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YOUNG PEOPLE IN
GUATEMALA CITY
AN EXPLORATORY STUDY**

DRUG USE AND HIV RISK AMONG MIDDLE CLASS YOUNG PEOPLE IN GUATEMALA CITY: AN EXPLORATORY STUDY

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Abstract

This qualitative study explores the relationship between drug use and increased risk for HIV transmission among middle class young people in Guatemala City. To date, HIV prevention programs in Guatemala have focused on female sex workers (FSW) and men who have sex with men (MSM). An important unanswered question is whether drug users are also a high-risk population for HIV that should become the focus of future prevention activities. This study employed the PEER methodology, whereby the peer-interviewers are themselves drug users and each recruits three friends as informants. The 21 peer-interviewers recruited a total of 62 informants who participated in three interviews each (for a total of 184 interviews, with 5 incomplete).

The informants viewed drug use favorably: as the social lubricant that facilitates interactions with friends and provides new, pleasurable experiences, free from the conventions of a conservative society. Drug use among this group was limited almost exclusively to non-injection drugs: cocaine, marijuana, ecstasy, LSD, and mushrooms. Drugs are easy to obtain at an affordable cost (to this middle income group) in Guatemala City. These young people have concerns about their drug use for multiple reasons: fear of pregnancy, of detection, of overdose, and of becoming addicted. By contrast, informants expressed virtually no concern over the possibility of contracting HIV, in part because few if any knew anyone in their social group that was HIV positive. Informants knew about condoms and the risk of HIV; most seemed quite familiar with their use but readily admitted that as a relationship progressed, couples were likely to discontinue condom use but continue contraceptive use. Although few of the 62 informants had had an HIV test, most were open to the idea of getting tested, especially if it were free. These findings reflect a large potential risk for HIV transmission, should HIV enter into the sexual network of young middle class people in Guatemala City.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CSW	Commercial Sex Worker
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IDU	Injection Drug Use
IRB	Institutional Review Board
LSD	Lysergic acid diethylamide
MARP	Most-at-Risk Population
MSM	Men who have Sex with Men
NGO	Non-governmental organization
NIDU	Non-Injection Drug Use
PASMO	Pan-American Social Marketing Organization
PEER	Participatory Ethnographic Evaluation Research
PI	Principal Investigator
SECCATID	National Commission on Addictions and Illicit Drug Trafficking (<i>La Secretaría Ejecutiva de la Comisión Contra las Adicciones y el Tráfico Ilícito de Drogas</i>)
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS

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I. Rationale for the Study

The purpose of this study was to explore the relationship between drug use and behaviors that could increase risk for HIV transmission in Guatemala City. The country of Guatemala has a low prevalence of HIV (estimated at less than 1% among adults); the HIV epidemic is concentrated primarily among men who have sex with men (MSM), male and female commercial sex workers (CSW) and their clients, and in other specific groups such as prisoners.

Around 62,000 Guatemalans are living with HIV; the majority of AIDS cases are adolescents or young adults (UCSF, 2009; UNAIDS, 2008). Almost all funding for HIV prevention focuses on the most-at-risk populations (MARPs), defined as MSM and CSW. However, an important unanswered question is whether drug users, including both injection drug use (IDU) and non-injection drug use (NIDU), are also a high-risk population for HIV that should become a focus of future prevention activities.

Drug use is a major risk factor for HIV transmission. Injection drug use (IDU) has been the driving force behind the HIV epidemic in certain countries in Asia and Eastern Europe, and represents a major factor in transmission in many other countries, including the U.S. (Mathers et al., 2008). The mechanism of transmission involves the exchange of bodily fluids from the HIV infected to the uninfected person via shared syringes and other injection paraphernalia. However, in recent years there is growing evidence of the risks related to non-injection drug use (NIDU), which may take various forms: greater likelihood of unsafe sex while under the influence of drugs, trading of sex for drugs, and having sex with injection drug users that have increased risk of being HIV positive (Hoffman et al., 2000; Sanchez et al., 2002; Wang et al., 2002; Howard and Latkin 2006).

Few reliable statistics exist in Guatemala on the prevalence of drug use, which is illegal in this country. Moreover, there is a dearth of information on the size of the drug user population and general demographic characteristics. Widespread anecdotal evidence suggested that the most widely used drugs were non-injection drugs: marijuana, cocaine, ecstasy, crack, mushrooms, and glue (McIlwaine & Moser, 2004; SECCATID, 2009).

The country of Guatemala has a low prevalence of HIV (estimated at less than 1% among adults); the HIV epidemic is concentrated primarily among men who have sex with men (MSM), male and female commercial sex workers (CSW) and their clients, and in specific groups such as prisoners. Around 62,000 Guatemalans are living with HIV; the majority of AIDS cases are among 20- to 34-year-olds (UCSF, 2009; UNAIDS, 2008). Almost all funding for HIV prevention focuses on most-at-risk populations (MARPs), defined as MSM and CSW. The national entities working on HIV prevention and the Ministry of Health in Guatemala (as in other Central American countries) do not recognize drug users as a risk group or priority population for HIV prevention activities (Shehane et al., 2008). Thus, it is important to document the extent

to which drug users are at heightened risk for HIV transmission and whether they should be considered as a priority group for future HIV prevention programs.

The current study is the first in a two-part study (one qualitative, one quantitative) on drug use and HIV risk in Guatemala City. We limited this research to Guatemala City, based on the premise that drug use is higher in this urban area (capital city) than in the rest of Guatemala (McIlwaine & Moser, 2004).

The specific objectives of the study were to obtain a qualitative assessment of types of drugs used in Guatemala City, ease of access, sources of supply, risk perception for HIV, sexual practices, use of condoms, and HIV testing. A secondary objective was to learn local terminology and colloquial names for drugs. Whereas the current qualitative study yields rich insights into these issues among the study participants, the follow-up survey using respondent-driven sampling will quantify these findings, in addition to estimating the prevalence of drug use, evaluating the size and nature of drug use networks, and measuring the prevalence of HIV among drug users in Guatemala City.

II. Methodology

The research team used the Participatory Ethnographic Evaluation and Research (PEER) approach (Price and Hawkins, 2002) to recruit participants in this study. The PEER approach has been used in research on sexual and reproductive behavior, maternal health, and the social context of health related behavior (Hemmings, Sakulku, & Siphakanlaya, 2008). The qualitative methodology uses a variation of snowball sampling, in that persons from the study population recruit others in their social network to participate. However, the PEER ethnographic approach has two unique aspects. First, the interviewers (described as “peers-interviewers” throughout this report) share the same profile as the respondents, in this case drug users. Second, the methodology is highly participative, with the supervisors and peer-interviewers taking a lead role in defining the research questions and discussion guides.

A. Research team and peer-interviewer training

PASMO (The Pan American Social Marketing Organization), a non-governmental organization (NGO) with a regional presence and extensive experience with HIV prevention, implemented this study, with technical assistance from Tulane University. The local study director began by identifying one coordinator and four persons to serve as supervisors—three males and one female. These individuals were self-reported to be highly familiar with the local drug scene, though they did not necessarily use drugs themselves. All were university graduates that had previous experience with social science research. Each of the four supervisors received an orientation on the objectives of the study; subsequently they each identified and recruited five “peers” that they personally knew to be drug users to serve as peer-interviewers in the study (see Figure 1). (Note: in anticipation of losing one peer-interviewer, the study director hired a replacement, only to learn that the original peer-interviewer was not going to drop out. This resulted in 21 peer-interviewers.) To be selected, the peer-interviewer had to be at least 18 years

of age and have used an illicit drug in the past month (cocaine, crack, heroin, or ecstasy), the same profile as the informants in the study. No criteria such as socio-economic status or place of residence were used. Because the supervisors knew drug users who were (like them) middle class, and the peer-interviewers in turn selected drug using friends of a similar economic status, the sample was more strictly middle class than intended or desired.

This data collection team (one coordinator, four supervisors, and 21 peer-interviewers) underwent a week of training, followed by a day of refresher training before initiating the data collection. Topics covered included the objectives of the study, instructions on the use of the PEER methodology, use of the informed consent script, importance of confidentiality, interviewing techniques, and extensive role practice/role playing. Given the participative nature of the PEER methodology, the peer-interviewers designed the discussion guides based on the objectives of the study. They also converted the series of questions to graphics, which allowed them to remember all the questions to be covered without carrying a printed discussion guide (that could have inhibited the respondent and caused problems if inadvertently misplaced); see Figure 2.

B. Recruitment of peers (*amigos*) and conduct of the interviews

Following the training, each peer-interviewer identified three friends (*amigos*)—male or female—that fulfilled the selection criteria for the study to participate in a study of *Party Lovers* (local slang for people that enjoy using drugs). Figure 1 illustrates this recruitment process. To be included, the *amigo* needed to be at least 18 years of age, be a resident of Guatemala City, be willing and able to give informed consent, and have consumed at least one illicit drug (cocaine, crack, heroin, or ecstasy) in the past 30 days. Although many also smoked marijuana, the use of marijuana (alone) did not qualify for inclusion in the study. Also, the *amigo* had to be willing to participate in one interview of 90 minutes per week over a three-week period. The *amigo/a* could be of either gender, and the final gender distribution is reflected in Figure 1 (50 males, 12 females). Most peer-interviewers took less than a week to recruit their three *amigo/as*.

