Promotora* - *La Voz de la Promotora* would be called “trainings.” The Researcher agreed that since the *Promotoras* were not “objects” of study, but active participants and interlocutors, they should have a voice even in the

terminology to be used in every phase of the project. Even the use of simple terms such as “training” creates a certain reality; it opens a world of oppressive expectations and ideologies. In contrast, liberating pedagogy connotes engagement and horizontal relationship. In a project like Photovoice, the pedagogical dimension associated with language use is dramatically present. Photovoice is itself a revolutionary practice in the sense that those involved in the learning process and in the production of photos and narratives (including also future readers) make themselves visible within the discourse they stand in, or have stood in, thus far in their lives. Liberating pedagogical process breaks through previously interiorized models of reality and language-constructed perspectives. Through their participation in this research, the power of this process demonstrated itself in the reshaping of the *Promotoras*’ sense of self-generated expression.

Language is not a tool that we can use and put away at will. On the contrary, we stand in language, we live in language as at home—*en casa*. That is, through language we have access to that which exists within us behind the words, so to speak, where we can find the unspoken, the deeper meaning of ourselves within our culture. Consequently, the language we are born into either facilitates this birth of being, or it inhibits it. Language is something we share with others. It can be described as a world of pre-existing language practices and discourses; we are born into language; we do not acquire it. Taking control of language content and structure creates the space in which a human being can unfold, and insofar as the Photovoice project accomplished this language management, the pedagogical dimension of language liberation was served.

The use of Spanish and indigenous language in the Photovoice narratives allowed the *Promotoras* not only to develop within their own language practices and discourses, but it also allowed them to relate these native language perspectives to those of American English. One of the many examples of this interaction is the indigenous language title of the photo contributed by Donaji, Toconeme. It means *Our Children*. At one of the exhibitions, the word *Toconeme* was understood to be the photographer's name, and not the title of the photograph. This very simple confusion of meanings, however, provided an opportunity for Donaji to establish dialogue between herself as *Promotora* and the audience. She clarified the reasons why the group had chosen that term as the title for the photos on our Children – *Nuestros hijos*, and the deep cosmological meaning of the indigenous term in comparison to the meaning of its literal English translation.

This situation exemplified how we can become subjects in dialogue with other subjects. The world we share is a world of meanings by which we are shaped and with which we shape the world. In this sense we are not only a product of a culture, but also a producer of that culture. Neither language nor culture is frozen, neither one stands and waits to be reported, but both are consistently socially negotiated and perpetually changing.

Finally, within the pedagogical perspective, Photovoice can be seen as an educational project that reaches or projects into the future. The word “project” comes from “pro-jectere” - to jump ahead. We, so to speak, “jump” ahead of ourselves with any project that we undertake. Through the plain fact of the knowledge of the limitations of our own existence we create projects, we “jump” past these limitations in the act of envisioning a better future, a better world. A project such as Photovoice can awaken in

the participants and in the Researcher who facilitates the process, along with the reader and observer, inner causeways of the imagination that build, or project, the possibility of future action. In this way the Photovoice project worked as pedagogy of the future with eminent implications of deep social impact.

Anthropological Dimension

The Photovoice project, *The Voice of the Promotora - La Voz de la Promotora* had an anthropological dimension in that it bore the structure of a ritual. All rituals have the threefold structure of rites of passage: separation, transition, and reincorporation (Gennep, 2007). All the elements of the threefold structure were visible in the practice of this Photovoice project. Every holy place possesses the qualities of separation, transition, and reincorporation: not only churches, mosques, temples, synagogues, and pagodas, but also mountains, lakes, rivers, and woods. The sacred space is created by a particular inner relation with the outside world, so the prayer said in the midst of the hustle-bustle of Distrito Federal, Mexico, can transform the mundane city space to a space of separation, transition, and reincorporation; or a simple altar in a remote village in Oaxaca transforms this rural space into a space of ritual.

Similarly, an image of a respected leader such as Cesar Chavez can transform the most mundane space into a sacred space. What these spaces (also spaces in time, for example a holy day or a holy hour) have in common is that they have become humanized. During the praxis of the Photovoice, a special “space of meaning” was created. This space was a special human space, in which hidden meanings, new sensibilities, and new meanings were discovered. This space featured interlocutors that transcended their individuality and reached the general public.

In the initial act of taking the photos, the *Promotoras* entered this “human space of meaning.” This “space in between spaces,” and a “time” in between “times,” (Genep, 2007 p. 10) for the *Promotoras*, took on an almost sacred significance. After taking the photos, the participating *Promotoras* chose and organized their photos and narratives in a powerful ritual sphere, which allowed for clear changes to take place within them. The three Photovoice sessions – *capacitación* created a space of separation, which allowed the *Promotoras* to separate from their day-to-day identities; the choosing and organization of the photos then provided a time for transition so that the limitations of their known identities could break up and separate. The creation of the exhibition itself fostered a new social dimension in which new identities could recombine, reintegrate, and emerge as a *capacitación*, an empowered ability.

During the different phases of the Photovoice practice, its ritual nature showed that culture and its perceived identities do not consist of a frozen body of models somewhere “put in the heads” of its members; culture not only can be perpetuated, but also recreated. The Photovoice project, *The Voice of the Promotora - La Voz de la Promotora*, shed light on what happens when the deeper processes that construct culture can come alive. The *Promotoras* and the Researcher could observe how social and cultural realities and identities are not simple givens in life, for its subjects to ingest, but these are constructed, and can be reconstructed, by living human beings. Evidence of this finding is abundant. For example, one of the narratives written by Rayo, which was modified in the process and not included in the final Photovoice product, is stated here, with permission from the author (Rayo) because it illustrates the anthropological

implications on the ritual ceremony that opened the first session – *capacitación* of the Photovoice in Montara.

During the first Photovoice session at the lighthouse by the ocean in Montara, a *compañera Promotora* celebrated a very special cleansing ritual. At first some of us felt surprised how one of our sacred rituals could still be openly practiced in this country, but we all joined the practice and experienced an inner strength that brought us closer to each other as *Promotores*. I think that when others cannot understand our perception of the world, there is a strong reaction in us to try to deny our own sense of reality and to hide it in order to protect it from being ridiculed. But then, the point is, if something has a meaning for you and you cannot communicate it, how can it be understood? Unfortunately, even the word “ritual” has become a pejorative term that connotes the “uncivilized.”

When the Photovoice facilitators, Nance Wilson and Stefan Dasho, joined us in the cleansing ritual, the experience meant more than a mystical practice, instead, it connected us all with the reality and the richness of another way of relating to the tasks ahead that afternoon. As a result of this ritual, the whole day we felt authentically who we are as human beings, and that we could express ourselves openly in a safe environment.

We are in a transition in this country, trying to construct a meaning of this different world. In any ritual practiced here, there is an essential threat in our lives that connects what we left behind with what we encounter here. We are trying to make sense of things by pulling up various experiences of the past, so that they can meet what we are here today, and allow us to project to the future what we would like to be someday. I think that the rituals persist because we are never able to totally remove ourselves from our culture. Sometimes I think that culture survives because it helps people to survive.

This Photovoice is a good example of ways to honor our voices: one image is worth a thousand words - *una imagen vale más que mil palabras* - The photo of the lighthouse and my narrative bring out the fact that indigenous wisdom is very powerful and perhaps can also function as a healing source that can alleviate a little bit those going through AIDS.

Even though not all the participating *Promotoras* attended every exhibition, their voices were being heard through their narratives. They as narrators in the field were silently “present” and could help those viewing the photos have a deeper understanding of their life experiences. In this light, the Photovoice exhibition proved to be a very powerful recombination tool, giving the *Promotoras* as active co-Researchers a voice and

an instrument of *conscientização* that radiated from them to the general public (observers/readers). Here they acquired a new daily life experience that recombined their former daily lives with their research project experience. When physically present at the exhibitions, the *Promotoras* receiving feedback and comments could become observers of the reactions of the general public, and fully undergo the reconstructive experience of the reorganization phase. For example: the photo, “The shadow of AIDS – *La sombra del SIDA*”, when seen without the narrative was interpreted by an observer as the image of a homeless person. When the respective narrative (authored by Manuel) was placed next to the photo, the impact was even greater. Moreover and most importantly, this process was one of recombination for Manuel, in which the separation and transition phases of the research project could be completed in a phase that allowed for an intense process to occur. A similar recombination experience took place with the photo, “Together we will make the change - *Juntos haremos el cambio*”, authored by Chispa, and many others.

