Hope for the Future: Key Informants’ Perspectives on HIV Prevention in Dominican Republic Batey Communities

A Dissertation Presented

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Abstract

**Purpose:** The purpose of this study, was to understand the interlocking spheres of cultural identity and health behaviors relating to HIV prevention within the batey communities.

**Specific Aims:** Explore key informants’ perceptions of cultural identity that influence HIV prevention including relationships, expectations, and cultural empowerment among persons, extended family, and neighborhoods. Explore key informants’ perceptions of the cultural factors that enable and nurture protective health behaviors relating to HIV prevention among the DR batey communities. Describe key informants’ perceptions of the positive, existential, and negative dimensions of DR batey culture empowerment with the goal of promoting healthy behaviors for HIV prevention in batey communities.

**Framework:** The PEN-3 Model by Airhihenbuwa provided the theoretical framework as a culture-centered approach to understanding cultural context, relating to health behaviors.

**Design:** A qualitative descriptive design with maximum variation was utilized and data was analyzed using qualitative content analysis. Semi-structured qualitative interviews were completed with key informants within the La Romana region of the Dominican Republic.

**Results:** Semi-structured qualitative interviews were conducted with 12 individuals.

**Key Words:** HIV Prevention, PEN-3 Model, Qualitative Description, Batey, Haitian Migrant
Effective global health HIV prevention strategies include educational programs, public health campaigns, prevention strategies such as condoms or clean needles, microfinance interventions, and use of pre-exposure prophylaxis (PrEP) (Krishnaratne et al., 2016).

Since the discovery of HIV in 1980 through 2019, 75.7 million people have been diagnosed with HIV infection, including 32.9 million people who have died. In 2015, outside of Sub-Saharan Africa, the Caribbean region was reported to have the highest rate of HIV at 1.6% (Bowman et al., 2017). The island of Hispaniola, shared by the countries of Haiti and the Dominican Republic (DR), accounts for 48% of the people living with HIV (PLWH) within the Caribbean (Stonbraker et al., 2018). In the country of Haiti, the seroprevalence of HIV is 1.9% according to the 2018 UNAIDS report (UNAIDS, 2018). Within the Dominican Republic, HIV seroprevalence has increased to 0.9% as of 2020, compared to 0.8% in 2017 (President's Emergency Plan for AIDS Relief, 2020). An even higher rate of HIV, who can provide these perspectives to inform strategies to reduce the risk of HIV infection, 3.0–9.0% was reported for persons living within small rural impoverished communities in the DR known as bateyes (President's Emergency Plan for AIDS Relief, 2020). Migrant workers of Haitian and Haitian-Dominican descent and their extended families live in these batey communities where the men work to harvest sugar cane at poverty level wages.

HIV prevention remains a pressing public health issue in the DR and represents a major public health inequity for the batey communities where contributors to health disparities include limited access to health services, endemic poverty, barriers to citizenship status and discrimination (Bowman et al., 2017). Beyond the bateyes, HIV prevention in the DR also includes other at-risk groups, such as sex workers, men having sex with men (MSM), and transgender persons (President's Emergency Plan for AIDS Relief, 2020). UNAIDS collaborative
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efforts with the Dominican Government to reduce HIV infection include the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program along with non-governmental and community-based organizations (UNAIDS, 2014).

Traditional Haitian cultural beliefs surrounding HIV involve supernatural causation of disease, stigma, and behavioral practices including use of natural remedies (Colin & Paperwall, 2003.) Migrant workers originating from Haiti embrace many of these traditional cultural beliefs, attitudes, and practices related to health and HIV prevention practices (Sánchez et al., 2012). Many Haitian migrants experience a sense of cultural shock, stress, and alienation as their cultural beliefs often do not align with those in the DR including language, religion and healthcare. These differences in culture further impact health risk behaviors leading to susceptibility to HIV infection (Sánchez et al., 2012). Migrants living in the bateyes face further healthcare disparities related to HIV, due to rural geographic isolation, lack of preventative healthcare, lack of educational materials in their native language of Creole, and sociopolitical barriers leading to many health challenges (Crouse et al., 2010; Rojas et al., 2011).

Local non-governmental (NGOs) and community healthcare related organizations in the DR provide specific health services for persons living within the batey communities. These local health service groups recognize the importance of understanding the cultural context, relating to the society where individuals are raised in and how this culture effect their behaviors, of the migrant Haitians linked specifically to HIV risk behaviors and prevention. These organizations in the DR play an important role as cultural brokers to identify particular aspects of cultural context that inform culturally relevant approaches towards HIV prevention for persons living in the bateyes.
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This study will explore the perceptions of key informants who are able to provide an understanding of the cultural context and who can provide important perspectives that will inform strategies to reduce the risk of HIV infection. Key informants are those who work and provide healthcare services within the batey communities, including NGOs and other community organizations who act as cultural brokers.

Effective HIV prevention programs for the DR batey community requires, first, to understand cultural context as it relates to current practices in the batey community (Sánchez et al., 2012). Exploration of cultural context involves the examination of cultural identity, relationships, expectations, and cultural empowerment as interconnected spheres to inform particular cultural beliefs, attitudes, and practices about HIV within the batey community.

Currently, little research exists focused on identifying the cultural context of migrant workers and families regarding HIV prevention. Being familiar with this cultural context has the potential to allow for better understanding of the influence and perceptions of the individuals and the community relating to HIV prevention (Iwelunmor, et al., 2014). This study will focus on exploring cultural context utilizing the PEN-3 theoretical model to understand the perceptions of HIV prevention within the batey communities from the perspectives of key informants including NGOs community organizations.

To achieve further cultural context relating to HIV prevention in the batey communities, the proposed study will interview key informants from NGOs and community organizations in the DR that work directly with persons living in the batey communities. The study findings will provide cultural context of the Haitian batey community’s culturally identity, relationships, expectations and empowerment that will guide future interventions for HIV prevention for this population. The purpose of this qualitative descriptive study, as underpinned by theoretical
domains of the PEN-3 model as a cultural approach (Airhihenbuwa, 1990), is to understand the interlocking spheres of cultural identity and health behaviors relating to HIV prevention within the batey communities by utilizing key informants in NGOs and community organizations who work directly with the communities.