The peer-interviewer read a consent script to the *amigo* to obtain informed consent; the peer-interviewer signed the script to avoid identifiers on this document and maintain the anonymity of the *amigo*. (Rather, a coding system was used to identify each *amigo* and each interview.) The peer-interviewer asked the *amigo* where he/she would like to meet for the interview; the most frequent places were in private homes when no one else was there, cafes, or on the university campus.

The interviews focused on different topics (one per week) over the three-week period: daily routines, relationships, and health (all three of which gave an opening to discuss drug use and sexual activity). The peer-interviewer led the 90-minute discussion with each of his/her *amigos*, referring to the graphics to remember all the issues to cover. He/she did not take notes but rather listened to the answers, stories, and anecdotes of each *amigo*. Given that drug use is illegal in Guatemala, use of a tape recorder would have seriously affected the quality of information obtained on sensitive topics. See section C on the issue of recall bias. After each session the peer-interviewer would record from memory to computer what was discussed.

At the end of each week the peer-interviewer met with the supervisor to revise these written accounts case by case. The peer-interviewer would probe for specific details, explore contradictions, and clarify the vocabulary used (which tended to be very colorful and often outside of dictionary usage). These sessions also ensured that the peer-interviewers stayed on schedule and were obtaining the type and quality of information needed. Of the 21 peer-interviewers, 19 completed the expected 9 interviews (3 interviews x 3 *amigos*), one completed 6, and one completed 7, for a total of 184 interviews. All interviewing took place in January-February 2010.

After all interviews were completed, the peer interviewers met for a final session in which the peer-interviewers separately designed a male and a female “prototype” (*arquetipo*) of typical *Party Lover* drug users in Guatemala City, based on the persons they had interviewed. This prototype could contribute to the design of future behavior change communication programs should they be deemed necessary, among this profile of drug user. A description of the male and female prototype appears in Appendix A.

During the coding of the interviews, the study director, the coordinator, and four supervisors found many slang words that the informants used in their interviews. They compiled a listing of such terms and translated them into Spanish and subsequently to English. These slang terms contributed to understanding the dynamics of drug use in Guatemala City. Also the list developed from this study may prove useful to future researchers and program planners working with this group of individuals (see Appendix B).

C. Philosophy behind the PEER methodology

At first blush, even those familiar with qualitative research might question the dependence on recall. The peer-interviewers do not record the sessions; rather they recount to their supervisor what transpires in each session with each of their three informants (*amigos* or peers) on a weekly basis. Moreover, any quotes that come from these interviews may be wording used by the peer-interviewer and not by the actual informant. (For this reason we have not included any such quotes in this article.) However, as one of the originators of the PEER methodology explains (Hemmings, 2010):

“We do not treat the de-briefing interviews with the peer interviewers¹ as an opportunity to ‘download’ information, word for word, about what their friends said to them. Rather, we (the social scientist) treat the de-briefing interview as an anthropologist treats a ‘key informant’ interview. The peer interviewers have gone out into their community and conducted interviews with several friends, in the process developing higher levels of awareness and knowledge about what other people in the community say and think about the issues in question. A particular emphasis is put on gathering real life stories and examples, which people tend to remember quite well. Thus, when the de-briefing

¹ Note: in the original correspondence with Hemmings, she uses the term “peer researcher” instead of “peer interviewer,” presumably to reflect the importance of the information provided by this source. However, to avoid confusion in terminology, we have changed the wording in the quotation above to “peer-interviewer” to be consistent with the terminology used in the rest of the report.

interview takes place, it is between a social scientist and a 'lay expert', and the information collected during this interview is what constitute the PEER data. The data are a mixture of the stories they have collected from their friends, through the lens of the peer interviewers' own interpretation and views, which in itself sheds light on the values and meanings of the stories.

In terms of remembering the content of the interview, the social scientist prompts the peer interviewer to remember what stories their friend may have said, and asks follow-up questions to get more details. The discussion then flows from those initial prompting questions. We have found over the years that non-literate or low literacy peer interviewers often have more powerful memories than literate groups, as they are accustomed to holding more information in their memories (rather than writing it down).

Finally, the rationale for all this: PEER was developed as an operations research method, and health/social programmes rarely have the resources to transcribe/translate what would be hundreds of hours of audio tape (each peer interviewer doing several interviews plus a de-briefing would be unmanageable as we have to produce results in a matter of days/weeks, unlike months/years that universities typically have). We then grew to realise that, provided the social scientist was competent enough to take detailed notes, the level of detail in the notes was more than adequate for the type of analysis we do (thematic/narrative analysis rather than linguistic/semantic – which would require a more detailed transcript).

D. Data analysis

The data collection yielded a total of 184 interview transcripts. The analytical approach used in this study is thematic content analysis, which involves categorizing interview data into recurrent or common themes. A preliminary coding scheme was developed based on a preliminary review of the data and the project objectives. Emerging codes were also incorporated as the analysis progressed. The researchers managed and analyzed the data using NVivo 8.0 qualitative analysis software, which facilitated the coding of the transcripts and the subsequent retrieval of the content based on a specific code, word, phrase, or relation between two concepts (such as drugs and condom use). The first author coded the interviews and identified the key findings using NVivo. The researchers then organized the content from the interviews around each of the major topics of interest in the research, seeking out patterns or trends across the different interviews.

E. Limitations of the study

As is the case with all qualitative research, the results are not generalizable to the larger population, given the lack of random selection of participants. Moreover, the authors are keenly aware that the population obtained does not include the full range of persons in Guatemala City that use drugs, based on the experience of SECCATID with lower income drug users. The selection of peer-interviewers greatly influenced the characteristics of the study population, given that the methodology was based on collecting information systematically from friends or acquaintances of a similar background and lifestyle. The four supervisors (with the full

knowledge of the principal investigator (PI) and local study director) selected peer-interviewers that tended to be between 20 and 30 years old, well educated (university students or graduates), and solidly middle class. This homogeneity contributed to group cohesion during training and data collection. However, it meant that the *amigos* that they were likely to identify and interview would also be young, middle class, and relatively well educated. Anecdotal evidence suggests that this group represents a substantial part of the drug user population of Guatemala. However, this study does not capture the drug use and HIV risk of the “elites” of Guatemala or of the lower class in which drug use also occurs (albeit with very different dynamics).

The PI and study director recognized this potential problem early in the training. We explored with the 21 peer-interviewers the possibility that they knew and could interview at least one person of a lower social class (“D” on the standard scale of A-B-C-D-E used by local market research firms to define socio-economic status), based on place of residence, level of education, and occupation (e.g., bartenders, waiters, men who wash cars). Of the 21 peer-interviewers, 11 volunteered to seek out respondents from class “D,” and collectively they interviewed 13 low-income persons (of the total of 62 informants in this study). This attempt to diversify the study population was not particularly satisfactory, given that the numbers were small; moreover, it violated the philosophy of the PEER methodology, whereby peer-interviewers collect information from those they consider to be “true” peers. In fact, this difference in socio-economic standing did cause problems in at least one interview (“why are you asking me all these questions,” —[implication] “knowing that I’m poor?”). These few interviews yielded some (albeit limited) insights into drug use among the lower class. On balance, the information obtained in this study relates primarily to urban, young, relatively well educated, middle class informants.

In retrospect, the researchers could have opted for one of two alternatives. The first would have been key informant interviews with quota sampling of persons from different socio-economic levels. However, it is unclear that the informants would have had sufficient trust with an unknown interviewer to reveal the types of information that they were willing to share with the peer-interviewer, who they considered a friend. This observation is particularly relevant, given that drug use is illegal in Guatemala, and drug-related violence has escalated dramatically in the past year in Guatemala City.

Second, it would have been possible to carry out this study using the PEER methodology by collecting data in parallel for different socio-economic groups (i.e., elites, middle class, and low-income drug users). PASMO has used the PEER methodology successfully in low-income populations, including non-literate Mayan women in rural areas; the data collection takes much longer but is feasible. However, in this markedly class stratified society, it would have been necessary to conduct the training and debriefing exercises in at least two and possibly three separate groups: high, middle and low income. PASMO has had a recent experience on another study in which low-income interviewers did not report to the training session planned for “all interviewers”; rather, the researchers had to seek them out and hold a separate training in a location where they felt more comfortable. Similarly, wealthy Guatemalans might be willing to reveal their own drug use among “equals,” but would be reluctant to attend sessions among a more diversified group. Given the challenges of identifying and recruiting even one group of

drug users (not to mention time and budget), the researchers did not seek to expand the study and collect data among other socio-economic groups. In hindsight and with the experience of this first study, the researchers consider it would be feasible to replicate the data collection among other groups, yielding results reflective of a wider range of drug users in Guatemala City.

F. Human subjects approval

The protocol for this study was reviewed and approved by the Tulane University IRB on January 6, 2010, and by the *Comité de Ética* (Ethics Committee) of the Ministry of Health in Guatemala on October 27, 2009.

III. Results

In this section we present a synopsis of the results from these 184 interviews in relation to the three study objectives: patterns of drug use, HIV risk, and information useful for guiding the quantitative study.

A. Patterns of Drug Use

The informants in this study provided a wealth of information on drug use in their social circle: types of drugs used, source of drugs, cost and availability of drugs, circumstances for using one drug over another, and fears regarding drug use.