This change process of *concientização* is entirely different from the orthodox research method, where the Researcher, carrying her/his own background, enters for a few hours into a community to conduct interviews, and then leaves, without assuming that her/his presence and the interviews conducted have had an impact of some kind on the group that she/he studied.

The Researcher, in qualitative as well as in quantitative studies, might through her/his questions have initiated a process of *concientização*, but on leaving, the persons involved are left alone, with no feedback on how the wider world would react to them as the “vulnerable” group. The Researcher is, in fact, responsible for what comes after the

phases of isolation and transition, which have inherently made the participants psychologically vulnerable, a vulnerability that allows the Researcher to accomplish her/his goals. Even if the Researcher is not present, but makes it known that the participants can set up opportunities to share their research experiences with others, such moments offer opportunities for empowerment and reintegration.

For example in this study, two of the *Promotoras* decided to share their Photovoice photos as troubadours - *trovadoras* in the Mission District to show how social change can take place in the public reaction to these images. Within this process, one can see the powerful effects of shifting contexts on the construction of social identities. The *trovadoras* might not usually feel that they have a socially significant impact on their listeners and have in effect a socially marginalized identity. With the new context provided by their social message, however, the sense of marginalization gives way in its recombination with the contexts of the performance of a social message, and an identity of “marginalized” shifts to an identity of “empowered.” The force of this recombination and reintegration has the power, in turn, to open a new dimension of experience in the lives of others, those who listen to the *Promotoras / trovadoras*’ songs and poems simply while enjoying a meal. In this way, all enter into what could be termed the ritual of empowered social change.

Limitations of the Current Study and Directions for Further Research

This study broke new ground by examining the work of *Promotoras* in the prevention of HIV/AIDS in the Latino community. This study was not without its limitations, thus, this section presents these along with directions for future research.

The Researcher agrees with others who view fieldwork and analysis within the qualitative domain as a creative art and as a constant creation and re-creation of reality (Ricoeur, 1976). The co-principal investigators worked collaboratively with the rest of the group of *Promotoras* by asking them to read and verify with the Researcher the first transcribed text and its subsequent analysis. This qualitative participatory approach ensured the reliability of the study, and strengthened the ethical base of the research. Despite the numerous efforts of the Researcher to include most of the photos selected and their narratives, particularly on critical issues, their number highly exceeded the central focus of the study. Therefore, the *Promotoras* made a significant choice selecting those that for them served to illustrate an answer to a research question or particular argument. However, since the wordings of Spanish idiomatic phrases and expressions in the English translations of the narratives required several revisions and changes for increased clarity and precision, perhaps important comments might have been left out in the final version. The process set in motion with the study is an on going process that requires those with resources to continue to expand upon the *Promotoras*' knowledge base. Future research should employ a longitudinal study to provide information on the effect of this study in the daily lives of its participants across different time and space frames. There are numerous opportunities to expand on the findings of this study, particularly with a longitudinal study, since much needs to be explored in terms of understanding the continuous development of socio-political empowerment.

Finally, one of the major limitations of the study is its sample size, the findings of this research should not be generalized to the larger population of *Promotoras*. In the nature of participatory research methodology "there is not an attempt to generalize about

a group of people” (Graziano, 2003, p 160). As stated by Ada & Beutel (1993)“By reflecting in depth with a few people who are members of a community we can illuminate many of the issues that concern that community” (p. 77).

Final Thoughts

Internationally, *Promotoras* have been part of the attempt to provide basic health care for all by involving the community in meeting its own health needs. Primary Health Care (PHC) was defined at a joint UNICEF-WHO conference (1971) as the “essential health care based on practical, scientifically sound and socially acceptable methods accessible to individuals, their families, and the community through their full participation” (p. 37). The rationale for the implementation of the *Promotoras* model in this study was based on their ability to reach their own communities and lead them to become involved in their own health needs. In a comprehensive review of *Promotoras* programs around the world, Werner and Bower (1978) call the *Promotoras*, “The voices of the voiceless poor, whose goal is health for all--- but health that is founded in human dignity, loving care, and fairer distribution of resources and power” (p. 20).

As the current problems confronting the field of public health in the United States continue to increase, the recognition is growing that no single intervention is likely to be effective without community involvement. The *Promotoras* model has much to offer social programs that lack structures, which can successfully incorporate community into their outreach processes. Although active throughout a long history of international health care efforts, the *Promotoras* model is a relatively new category of public health care in the US. *Promotoras* are indigenous to the community in which they work providing them with linguistically and culturally appropriate services. This “belonging to

the community – *sentido de pertenencia a la comunidad*’ orientation provides *Promotoras* with a unique understanding of the strengths of the community they serve. They can work effectively with “hard to reach” and disadvantaged populations; when respected and recognized as key members of the health care team, the *Promotoras* and the health care model they work from can serve as an invaluable asset to the development of culturally relevant public care programs for the many ethnic groups in the US.

Despite the efforts and projects implemented in the prevention of HIV/AIDS in the Latino community in California for the past twenty-five years, it is increasingly acknowledged that much of this intervention has lacked a strong culturally relevant component, and consequently, the rates of HIV/AIDS mortality and morbidity continue to increase. Added to this, California is currently facing a crisis resulting in higher unemployment and reduced funds for public health services at this time of increasing need.

In the spirit of the developing recognition of the mission of the *Promotoras*, and the urgent need to contribute to a better understanding of their impact in the prevention of the HIV/AIDS, this participatory research study was conducted in the Latino communities of San Francisco and San Mateo. The purpose of this study was to open channels for six Indigenous linguistically and Culturally Connected Health Educators (ILCHE) / *Promotoras* to express the power of their own voices as they discussed their mission as educators, advocates, and agents of empowerment in the prevention of HIV/AIDS. Most importantly, however, this study was designed to show the powerful skills and tools the *Promotoras* have to offer the greater health care community in the

fight not only against the crisis of HIV/AIDS, but also against the acute problems facing the underprivileged in the United States.

Perhaps the most valuable gift the *Promotoras* offer through this study is their ability to connect with each other and their community at a level that first impacts personal transformation and consequently, social change. Their connectivity demonstrates that educational processes in the prevention of HIV/AIDS need to combine personal connectivity with opportunities for community engagement in social action. Only then will any community health education intervention generate changes in reproductive health behaviors and in social conditions. The task ahead in the elimination of health disparities, search for reproductive justice, defense of women's rights, protection of immigrants, empowerment of vulnerable communities to fight disease, discrimination and oppression; is not an easy task, it is not a smooth path, but to commit one's strengths to a vital life learning process with profound spiritual rewards is well worth the effort. As Freire (1997) reminded us: "If you have a goal that can be easily achieved in your lifetime, you have the wrong goal" (p. 45).

In this study, the *Promotoras* demonstrated that they are the experts of connectivity. With their praxis in the community, they build linguistic and cultural bridges, they move others to act, and they generate positive change. This dissertation presents multiple examples of the power of connectivity with "the other". It is precisely that connectivity which facilitates the process of *conscientização* -- raising awareness. It allows the *Promotoras* to confront "myths" with clarity and strength, and to denounce forms of socio-economic oppression experienced by the community. It is that connectivity that moves *Promotoras* to speak up and protest against all forms

of discrimination, abuses and domestic violence. It is that connectiveness that becomes a source of personal and community empowerment. It is the power of connectivity through *Promotoras'* use of respectful use of traditional folklore and poems that causes listeners to establish a bond with them.

For me, as researcher, it has been a privilege and honor to have the opportunity to work together with such a magnificent group of women and men in the Photovoice project and the various activities of the study. Rayo, Donaji, Tehuanancy, Hope, Chispa and Manuel were my best teachers and the brightest highlight of my Ed.D studies. While working with this courageous group, on many occasions I felt an enormous desire to equal the high level of analysis and reflection the *Promotoras* demonstrated in order to do justice to their exceptional human qualities.

On the final day of the study, the group brought one hundred roses –fifty red and fifty white. Hiding the flowers from me, they asked me to sit in the center of the room. Then presenting me with bunches of roses, they took turns to express their feelings and comments on the lessons they learned during the study. One of them had removed the thorns from the roses and said, “This bunch of red and white roses that I present to you is a symbol of gratitude. May these roses, without thorns, carry our wish that nothing and nobody ever hurt you, Alba Lucia—who entered our lives and our hearts. We have shared with you our deepest hopes and dreams and we are sure you will take them with our love to help other *Promotoras* in California, the United States, and the world.”