The aims of this study are

**Aim 1:** Explore key informants’ perceptions of cultural identity that influence HIV prevention including relationships, expectations, and cultural empowerment among persons, extended family, and neighborhoods.

**Aim 2:** Explore key informants’ perceptions of the cultural factors that enable and nurture protective health behaviors relating to HIV prevention among the DR batey communities.

**Aim 3:** Describe key informants’ perceptions of the positive, existential, and negative dimensions of DR batey culture empowerment with the goal of promoting healthy behaviors for HIV prevention in batey communities.

**Theoretical Framework**

The PEN-3 Model is a culture-centered approach to understanding cultural context, relating to health behaviors, created by Airhihenbuwa (1990). The PEN-3 Model is a theoretical framework that offers a strategy that allows a researcher to organize and analyze the complex and interlocking spheres of cultural identity, cultural empowerment, relationships, and expectations to better understand health behaviors. The PEN-3 model has been used to understand the cultural impact upon a variety of different disease processes including HIV (Iwelunmor et al., 2014), Diabetes (Cowdery et al., n.d.), Coronavirus (Airhihenbuwa, 2020), and intimate partner violence (Moeini et al., 2019).
The PEN-3 model offers an opportunity to focus on the role of culture as a connecting feature by which individual actions and perceptions about health are shaped and defined. This model acknowledges that actions and perceptions are the basis for health beliefs that are reproduced to express cultural beliefs (Airhihenbuwa, 1990).

The assumptions of the PEN-3 model are rooted within postcolonial theory: “a trans-disciplinary critique of the persisting domination and erasures of Eurocentrism that carves out space to re-center, recover, and engage with the cultures of postcolonial context (Olufowote, 2020, p. 3).” This assumption identifies that considering the culture of the place one is matters. As shown in figure 1, the model is comprised of three interrelated yet independent dimensions: cultural identity, relationships and expectations, and cultural empowerment (Airhihenbuwa, 1990). Within these three dimensions are sub-levels. The first-dimension, cultural identity, contains three sub-levels which are person, extended family, and neighborhood. The second-dimension of relationships and expectations focuses on how culture relates to perceptions, enablers, and nurturers. The third dimension, cultural empowerment, is comprised of three sub-levels: positive, existential, and negative (Airhihenbuwa, 1990).

Unlike other health belief models, this model allows a conceptual shift for the researcher to treat culturally unfamiliar behaviors such as what is unknown in the DR batey communities as possibly positive or existential factors in the context of health belief values and practices. This cultural framework gives researchers theoretical justification for partnering with communities such as the DR bateyes when developing and understanding and solutions to health problems such as HIV (Airhihenbuwa, 1990). This study will use the three-dimensions within the PEN-3 theoretical framework as a guide for the review of literature, interview guide (Appendix A) as well as in the interpretation of the data.
Background & Significance

The HIV epidemic has been a global health challenge for many years, particularly in reducing the rates of infection and mortality (WHO, n.d.). Since 1980, 79.3 million people have been diagnosed with HIV with a mortality of 36.3 million people (WHO, n.d.). The island of Hispaniola accounts for 75% of PLWH in the Caribbean region (Stonbraker et al., 2018). The DR has an HIV rate of 0.9% and Haiti 1.9% (President's Emergency Plan for AIDS Relief, 2020; UNAIDS, 2014). Separately, the batey communities located in the DR with a majority of the population being Haitian migrants has a 3-9% positivity rate (President's Emergency Plan for AIDS Relief, 2020). There is a stark difference in HIV positivity rates between the batey communities and those surrounding them, demonstrating a large health disparity.
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The paucity of literature relating to understanding cultural context through the three domains in the PEN-3 model related to HIV prevention by migrant Haitians residing in DR batey communities supports the conduction of this study. The PEN-3 model domains will provide a roadmap for this study’s literature review to assist in identifying and understanding cultural context relating to current HIV practices within this community.

Cultural Identity of HIV and HIV Prevention

Persons

The most recent DR national survey conducted in 2007 by Centroid de Estudios Sociales y Demograficos (CESDEM) assessed the comprehensive knowledge of batey community members about HIV, concluding that only 25-30% of the adult population living in batey communities had this knowledge (Rojas et al., 2011). In contrast, 80% of survey participants living outside of the batey communities demonstrated having HIV knowledge (Rojas et al., 2011). These findings reflect the significant gap in lack of HIV knowledge within Haitian migrant based batey communities compared to the rest of the DR.

Family

Currently, it is known that the family cultural identity in the bateyes is influenced significantly by the mixture of Haitian-born migrants with Dominican based residents together within these communities while further impacted by lack of healthcare resources and impoverished living conditions (Russell et al., 2016). Haitians have a close-knit familial structure where adolescents rely on their parents as part of their cultural identity as the most trusted resources for health-related matters such as HIV education (Russell et al., 2016). There is little known about the family cultural traditions and customs relating to HIV prevention. These
traditions and customs may influence people's willingness to participate in HIV prevention efforts. This study hopes to begin to identify these traditions and customs.

**Neighborhood**

La Romana is the third-largest city within the DR and a hub for the sugarcane industry (Miller et al., 2016). The region surrounding La Romana is home to an estimated 130,000 people living in 160 batey communities, making up the highest concentration of this population (Miller et al., 2016).