Collectively, this group of informants saw drug use in a very positive light. Drug use was very much part of their daily or weekly routine, and it seemed to be integral to their social interactions with peers. Indeed, the name given to this study—*Party Lovers*—captures the youthful desire to experience new and enjoyable sensations in the presence of friends. They saw drugs as facilitating their interactions with peers, allowing them to experience new sensations (including heightened sexual excitement in some cases) and explore different realities. They associated drugs with lively parties, strong bonds of friendship and support with fellow users, and freedom from the conventions of a conservative society. In short, drugs were a social lubricant that facilitated having a good time that often included sex.

The informants made a very sharp distinction between recreational drug users and addicts. All saw themselves as functional, and looked down on drug users that had become addicted to the point of isolating themselves, using drugs alone, dropping out of mainstream society (school, job, family), stealing, or openly exchanging sex for drugs. The term “*party lovers*” underscores the group aspect of drug use, sharing and experiencing with others, in contrast to the isolation of addictive drug use. *Party lovers* tended to consume drugs frequently; many cited daily consumption of marijuana. They used more potent drugs on weekends and in specific contexts (e.g., cocaine, often in combination with alcohol, for weekend parties; ecstasy for sensual,

intense sexual experiences). They associated crack with low-income groups and heroin with high-income (or very addicted) users.

Given the type of sampling used in this study, it is not surprising that it captured “functional” users rather than the full range of drug users (including those that had become dysfunctional due to drug addiction). This group does not represent the universe of drug users, many of whom do end up in rehabilitation centers located throughout Guatemala City (Shenane et al., 2008). This detailed but exploratory examination of drug use among one socioeconomic segment of Guatemala City triggers even greater interest in what will be the results of the quantitative study to follow, which is expected to yield drug users of different income levels.

1. Types of drugs used

Among this group of informants, the use of multiple drugs is widespread: simultaneously or sequentially. Although a few mentioned that they or their friends used only one drug (cocaine or marijuana), the vast majority spoke of different drugs used in different circumstances. The descriptions of sequential drug use by informants seemed analogous to the courses one might expect at a three course dinner: the starter, several dishes for the main course, and the dessert to finish it off. Although the mixing of different drugs emerged as a common practice, circumstances appeared to dictate a particular drug in other cases (e.g., concerts with electronic music). Qualitative data do not allow for quantification of the most widely used drugs, but marijuana and cocaine appeared to be the most frequently used among this group of respondents.

Marijuana. Many of the informants began drug use by experimenting with marijuana, and then moved on to other drugs such as cocaine, ecstasy, LSD, and mushrooms, among others. Informants indicated that they consumed marijuana (often daily) either alone or in a group (e.g., at a party). It is easy to obtain at an affordable price for the middle class (one ounce of good quality marijuana reportedly costs between Q800-1000, or about one hundred dollars U.S., and represents a sizable quantity).

The informants described marijuana as a versatile drug that is present in many different contexts, activities, or moments of the day. Additionally, some described having friends involved in harvesting and processing the plant as a hobby; the harvest offered a time for a celebration with friends. Others mentioned obtaining marijuana from farmers or friends/acquaintances that rent parcels of land to cultivate and commercialize the product.

Marijuana was viewed as a drug that facilitates social interactions, relaxes people, helps them have a good time and enjoy themselves (*tirar buena vibra*). Others described marijuana as a drug that inspires people.

Cocaine. For this group of informants, cocaine emerged as the most common party drug. They described using it among a group of friends (though the composition of this group might change somewhat from week to week). If one member of the group never seemed to contribute to buying or providing the drugs, he/she might not be invited back. However, informants indicated that they used cocaine around people they knew and trusted (*de confianza*). If they didn't feel comfortable with some of the people present, they might instead go into a restroom, car, or

dormitory room to use cocaine. For this group, cocaine was a social lubricant for a good party. By contrast, they frowned upon persons that would isolate themselves and use cocaine alone, which they interpreted as showing signs of addiction.

There was mention of cocaine—used in the right quantities and (sometimes) combined with alcohol—as a means to heighten sexual excitement for women. However, males had to control the quantity of cocaine consumed if they wanted or planned to have sex. Too much cocaine resulted in their inability to get or sustain an erection, thus putting their manliness in question. The possibility of impotence was of great concern to the males in this study, who didn't want their reputations tarnished by comments from their female sexual partners that they weren't able to perform or satisfy. Women also suffered from too much cocaine—in the form of vaginal dryness and discomfort during penetrative sex. Ironically, informants viewed cocaine as a key ingredient to great partying and connecting with sex partners; yet some admitted that sex under the influence of cocaine was actually not as good as sex when sober, for the reasons mentioned above.

Several informants also mentioned that using cocaine helped to mask being inebriated. In fact, some reported that young people living at home initiated cocaine use to cover up appearing drunk when they returned after a party to their parents' house.

Many informants indicated that they used cocaine throughout the week. The days with highest consumption were Wednesday (“Ladies’ Night” at many of the local bars), Thursday, Friday and Saturday. Many used Sunday to recuperate (especially if the weekend had been intense) and prepare for the upcoming week.

According to the informants, it is relatively easy to obtain cocaine in Guatemala City. There are known “points of sale” where one can go to buy cocaine: at certain houses/apartments, from street vendors (“chicklet sellers” in local parlance) outside of discos, or other public places. In addition, some taxi drivers will deliver cocaine to one's home. It is also common to have a dealer that is part of one's social circle, who can supply cocaine at a party in a safe, convenient way. Informants stated that it was important to know one's dealer and have confidence in him, given that some dealers take advantage of people and mix the cocaine with other products (e.g., bicarbonate of soda, aspirin, and even Ajax). They recognized that inhaling cocaine mixed with other products could cause serious health problems.

Although there are dealers that can obtain a variety of different drugs for their clients, dealers tend to specialize in a specific product or products. Normally those that sell cocaine are dedicated only to the distribution of this drug. However, some dealers can also obtain other drugs if they are asked in advance.

Ecstasy. Ecstasy comes in the form of a pill, the most notable of which is the “Ferrari” (because it is bright red). This drug intensifies sensation and is used for greater sexual excitation. Informants associated the use of ecstasy with parties or trips to sites within Guatemala but outside of the capital city (e.g., to Antigua, Lake Atitlan, Puerto, or Izabal). Informants reported that males may share it with potential sex partners as an inducement. Ecstasy can only be obtained from certain dealers and is not as easy to procure as marijuana or cocaine.

LSD. Informants reported that this drug, also known as acid, is used especially in the context of parties with electronic music. This drug sensitizes the person to be able to perceive reality from different perspectives, and it amplifies and enhances these sensations. It is a drug that can be found in various forms: small pieces of thin paper (one cm by one cm) or drops. This type of drug is consumed especially when at concerts with DJs or at “raves” (somewhat clandestine parties with electronic music and dancing that last into the early morning or even several days, in which case the participants tend to camp out at the party). In addition, informants reported that some people use it on their own just to have a trip.

Mushrooms. Informants indicated that hallucinogenic mushrooms are attractive because they allow one to interpret reality from another perspective, and to experience different sensations and visions. Some described their experiences as “transcendental,” putting them more in touch with their spiritual side. Mushroom use relates to new age environmentalism. They are only available in certain seasons, and some informants would use them in open-air settings where they could interact and commune with nature.

Mushrooms are normally consumed in a small tightly knit group of friends that will take care of each other to avoid overdosing or to care for a person that has a negative experience from mushrooms.

Heroin. According to our informants, heroin is a drug very rarely used by the middle class in Guatemala. The informants knew of a few cases of heroin users, but these persons tended to be older and wealthier (i.e., they could pay up to \$100 U.S. for a dose).

Crack. Informants referred to crack as a product that is very addictive, and one that is consumed most frequently by users in low socioeconomic levels (D or C minus). Users will often consume it at a particular *punto* (point or location), and one informant described a dealer that hung tennis shoes over an electrical line to identify this *punto*.

Combinations (Candy flip, Hippie flip). Candy flip is a combination of LSD and ecstasy; hippie flip refers to mushrooms and LSD. One informant explained that people use a combination of drugs that would purposely have different effects. For example, one drug excites and alters one’s sensations while the other provides relaxation. This forms part of the pattern of multiple drug usage.

Legal Drugs (pharmacy products, veterinary medicines, and poppers). In the case of legal pharmaceutical products, informants reported the use of diazepam as a means for being able to sleep after intense partying and drug use. By contrast, Ritalin (*Ritalina*) is used by those trying to stay awake for several days in a row (e.g., medical students studying for exams).

Informants also mentioned a veterinarian anesthesia, *Ketamina*, used for large animals (e.g., horses, cows). When heated in a microwave, the product crystallizes; it can be pulverized and then inhaled. The drawback is that this product causes considerable discomfort in the tissues of the nose.

Several informants mentioned “poppers,” which are utilized to facilitate anal sex (heterosexual or homosexual). Poppers are inhaled, and this relaxes the sphincter muscles. They can be obtained in sex shops.

B. Risk of HIV Associated with Drug Use

Neither the peer-interviewers (themselves drug users) nor their informants seemed to associate drug use with increased risk for HIV. It simply was not on their radar. Although the information obtained about sexual practices, inconsistent condom use, involuntary sex, and related topics indicated that this group could be at greater risk of HIV than others in the general public, there was no sense of this risk among the informants. In this study we explored possible risks associated with drug use and learned the following.

1. Increased sexual activity.

Party lovers (both males and females) saw drug use as a way of connecting with the other sex in a highly stimulating, enjoyable environment, free of usual inhibitions. Males generally hoped they would hook up with someone and have sex; females in this circle were often willing partners. At a party or in a disco, the male might offer drugs and/or alcohol as a means of connecting with someone of interest. In some cases, if that didn't work out, they might seek out a commercial sex worker.