By accepting their offering, I also accepted the responsibility of ensuring that their voices be heard in the struggle for social change in the local and the global community.



Figure 24: Connectivity
Conección

The word

The word
was born in the blood,
grew in the dark body, beating
and took flight through the lips and the mouth.

Farther away and nearer
still, still it came
from dead fathers and from wandering races,
from lands which had turned to stone,
lands weary of their poor tribes,
for when grief took to the roads
the people set out and arrived
and married new land and water
to grow their words again.
and so this is the inheritance;
this is the wavelength which connects us
with dead men and the dawning
of new beings not yet come to light.

...Words give glass quality to glass, blood to blood,
and life to life itself.

(Fully Empowered, Neruda, 1962)

REFERENCES

- Ada, A. F. (2004). *Participatory critical pedagogy research*. Coursework at the University of San Francisco. San Francisco.
- Ada, A.F., & Beutel, C.M.(1993). *Participatory research as a dialogue for social action*. Unpublished manuscript, University of San Francisco, San Francisco, CA.
- Ada, A.F., Peterson, C.E., & Beutel, C.M (1990). *The educator as researcher: Principles and practices of participatory research*. Unpublished paper.
- Advocacy Institute. (2003). Advocacy Institute Accomplishments. Retrieved on January 18, 2005, from <http://www.advocacy.org/text/accomplishments.htm>
- Albiston, C., & Nielsen, L.B. (1995). Welfare queens and other fairy tales: Welfare reform and unconstitutional reproductive controls. *Howard Law Journal*, vol. 38: 489-492
- Alinsky, S. D. (1971). *Rules for radicals: a practical primer for realistic radicals* (1st ed.). New York: Random House.
- Angelique, H. L., Reischl, T. M., & Davidson, W. S., II. (2002). Promoting political empowerment: Evaluation of an intervention with university students. *American Journal of Community Psychology*, 30, 815-833.
- Anspaugh, D.J., Dignan, M.B., & Anspaugh, S.L. (2000) *Developing health promotion program McGraw-Hill*. New York: Random House.
- Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, 35, 216-224.
- Auerbach, E (1992). Making meaning, making change, participatory curriculum development for adult ESL literacy. Presentation at Labor Center, University of California, Berkeley.
- Auerbach, E (2004) *Participatory research*. Unpublished interview, University of California, Berkeley.
- Bacon, D (1998). Immigrant workers: Why some employees can't protest slave wages. *Pacific News Service*.
- Baker, E.A., Bouldin, N., Durham, M., Lowell, M.E., Gonzalez, M., Jodaitis, N., Cruz, L.N., Torres, I., Torres, M., et al. (1997). Latino Health Advocacy Program: A collaborative lay health advisor approach. *Journal Health Education and Behavior*, 24(4) 495-509.

- Bandura, A. (1982). *Self-efficacy: The exercise of control*. New York: W.H. Freeman.
- BANLAAD. (2006) *La Fe y el VIH: Una llamada de esperanza: Saber es poder, el VIH nos afecta a todos, documentary*.
- Baranowski, T., Perry, C. L., & Parcel, G. S. (2002). How individuals, environments, and health behavior intersect: Social Cognitive Theory. In K. Glanz, B. K. Rimer & F. M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice* (3rd ed., pp. 165-184). San Francisco, CA: Jossey-Bass.
- Bargad, A., & Hyde, J. S. (1991). Women's studies: A study of feminist identity development in women. *Psychology of Women Quarterly*, 15, 181-201.
- Ball, S. (1991). Self-doubt and soft data: Social and technical trajectories in ethnographic fieldwork. *Qualitative Studies In Education*, 3 (2), 157 – 171.
- Bell, R. A., Hillers, V., & Thomas, T. (1999). *The abuela project: Safe cheese workshops to reduce the incidence of salmonella typhimurium from consumption of raw-milk fresh cheese*. *American Journal of Public Health*, 89, 1421-1424.
- Bennett, W. L. (2003). *News: The politics of illusion* (5th ed.). New York: Longman Publishing Group.
- Boehmer, U. (2000). *The personal and the political: Women's activism in response to the breast cancer and AIDS epidemics*. Albany, NY: State University of New York Press.
- Borgida, E., Sullivan, J. L., Oxendine, A., Jackson, M. S., Riedel, E., & Gangl, A. (2002). Civic culture meets the digital divide: The role of community electronic networks. *Journal of Social Issues*, 58, 125-141.
- Bracht, N., Kingsbury, L., & Rissel, C. (1999). A five-stage community organization model for health promotion: Empowerment and partnership strategies. In N. F. Bracht (Ed.), *Health promotion at the community level: new advances* (2nd ed., pp. 83-103). Thousand Oaks, CA: Sage Publications.
- Braithwaite, R. L., & Lythcott, N. (1989). Community empowerment as a strategy for health promotion for Black and other minority populations. *Journal of the American Medical Association*, 261, 282-283.
- Brenner, B. A. (2004). Annual report, Class and culture. University of South Alabama document.
- Brenner, B. A. (2000). Sister support: Women create a breast cancer movement. In A. S. Kasper & S. J. Ferguson (Eds.), *Breast cancer: society shapes an epidemic* (1st ed., pp. 325-353). New York: St. Martin's Press.

- Breslow, L. (1992). Empowerment, not outreach: Serving the health promotion needs of the inner city. *American Journal of Health Promotion*, 7, 7-8.
- Breton, M. (1990). Learning from social group work traditions. *Social Work with Groups*, 13, 21-34.
- Bridging the Gap (2003) *Cultural competence in medicine: Multicultural interpretation*. Retrieved on January 18, 2005, from <http://www.amsa.org/programs/gpit/cultural.cfm>
- Brodie, M., Flournoy, R.E., Altman, D.E., Blendon, R.J., Benson, J.M. & Rosenbaum, M. D. (2000). Health information, the Internet, and the digital divide. *Health Affairs*, 19, 255-265.
- Bureau of Labor Statistics (2005). *Census of fatal occupational injuries by worker characteristics and event or exposure*. Retrieved on January 10, 2007, from <http://www.bls.gov/iif/oshwc/foi/cftb0202.pdf>
- California Department of Health Services and Center for Statistics (2005). *HIV/AIDS Education and prevention service branch*. Retrieved on December 10, 2005 from <http://dhs.ca.gov>
- California Department of Health Services and Center for Statistics (2006). *HIV/AIDS Education and prevention service branch*. Retrieved on November 15, 2006 from <http://dhs.ca.gov>
- Carpini, M. X. D. (2000). Gen.com: youth, civic engagement, and the new information environment. *Political Communication*, 17, 341-349.
- Center for Farm Worker Health (1995). *New directions in the surveillance of hired farm worker's health and occupational health*. Retrieved April 03, 2006, from <http://ncfh.org>
- Center for Policy Research (2003). Analysis of data from 2000. United States National Health Report
- Center for Popular Education and Participatory Research (2004). Program for Regional Conference (2004) Lao-Tzu statement.
- Centers for Chronic Disease Prevention a Division of HIV Prevention and Control (1996). Retrieved April 03, 2006, from <http://www.cdc.gov/cancer/nbccedp/about.htm>
- Centers for Disease Control and Prevention (2004). *HIV/AIDS Surveillance Report* Retrieved April 26, 2006, from <http://www.cdc.gov/hiv/stats/hasrlink.htm>

- Centers for Disease Control and Prevention (2005). *HIV/AIDS among Hispanics*. Retrieved February 14, 2006, from <http://www.cdc.gov/aids/nbccedp/info-bc.htm>
- Centers for Disease Control and Prevention (2006). *HIV/AIDS Surveillance Report*. Retrieved April 26, 2006, from <http://www.cdc.gov/hiv/stats/hasrlink.htm>.
- Chavez, L., et al.(1992). Undocumented Latin American immigrants and the US health services: An approach to a political economy of utilization. *Medical Anthropology Quarterly*, 6(1):6-26.
- Chavis, D. M., & Wandersman, A. (1990). Sense of community in the urban environment: A catalyst for participation and community development. *American Journal of Community Psychology*, 18, 55-81.
- Child Labor Coalition (2002) Child labor in the US: An overview of Federal Child labor laws. Retrieved on August 1, 2006 from <http://www.stopchildlabor.org/USchildlabor/fact1.htm>
- Coffey, M. (1999). *We are rehearsing for change*. Retrieved on August 23, 2006 from <http://spin.net.au/~mifilito/thinking.html>
- Coffey, M. (2000). *Educator new(ish) clothes*. Retrieved on August 23, 2006 from <http://spin.net.au/~mifilito/thinking.html>
- Cole, B., & Parker-Brown, M. (1996). Action on worksite Health and Safety Problems: A follow –up survey on workers participating in a hazardous waste worker-training program. *American Journal of Industrial Medicine* 30:730-743
- Collective Voices (2006). *Sister song women of color reproductive health and sexual rights*, Retrieved March 27, 2006. from [http:// www.sistersongnet](http://www.sistersongnet)
- Collins D. (1973). *Two utopians: A comparison and contrast of the educational philosophies of Paulo Freire and Theodore Brameld*. Unpublished doctoral dissertation, University of Southern California.
- Collins, D. (2000). *Paulo Freire: Una filosofía educativa para nuestro tiempo*. Méjico: Universidad La Salle.
- Collins, D. (2003). *Education for inclusion*. Coursework at the University of San Francisco.
- Collopy, M (2000). *Architects of peace: Visions of hope in words and images*. University of California, Berkeley, UC Press.
- Consejo Nacional de Población (2006). *Mexico – United States Migration – Health Issues*, University of California Los Angeles, UC Press.