Many sociopolitical barriers that exist, due to the long history of conflict between Haitians and Dominican persons, impact the batey community’s ability to have proper resources for HIV prevention (Bowman et al., 2017; Miller et al., 2016; Rojas et al., 2011). Bateyes inhabited by Haitian and Haitian-Dominican families (Bowman et al., 2017) consist of neighborhoods lacking running water, electricity, adequate sanitation/hygiene structures, and lack of healthcare. Healthcare barriers within these communities also include insufficient health insurance coverage, geographic restrictions, and limited understanding or trust in the local healthcare system arising from reports of humiliation and discrimination (Bowman et al., 2017; Keys et al., 2019; Miller et al., 2016; Murphy et al., 2015; Rojas et al., 2011; Stonbraker et al., 2018).

**Relationships and Expectations of HIV and HIV Prevention**

**Perceptions**

Early in the HIV epidemic, Haitian migrants were identified as a population with high rates of HIV. Due to the significant HIV rates in the Haitian population compared to the DR it was deemed a “Haitian problem” (Murphy et al., 2015). Local stigma surrounding Haitians and HIV had a negative effect on testing, the likelihood of returning to obtain results, disclosure of
status to potential partners, coordination of self and partner care, and interruption of treatment, resulting in higher rates of HIV and insufficient care (Murphy et al 2015, Osirus, 2020, Stonbraker et al., 2018).

Despite the high rates of HIV in the batey community, the national CESDEM survey identified Haitian migrants’ perception of HIV risk to be low (Rojas et al., 2011). However, these findings were based on perceptions where the majority of women and men reported not having any risk of contracting HIV (Rojas et al., 2011).

Many PLWH within the batey communities hide their positive status in fear of discrimination and isolation from their friends, family, and community (Osirus, 2020). This fear of discrimination extends to healthcare professionals, including the fear that these professionals would disclose one’s HIV (Norris, 2009; Osirus, 2020).

The perception of HIV in the Haitian culture is characterized by disapproval and therefore both individuals and the community hold negative attitudes toward PLWH leading to further discrimination (Murphy, et al, 2015; Osirus, 2020; Stonbraker, et al., 2018). Stigma towards migrant workers with HIV was identified by both providers and patients (Murphy, et al, 2015; Osirus, 2020; Stonbraker, et al., 2018). Perceived discrimination towards PLWH was also reported by 62% of respondents in a cross-sectional survey conducted with batey residents in La Romana, DR (Murphy et al., 2015). The respondents who had adequate health literacy (19.7%) identified stigma as a common reason that individuals fail to seek care for HIV (Murphy et al., 2015). Stigma was most commonly felt like an emotional response, especially around initial diagnosis, which influenced PLWH to not seek out further information or care (Stonbraker et al., 2018).
Stigma and discrimination were also identified in Dominican-born health care providers who occasionally did not want to care or provide prevention relating to HIV in the DR (Osirus, 2020). The use of provider education to reduce such stigma about HIV with DR providers had no impact on mainly due to high staff and provider turnover in the DR (Osiris, 2020).

**Enablers**

Enablers contributing to insufficient HIV prevention in the bateyes are related to Haitian cultural identity and barriers for obtaining DR citizenship. Citizenship was identified as a barrier that hinders individuals in seeking testing, information about, and treatment of HIV (Murphy et al., 2015; Osirus, 2020; Stonbraker et al., 2018). In 2013, the Dominican Court issued a law, La Sentencia, which took citizenship away from thousands of Dominican-born persons of Haitian descent, including many batey residents (Keys et al., 2019). Haitian migrant workers are now unable to obtain health insurance due to lack of proper documentation of citizenship. Although some healthcare organizations in the DR work specifically with non-citizens, non-citizens in the batey are less likely to travel long distances and risk deportation, choosing instead to delay care (Osirus, 2020). The risk of deportation is a major reason for batey residents not to get tested; as supported by study findings that non-citizens in the DR were statistically less likely to be tested for HIV (p < .001) (Murphy et al., 2015). This lack of testing in non-citizens creates a barrier to care for potentially HIV-positive people simply because they do not know their HIV status (Murphy et al., 2015) and consequently, increases the risk of spread of HIV.

**Nurturers**

Community health workers (CHWs) in the batey community are identified nurturers in the ability as laypersons to address health care needs such as first aid, nutrition, and
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acute/chronic illness. These CHWs live and work within the bateyes while assist the community members with health challenges including hypertension, nutrition, and infection prevention. Globally, the training of CHWs complements the work of licensed health workers in health promotion efforts (Mwai et al., 2013; Swider, 2002). Studies conducted in impoverished countries regarding HIV prevention suggested the proximity of CHWs also demystified HIV and broke down social barriers such as stigma, increasing the use of HIV prevention resources (Mwai et al., 2013).

Empowerment of HIV and HIV Prevention

Positives

Positives associated with HIV have not been explored in the DR batey communities. In previous research on HIV in South Africa, positive perceptions such as hope for the future and possibilities of better treatment were identified as related to empowerment (Iwelunmor & Airhihenbuwa, 2012). Insight into positives may be gained by exploring the empowerment of individuals, families, and the batey community. These positives have the ability to contribute to culturally appropriate approaches to HIV prevention.

Spiritual/Existential

The Haitian community is known to have strongly rooted religious beliefs that guides their cultural norms (McEachern & Kenny, 2002; Stepick et al., 2001). Catholicism is the most prominent religion; other commonly practiced religions include Christianity and Vodum (Colin & P 2003). This makeup of religious beliefs within Haiti are similar to the religious practices within the DR (Osirus, 2020). At times, such deeply rooted religious beliefs that include Vodum and supernatural causes create barriers to prevention efforts about HIV which is considered transmitted through voodoo practices. (Norris, 2009; Osirus, 2020; Stonbraker et al., 2018).
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Within DR batey communities, religion has been identified as a barrier for PLWH seeking HIV care (Osirus, 2020; Stonbraker et al., 2018). Additionally, providers whose religion prohibits pre-marital sex, may refuse to give care to PLWH (Osirus, 2020). Religion was also identified as having an impact on ones’ view of HIV in this population, including refusal to participate in education about HIV, due to fear of stigma and discrimination as related to their religious belief (Osirus, 2020).