Those that have a stable partner tend to have sex more often. However, informants spoke frequently of young men who were unfaithful to their stable partner by having casual sex with other women or with commercial sex workers. In general, these middle class young men would prefer to have sex with young, attractive girls. However, a number of the males mentioned that if that didn't work out, they would revert to commercial sex workers. In some cases they pay in cash; in others, they pay in drugs, since some sex workers are hooked on cocaine (the primary drug mentioned). Whichever the case, the two parties negotiate prior to the sexual encounter.

2. Sexual practices

Informants—primarily heterosexual males and females (with a few bisexual/gays/lesbians)—mentioned both oral and vaginal sex as common sex practices. However, anal sex appeared to be on the increase among heterosexuals. In one interesting case, one low-income female informant reported asking her partner to have anal instead of vaginal sex, because she wanted to keep her virginity. In other cases involving heterosexual couples, anal sex appeared to be a new alternative to explore.

Other practices reported in the interviews were group sex that can take various forms: two women one man, two men one woman, orgies with various participants of the same sex or mixed, and the case of swingers (partners considered stable that switch partners occasionally to heighten their sexual pleasure). In addition, there was mention that some men had a preference for seeing a pair of women having sexual relations or masturbating. This point was not explored in depth in this study. There was also mention of bisexual practices from the context of drug use.

In the large majority of interviews, the *amigos/as* linked drug use and sex of many types. For example, they reported that cocaine arouses women, but males have to be very careful; if they don't control the quantity, they may not be able to perform sexually and their masculinity might be questioned. Ecstasy is used mainly for enhancing sexual pleasure, because it makes the persons more sensitive. However, in a handful of interviews, the informants mentioned that sex was actually better without drugs, because the two people are totally conscious. In short, sex and drugs are highly intertwined for this middle-class group of *party lovers*.

3. Involuntary sex

A few informants touched on involuntary sexual relations. If a woman had consumed a high dose of drugs (practically to the point of unconsciousness), someone might take advantage of her to have sex.

4. Inconsistent condom use

Informants acknowledged that they knew about condom use to prevent sexually transmitted infections (STIs) and HIV. However, they indicated that under the influence of alcohol and drugs, seeking pleasure and satisfaction often won out over using protection during sex. Some informants reported doing a quick, subjective "risk assessment" of the prospective partner, taking into account how long they have known the person, their level of trust in him/her, physical appearance, health, socioeconomic level, nationality and reputation, among other factors. If the person passed this subjective evaluation favorably, it was probable that no condoms would be used during sex. Also, informants reported that at the beginning of a relationship or in a casual relationship with an unknown person, condom use was quite frequent. However, after several weeks or months, if the relationship continued, often the woman would begin use of oral contraceptives instead of condoms to avoid pregnancy (but they didn't seek protection against STIs or HIV).

Informants reported that commercial sex workers generally insist on condom use unless there is an economic incentive sufficiently attractive to not use them.

5. Sex for drugs

How prevalent was sex for drugs among these young, middle-class informants? This group did not directly acknowledge the transactional aspects of sex for drugs (that is, they did not talk in terms of exchanging sex for drugs). Rather, the discussion of this topic was far more nuanced. For example, a young man—hoping to hook up with a young woman—might give her free drugs or alcohol as a subtle form of inducement. Another mentioned that a man who has drugs might also get sex, by "inviting" girls. Also, at least one informant mentioned that young women seem to be attracted to men who have access to drugs because this implies power, money, and status. The exercise to develop the archetypes also reinforced this: girls mentioned that drug dealers were attractive (they have money, they have power, and they invite). For young women, feeling attractive and being able to get a man was an important driver for their actions.

Among the few lower-income informants, transactional sex in exchange for drugs was more evident, especially with commercial sex workers. The drugs involved tended to be crack and cocaine.

6. Risk perception for HIV

Risk perception entails two dimensions: severity and susceptibility. Severity refers to the perceived magnitude of the problem (should it occur), whereas susceptibility is the perceived likelihood that the individual would actually experience this problem or negative consequence.

In the case of STIs, but especially HIV, these middle- to upper-middle class young people reported to know the potential risk of STI and HIV transmission from having sex. However, they did not perceive that this would likely happen to them. No one knew anyone that was HIV positive in his or her own social circles. They also did not view HIV as a serious threat, so long as they stayed within that social circle. However, they did perceive an increased risk when they went outside their circle of peers to have sex with someone else (e.g., sex workers or foreigners). In such cases, they perceived condom use to be essential.

In sum, this group was not worried about HIV; rather, their intense worry focused on pregnancy. In almost all interviews that touched on heterosexual relations, pregnancy surfaced as the major fear. Although these young people might aspire to parenthood at a later time in life, pregnancy at this point in their lives would seriously hinder their youthful exploration of different experiences and hurt their prospects for the future. Many cited the experiences of friends or acquaintances that had gotten pregnant and had to confront the social and financial consequences of having the baby. Because they knew of others that got pregnant, they were very conscious that “this could happen to me” (in contrast to knowing almost no one, or no one, that had AIDS). Their response to this fear included using condoms, withdrawal before ejaculation, using oral contraceptives, having oral or anal sex, and using the morning-after pill.

Although not related to drug use and HIV risk per se, informants had three other sources of concern or worry:

- Being discovered. Informants experienced constant worry of being discovered by their parents or other significant figures in their lives, since this could result in loss of economic support or the benefits of living at home, loss of status or social prestige, loss of love and affection, and constant recrimination. An additional worry related to being discovered by the police, which could result in physical aggression or legal problems.
- Overdosing. Having an intense experience with drugs that caused unexpected reactions was a constant preoccupation. This implied knowing one’s personal limits to avoid a disagreeable trip from which one might not return. Informants reported that for this reason, it was important that members of the group protected and cared for each other. A very solid and cohesive group of *party lovers* feels an obligation to take care of each other, especially if a group member exceeds his or her own limit.

- Drug addiction or abuse. Several informants expressed fear of the consequences of drug abuse or addiction. They didn't want to "*quedarse asi ...*" (end up that way), as they perceived the case to be of those drug users that isolate themselves and consume drugs alone. Their perception was that when drugs begin affecting the conduct of the individual, isolating them from their social group and affecting their appearance, addiction is likely.

C. Information Useful to the Design of the Quantitative Survey

This qualitative study was the first in a two-part research study. In addition to providing numerous insights into patterns of drug use and HIV risk in Guatemala City, it provided information that was used to design the follow-on quantitative study, including the following.

1. Decision to include injection drug users (or not) in the quantitative study

The research team had initially planned to limit both studies to non-injection drug use, based on the premise that injection drug use was rare in Guatemala. After considerable deliberation, we decided to include both injection and non-injection drug users in the qualitative study, precisely to confirm or reject this premise. The results strongly confirmed it—at least for this study population—with the result that we will also include all users of illicit drugs in the quantitative survey, with the expectation of finding very few injection drug users.

2. Willingness to be tested for HIV

In the follow-up survey, the drug users that agree to participate will also undergo an HIV test. The qualitative survey provided useful preliminary evidence. A few informants mentioned that they had been tested for HIV; the apparent motivation was that they had had sex without a condom with a foreigner or a sex worker. By contrast, the vast majority had not been tested and did not know their HIV status.

Nonetheless, a number of informants expressed interest in obtaining the test, especially if it were free. A few informants mentioned that private labs give a greater sense of confidence and security in the case of HIV tests, although they would not exclude the possibility of getting tested at the Fundación Marco Antonio. The Fundación Marco Antonio, an NGO, is the facility to be used for interviewing and testing in the quantitative survey. Located in the downtown area near the central bus terminal, this clinic primarily serves a lower class population. Currently, it largely provides HIV services: counseling and testing for HIV and other sexually transmitted infections (there is an onsite lab), psychological support, and post-test referrals for HIV positive clients. Some *amigos/as* commented that it would not be their first choice for themselves or their friends; nonetheless the general sense given by the informants was that they would be willing to be tested there. One advantage: the people there won't know you. At least one informant, who was gay, reported having gotten an HIV test at the Fundación Marco Antonio after having unprotected sex with an "unsafe" partner. Several informants mentioned that convenience to get to the location (via public buses) would be important, and others cited convenient parking.

3. Terminology used by this population

The informants in the qualitative study—well-educated, many of whom spoke both Spanish and English—used such a colorful array of slang terms to describe their friends, activities, drug use, aspirations, fears, and relationships that even the Guatemalan study director (first author) had to ask for clarification on what some of these expressions meant. As a result, the research team compiled a glossary of terms (see Appendix B). This list will be very useful in training the interviewers for the follow-up quantitative survey regarding these slang expressions. Moreover, this list could prove helpful to others purposing research on the topic of drug use in Guatemala or neighboring countries.

IV. Discussion

Given the dearth of research studies on drug use in Guatemala, this qualitative study served as an exploratory mechanism to better understand the existing reality in Guatemala. Even though it captures the experience primarily of middle-class young people, it provides a point of departure for determining similarities and contrasts with other groups, such as lower class drug users. Moreover, in the absence of systematically conducted studies on drug use in Guatemala, it provides insights that merit further exploration.

First, this study strongly reinforces the anecdotal evidence that the vast majority of drug use—at least among middle class young people—consists of non-injection drug use. The use of injected heroin was reported to occur relatively rarely and only among a higher socioeconomic level, given the expense and risks involved in using this drug.