- Convergence (1975). *Participatory research*. 3 (p. 2)
- Convergence. (2002). *A tribute to Paulo Freire*. Reprinted 2002 by Catalyst Centre. Toronto: ICAE.
- Cordoba, R. (2005). *Handout of Latinas reproductive rights*. Los Angeles.
- Cox, C. B. (2002). Empowering African American custodial grandparents. *Social Work*, 47, 45-54.
- Davis-Floyd, R. (1992). Birth as an American rite of passage. Retrieved on October 20, 2005, from <http://davis-floyd.com>
- Davis-Floyd, R; & Arvidson. P.S. (1997). Intuition: The inside story. Retrieved on October 20, 2005, from <http://davis-floyd.com>
- Davis-Floyd, R; & Sargent. C. F. (1997). Childbirth and authoritative knowledge. Retrieved on October 20, 2005, from <http://davis-floyd.com>
- Davis, S. (2000) The ones the law forgot: Children working in agriculture. A farm worker justice fund special report. Retrieved on September 11, 2006 from <http://www.fwjustice.org/images/CHILD%20LABOR%REPORT%20-%20>
- Diaz, A.L. (1975). Voz indígena, Comité Regional Indígena del Cauca (CRIC). *Monthly Newsletter*, 3-4.
- Diaz, A.L. (1983). Nutrition education: Farm working community. University of California, Davis. *Quarterly Report*, 7-8.
- Diaz, A.L. (1995). *Voces da tabanca: Fatumata Candé*. UNICEF West Africa Session.
- Diaz, T; Chu, S; Buehler, J et al. (1994). Socioeconomic differences among people with AIDS: results from a multi-state surveillance project. *American Journal of Preventive Medicine*, 10, 217-222
- Duffala, J. (2005). *Education through art*. Coursework at the University of San Francisco. San Francisco.
- Ehrenrich, B. (1993). Witches, midwives and nurses: A history of women healers. Retrieved November 20, 2005 from <http://midwiilliaofnort.com>
- Ehrenrich, N. (1990). The colonization of the womb. *Duke Law Journal*, 43, 515-516

- Ellsworth, E. (1993). Why doesn't this feel empowering? Working through the repressive myths of critical pedagogy. In K. Geismar & G. Nicoleau (eds.), *Teaching for change: Addressing issues of difference in the college classroom*. Cambridge, MA: Harvard Educational Review.
- Eng, E., Parker, E., & Harlan, C. (1997). Lay health advisor intervention strategies: A continuum from natural helping to paraprofessional helping. *Journal of Health Education and Behavior*, 24(4), 413-417.
- Epstein, S. (1996). *Impure science: AIDS, activism, and the politics of knowledge*. Berkeley and Los Angeles, CA: University of California Press.
- Escobar, A. (1995). *Encountering development: The making and unmaking of the third world*. Princeton: Princeton University Press.
- Escobar, D. (2006, May 31). Indigenous communities, *Marin County Newsletter*, 1-2
- Faigin, S. B. (1985). Basic ESL literacy from a Freirian perspective: A curriculum unit for farm worker education. Unpublished Thesis, University of British Columbia
- Fals-Borda, O. (1990). *Action and knowledge: Breaking the monopoly with participatory action research*, New York: Apex-Press – Council on International and Public affairs, Colombian Sociologists.
- Fals-Borda, O. (1998). *People's participation: Challenges ahead*. New York: Apex Press. Intermediate technology publications.
- Fals-Borda, O. (1999). People's space times in global processes: The response to the local: from malaise to uncertainty. *Journal of world-systems research*, 6.
- Fawcett, S. B., Paine-Andrews, A., Francisco, V.T., Schultz, J.A., Richter, K.P., & Lewis, R.K., et al. (1995). Using empowerment theory in collaborative partnerships for community health and development. *American Journal of Community Psychology*, 23, 677-697.
- Feinstein, J.S. (1993). *The relationship between socio-economic status and health. The challenge*. *American Psychology Journal* 49, 15-24.
- Fishbein, M. (1993). Introduction. In D. J. Terry, C. Gallois, & M. McCamish (eds), *The theory of reasoned action: Its application to AIDS preventive behavior*. Oxford, U.K.: Pergamon Press.
- Florez, G., Gee, D., & Kastner, B. (2000). The teaching of cultural issues in the U.S. and Canadian medical school, *Academic Medicine*. v. 74 n. 5: 453

- Foucault, M. (1973). *The archeology of knowledge*. Trans. A.M Sheridan Smith, New York, Pantheon Books, 1972
- Foucault, M. (1990). *The history of sexuality*, trans Hurley, R. New York: Vintage, 139-140
- Foucault, M. (1973). *The birth of the clinic*, trans A.M Sheridan. New York: Vintage, 89-90
- Forrest, J.D, & Frost, J.J. (1996). The family planning attitudes and experiences of low-income women, *Family Planning Perspectives*, vol. 28, 6.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: The Continuum Publishing Corporation
- Freire, P. (1982). *Education for critical consciousness*. New York: The Continuum Publishing Corporations.
- Freire, P. (1985). *The politics of education: Culture, power and liberation*. UCB Press
- Freire, P. (1997). *Pedagogy of hope: Reliving pedagogy of the oppressed*. New York: Herder and Herder.
- Freire, P., & Shor, I. (1987). *A pedagogy for liberation: Dialogues on transforming education*. Massachussets: Begin & Gravey Press
- Fundación Hesperian. (2003). Salud laboral en la maquila, *Manual: Una guía para los trabajadores*. Hesperian Press.
- Furani, V. & De-Latorre, S. (2006). Maquilapolis: City of factories. *Independent T.V series*.
- Galbraith, M. W. (1995). Community-based organizations and the delivery of lifelong learning opportunities. *Health Promotion Practice*, 4, 17-20.
- Galeano, E. (1971). *Venas abiertas de América Latina*, Ed. Oveja Negra.
- Galeano, E. (2000). *Upside down: A premier for a looking glass world*, Uruguay, Latin Press
- Galer-Unti, R. A., Tappe, M. K., & Lachenmayr, S. (2004). Advocacy 101: Getting started in health education advocacy. *Health Promotion Practice*, 5, 280-288.
- Gennep, A. V (2007) In Encyclopedia Britanica. Retrieved on January 30 from <http://www.britanica.com/eb/article> - 9036415

- Goffman, E. (1963). *Behavior in public places: Notes on the social organization of gatherings*. New York: Free Press of Glencoe.
- Gomez, C., Hernandez M., Faigeles, B (1999) Sex in the new world: An empowerment model for HIV prevention among Latina immigrant women. *Journal of Health Education & Behavior*, 26, 200-212.
- Gomez, C., Marin, B (1996) Gender, culture and power: Barriers to HIV prevention strategies for women. *Journal of Sex Research*, 33, 365-362
- Goodhart, F. W. (1999). Advocacy in action: One person's experience. *The Health Education Monograph Series*, 17, 26-28.
- Gordon, L. (1977). *Woman's body. Woman's right. Birth control in America*. N.Y Penguin books.
- Graziano, K. (2003). *Oppression in a post-apartheid South Africa: Unheard voices of Black gays and lesbians*. Unpublished doctoral dissertation, University of San Francisco.
- Green L.W., Kreuter, M.W., Deeds, S. G., & Partridge, K.B. (1980). *Health education planning a diagnostic approach*. (1st ed.) Palo Alto: CA: Mayfield Publishing Company.
- Grierson, R., van Dijk, M.W., Dozois, E., & Mascher, J. (2006). Using the internet to build community capacity for health public policy. *Health Promotion Practice*, 7, 13-22.
- Gruber, J., & Trickett, E. J. (1987). Can we empower others? The paradox of empowerment in the governing of an alternative public school. *American Journal of Community Psychology*, 15, 353-371.
- Guendelman, S. (2006) *Community Health and Human Development*. Coursework at the California, Berkeley.
- Gutiérrez, L. M. (1995). Understanding the empowerment process: Does consciousness make a difference? *Social Work Research*, 19, 229-237.
- Gutiérrez, L. M., & Ortega, R. (1991). Developing methods to empower Latinos: The importance of groups. *Social Work with Groups*, 14, 23-43.
- Hall, B & Kidd R. J. (1978). *Adult learning: A design for action*. Pergamon Oxford
- Hall, B. (1997). *Looking back: Reflections on the origins of international participatory research network and the participatory research group*. Toronto, Canada Press.