Christianity and witchcraft along with low health literacy were identified as potential barriers to accessing HIV treatment and information (Osirus, 2020; Stonbraker et al., 2018). A statistically significant higher proportion of Haitian people with low health literacy reported believing that HIV could be transmitted through witchcraft or other supernatural means than Haitian people with average health literacy (Stonbraker et al., 2018). Such religious beliefs within the batey culture could lead to a strained patient-provider relationship wherein patients feel misunderstood and mistrust of the provider ensues (Osirus, 2020).

Negatives

Current barriers identified within the batey communities include frequent immigration of Haitian people which has led to barriers in language, literacy, and citizenship (Norris, 2009; Osirus, 2020). Each of these identified barriers affects the current use of HIV prevention. Currently, the lack of understanding cultural context is inhibiting the success of potential HIV prevention efforts.

Language, general literacy, and health literacy were identified as barriers to the treatment and understanding of HIV in the DR (Murphy et al., 2015; Stonbraker et al., 2018). A study of the Haitian migrant worker population who primarily speak Haitian-Creole found difficulty with access to care at Dominican hospitals and clinics, where the primary language spoken is Spanish.
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(Murphy et al., 2015; Stonbraker et al., 2018); where linguistic & cultural factors result in subsequent lack of follow-up (Murphy et al., 2015; Osirus, 2020; Stonbraker et al., 2018).

The lack of general health literacy within the population is a contributing factor to the lack of understanding of HIV (Stonbraker et al., 2018). Forty eight percent of Haitian migrants lacked general literacy, while around 70% were identified as having a low level of health literacy (Stonbraker et al., 2018). These findings corresponded with a misunderstanding of viral load and disease progression, and the lack of ability to identify the second source of information about HIV (Stonbraker et al., 2018). Respondents were asked, “If you could ask one question about your health, what question would it be?” (p.6) with 49.3% of participants unable to answer due to the lack of literacy for understanding the question (Stonbraker et al., 2018 p.6). The inability to respond may indicate that patients need additional time, more thorough explanations, or visual representations of key ideas (Osirus, 2020).

**Summation Paragraph**

Application of the PEN-3 model (Airhihenbuwa, 1990) gives the researcher the ability to identify the impact of cultural context on HIV health behaviors. The perspectives of key informants working in the DR batey communities can contribute to understanding that impact. This knowledge can then inform future HIV prevention work in the DR batey communities. Thus, it is important to further explore cultural context in the DR batey communities to assist in creation of culturally appropriate interventions.

**Methods**

The aims of this study will focus on gathering the perceptions of key informants in NGOs and community organizations that care for persons in the bateyes on the cultural context related to health, and health beliefs relating to HIV prevention. This study will use a qualitative
descriptive (QD) design approach, which will assist the researcher to further understand these perceptions.

Qualitative description is a research methodology that is naturalistic, stays close to the data, and provides rich description of emerging themes (Sandelowski, 2002; Sullivan-Bolyai et al., 2005). This method is successful in health services research and particularly with issues involving health disparities (Sandelowski, 2002; Sullivan-Bolyai et al., 2005). QD is ideal for populations with low health literacy, similar to the batey communities, because it allows the data that is being collected to be cross-referenced back to community members in everyday language (Sullivan-Bolyai et al., 2005). The utilization of QD will allow the researchers to remain close to the data as to not extend past what is needed or important relating to the cultural aspects of the study.

Sample

Participants for this study will be recruited using purposeful sampling with an approach called maximum variation (Creswell, 2018) to best accommodate the diversity of the key informants across NGOs and community organizations. Participants will be key informants working in NGOs and community organizations who provide health resources to the batey communities in the La Romana region. The sample will be gathered through purposeful and modified snowball sampling.

Inclusion Criteria

Inclusion criteria includes adults of any gender who are living and working for NGOs and community organizations and who provide health resources for the batey communities in the La Romana region in the Dominican Republic. Participating key informants must have been working for their respective organization for at least 1 year, be aged 18 years or older, speak
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Haitian Creole, Spanish, and/or English; be willing and able to participate in an interview up to 60 minutes long; and consent for the interview to be audio-recorded or using UMASSChan remote ZOOM with transcription.

**Exclusion Criteria**

Exclusion criteria are those persons who are not working for NGOs and community organizations and those who do not provide health resources for the batey communities, are under the age of 18 years old, not speaking one of the three pre-selected languages, and not agreeing to be audio and video-recorded.

**Setting**

The study will offer participants the choice of two interview formats. The first format is a virtual option using real-time UMASS Chan remote ZOOM technology “video chat” between the researcher and participant, with an interpreter as needed. The participant will be asked to be located in a quiet room or outdoor area with privacy where they can speak confidentially without likelihood of interruption. The second format is an in-person option that will occur locally in the DR. The researcher will travel to a location of the participant’s choice, with a Haitian Creole and Dominican Spanish interpreter as needed. In-person interviews criteria includes, a location that ensures privacy with both the participant and researcher present, without the likelihood of interruption, and including the interpreter as may be needed for non-English speaking participants.

**Procedures**

The data for this study will be collected virtually through ZOOM and face-to-face participant interviews with audio and video recordings, including the use of a backup recorder. During each encounter, a semi-structured interview will be conducted with the individual
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participant. The interview will consist of collection of demographics (Appendix C) semi-structured open-ended questions with probes developed from the three domains in the PEN-3 model to explore current cultural identity, cultural empowerment, relationship and expectations relating to HIV prevention in the batey communities.

Recruitment

The recruitment will occur through an established educational partnership and memorandum of agreement (MOU) between the UMASS Chan DR Batey Health Initiative (BHI) and Hospital El Buen Samaritano in La Romana, Dominican Republic. Participants will be recruited by purposeful sampling. For this qualitative research study with a qualitative design approach, the sample size target is a minimum of 10-15 participants. This number may be less or more, as it is necessary to reach data saturation, as well as avoid over-saturation. In qualitative research, saturation is met when there is no new understanding of a phenomenon, and the themes identified from the data obtained reaches redundancy (Creswell & Poth, 2018).