Second, the study underscores the extreme ease of obtaining drugs in Guatemala City. This group of middle class young people had economic access that might limit the use of this set of drugs in populations with fewer economic resources, although anecdotal evidence suggests that lower income drug users in Guatemala City are more likely to resort to glue, paint thinner, marijuana, crack, and, in a few cases, cocaine. Moreover, access is further facilitated by dealers (also members of this same social network) that are willing to provide home delivery or sales to friends in their home, which further reduces the risk of detection.

Third, drug use carries several worries (pregnancy, fear of detection, fear of overdose, fear of becoming addicted) but risk perception of HIV is almost non-existent in this population, in part because none of these young people knew anyone in their social group that was HIV positive. The results of the quantitative study (to be conducted as a follow-up to this qualitative study) will in fact confirm the extent of HIV among this population of drug users. Through the data of the quantitative study, it will be possible to compare HIV problems among drug users to prevalence among the general adult population in Guatemala City, believed to be less than 1% (UNAIDS, 2008).

Fourth, informants among this population knew about condoms, recognized the need for their use, but were likely to use them only in situations where they perceived the partner to be at some risk of HIV/STI (such as a commercial sex worker or a foreigner). Also, young people might use

condoms at the beginning of a sexual relationship, but after several months of staying together, they might stop using them. With regard to HIV testing, few had had an HIV test, but there was a general willingness to consider having one, especially if it were free. In few interviews that specifically discussed the Fundación Marco Antonio, young people willing to have the test seemed open to doing so at this location. Considerations of parking were paramount.

Although this study focused on the risk of HIV in relation to drug use, the study population tended to see drug use in a positive light, facilitating social relations and sexual contacts. Whereas these informants were very negative towards drug use to the point of addiction, they appeared not to perceive that they were in any particular danger for long-term consequences of their own drug use. It is important to note that this study captured drug users that were “functional” and very active members of society, rather than those whose drug use had caused them to become isolated and/or dysfunctional. Thus, this group almost certainly does not represent the universe of drug users, many of whom do end up in rehabilitation centers located throughout Guatemala City. This detailed but exploratory examination of drug use among one socioeconomic segment of Guatemala City triggers even greater interest in the results of the quantitative study to follow.

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Figure 1. Illustration of recruitment using the PEER methodology

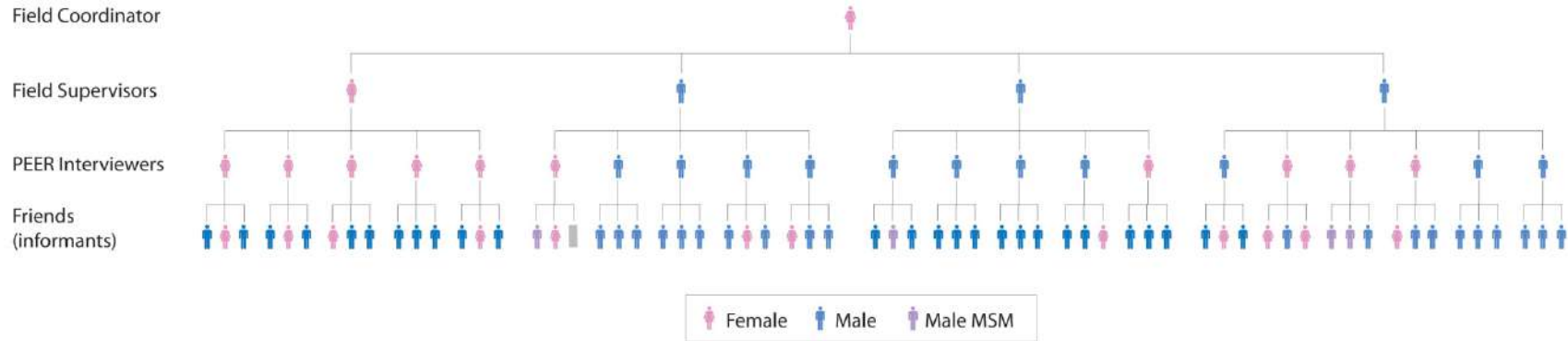
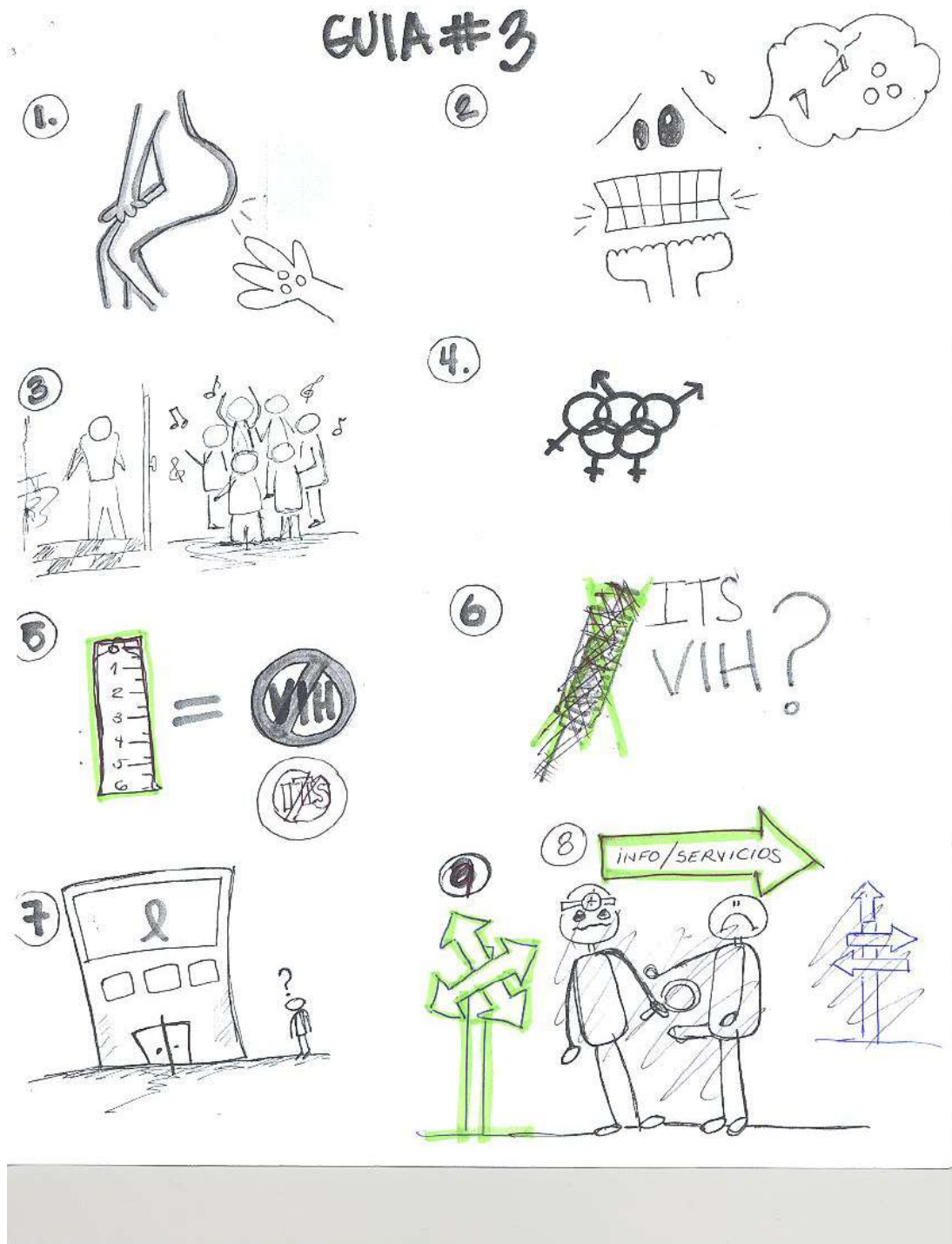


Figure 2. One of the three discussion guides used to remind the peer-interviewers of the questions to ask in the interview



APPENDIX A. THE “PROTOTYPE” OF A DRUG USER IN GUATEMALA CITY

Background. The prototype (*arquetipo*) is a visual and descriptive profile developed by the peer-interviewers of the “typical” person interviewed as part of the study, in this case on drug use in Guatemala City. This exercise is useful in the development of behavior change communication programs directed to this group, in part because it gives a human face to the group of persons interviewed and provides details that may trigger ideas for how best to reach them.

After data collection is completed, the peer-interviewers have a final session in which they separate into two groups by gender, then proceed to develop this prototype. Each group begins by drawing a life-size outline of the figure onto several sheets of flipchart paper taped together. One of the peer-interviewers serves as the model by lying on the paper placed on the floor while others in the group draw the silhouette around him or her. To this silhouette, the peer-interviewers begin to add details. If they decide to, they may begin with external genitalia, and then they add detailed information about the clothes, accessories, piercings or tattoos. The peer-interviewers develop a collective story about this figure, right down to a nickname. This level of detail provides insight into the typical person in this group (in this case, young middle class drug users in Guatemala City).

The peer-interviewers in this study developed prototypes of *Tati* (the young woman) and *El Colucho* (the guy with curly hair), shown below. It is striking that neither group gave their prototype a face, which in other studies of most-at-risk populations for HIV has been a very important element. One interpretation of these faceless figures is a quest for anonymity and discretion with regard to life style.

a. The female prototype

Tati is 22 years old and lives with her mother and two brothers in Zone 15 of La Colonia Del Maestro. Tati is the middle child and the only girl. In terms of socio-economic status, she is upper-middle class.