- Hamilton, D., & Fauri, D. (2001). Social workers' political participation: Strengthening the political confidence of social work students. *Journal of Social Work Education, 37*, 321-332.
- Hammersley, M. (1992) *What's wrong with ethnography?* Methodological explorations London: Routledge.
- Henshaw, J.L. (2002). Occupational Safety and Health Administration's efforts to Project immigrant workers. US Senate subcommittee on employment safety and training, Washington. D. C.
- Hermanos de Luna y Sol. (2006). Outreach. Retrieved on January 2006 from <http://www.caps.ucsf.edu/projects/hlsindex.php>
- Hernández, A., Ortiz, M., & Ferreira-Pinto. (1999). *Evaluación del programa de prevención VIH/SIDA aplicado por Promotoras del programa Compañeros*, Revista de salud Fronteriza, vol. IV, 2.
- Heza, V. (2001). DOSH response to Orange County Register regarding fatalities investigations. *CAL/OSHA Enforcement, Division of Occupational Health and Safety*.
- Higgins, J. W. (1999). Citizenship and empowerment: A remedy for citizen participation in health reform. *Community Development Journal, 34*, 287-307.
- Hill, L. J. (1991). Power and citizenship in a democratic society. *Political Science & Politics, 24*, 495-498.
- Hirsch, E. L. (1990). Sacrifice for the cause: Group processes, recruitment, and commitment in a student social movement. *American Sociological Review, 55*, 243-254.
- Hofrichter, R. (2003) The politics of health inequities. health and social justice: Politics, ideology, and inequity in the distribution of disease, *A Public Health Reader, 1*.
- Holden, D. J., Crankshaw, E., Nimsch, C., Hinnant, L. W., & Hund, L. (2004). Quantifying the impact of participation in local tobacco control groups on the psychological empowerment of involved youth. *Health Education & Behavior, 31*, 615-628.
- Holden, D. J., Evans, W. D., Hinnant, L. W., & Messeri, P. (2005). Modeling psychological empowerment among youth involved in local tobacco control efforts. *Health Education & Behavior, 32*, 264-278.

- Holden, D. J., Messeri, P., Evans, W. D., Crankshaw, E., & Ben-Davies, M. (2004). Conceptualizing Youth Empowerment within Tobacco Control. *Health Education & Behavior*, 31, 548-563.
- hooks, b. (1994). *Teaching to transgress: Education as the practice of freedom*, 140-181. London: Routledge
- hooks, b.(2003). *Teaching community: A pedagogy of hope*, 134. New York: Routledge
- Hope, A; Timmel, S. (1984). *Manual and handbook for community workers*. Guinea Bissau, Amilcar Cabral Press.
- Huerta, D. (2005). *Pregnancy as a passage to adulthood*. Unpublished presentation. San Francisco, PPGG.
- Hurst, J. (2004) *Popular education*. Coursework at the University of California, Berkeley.
- Immerman, G. (1991). Knowledge is power: The women's health education project. *Health PAC Bulletin*, 12-16.
- Itzhaky, H., & York, A. S. (2000). Sociopolitical control and empowerment: An extended replication. *Journal of Community Psychology*, 28, 407-415.
- Johnson, M – Maya, Angelou (2000) *Architects of Peace: Visions of hope in words and images*. Michael Collopy. Newman Editors.
- Jordan, B. (1978). *Birth in four cultures: A cross-cultural investigation of childbirth*. Retrieved on November 6, 2005, from davis-floyd.com
- Juarbe, T. (1995). Access to health care for Hispanic women: A primary health perspective, *Nursing Outlook*, v. 43: 23-28
- Kasper, A. S., & Ferguson, S. J. (2000). *Breast cancer: Society shapes an epidemic* (1st ed.). New York: St. Martin's Press.
- Katz, J.E., Rice, R.E., & Aspden, P. (2001). The Internet, 1995-2000 access, civic involvement, and social interaction. *American Behavioral Scientist*, 45, 405-419.
- Kelley N. (2000). *The mind guide to advocacy*. Retrieved August 5, 2006, from <http://www.mind.org.uk/Information/Booklets/Mind+guide+to/advocacy.htm>.
- Kieffer, C. H. (1984). Citizen empowerment: A developmental perspective. *Prevention in Human Services*, 3, 9-36.

- Kolder, V., Gallagher, J., & Parson, M. (1987). Court-ordered obstetrical interventions, *New England Journal of Medicine*, vol. 316, 19.
- Korfmacher, J; Brien, O.; Hiatt, R.; Olds, D. (1999). Differences in program implementation between nurses and paraprofessionals providing home visits during pregnancy and infancy: A randomized trial. *American Journal of Public Health*, 89:1847-1851.
- Krieger, N. & Fee, E. (1994). Social class: The missing link in US health data. *Journal of Health Services* 24. 25- 44
- Krieger, N. (1987). *Shades of difference: Theoretical underpinnings of the medical controversy on black/white difference in the United States 1830- 1870*, 17(2),259-278
- Latinos Unidos, (2006). Unpublished interview with Jose Maria Cabral. San Jose, CA.
- Leigh, J., McCurdy S., & Schenker M. (2001) Cost of Occupational injuries and illness in California. *Public Health Reports* 116, 235-248
- Lopez, D; & Feliciano, C. (2000). Who does what? California emerging plural labor force, in Milkman R: *Organizing immigrants: The challenge for unions in contemporary California*. ILR Press.
- Maier, T. (2001). Unnoticed victims: OSHA Rarely investigates on the job-death of immigrants. *Newsday* 7,23
- Marie Claire. (1998). Mothers paid to stop having children *cited in Committee on Women Population and the Environment, CRACK uses unethical tactics*. Retrieved on July 27 from www.cwpe.org/old_website/pdf/crackfacts.pdf
- Maton, K. I; & Salem, D. A. (1995). Organizational characteristics of empowering community settings: A multiple case study approach. *American Journal of Community Psychology*, 23, 631-656.
- McFarlane, J. (1996). De madres a madres: An access model for primary care, *American Journal of Public Health*. 86(6), 879-880.
- Melendez, A; Ortiz, M; Pinto, J. (1999). Evaluation of the HIV/AIDS prevention program conducted by health workers from the Companeros program. *Journal of Border Health*, Vol. IV, No. 2, December 1999.
- Menchu, R. (1999). *The truth that challenges the future*. Mexico: Rigoberta Menchu Tum Foundation Press.