Procedure and Data Collection

It is important that the procedure and data collection remain consistent with each participant. The interview will be conducted using semi-structured interview questioning technique, allowing the researcher to expand upon, as well as narrow questions and probes as needed, based on the participant’s response. Using this approach, the researcher will be able to elicit rich descriptions of the phenomena of interest based on the participants’ responses. Before questioning begins, verbal informed consent (Appendix B) will be obtained, including consent to record the interview using a consent script based on the participant’s preferred language. Upon determining the participant’s study eligibility, the researcher will verbally review each of the following as part of the verbal consent process: the study purpose; interview procedure
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including the use of audio and video recording and maintaining confidentiality; explanation of risks and benefits and researcher contact information. The participant will have the option to opt out at any time, as this is a voluntary interview. Additionally, the participant will be allowed time at the end of the interview to ask any questions they may have.

When conducting a qualitative study, it is important that data collection extends beyond verbal data. There are four categories of qualitative research data: interviews, observations of people and activities, documents, and artifacts (Sandelowski, 2002). Sandelowski states that using interviews alone is insufficient in QD. As such, the researcher will not only collect verbal interview data but will observe and collect data pertaining to the participants’ body language, interaction with the researcher, and the environment in which the interview is being conducted. Audio recordings will be transcribed into Microsoft Word and the transcription will be deidentified and utilized for data analysis. The transcription will be stored in a password protected encrypted database. The researcher will take field notes including an audit trail to be added to the transcripts that will provide more comprehensive documentation about what occurred during the interview. These notes will include assessing for posture and body position and how these may have been altered during the researcher’s questioning.

Data Management

In QD, it is essential to have robust and safe secured data management practices (Willis et al., 2016). All transcriptions and other data from the study will be stored in the preferred password encrypted Microsoft (MS) One Drive provided by the University of Massachusetts Chan Medical School. This drive will be password protected and accessible only by the researcher and the dissertation committee. All de-identified transcripts and interview documentation will be stored in the MS One Drive folder. During travel, the researcher will
utilize a password protected encrypted laptop, where digital audio, video, written field notes, and audit trail files will be kept and downloaded onto the UMASSChan secured One Drive daily. Upon completion of the study, the ONE Drive folder will be kept for three years as stated by UMASS Chan Institutional Review Board (IRB) policy.

**Data Analysis**

A conventional qualitative content analysis approach will be used in this study. This type of analysis is used to describe a phenomenon and avoids using pre-conceived categories. This allows for categories and themes to come directly from the data based on participants’ own words as descriptions, which allows the researcher to immerse themselves in the data, assisting in the emergence of new data and insight into the topic (Hsieh & Shannon, 2005).

During data analysis, it is important to follow a step-by-step process. During the preliminary phase of analysis, the researcher will thoroughly review all transcripts for an overall initial understanding of the data. Following this preliminary review, the researcher will then complete a development phase of transcript review with a written “general summary” to describe in detail the perceptions and other relevant information (such as non-verbal cues) for each interview. As part of this development phase, the researcher will also begin to document potential themes and codes to begin the development of the coding process. The transcripts will then enter a final phase review, with the data being screened by thematic category and subsequently coded accordingly. As the researcher systematically reviews the transcripts in this final phase, it is understood that new coding categories may emerge. As such, it is expected that this will be a “back and forth” iterative review process across all interviews. With the emergence of new themes, prior reviews may need to be repeated to ensure that any new themes have been fully accounted for. This iterative coding process will continue until the “exhaustive” saturation
point where all themes are accounted for and the reviews and defined coding criteria are finalized. The researcher will then conduct one last review of all the transcripts to ensure that all coding is complete and accurately documented (Hsieh & Shannon, 2005).

Microsoft Excel will be used to support data coding. An Excel document will be created for each theme and include all the text relevant to that theme. A folder created on the UMASS Chan MS ONE Drive will house all the Excel documents. Word documents will then be created for the final themes stored on the MS One Drive.

**Translation**

The complexity of cross-language research will be addressed to ensure the highest quality of transcriptions including consistency, thoroughness, and accuracy. An interpreter, vetted by partner organization Hospital El Buen Samaritano, will be used for in-person and virtual interpretation and a translator for language transcription will be used for all cross-language components of this study. Ideally, the researcher will aim to use the same interpreter for all interviews conducted. Additionally, the first interview will be transcribed and checked by an additional transcriber for accuracy. If accurate, the study will move forward using the original language transcriptionist.

**Trustworthiness and Reflexivity**

Trustworthiness is an important component of any qualitative research study procedure. Trustworthiness is made up of four components: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

**Credibility**

In this study, the PEN-3 model has been used in several studies to understand cultural context surrounding HIV prevention (Iwelunmor et al., 2014; Iwelunmor & Airhihenbuwa, 2012).
Outcomes from these studies support the effectiveness and applicability of the PEN 3 model for this type of qualitative inquiry. The researcher has had direct contact and an established working relationship with UMASS Chan BHI and Hospital El Buen Samaritano. After the creation of themes, the researcher will conduct member checks regarding the themes derived with the participants to provide additional credibility for the proposed study.

Transferability

Transferability will be addressed by providing a rich description of the study’s themes and relevant details of the research methodology. This information will promote both understanding and applicability of the study such that other researchers readily apply the study’s models and methods in their own work. Rich description will be done by providing definitions of the themes, as well as exemplars of how the themes were elicited and identified during the interviews.

Dependability

To maintain dependability, the researcher will keep meticulous field notes to support any future audits or other inquiries that may arise regarding the integrity or transparency of the study. This plan will ensure that the data collection is reliable, consistent, and appropriately described.

Confirmability

Confirmability will be addressed by the researcher through an audit trail, that will document how the researcher made specific decisions, and by applying reflexivity principles in documenting the researcher’s cognitive process as part of the study’s implementation. Lincoln and Guba (1985) suggested that confirmability is achieved when credibility, transferability, and dependability are achieved.