She studies graphic design at La Universidad Rafael Landivar. Although not one of the best students, she manages to pass her classes with grades close to 65 – 70 points, and "is doing OK." In fact, she is barely scraping by academically, but her mom does not bother with her because she is always at work. The topic that Tati discusses most with her mom is money, in particular when she has to make payments to the "U." Her mom just cares that she passes her classes, so Tati tries to do so to avoid complications at home.

A close friend and "sweetheart" (implying some level of intimacy) sells drugs and is "cool." This feature makes him very attractive to *chavas* (young women) like Tati. However, some of her friends are not so sure that he is as much of a "dealer" as he says ... it could be that he makes this up in order to make connections.

Tati's car is small; it's a blue "Spark." The bumper has a sticker on it that reads "PEACE and LOVE." The car has very darkly tinted windows, which is common in Guatemala; given the



prevailing lack of security, people opt to tint their windows to avoid "being monitored." However, everyone in Tati's group knows that tinted windows are not only for security but also for privacy. As this car is exclusively hers, Tati keeps inside: her pipe (for smoking marijuana), beer, shoes, clothes, sweaters, notebooks, a "big board" for her design formats, glue and a plastic case with materials (as a teacher).

She had sex (intercourse) for the first time at age 17 with her boyfriend, who was *pinta* (used drugs). Her older brother knew the guy, so their relationship had to be very discreet. Older brothers are very protective of their sisters, and it especially bothers them to have one of their buddies go out with their little sister.

Tati studied in an all girls' high school, El Bethania, but she got expelled when they caught her smoking at school. After this, she had to transfer to Colegio Ciudad Vieja, where she met her current *traido* (boyfriend).

Tati's parents have been divorced for some time; the mother is currently working in real estate and has a boyfriend. Her boyfriend is a doctor and has *pisto* (money), so he is always

inviting her mom to travel. That is good because it leaves the kids home by themselves.

Tati's classes are at night, so her activities revolve around this schedule. Some time ago, she tried to go to the gym and she made an agreement with one of her gay friends. She wanted to go to the gym to get in better shape than she was, but didn't continue because she had a lot to do at the "U" and because she started to *hacer party* (consume drugs). Additionally, there weren't any interesting *culitos* (casual sexual partners) in the gym, because all the "culos" in the gym are so healthy that they are boring.

Even though she goes to the "U," she usually avoids the "EDPs" (general courses that deal with ethics and religion). She likes going to the movies after the "U," to the last show, she likes the Pradera theaters best because tickets cost 10.00 Q (about \$1.25 U.S.). Before entering the theater, she smokes pot with friends and they buy food (Taco Bell) and *guaro* (booze) to sneak into the theater ... Sometimes the group consists of only girlfriends, and other times one of her gay friends will join. There are other days designated to going out with her *cuates* (buddies). She always sees her boyfriend, unless she's with her gay friend instead; her *traido* doesn't like gays.

When she's home Tati loves to play Wii with her little brother; she also spends a lot of time on Facebook. Tati is very proud of having been able to get a Mac book out of her dad, "the least he could do since he already has another family" and gives her almost nothing...

Her pet is a chocolate Labrador Retriever. He is very important to her; she loves him and even though she doesn't take care of him, she spoils him when she is there. The maid takes care of him and is very discreet about the things she sees... she doesn't say anything... she is cool...

Whenever there is any holiday, Tati takes advantage of the opportunity to go the "Lake" (Lago de Atitlán) with her friends.

An ordinary day in the life of Tati begins at 10:30 a.m. with her watching TV: Sony, HBO, and Cinemax. She has many pirated DVDs and likes independent films... she doesn't listen to much radio, she has an Ipod, but when she does listen to the radio she tunes into *La Infinita* especially at night or while she is driving. From time to time she listens to alternative rock. And although she is interested in cultural activities, she cannot always go, because sometimes they interfere with "*el Party*."

Since she doesn't like to be alone, she uses her cell phone for company. She is always writing or receiving text messages and calls. Unfortunately the cell phone that she has now is not very good, it is a *frijolito*. She lost the one that they gave her for her birthday. Although she doesn't know it, she will find her cell phone when assembling the tent for another party.

Her group of friends is very similar to her. Even though she is very sociable, she is not popular; she is very *pussy* (vain) and a flirt, but sometimes the party changes her way of acting. Although she is not looking for Prince Charming, she does want to find a guy with money, that's cool, that respects her, understands her, goes out to party in moderation, and will take her on a trip to see the world...

She is currently using birth control pills as a prevention method. These have proven to be very useful, and in fact her mom even buys them. First, as she has a boyfriend and she trusts him, it isn't a big problem not to use a condom, plus condoms also irritate her a lot. Second, with the problems that she has had with endometriosis, the doctor prescribed her pills. That's why she hasn't seen or heard mention of a condom, at least with this guy.

b. The male prototype

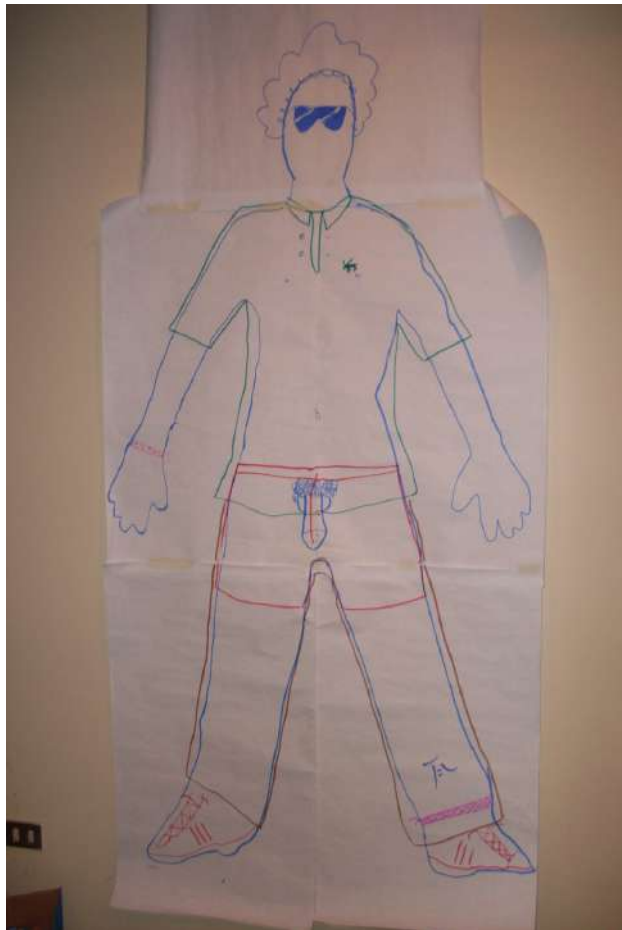
Andrés is a 23-year-old man. His friends call him *Colocho*. He likes to dress casually: T-shirts or polo shirts, especially if he is going to the "U." For work he prefers to wear dress shirts. Also, he usually wears a few traditional bracelets that he bought in Panajachel three years ago.

He lives with his mom, who is 48 years old, and a 17-year-old sister. His house is located in the San Jorge condominiums in Zone 11. His parents have been divorced for 8 years. His dad "got together" with another woman and had two children with her. Andrés has only seen his half siblings a few times.

The house where he lives has: a two-car garage, three bedrooms, a living room and a dining room. Upon entering the house you pass through a hallway where you can see photos of the whole family. His mom has decorated the house with elephant figurines, crystal glassware and imitation jade collectables. Upon entering the living room you will see several paintings of La Antigua. On the back patio you will find “Rex,” his sister’s Cocker Spaniel. The bedrooms are on the second floor.

When you enter his room you see a full-size bed, a night table, a desk, and a closet where he keeps his clothes and the skates that he used to wear when he skated. He has hung a broken skateboard on the wall for decoration. On the same wall you see posters of Bob Marley, Pink Floyd and Metallica, and one from the movie *Clockwork Orange*.

On the desk you find the laptop that his dad gave him, where he does his homework, checks Facebook, MSN, YouTube, his email and porn. On the wall in front of the desk he has a cork bulletin board with some drawings his ex-girlfriend made him, photos of former girlfriends, and concert tickets. In the window he has a small collection of G.I. Joes and other dolls (his childhood toys).



Inside the night stand, there is a collection of rare coins, keys and pogs; one can also see a box of condoms, pirated DVDs, books and some MAXIM magazines. On the table he has a lava lamp that he likes to trip with. At the head of the bed he has a scapular that his grandmother gave him for his birthday, “to protect him.”

Colocho drives a 2003 Yaris Echo *rodado* (used). He is in his fifth semester studying administration in La Landívar. He just got out of a six-month relationship with a girl. She broke up with him because he posed as a “dealer,” and she found out that it wasn’t true. Now this girl is going out with a guy that really is a cocaine dealer.