- Meredith, K.L., Jeffe, D.B., Mundy, L.M., & Fraser, V.J. (2001). Sources influencing patients in their HIV medication decisions. *Health Education & Behavior*, 28, 40-50.
- Mexico – United States Migration: Health Issues. (2005). Retrieved on May 15, 2005 from www.healthpolicy.ucla.edu/pubs/publication.asp
- Miller, V. (1985). *Between struggle and hope: The Nicaraguan literacy crusade*, Boulder: West view Press, 1985.
- Minkler, M. (1983). *Health education participatory research*, Coursework at the University of California, Berkeley.
- Minkler, M. (1997). *Community organizing and community building for health*. Rutgers University Press.
- Minkler, M. (2003). *Participatory research*, Coursework at the University California, Berkeley
- Mohottige, D. (2006). Sister Song women of color reproductive health collective. *Collective voices* V.1, 4 p.10
- Myhre, J., R. (1999). The breast cancer movement: Seeing beyond consumer activism. *Journal of the American Medical Women's Association*, 54, 29-30.
- NARAL. (2000). The reproductive rights of women of color, Retrieved on August 5, 2006 from: <http://prochoiceamerica.org>
- National Community Centers in Women's Health. (2005). *Promotoras, leaders in their communities*. Newsletter, April 2005
- Native American Women's Health education Resource Center. (1999). *Indigenous women's reproductive rights and the pro-choice page*. Retrieved on July 25 from <http://www.nativeshop.org/pro-choice.html>
- NLAAD (2005). *Morbidity and mortality weekly report*. Retrieved on October 30 from <http://www.latinoaids.org/nlaad/2005/nlaad.htm>
- Pandey, S.K., Hart, J.J., & Tiwary, S. (2003). Women's health and the internet: understanding emerging trends and implications. *Social Science & Medicine*, 56, 179-191.
- Patterson, J. T. (1987). *The dread disease: HIV and modern American culture*. Cambridge, MA: Harvard University Press.

- Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application. *American Journal of Community Psychology*, 23, 569-579.
- PEW Research Center for the People and the Press. (2000). *The online health care revolution: How the web helps Americans take better care of themselves*. Retrieved May 26, 2006, from http://www.pewinternet.org/PPF/r/26/report_display.asp
- PEW Research Center for the People and the Press. (2002). *Americans lack background to follow international news: Public's news habits little changed by Sept. 11*. Retrieved May 26, 2006, from <http://people-press.org/reports/pdf/156.pdf>
- PEW Research Center for the People and the Press. (2003). *Internet Health Resources: Health searches and email have become more commonplace, but there is room for improvement in searches and overall Internet access*. Retrieved May 26, 2006, from http://www.pewinternet.org/pdfs/PIP_Health_Report_July_2003.pdf
- Pfeffer, J. (1992). *Managing with power: Politics and influence in organizations*. Boston, MA: Harvard Business School Press.
- Population Resource Center. (2000). *Immigration issues*. Retrieved May 26, 2006, from <http://www.prcdc.org>
- Poss, J.E. (1999). Providing culturally competent care: Is there a role for health promoters? *Nursing Outlook*, 47(1), 30-36.
- PROMOVISION. (2006). *Manuals. United States – Mexico Border Health Association (USMBHA) Press. El Paso, Texas.*
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15, 121-148.
- Ratcliff, J. (1983). *Advanced Health Education Theory*, Coursework at the University California, Berkeley.
- Richardson, L (1992) The consequences of poetic representation. In C Ellis and M Flaherty (eds) *Investigating subjectivity*. Thousand Oaks, CA: Sage.
- Richardson, Scout, et al. (2002). *Hispanic workers in the USL: An analysis of employment distributions, fatal occupational injuries, and nonfatal occupational injuries and illness*. Report presented for the National Research Council Workshop.
- Rifo, M; & Díaz, A.L. (2004). Unpublished presentation, Center for Popular Education and Participatory Research (2004) Program for Regional Conference (2004)

- Riger, S. (1993). What's wrong with empowerment? *American Journal of Community Psychology*, 21, 279-292.
- Ringe, H. (2004). *Participatory research*. Unpublished presentation, Center for Popular Education and Participatory Research, (CPEPR) Berkeley, CA.
- Roberts, D. (1999). *Killing the black body: Race reproduction and the meaning of liberty*. New York. Vintage Books.
- Rodríguez, C; & Gayet, C. (2000). Aspectos conceptuales sobre la relación entre migración y SIDA en México. *Enfermedades Infecciosas y Microbiología*. 20 134-137
- Roe, K. M., Minkler, M., & Saunders, F. F. (1995). Combining research, advocacy, and education: The methods of the grandparent caregiver study. *Health Education Quarterly*, 22, 458-475.
- Rosenbaum, M. E., & Roos, G. M. (2000). Women's experience of breast cancer. In A. S. Kasper & S. J. Ferguson (Eds.), *Breast cancer: society shapes an epidemic* (1st ed., pp. 153-181). New York: St. Martin's Press.
- Rosenthal, E.L.; & Koch, E. (1998). *Summary of the final report of the national community health advisor study: Weaving the future*. Annie E. Casey Foundation, 2, 3-5.
- Ruiz, Y .(2006). *The use of the internet as a tool for breast cancer advocacy and its sociopolitical empowerment*. Unpublished manuscript.
- Rutherford, C. (1992). Reproductive freedoms and African American women, *Yale Journal of Law and Feminism*, 4, 2, p. 255-290.
- Ryan, W. (1976). *Blaming the victim*. New York. Vintage books, Random House Inc.
- Sachs, D. (2001). Let them eat bits: Who needs global capitalism? Revolution is just a click away. *The American Spectator*, 34, 78-84.
- Sachs, J. (2005). *The end of poverty: Economic possibilities of our time*: New York: Penguin Press.
- Sallis, J. F., & Owen, N. (2002). Ecological models of health behavior. In K. Glanz, B. K. Rimer & F. M. Lewis (Eds.), *Health behavior and health education: Theory, research, and practice* (3rd ed., pp. 462-484). San Francisco, CA: Jossey-Bass.
- Sanger, M. (1920). *Women and the new race*. Truth Publishing Company, N.Y. Brentano.

- San Francisco Department of Public Health & San Francisco AIDS Foundation (2005). HIV/AIDS Report. Retrieved on May 22, 2006 from <http://sf.af.org/aidsinfo/statistics>
- Schoeller, D. (2006, May 25). *The use of statistics*. Unpublished presentation. United for Colombia. Washington D.C
- Seeman, M. (1959). On the meaning of alienation. *American Sociological Review*, 24, 783-791.
- Serrano, E. (1997). *Evaluation of a training program preparing abuelas as nutrition educators* (thesis). Fort Collins: Colorado State University Press.
- Shen, E. (2006). *Asian communities for reproductive justice – Sister Song Women of Color Reproductive Health Collective*. (1)
- Shor, I. (1987). *Critical thinking and everyday life*. Chicago. University of Chicago Press.
- Silliman, J; & Bhattacharjee, A. (2002). *Policing the national body: Race, gender and criminalization*. Cambridge, MA: South End Press.
- Speer, P. W. (2000). Intrapersonal and interactional empowerment: Implications for theory. *Journal of Community Psychology*, 28, 51-61.
- Speer, P. W., Jackson, C. B., & Peterson, N. A. (2001). The relationship between social cohesion and empowerment: Support and new implications for theory. *Health Education & Behavior*, 28, 716-732.
- Spreitzer, G. M. (1995). An empirical test of a comprehensive model of intrapersonal empowerment in the workplace. *American Journal of Community Psychology*, 23, 601-629.
- Stack, C. (1974). *All our kin: Strategies for survival in a black community*. New York, Breton Inc.
- Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10, 282-298.
- Teran, S., Baker, R., Sum, J (2002) Improving Health and Safety Conditions for California's Immigrant Workers: *Report and Recommendations of the California Working Immigrant Safety and Health (WISH) Coalition*. University of California, Berkeley, Labor Occupational Health Program.
- The Economist*. (1999, Feb 27) *Health service: It's better if you are White*, v. 350, N. 8180

- The Health Advocate*. (2005). National Health Law Program, Los Angeles, and CA. Retrieved on January 10, 2006 from: www.healthlaw.org
- The Mexico-United States Migration- Health Issues Report. (2005). Health coverage, University of California, Los Angeles. Retrieved on May 15, 2005 from www.healthpolicy.ucla.edu/pubs/publication.asp
- The United States Department of Health Services. (2000). *AIDS epidemic*. Retrieved on January 10, 2006 from: www.hhs.gov/about/hhshist.htm
- The Women's Health Activist. (2006). National Women's Health Network, Washington, D.C., Retrieved on January 10, 2006 from www.womenshealthnetwork.org.
- Tilakaratna, S. (1986). *The animator in participatory rural development: Some experiences from Sri-Lanka*, World Employment Program (ILO) Geneva.
- Torres, M. I & Cernada G.P (2006) *Cultural brokers of sexual and reproductive health in US Latino and Latin American populations*. Baywood Publishing Co.
- Trombly, S. (1988). *The right to reproduce: A history of coercive sterilization*. NARAL Publication
- UNAIDS. (2006, November 21). *AIDS Epidemic*. Update: Special Report on HIV Prevention. UNAIDS/05. 19E
- UNESCO. (2005). *Adolescent reproductive and sexual health (ARSH)* Retrieved on December 10, 2005 from <http://UNESCObkk.org>
- UNICEF/UNAIDS. (2005). *A call to action: Children, the missing face of AIDS*. UNICEF/UNAIDS Publication.
- UNIFEM. (2005). *The status of women and the spread of AIDS*. Health Care for women, vol. 26
- United States Census Bureau. (2000). *Annual estimates of the population for the United States and States, and for Puerto Rico: Census 2000 Brief*. Retrieved December 5, 2005. from <http://www.census.gov/prod/2003pubs/c2kbr>.
- United States Census Bureau. (2000). *Annual estimates of the population by sex, race and Hispanic or Latino origin for the United States*. Retrieved December 5, 2005 from <http://www.census.gov/prod/2003pubs/c2kbr>.
- United States Census Bureau. (2000). *Poverty 1999: Census 2000 Brief*. Retrieved December 5, 2005 <http://www.census.gov/prod/2003pubs/c2kbr-19.pdf>.