Reflexivity
Maintaining a reflexive attitude and giving place to ethical considerations within one’s research practice can provide more insightful research findings (Davies & Dodd, 2002). In order to be reflexive, the researcher will maintain a separate journal throughout the study process such that reflections on the study experiences can be consistently documented. This reflexivity approach will ensure the integrity of the study process and outcomes, by mitigating researcher bias, self-interest or other factors of concern to the study’s integrity.

**Human Subjects Protection**

The researcher will apply for expedited review to UMass Chan IRB for approval. Hospital El Buen Samaritano does not have an IRB process, but a Memorandum of Understanding (MOU) will be obtained by the researcher with this organization prior to start of the study. In order to protect the participants in the research, written data will be de-identified including all transcripts, all data including video and audio recordings will be stored in a password protected encrypted UMass Chan One Drive. Participants will be told that their participation is voluntary, the purpose, the interview process, maintaining confidentiality, risks and benefits, and that employment will not be affected in anyway by participation or non-participation in this study. Local health groups will be consulted to check over the intent, methods, and consent that this study will use.

**Conclusion**

The purpose of this study, as underpinned by theoretical domains of the PEN-3 model (Airhihenbuwa, 1990), is to understand the cultural context as interlocking spheres of cultural identity, relationships and empowerment relating to HIV prevention within the batey communities. This study is being done by interviewing key informants in non-governmental and community organizations who work directly with these batey communities. Obtaining a better
understanding of the community’s cultural identity relating to HIV has the potential to inform others in the creation of effective educational interventions tailored to this community relating to HIV prevention. Overall, this study will serve as a valuable resource to others as it will provide individualized cultural understanding and aid in the creation of future HIV prevention work.

References
Key Informants’ Perspectives on HIV Prevention


Cowdery, Joan E.; Parker, Shandowyn; and Thompson, Amy (2010). Application of the PEN-3 Model in a Diabetes Prevention Intervention. Journal of Health Disparities Research and Practice: 4: (1), Article 3. Available at: https://digitalscholarship.unlv.edu/jhdrp/vol4/iss1/


Key Informants’ Perspectives on HIV Prevention

https://doi.org/10.7326/0003-4819-105-5-818_1

https://doi.org/10.1016/S1054-139X(02)00418-4

https://doi.org/10.1177/1049732305276687

https://doi.org/10.1080/07481187.2011.553332

https://doi.org/10.1080/13557858.2013.857768


Key Informants’ Perspectives on HIV Prevention


Key Informants’ Perspectives on HIV Prevention


Key Informants’ Perspectives on HIV Prevention


https://doi.org/10.1016/j.jana.2017.06.009


https://doi.org/10.1007/s10461-016-1569-5


https://doi.org/10.1111/jnu.12448


Hope for the Future: Key Informants’ Perspectives on HIV Prevention in the Batey Communities in the Dominican Republic

Alaina Filiau BSN, RN

Disclosures

No affiliations with or involvement in any organization or entity with any financial interest, or non-financial interest in the subject matter or materials discussed in this project.
Key Informants’ Perspectives on HIV Prevention

Introduction

- Since the Discovery of HIV (UNAIDS, 2020)
  - 75.7 millions diagnosed
  - 32.9 million deaths
- HIV in Hispaniola (PEPFAR, 2020)
  - 1.9% Positivity rate in Haiti
  - 0.9% Positivity rate in Dominican Republic (DR)
  - 3.0-9.0% Positivity rate in Batey communities within the DR
- Batey Communities- Migrant workers of Haitian and Haitian-Dominican Descent living within small rural impoverished communities where men work to harvest sugar cane at poverty wages.

Purpose

The purpose of this qualitative descriptive study, as underpinned by the theoretical domains of the PEN-3 model as a cultural approach (Airhihenbuwa, 1990), was to understand the interlocking spheres of cultural identity and health behaviors relating to HIV prevention within the batey communities by utilizing key informants in NGOs and community organizations who work directly with the communities.
Key Informants’ Perspectives on HIV Prevention

Study Aims

Aim 1
Explore key informants’ perceptions of cultural identity that influence HIV prevention including relationships, expectations, and cultural empowerment among persons, extended family, and neighborhoods.

Aim 2
Explore key informants’ perceptions of the cultural factors that enable and nurture protective health behaviors relating to HIV prevention among the DR batey communities.

Aim 3
Describe key informants’ perceptions of the positive, existential, and negative dimensions of DR batey culture empowerment with the goal of promoting healthy behaviors for HIV prevention in batey communities.

Conceptual Framework

- PEN-3 Model (Airhihenbuwa, 1990)
  - Culture-centered approach to understanding cultural context, relating to health behaviors.
  - Allowed for a conceptual shift for the researcher to treat culturally unfamiliar behaviors as possibly positive or existential factors.
  - Offered an opportunity to focus on the role of culture as a connecting feature by which individual actions and perceptions about health are shaped and defined.

The PEN-3 model has three primary spheres: cultural identity, relationship & expectations, and cultural empowerment and each of these three spheres have three domains each.

PEN-3 Model by Airhihenbuwa (1990)
Methodology

- **Design**: Qualitative Description: Sandelowski (2002)
- **Sampling**: Purposeful Sampling utilizing snowball sampling with the use of maximum variation (Creswell, 2018)
- **Interviews**: Semi-Structured conducted in person locally in the DR with the use of a cultural interpreter as needed.
- **Data Analysis**: Conventional qualitative content analysis and the utilization of member checks

Trustworthiness

- Reflexivity
  - Reflective writing in a separate journal
  - Conversations with committee members throughout the interviewing process
- Dependability
  - Field Notes
- Credibility
  - Member Checks
- Transferability
  - Rich Description
- Confirmability
  - Audit Trail
Inclusion & Exclusion Criteria

**Inclusion**
- Over the age of 18
- Speak English, Spanish, or Haitian-Creole
- Living and working for NGOs and community organizations for at least 1 year and who provide health resources for the batey communities in the La Romana region in the Dominican Republic
- Willing to participate in a 60 min long video & audio recorded interview.