Currently Andrés is working at a 24/7 call center. On a normal day, like Wednesday, he wakes up at 7:00 am. He gets up and goes to the bathroom to urinate, smokes a pipe of marijuana and brushes his teeth. He goes downstairs to have breakfast with his mom (cornflakes with milk), bathes and gets ready to go to work. Before leaving he prepares his “kit,” where he brings *papos* (rolling papers for marijuana joints) LSD, eye drops, alcohol gel, lighters and a matchbook that he took from Primavera Suites. He leaves the house at 8:20 a.m. to go to work. In the car he

listens to reggae or rock. Some days when he is feeling stressed he will take a couple of hits of marijuana on his way to work. His work schedule is 9:00 a.m. to 2 p.m. At 11, when they have a break, he leaves with one of his friends that does drugs to smoke a cigarette and they take advantage of the opportunity to make plans for the weekend. When he leaves work to go home for lunch, he calls his friends from La Colonia to play Wii. Either before or after playing, they go to the terrace to take a couple of hits of marijuana and take a 40-minute “power nap.”

He bathes again and before leaving for the university rolls a joint to smoke in the car while listening to “psytrance.” He arrives at the university at 5:45 p.m., 15 minutes late. He goes to class, and during the breaks smokes cigarettes with his friends and flirts with the *culitos* that he wants to have sex with. Sometimes he meets up with his ex and they fight “because there is still something between them...”

Upon leaving the “U,” he goes with friends to *La Jacaranda* to drink a *litrin* (a liter of beer) and after they go to *Corto Circuito* (Short Circuit). Upon arriving at this bar, they call Chepe, their dealer. He buys a *colmillo* (about three grams of cocaine) and starts to snort it with his friends. By then, it’s 10:20 p.m. At this place he meets up with his *culito* (Sofi) and they drink a few beers. Later they go to the car to do a few lines of cocaine. In the bar a friend named el Chino offers him a *pescadito* (ecstasy), but Colocho tells him that it would be better for Friday, that he wants to do it with his *culito*.

At 12:00 a.m. he sees that he is going to leave with his *culito*. They already got into a couple of little fights but nothing came of it and he is going to drop her off at her house, agreeing to see each other the following day. He returns home. He eats something that he finds in the kitchen, cold pizza. He watches TV, masturbates, and then falls asleep.

Andrés spends his money on: marijuana (1- ½ ounces), *culitos*, worthless junk, gas, food and beer. He is always short on money, and tries to get some out of his mom, but he isn’t always successful.

His best friends are El Chino, El Wachas, El Canche, El Coche, El Negro and El Enano, some are from La Landívar, others are from La Galileo and others are lifelong friends from La Colonia. His girlfriends are La Guicha, La Flaca, La Isa, La Majo, La Sofi, La Luchi, Pame, Mafer and Marian (these last two are sisters), almost all of them are from La Landívar, and Velvet who is from work.

APPENDIX B. GLOSSARY OF TERMS

The interviews with informants yielded a large number of slang terms in Spanish or “Spanglish” (a mix of Spanish and English), some of which were unfamiliar even to local staff working in social programs and/or conducting research among most-at-risk populations for HIV/AIDS. The following is a glossary of such terms translated to both Spanish and English.

Slang	Spanish	English
A ley:	Con seguridad, con certeza, seguramente.	Surely.
A moronga:	Desesperado. Borracho.	Desperate. Drunk.
A pija:	Desesperado. Borracho.	Desperate. Drunk.
A verga:	Desesperado. Borracho.	Desperate. Drunk.
Acabar:	Eyacular, tener orgasmo.	To Ejaculate. Orgasm.
After:	After Party; fiesta después de la fiesta principal, generalmente después de la 1 a.m.	After Party; a party that occurs after the main or larger party. Generally occurs after 1:00 a.m.
Ajiado:	Bajo efectos de ácidos.	Under the effects of acid.
Ajo:	LSD.	LSD.
Atascado:	Persona que consume muchas drogas y no las comparte; adicto.	Person who consumes a large quantity of drugs and doesn't share them. Addict.
Besar el Oso:	Sexo oral vaginal.	Vaginal oral sex.
Bille:	Billete, dinero.	Bill, money.
Biyuya:	Dinero, derivado de “Billete”.	Money, word derived from “Billete”
Bravo (a):	Enojado (a).	Angry, mad.
Braza:	Estado de excitación.	Excited state.
Brother:	Amigo muy cercano.	Very close friend.
Cabrón (a):	Muy bueno (a) para realizar algo. Persona con mala actitud.	Someone very good at something. Person with a

		bad attitude.
Cachar:	Atrapar, descubrir, conseguir.	Catch, discover, get.
Cacho:	Un poco.	Small amount. A bit.
Cancelar:	Ver, doblar, noqueado.	Knocked out/ passed out.
Cazar:	Atrapar, conquistar, aprender.	Catch, conquer, seize.
Cerdo:	Policía.	Police.
Chance:	Trabajo.	Work.
Chava:	Mujer joven.	Young woman.
Chavo:	Hombre joven.	Young man.
Chichiflix:	Relación sexual.	Sexual relation, intercourse.
Chile:	Pene.	Penis.
Chimar:	Tener relaciones sexuales.	To have sexual relations.
Chimasón:	Sexo.	Sex.
Chimón (a):	Persona que tiene mucho sexo.	Person who has lots of sex.
Chingar:	Molestar, divertirse, salir a divertirse. Arruinar algo.	Disturb, to have fun, go have fun. Ruin something.
Cholero (a):	Ver <i>Muco</i> (a). También hace referencia a un(a) empleado(a) doméstico(a).	(See <i>Muco</i>) Also refers to a maid/ housekeeper.
Chonte:	Policía.	Police.
Choteado:	Vigilado. Observado.	Observed.
Chucho:	Egoísta; que consume mucho; aventado; acaparador.	Selfish; someone who consumes a lot, takes advantage of others.
Chulas:	Piedras de crack.	Crack rocks.
Chulear:	Fumar crack.	To smoke crack.
Chupar:	Succionar con la boca. Tomar alcohol.	To sip. To drink alcohol.

Coger:	Relaciones sexuales.	Sexual relations.
Colmo, colmillo:	Aproximadamente tres gramos de cocaína envasada en una pipeta médica desechable. El precio varía dependiendo de la calidad y el lugar de compra. Entre Q 75.00 y Q 175.00.	Approximately three grams of cocaine, packaged in a disposable pipette. The price varies depending on the quality and the place of purchase (US \$ 9.38 - \$ 21.88 aprox.)
Compa:	Amigo.	Friend.
Compadre:	Amigo.	Friend.
Consolador:	Dildo.	Dildo.
Cotorra:	Vagina.	Vagina.
Cotuja:	Vagina.	Vagina.
Cuate (a):	Amigo(a), compañero(a).	Friend.
Cuaz:	Amigo. Compañero que no te deja.	Friend who won't leave you behind .
Culantro:	Referencia a "culo".	Ass.
Culero(a):	Acción, situación, sensación o persona decepcionante. Homosexual.	A disappointing, action, situation, feeling or person. Homosexual.
Culo:	Pareja sexual sin compromiso serio; puede ser utilizado para mujeres u hombres.	Sexual partner without serious commitment, it may be applied for male or female.
Dar alas:	Hacer creer a la persona que puede llegar lejos (en un contexto sexual y/o romántico para este estudio); en algunos casos esta actitud es falsa y no se cumple con la expectativa.	To convince a person that they can go far (in a sexual and/ or romantic context for this study); in some cases this attitude is fake and expectations are not met.
Darse pija:	Pelear físicamente.	Fight physically.
Darse talega:	Pelear físicamente.	Fight physically.
Darse verga:	Pelear físicamente.	Fight physically.
Darse:	Consumir drogas, comprar drogas para compartir.	Consume drugs, buy drugs to share.

De fijo:	Con seguridad, con certeza, seguramente.	Sure, certain.
De ley:	(Ver A ley), de seguro.	Sure, certain.
De un vex:	De una vez. Inmediatamente.	At once. Immediately.
Desmadre:	(Ver desvergue). Relajo. Fiesta con muchas personas. Situación problemática.	A mess. Large party. Problematic situation.
Despute:	(Ver desvergue). Relajo. Fiesta con muchas personas. Situación problemática.	A mess. Large party. Problematic situation.
Despije:	(Ver desvergue). Relajo. Fiesta con muchas personas. Situación problemática.	A mess. Large party. Problematic situation.
Desvergue:	Relajo. Fiesta con muchas personas. Situación problemática.	A mess. Large party. Undesirable situation.
Doblar:	Quedarse dormido por consumir mucho alcohol, tener mucho sexo o consumir muchas drogas.	Knocked out/ passed out. Falling asleep from consuming too much alcohol, having a lot of sex or consuming a lot of drugs.
Echar el buitre:	Vomit.	To vomit.
Echar el burro:	Vomit.	To vomit.
Echar nuca:	Hacer sexo oral.	Have oral sex.
En bolas:	Desnudo(a).	Naked.
En pelota:	Desnudo(a).	Naked.
Enchachar:	Acto en el que los policías le colocan las esposas a un individuo.	To handcuff a person.
Entero:	Completo.	In one piece.
Ferrari:	Nombre de pastilla de éxtasis de color rojo.	Red ecstasy pill.
Fijo:	Con seguridad. Ver de fijo.	Sure. To stare.
Fingueriar:	Introducir el dedo en la vagina.	Introduce finger into the vagina.
Floja:	Mujer con bastante experiencia sexual, hace referencia a la condición de la vagina.	A very sexually experienced woman. Makes reference to a loose vagina.

