AETC-NMC
AIDS Education and Training Center
National Multicultural Center
HOWARD UNIVERSITY COLLEGE OF MEDICINE

Case Study Adapted from Addressing HIV Care and Latino Model

Antonio is a 32-year-old Latino who has been living with HIV for the past 6 years. Antonio has lived in the United States for 17 years, although all of his family still lives in Guatemala. When he shows up for treatment, his health care provider realizes that Antonio has not been adhering to his HIV treatment regimen and that his viral load is increasing.

Antonio tells the health care provider that he has had severe diarrhea ever since he returned from visiting his family in Guatemala and his condition prompted him to seek treatment. He informs the health care provider that he has been praying several times a day and receiving limpias (spiritual cleansings) from a curandero (folk healer) who lives nearby; however, he does not seem to be feeling any better.

When the health provider asks why Antonio has not been adhering to his treatment regimen, he responds that he is afraid of the harmful side effects that the drugs may have on his body.

Discussion Questions

1. Is Antonio at increased risk for an opportunistic infection? If so, why?

2. How could Antonio be affected by living in isolation from his family members? Could this have a negative impact on his adherence to his treatment regimen?

3. How could the health care provider integrate Antonio's use of folk medicine practices into his prescribed treatment regimen to produce better health outcomes for Antonio?

4. How could the provider find out more about Antonio's folk medicine practices to ensure that they are not harmful?

5. What are some culturally competent approaches the health care provider could use to address Antonio's concerns about potential side effects from prescribed medications?

6. Discuss other Cultural Competence issues that may impact retention into care and treatment.