**Exclusion**
- Under the age of 18
- Those not working for NGOs and community organizations and/or do not provide health resources for the batey communities.
- Do not speak pre-selected languages.
- Not agreeing to be audio and video-recorded

Data Collection Procedures

- Recruitment through an established educational partnership between the UMass Chan DR-Batey Health Initiative and Hospital El Buen Samaritano.
- Verbal Waiver of Written Consent
- Completed demographic data sheet
- Conducted a semi-structured interview with participants.
- Collected data based on the interviews and researcher observations of the participants’ body language, interaction with the researcher, and the environment.
# Demographics

<table>
<thead>
<tr>
<th>Race</th>
<th>Religion</th>
<th>Native Language</th>
<th>Education Level</th>
<th>How long have you been working in the batey communities</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>83% Hispanic/Latino</td>
<td>92% Christian</td>
<td>75% Spanish</td>
<td>33% High school</td>
<td>58% 10+ Years</td>
<td>33-53</td>
</tr>
<tr>
<td>17% African Descent</td>
<td>8% None</td>
<td>25% Haitian-Creole</td>
<td>25%Bachelors</td>
<td>17% 4-6 years</td>
<td>Average is 44</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>25% Masters</td>
<td>17% 7-9 Years</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17% None/Some High school</td>
<td>8% 1-3 years</td>
</tr>
</tbody>
</table>

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# Thematic Crosswalk

- **HIV Prevention**
  - Hope for the Future

- **Cultural Identity**
  - Person
  - Extended Family
  - Neighborhood

- **Relationships & Expectations**
  - Perceptions
  - Actions
  - Norms

- **Cultural Empowerment**
  - Positive
  - Essential
  - Negative
"...doing training to the patient, the future is gonna be better. Why? Because the people know more about HIV and when you ask the patient about the HIV, they can say, 'Oh, I know that's good. I have to take care of me. I have to... That is the way it's gonna be better in the future.'"
Results - Religious Beliefs

CULTURAL EMPOWERMENT
- Religious Beliefs
- Voodoo Tenets

HIV Prevention
Hope for the Future

Cultural Empowerment
Positive
Existential
Negative

Results - Voodoo Tenets

CULTURAL EMPOWERMENT
- Religious Beliefs
- Voodoo Tenets

HIV Prevention
Hope for the Future

Cultural Empowerment
Positive
Existential
Negative
Key Informants’ Perspectives on HIV Prevention

Results: Community Nurturers

HIV Prevention
Hope for the Future

Results: HIV Education

HIV Prevention
Hope for the Future

Tan Chingfen
Graduate School
of Nursing
Key Informants’ Perspectives on HIV Prevention

Discussion

- Based on the perceptions of the key informants, stigma and discrimination, religious beliefs, and voodoo tenets make up the underlying cultural identity and beliefs towards HIV and HIV prevention.

- The participants identified the need to utilize community nurturers who are a central part to the community culture and the use of HIV education to promote prevention.

- Application of the PEN-3 model three domains provided the researcher with a useful roadmap for this study, assisting in describing the cultural context of current HIV practices within this batey community (Airhihenbuwa, 1990).

Tan Chingfen
Graduate School of Nursing
Implications for the Future

• There is a significant need for financial support and public policy change to increase funding to support educational programs, targeted testing, and access to PreP in the batey communities.

• Further research is needed in creation of culturally appropriate educational interventions tailored to the needs of the batey communities identified.

• Future research should utilize community nurturers identified in this study to assist in forming and conducting culturally relevant educational interventions.

Limitations

• Use of a cultural interpreter as a translator in conducting a majority of key informant interviews for participants did not speak fluent English.

• The interpreter utilized for the study was a member of the La Romana community that has the potential to cause interpreter bias.

• The researcher was not from the mainly Haitian culture being studied, where some cultural contexts could be misinterpreted or lost.

• These limitations were controlled by utilizing member checks, rich description, training of the translator, and utilizing the same translator for all interviews needing this to limit the interpretative nature that could exist.
**Conclusion**

- Despite underlying stigma and potentially harmful current practices, the participants perceive that through the use of the community nurturers and education, there is hope for the future in the reduction of HIV rates within the batey communities.
- This study provided a deeper understanding of the cultural identity surrounding HIV prevention.
- This study is a valuable resource towards individualized understanding of the cultural identity of health behaviors relating to HIV prevention within the batey communities that will assist in the creation of culturally appropriate HIV prevention interventions.

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**Acknowledgements**

Dissertation Committee
- Dr. Jean Boucher PhD, RN, ANP-BC
- Dr. Michele Pugnaire MD
- Dr. Tara Casimir PhD, RN

UMass Chan Medical School Dominican Republic – Batey Health Initiative

Dominican Partners
- Hospital El Buen Samaritano
- Clinica De Familia
- Fundación Enciende Una Luz

Tan Chingfen GSN Community
- My Family & Friends

Hiroshi & Pocky
Selected References


\textbf{Dissemination Plan}

The primary description of this dissertation work was submitted as a manuscript on \textit{date} to Wiley Public Health Nursing Journal for review and consideration for publication.
Appendix A - Interview Guide:

**Specific Aim 1:** Explore key informants’ perceptions of cultural identity that influence HIV prevention including relationships, expectations, and cultural empowerment among persons, extended family, and neighborhoods.