- United States Census Bureau. Current Population Survey (2004). Version 1.0
Minneapolis: Minnesota Population Center. Retrieved December 10, 2006
[http:// www.beta.ipums.org/cps](http://www.beta.ipums.org/cps)
- Valenzuela, A., Jr. (1999). Day laborers in Southern California: Preliminary findings from the day labor survey. *Center for the Study of Urban Poverty*, University of California Los Angeles.
- Villarejo, D., et al. (2000). *Suffering in silence: A report on the health of California's agricultural workers*. California Institute for rural studies and California Endowment, Davis.
- Wallace, S. P; Gutierrez, V (2005). Studies on Mexico. United States-Mexico Migration. *Health Issues*. First edition. Mexico.
- Wallerstein, I. M. (1989). *Utopists: or historical choices of the 21 century*. N.Y. N.Y Press
- Wallerstein, I. M. (1983). *Historical capitalism, with capital civilization*. N.Y. N.Y Press
- Wallerstein, N. (1992). Powerlessness, empowerment, and health: Implications for health promotion programs. *American Journal of Health Promotion*, 6, 197-205.
- Wallerstein, N., & Sanchez-Merki, V. (1994). Freirian praxis in health education: Research results from an adolescent prevention program. *Health Education Research*, 9, 105-118.
- Wallerstein, N., & Minkler, M. (2002). Community based and participatory research for health. Jossey -Bass. N.Y. Inc Publication.
- Walsh, L. (2006). Beliefs and rituals in traditional birth attendant practice in Guatemala. *Journal of Transcultural Nursing*, V. (17) 2. 148- 154
- Wang, C., Close, S., & Stevenson, K. (2000). Black youth as town criers on the AIDS Epidemic: An AIDS Photovoice. San Francisco.
- Wang, C., & Burris, M. (1994). Empowering through photonovela. Portraits of participation. *Health Education Quarterly*, 21 (2), 171-186
- Wang, C., & Burris, M. (1997). Photovoice: Concept, methodology and use for participatory needs assessment. *Health Education and Behavior*, 24 (3), 369-387.
- Wang, C., Burris, M., & Ping, X. (1996). Chinese village women as visual anthropologists: A participatory approach to reaching policymakers. *Social Science Medicine*, 42 (10).

- Wang, C., Morrel-Samuels, S., Bell, L., Hutchison, P., & Powers, L. (2000). Bridging the gap between people and policies: flint Photovoice as a communication and advocacy tool. Abstract #14722. Retrieved on April 6, 2006 from http://apha.confex.com/apha/128am/techprogram/paper_14722.htm
- Wang, C., & Pies, C. (2005). Picture this. A snapshot of health in Contra Costa County – Contra Costa Health Services Department. Family, Maternal and Child health Programs
- Werner, D., & Bower, B. (1987). Helping Health Workers Learn. The Hesperian Foundation, San Francisco.
- Williams, D.R. (1990). *Socio-economic differentials in health. A review and redirection.* Handout.
- Wilson. N. (2004) Youth Empowerment Strategies YES! *Empowering today's kids to become the leaders of tomorrow.* Photovoice Project. Center for Popular Education ad Participatory Research.
- Winkleby, M. A., Feighery, E. C., Altman, D. A., Kole, S., & Tencati, E. (2001). Engaging ethnically diverse teens in a substance use prevention advocacy program. *American Journal of Health Promotion*, 15, 433-436.
- WISH. (2003). Improving *health and safety conditions for California's immigrant workers.* Report and recommendations.
- World Health Organization. (WHO). (1998). *Health Promotion Glossary*, Retrieved May 20, 2006 from http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf
- World Health Organization. (WHO). (2005). *Briefing for the WHO European Ministerial Conference on Mental Health.* Retrieved May 20, 2006, from <http://www.euro.who.int/document/mnh/ebrief05.pdf>
- World Health Organization. (WHO). (1971). *Health Promotion Glossary*, Retrieved May 20, 2006 from http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf
- Yin, R.K. (1989) Case study research: *Design and methods.* London, Sage.
- Zimmerman, M. A. (1990). Taking aim on empowerment research: On the distinction between individual and psychological conceptions. *American Journal of Community Psychology*, 18, 169-177.
- Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology*, 23, 581-599.

APPENDICES

Appendix A: Release Form

Alba Lucia Díaz-Cuéllar a graduate student in the School of Education at the University of San Francisco is doing a study on Linguistically and Culturally Connected Community Health Educators / *Promotoras* in the prevention of HIV/AIDS in the Latino community.

My decision to participate in this research study/Photovoice project is completely voluntary.

I understand that I am not entitled to any monetary compensation for participating in this study/project.

I have been given a copy of the “Research Subject’s Bill of Rights” and I have been given copy of this consent form.

I will participate in a workshop and a series of three Photovoice training sessions. I will take photographs in my community that accurately depict my concerns or sources of pride in my culture. They will be my responses to the three research questions. I will participate in group discussions that will explore generative themes that emerge from the various narratives explaining the photographs.

I agree to allow the researcher to tape record my oral participation at the workshop, Photovoice sessions, small group discussions as well as specific dialogues with researcher

My consent to participate in this study gives Alba Lucia Díaz-Cuellar as researcher, permission for my photographs, images and voice (story telling explaining images/ oral participation during the workshop, three Photovoice training sessions, and taped dialogues with researcher) to be used in her final dissertation.

I also understand that Photovoice photographs and narratives may be used in publications, website, presentations, health fairs, and educational workshops related to this topic.

I acknowledge the fact that this research may have a large social impact that might not be immediately recognizable.

I understand that if I refuse to participate I do not have to sign this consent form.

My signature below indicates that I agree to participate in this study.

Printed Name	Participant’s Signature	Date	Description of Activity
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Appendix B: Right to Confidentiality

As a participant for this study, please indicate your feelings regarding confidentiality.

CHECK ONE OF THE FOLLOWING:

Please use my legal name in all documentation required to complete the above mentioned research study.

OR

Please conceal my identity by using a pseudonym in referring to me in the documentation required to complete the above mentioned research study.

CHECK ONE OF THE FOLLOWING:

Please use the pseudonym _____ when referring to me in the documentation required to complete the above mentioned research study.

I understand that I have the right to speak candidly yet confidentially for this research study. By checking the above selections, I am either granting permission to use my legal name or asking to be referred to by a pseudonym.

Signature

Date

Como participante en este Estudio/Proyecto por favor:

A) *Escoja entre una de las siguientes opciones:*

1. _____ *Autorizo el uso de mi nombre completo*
2. _____ *Prefiero que se use un seudónimo para referirse a mí.*

Autorizo el uso del seudónimo _____ para referirse a mí.

Al firmar este documento entiendo que estoy dando autorización para que se use mi nombre completo (1) o se haga uso de un seudónimo (2) para referirse a mí en el presente Estudio/Proyecto.

Firma: _____

Fecha _____

Appendix C: Phase I – Questions Guiding the Dialogue

Research Study: *La Voz de la Promotora* – The Voice of the *Promotora*

 Who or What made you decide to become a *Promotora*?
¿Quien o Que te inspiró para hacerte Promotora?

 What is the greatest satisfaction this work brings to you?
¿Cual es la más grande satisfacción que te brinda tu trabajo como Promotora?

 What are the challenges you experience in your work with the families?
¿Cuales son los mayores desafíos que encuentras en tu trabajo?