Forjar:	Acción de envolver marihuana en papel para hacer un cigarrillo.	Action of wrapping marijuana in paper to produce a cigarette
Forrarse:	Ponerse condón.	To put on a condom.
Forro:	Condón.	Condom.
Fumar:	En el contexto del consumo de drogas, generalmente se refiere a consumir marihuana. También hace referencia a tabaco.	In the context of drug use, generally refers to smoking marijuana. Also refers to smoking tobacco.
Gato:	Persona mala u objeto de mala calidad.	A bad person or an object of low quality.
Grolis:	Gratis.	For free.
Guaro:	Bebida alcohólica.	Alcoholic beverage.
Hacer el paro:	Brindar apoyo.	Support.
Hacer huevos:	Acompañar, apoyar, hacerse responsable.	To accompany, to support, take responsibility.
Hacer la entrada:	Conquistar, enamorar, cortejar.	To conquer, to woo, to court.
Hecho verga:	Lastimado, muy golpeado, en mal estado, destruido, tanto desde el aspecto físico como emocional.	Hurt, badly beaten, damaged, can be physical and/or emotional.
Hacerse la bestia:	Declararse ignorante de la situación, acción o responsabilidad.	To plead ignorance of a situation, action or responsibility.
Hardcore:	Atrevido, de mayor intensidad.	Bold, of great intensity.
Hasta el hule:	Muy drogado.	Very high.
Hasta la baby:	Muy drogado o muy borracho.	Very high, or very drunk.
Hasta la verga:	Bajo la influencia de mucho alcohol o muchas drogas. Lejos.	Under the influence of many drugs, or too much alcohol. Far away.
Hecho (a) verga:	En mal estado, demacrado, arruinado.	In poor condition, emaciated, ruined.
Hits:	Jalar de un cigarrillo o cigarro de marihuana.	Pull smoke from marijuana, cigarette or cigar.
Horno:	Estado de excitación sexual.	State of sexual excitation.

Hueveo:	Robo.	Theft.
Hueviar:	Acto de robar.	Act of stealing.
Joder:	Molestar, hacer daño, arruinar.	To annoy, to damage or to ruin.
Le llega:	Le gusta.	To like it.
Len (es):	Centavo, dinero.	A cent (a penny), money.
Lime:	Sexo.	Sex.
Lirio:	Litro de Cerveza.	A liter of beer.
Litrín:	Litro de Cerveza.	A liter of beer.
Litro:	Litro de Cerveza.	A liter of beer.
Llavazo:	Acción de colocar cocaína en una llave e inhalarla de ésta.	Action of putting cocaine on a key for ease of inhalation.
Mamada:	Sexo oral; cosa sin importancia; acción no agradable dirigida a otro.	Oral sex. Something unimportant. Disagreeable action directed towards another.
Mamar:	Besar. Sexo oral.	To kiss. Oral sex.
Mamey:	Felación. Sexo oral ejercido hacia el hombre.	To practice oral sex on a man.
Manguera:	Pene.	Penis.
Mara:	Grupo de amigos o personas. Grupo cerrado.	Group of friends or people. Close group.
Marero:	Que pertenece a una mara, o grupo de personas que cometen actos delictivos.	Belonging to a gang, or group of people who commit criminal acts.
Mentar la madre:	Insultar.	To insult.
Meter la verga:	Tener éxito.	To succeed.
Me metieron la verga:	Me castigaron, me reprendieron.	I was punished, I was rebuked.
Meter mano:	Tocar los genitales, glúteos o senos.	To touch the genitals, buttocks, or breasts
Meterla:	Tener éxito.	To succeed.

Meterse mierda:	Consumir drogas.	To consume drugs.
Mita mita:	Mitad y mitad.	Half and half.
Morongasear:	Pelear.	To fight (physically).
Motero:	Persona que consume mota/marihuana.	Person who consumes marijuana (also called mota).
Muco(a):	Persona de aspecto poco atractivo, generalmente de clase baja y con gustos no afines a las personas de clase media alta (en términos de música, ropa, estilo de vida, etc.)	Unattractive looking person, usually low class, and with tastes that differ from the upper middle class people (in terms of music, clothing and life style)
Nel:	Negación, no.	Denial, no.
Ni mierda:	Nada.	Nothing.
Ni verga:	Nada.	Nothing.
Ñonga:	Pene.	Penis.
Paja:	Mentira, engaño; masturbación.	Lie, deceit, masturbation.
Palmar:	Morir.	To die.
Palo:	Relación sexual.	Sexual relations, intercourse.
Paloma:	Pene.	Penis.
Pantalla:	Imagen.	Image.
Papo:	Papel para hacer cigarrillos de marihuana.	Paper used to roll marijuana cigarettes.
Para el tigre:	Persona no atractiva físicamente.	Person physically unattractive.
Paranoiqueando:	Experimentar paranoia.	To experience paranoia.
Pari, Pary, Party:	Fiesta, drogas.	Parties, drugs.
Pasta:	Pastilla, éxtasis. Dinero.	Pills, ecstasy. Money.
Pedo (a):	Bajo efectos de droga.	Under the influence of drugs.

Pelado (a):	Descarado. Sin dinero. Muy drogado. De mucha intensidad.	Brash. Without money. Very high. High intensity.
Pepa:	Pastilla de éxtasis.	Ecstasy pill.
Pichinga:	Borrachera.	Drunkenness.
Pija:	Pene.	Penis.
Piz(s)ado (a):	Hace referencia a alguien en una situación difícil, persona en dificultades o carencias.	Refers to someone in a difficult situation. Person in distress or need.
Plata: Dinero	Dinero.	Money.
Polvo:	Relación sexual.	Sexual relations. Intercourse.
Por si las moscas:	Por cualquier cosa. Para salir de dudas.	Just in case. To be sure.
Prendido:	Bajo efecto de cocaína.	Under the effects of cocaine.
Pullones:	Tener sexo.	To have sex.
Pupis:	Prostitutas. Trabajadora sexual.	Prostitutes. Female sex workers.
Pusa:	Vagina.	Vagina.
Pussy:	Débil, de poca intensidad o fuerza.	Weak, low intensity or strength.
Putá:	Abreviación para prostituta. Mujer promiscua; tiene sexo con varias parejas (conocidas o no)	Abbreviation for prostitute. Promiscuous woman, has sex with multiple partners (acquaintance or not).
Quemar cani(II)a:	Cometer infidelidad.	To commit infidelity.
Quemar el rancho:	Cometer infidelidad.	To commit infidelity.
Quez(s)o:	Drogado.	Under the influence of drugs.
Rata:	De mala calidad; masturbación.	Poor quality, masturbation.
Ratin:	Rato. Periodo corto de tiempo.	Short period of time.
Raz:	Rato. Periodo corto de tiempo.	Short period of time.

Rica (o):	Atractiva(o) físicamente.	Physically attractive.
Rolando:	(Ver rolar). Pasar de mano en mano.	Passed from hand to hand.
Rolar:	Compartir, pasar de mano en mano. También hace referencia a enrollar un cigarrillo de marihuana.	Share, passed from hand to hand. Also, it refers to rolling a marijuana cigarette.
Rollo:	Tema, ambiente, estilo.	Theme, ambiance, style.
Sacar la madre:	Insultar.	To insult.
Shuca(o):	Sucio, sucia. Fácil. Hot-dog vendido en carretas en las calles (shuco-ko).	Dirty. Easy. Special kind of hot dogs sold from street carts.
Simón:	Si.	Yes.
Solventado:	Bajo efectos de solvente.	Under the effects of solvents (paint thinner).
Tacha:	Pastilla de éxtasis.	Ecstasy pill.
Talegaziado:	Persona que ha sido golpeada.	Person who has been beaten.
Talegazo:	Golpe.	Hit, strike.
Talei:	Una abreviatura de talega. Pene, verga.	An abbreviation of <i>talega</i> . Penis.
Tambo:	Cárcel.	Jail.
Tira:	Policía.	Police.
Tirotero:	Cocainómano.	Addicted to cocaine.
Titi:	Policía.	Police.
Toque:	Un poco, cantidad mínima. Jalar de un cigarrillo o cigarro de marihuana. Concierto.	A little bit, minimum quantity. A pull from a marijuana cigarette. Concert.
Trabado:	Enfermo psicológicamente, con patrones sexuales patológicos, uso de fetiches, fijaciones, compulsiones. Ser penetrado.	Psychologically ill, with pathological sexual patterns, use of fetishes, fixations and compulsions. To be penetrated.
Traida (o):	Novia, novio.	Girlfriend, boyfriend.

Trama:	Comida.	Food.
Transa:	Persona que trafica o hace negocios fuera de la ley.	Person who does trafficking, or business outside the law.
Trucho:	Perteneciente a la Mara Salvatrucha.	Gang member from la Mara Salvatrucha.
Valer verga:	No dar importancia; quedar en una situación problemática, quedarse sin dinero o sin algo necesario en el momento.	To not give importance to.... To be in a problematic situation. Running out of money or something needed at the moment.
Varo (a):	Dinero.	Money.
Verga:	Pene.	Penis.
Vergo:	Mucho, en bastedad.	Plenty, in abundance.
Viejos:	Papás.	Parents.
Vola(d)o:	Bajo efectos de drogas.	Under the influence of drugs.
Volar hilacha:	Relación sexual.	Sexual relation.
Wakear:	Vomit.	To vomit.
Waro:	(Ver Guaro) Bebida alcohólica.	Alcoholic beverage.
Wato:	Marihuana de mala calidad enrollada en papel periódico; precio aproximado Q 10.00 a Q 20.00.	Poor quality marijuana wrapped in newsprint. Price range US \$ 1.20 y \$ 2.20.
Yeyo:	Cocaína.	Cocaine.