<table>
<thead>
<tr>
<th>Conceptual Area</th>
<th>Interview Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Persons</td>
<td>Tell me about what you know about HIV in the batey community?</td>
<td>How do persons in the batey identify with?</td>
</tr>
<tr>
<td></td>
<td>Tell me about how Haitian and Haitian-Dominican persons living in the batey communities culturally identify with HIV?</td>
<td>- HIV?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Beliefs about HIV?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- HIV practices?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- HIV knowledge</td>
</tr>
<tr>
<td>2. Extended Family</td>
<td>Tell me about how family matters such as health and HIV is discussed within the families living in the bateyes?</td>
<td>Is it common in the bateyes for family members to talk about HIV/AIDS?</td>
</tr>
<tr>
<td>3. Neighborhood</td>
<td>Tell me how the batey community supports efforts to prevent HIV?</td>
<td>Where in your community can the batey residents go to get tested for HIV?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are these testing locations accessible? What does it take to get there?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are persons in the batey aware of any HIV/AIDS prevention programs in their community?</td>
</tr>
</tbody>
</table>
**Specific Aim 2:** Explore key informants’ perceptions of the cultural factors that enable and nurture protective health behaviors relating to HIV prevention among the DR batey communities.

<table>
<thead>
<tr>
<th>Conceptual Area</th>
<th>Interview Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Perceptions</td>
<td>Tell me about how HIV is perceived within the batey communities?</td>
<td>Do you see people with known HIV being treated differently by others in the batey community?</td>
</tr>
<tr>
<td></td>
<td>Tell me about how HIV is perceived by health care providers in the DR?</td>
<td>Is there stigma associated with being HIV positive within the batey community i.e. not being included, being ousted, not interacting with or socializing with people with HIV?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you notice any discrimination or refusal to treat patients with HIV?</td>
</tr>
<tr>
<td>2. Enablers</td>
<td>Tell me about what you perceive helps to promote HIV prevention efforts within the batey community?</td>
<td>Is there anything that gets in the way of HIV prevention?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are current cultural enablers and barriers to HIV prevention? Do you find that Citizenship or lack of citizenship as a barrier?</td>
</tr>
<tr>
<td>3. Nurturers</td>
<td>Tell me about what you perceive are nurturers in the batey community?</td>
<td>How do ____ help or hurt with HIV prevention in the batey communities?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CHWs • HCP • Faith • Religious leaders • Community organizations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What do you feel is your largest barrier to assisting with HIV prevention within the batey community?</td>
</tr>
</tbody>
</table>
**Specific Aim 3:** Describe key informants’ perceptions of the positive, existential, and negative dimensions of DR batey culture empowerment with the goal of promoting healthy behaviors for HIV prevention in batey communities.

<table>
<thead>
<tr>
<th>Conceptual Area</th>
<th>Interview Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Positive</td>
<td>Tell me about the practices in the batey community relating to their religion/culture that helps prevent HIV?</td>
<td>Is HIV prevention and resources for prevention commonly talked about?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you perceive that batey residents have hope for the future regarding HIV?</td>
</tr>
<tr>
<td>2. Existential</td>
<td>Tell me about your perceptions of how religion and the prevention of HIV in the batey communities?</td>
<td>Do your beliefs align with those of the majority of medical providers?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Religious Belief &amp; practices of batey persons? (e.g. contraception, condom use, clean needles)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Voodoo beliefs and practices?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conflicts with religion and HIV prevention practices?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Literacy of batey persons?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you find that language is a barrier to receiving care or HIV prevention education?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you feel that there is a financial barrier to receiving the proper things needed for HIV prevention for members of the batey communities?</td>
</tr>
</tbody>
</table>
Appendix B

Consent Form: (Waiver of Consent Verbal Script)

IRB # Insert Docket #

Hello, my name Alaina Filiau, graduate doctoral nursing student at UMass Chan Medical School of Nursing in Worcester. I am conducting a study regarding key informants’ perspectives of HIV prevention in the batey communities.

Purpose of the Project
The purpose of this project is to understand the cultural context and health behaviors relating to HIV prevention within the batey communities by utilizing key informants who work directly with the communities.

Your participation in this project is:
• Entirely voluntary and you can refuse to participate at any time.
• All participants will be asked to maintain the confidentiality of participant responses shared during this interview.

Participation involves:

Interview
1. An interview that will take no more than 30-60 minutes in person or by UMass Chan ZOOM protected secured platform.
   a. The interview will be audiotaped and videotaped to transcribe data for review. Written transcription will only identify a code number with no personal identifiers to be used.
   b. You will be asked to complete a demographic information that also includes age, race, ethnicity, religion, highest level of education, and language.
2. All information will remain confidential with no personal identifiers such as name, specific unit, or institution employed at to be used. Audio and recorded transcription will be erased after transcription is reviewed for accuracy.
3. I may ask to follow up with you in order to check the results of the interviews to confirm accuracy of findings.

If you have any questions or concerns regarding this study feel free to contact:
Alaina Filiau UMass Chan GSN student at Alaina.filiau@umassmed.edu
Dr. Jean Boucher Project Chair at Jean.Boucher@umassmed.edu
Appendix C

Participant Demographic Form

Date: _______________________               Participant ID # ________________________

Age: ________________

Race:

______Caucasian             ____African Descent             _____Hispanic or Latino

______ Other

What is your education level?

_______ none/some high school       _______ High School       _______ Associates degree

_______ Bachelor’s degree          _______ Master’s degree    _______ Doctorate

What is your religious preference?

______ Christian/Protestant       _______ Christian/Catholic  _______ Vodum/Voodoo

______ None                      ________________ Other (Specify)

What is your native language:      _____ Haitian-Creole      _____ Spanish      _____ English

How long have you worked with the batey community?

_______ 1-3 years      _______ 4-6 years      _______ 7-9 years      _______ 10+ years
### Appendix D

<table>
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<th>Race</th>
<th>Education Level</th>
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Figure 1

HIV Prevention

**Hope for the Future**
Figure 2

CULTURAL IDENTITY
- Person
- Extended Family
- Neighborhood

RELATIONSHIPS & EXPECTATIONS
- Perceptions
- Enablers
- Nurturers

CULTURAL EMPOWERMENT
- Positive
- Existential
- Negative

Figure 3