 What do you think are the most felt needs in your community?
¿Cuales son los problemas más graves que encuentras en tu comunidad?

 What do you need to do a better job?
¿Que recursos necesitas que te ayuden a hacer una mejor labor?

Appendix D: Phase I: HIV & Leadership Workshop – Evaluation Form

Total Number of Participants: ____ Total Number of Evaluations: ____

Please answer the following questions or select the answer that best represents your opinion.

1. Has the workshop met your expectations? Yes: ____ (---- %) No: (---- %)
2. Was the workshop delivered in a timely manner? Yes: ____ (---- %) No: (---- %)
3. Was this workshop delivered in a culturally sensitive manner? Yes :__(--%) No:_(%)
4. Where the ideas communicated effectively? Yes: ____ (---- %) No: (----%)
5. What session of the workshop will be most helpful to you and why?
6. What session of the workshop will be least helpful to you and why?
7. Did you acquire new:

Skills:	Yes: ____ (----%)	No: ____	No Answer: ____ (----%)
Knowledge:	Yes: ____ (----%)	No: ____	No Answer: ____ (----%)
8. Did you improve on existing?

Skills:	Yes: ____ (----%)	No: ____	No Answer ____ (----%)
Knowledge:	Yes: ____ (----%)	No: ____	No Answer ____ (----%)
Attitude:	Yes: ____ (----%)	No: ____	No Answer ____ (--- %)
9. My overall impression of the workshop was:

Excellent: ____ (----%)	Good: ____ (----%)	Average: ____ (----%)
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10. What other subject areas would you like to see in future workshops?
11. Would you recommend the workshop to others? Yes: ____ (----%) No: ____ (---- %)
12. Please rate the facilitator/s as:

5=Excellent	4=Good	3=Fair	2=Deficient	1=Poor
-------------	--------	--------	-------------	--------

Understanding subject matter:
 Responsive to group needs:
 Clarity of presentation:
 Skill at group management:
 Comments and suggestions.

Developed by PROMOVISION – 2006.

Appendix E: Phase II - Questions Guiding the Dialogue

SHOWeD – Photovoice.

1. What do you see? What is the first thing that you notice?

*¿Qué ve usted en esta fotografía?
¿Que es la primera cosa que usted ve?*

2. What is really happening here? What story is the photo telling you?

*¿En realidad, qué esta pasando aquí?
¿Que historia le dice esta foto a usted?*

3. How does this situation affect our lives?

¿Cómo afecta esta situación a nuestras vidas?

4. Why does this happen? What causes it?

¿Porque sucede esto? ¿Qué lo causa?

5. What could empower people to change?

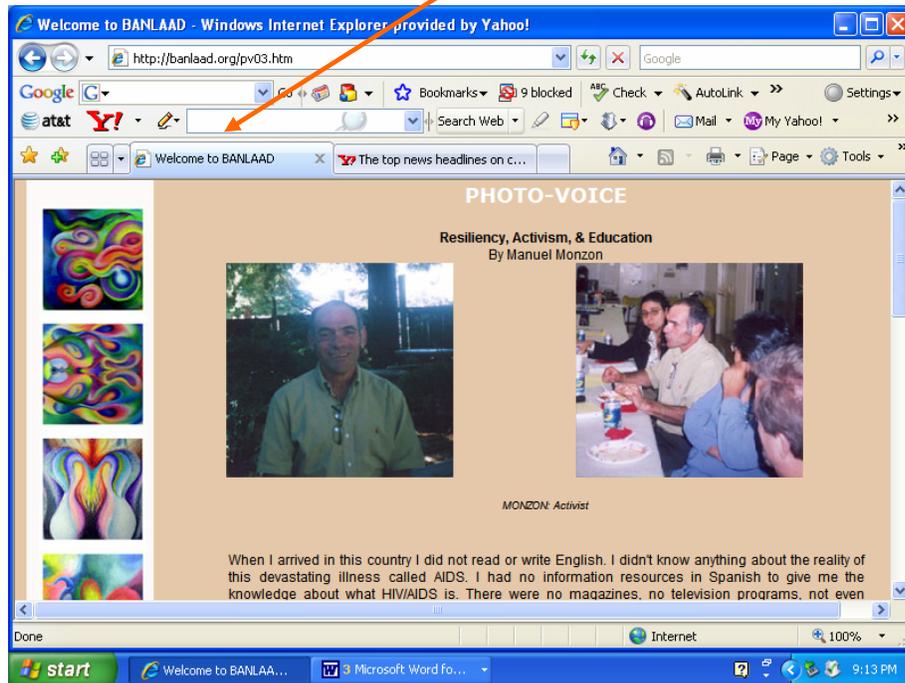
¿Que podría generar poder en las personas para cambiar la situación?

6. What can we do about it? What can we do to change it?

¿Qué podemos hacer acerca del problema? ¿Que podemos hacer para la situación?

Developed by YES! Youth Empowerment Strategies - 2006.

Appendix F Website



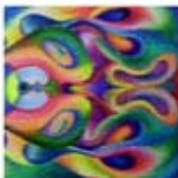


PHOTO-VOICE

INDEPENDENT PHOTOVOICE PROJECT

“There is a natural, slow temperament in the body of those who are not themselves, being harassed, imprisoned, segregated, or abused. And there is a rapid temperament, which inhabits those who are aware of social and political discrepancies, whether those discrepancies affect their own condition, or not. The fact that people become heroes and sheroes can be credited to their ability to identify and empathize with “the other”. These men and women could continue to live comfortably with their slow temperament, but they chose not to. They make a decision to be conscious of the other – the homeless and the hopeless, the downtrodden and the oppressed... Heroism is a state of mind and a willingness to act for what is right and just. If we don't say enough about these heroes – those who went before us and acted in a hurtful way – our young people will be discouraged from trying to do what is right. It is important to claim as part of our heritage the good action and the victories they engendered.”

Dr. Maya Angelou – Quoted in Architects of Peace, p. 14, 2000

The Photovoice *La Voz de la Promotora* - The Voice of The Promotora is inspired by the need to open channels of expression for authentic “heroes and sheroes” in the Latino community who are presently working as agents for positive change. These “heroes and sheroes” are grassroots community based health educators known as *Promotoras*. In HIV-AIDS prevention where an individual's health status is closely link to human interactions, there is a critical need of affected people to be heard and supported by individuals within the community in a position to educate, advocate for, and empower them (AA, 2006). HIV/AIDS prevention programs need to be authentic and culturally appropriate, which can only come from the indigenous response *Promotoras* can bring.

This Photovoice project collected and analyzed the *Promotoras* critical reflections about their work in the prevention of HIV/AIDS in the Latino communities of San Mateo and San Francisco Counties during six months of the preparation of the Bay Area AIDS Awareness Day, October 15, 2006.

Primary Coordinator/ Investigator: Alba Lucia Díaz - Cuéllar

[Nuestra Misión es Ante Todo Una Misión de Amor: Because I Love You I Will Take Care of You](#)

By Donaji

[Mi Principe Azul](#)

By Chispa

[Resiliency, Activism, & Education](#)

By Manuel Monzon

[La Misión De La Promotora](#)

By Tehuanancy

THE UNIVERSITY OF SAN FRANCISCO
Dissertation Abstract

Indigenous Linguistically and Culturally and Connected Community Health Educators /
Promotoras: Preventing HIV / AIDS in the Latino Community

The lives of low- income newly arrived immigrant Latinos in the United States are currently compromised by serious health problems, which lack effective and lasting solutions. The efforts to determine lasting solutions to this growing crisis have been many and varied, often without continued success. This study, with a focus on the advancement of the HIV/AIDS virus in the San Mateo and San Francisco Latino communities, researches the effectiveness of Latina *Promotoras* in the public education/prevention and treatment of HIV/AIDS.

Not only does this study incorporate the work of *Promotoras* as health educators, and advocates, it also employs the research methodology developed by Paulo Freire. The application of Freire's theory and methodology to this study gives it a unique dimension of human experience and authenticity, which derives results integrated with the reality of the community they represent, rather than a reflection biased by the researcher who conducted the study.

The combination of Freire's Participatory Research methods with the Latina, community-based *Promotoras* yields a clear and instructive picture of the *Promotoras*' potency as effective agents of social education and disease prevention in the ongoing battle against sexually transmitted disease and the HIV/AIDS pandemic.

Alba Lucia Díaz Cuellar, Author

Dr. Susan Roberta Katz
Chairperson, Dissertation Committee