Acculturation: Barrier or Facilitator to Disclosure of HIV Status Among Mexican Men Who Have Sex with Men?

A graduate project submitted in partial fulfillment of the requirements For the degree of Master of Social Work

By

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Dedication

I dedicate this Capstone to those who helped me along this path. Among those are my “professional parents”, Nick Rocca and Shellye Jones, who instilled the confidence in me to pursue this endeavor and Dr. Jorge Montoya and Jeff Bailey, who continue to assist in my professional development.

A special feeling of gratitude for my lovely parents, who throughout their lives toiled to provide us with the opportunity to succeed in life and have taught me that hard work, tenacity, and perseverance pay off. I also dedicate this to my two younger siblings who are on their way to achieving amazing things of their own.

I would especially like to dedicate this work to my beautiful life partner, Elizabeth Aguirre and my daughter, Isabella Rosales. I will forever appreciate all of the hard work you did to make this a reality for me. Thank you for enduring my absence during this time and for believing in me. I truly could not have done this without your love and support.
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Abstract

Acculturation: Barrier or Facilitator to
Disclosure of HIV Status Among Mexican MSM?

By

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Master of Social Work

Latinos Men who have Sex with Men (MSM) continue to be disproportionately impacted by HIV and fare worse than their white counterparts post diagnosis. While research has offered preliminary evidence that disclosure of HIV status can lead to improved health outcomes and increased psychological wellbeing, many individuals living with the condition, particularly of Latino origin, continue to face challenges with disclosure. This study utilized secondary data in an effort to examine the relationship between acculturation and disclosure of HIV status to friends and family members. Although the chi-square tests conducted did not reveal statistically significant results, several key correlations were identified. Among these were the relationships between coping self efficacy and depression, HIV stigma and symptoms of depression, social support and symptoms of depression, and between social support and coping self efficacy; all of which can help inform the direction of future research and potentially interventions used to bolster participants’ coping skills.
Introduction

According to the L.A. County Department of Public Health (LA DPH) HIV Epidemiology Unit’s Annual Surveillance Report (2012), there has been a shift in the ethnic distribution of the HIV/AIDS cases; since 1997, more AIDS cases have been diagnosed among Latino populations than any racial or ethnic group. In 2004, Latinos surpassed Whites in having the highest proportion of living diagnosed AIDS cases (40% vs. 36%, respectively) for the first time, and since 2009 Latinos represent the highest proportion of new annual AIDS cases of any ethnic group in the region (LAC DPH HIV Epidemiology, 2012). Among new AIDS cases diagnosed between January 1, 2009 and December 31, 2011, 47% were Latino (LAC DPH HIV Epidemiology, 2012). Latinos also comprise higher proportions of new AIDS cases than living AIDS cases in Los Angeles County (47% new AIDS cases vs. 43% living AIDS cases) (LAC DPH HIV Epidemiology, 2011), suggesting that the number and rate of new infections in this population is continuing to increase. Between 2009 and 2011, 38% of new reported cases of non-AIDS HIV cases were among Latino as compared to 34% among Whites and 22% among African Americans (LAC DPH HIV Epidemiology, 2011). Moreover, research on immigrant Latinos has suggested that rates of new HIV infections might be rapidly expanding among migrant workers in California who are usually young men who travel from region to region in search of work (Hernandez, et al. 2014). This is of particular significance, as a population-based survey of Latino immigrant men in three Northern California counties found that recent immigrants (immigrants who have been in the United States fewer than five years) have less stable sexual partnerships, more frequently utilize commercial sex workers, and exercise fewer health-seeking behaviors, including
HIV testing, than more established immigrants (Levy et al., 2005); thus potentially contributing to the disproportionate rate of new HIV and AIDS diagnosis mentioned above.

Among the disproportionate rates of new infections, research also suggests that Latino males fare worse than their White counterparts post HIV diagnosis, as they have significantly lower life expectancy (Harrison, Song, Zhang, 2010), suggesting that there exist factors that preclude them from accessing life extending care and/or support. Research has demonstrated that disclosure of HIV status is correlated to better health outcomes (Ullrich, Lutgendorf, Stapleton, 2002; Derlega et al., 2000) and psychological wellbeing (Zea, Reisen, Poppen, Bianchi, and Echevery, 2005), which suggests that social forces, particularly HIV stigma, may act as a barrier to life extending care which can be mitigated when disclosure of HIV status occurs. However, it has been found that Latinos are less likely to disclose their HIV status (Zea, Reisen, Poppen, Bianchi, and Echevery, 2005). In a study conducted by Mason, Marks, Simoni, Ruiz, and Richardson (1995), where disclosure rates among HIV-positive men were compared, it was found that Spanish-speaking Latino men were less likely than English-speaking Latinos and Whites to disclose their HIV status to others (1995). Mason, Marks, Simoni, Ruiz, and Richardson conclude that some “traditional values” might preclude some Latino men from accessing the services and support they needed to cope with the illness (1995). Thus, the aim of this study is to further examine the relationship between acculturation and disclosure of HIV status which might be helpful in understanding the forces impacting HIV positive Latinos.
Background

Previous research related to the disclosure of HIV status has indicated that disclosure is strongly related to improved health outcomes (Ullrich, Lutgendorf, Stapleton, 2002; Derlega et al., 2000) and increased psychological wellbeing (Zea, Reisen, Poppen, Bianchi, and Echevery, 2005). Despite these findings, many individuals, particularly of Latino origin, continue to face challenges with disclosure and are selective of whom they disclose (Zea, Reisen, Poppen, Bianchi, and Echevery, 2005). A study looking at disclosure of sexual orientation amongst HIV positive men who have sex with men (MSM) of Latino origin conducted by Zea, Garcia and Lechuga, (2012) found that culturally derived social constructs (e.g. Machismo) served as barriers to disclosure of sexual orientation. They also found that level of acculturation, high level of involvement in the gay community and satisfaction with social support, were predictors for disclosure of sexual orientation, suggesting that acculturation mitigates some of the cultural barriers to disclosure of sexual orientation. Despite this, it remains unclear if levels of acculturation play a similar role in disclosure of HIV status.

Latinos living with HIV often face several barriers to disclosure. Research demonstrates that they often experience more social isolation, rejection, internalized shame, and lower self-esteem than those living with other medical conditions like cancer or diabetes (Fife and Wright, 2000), suggesting that socially constructed forces, such as HIV stigma, continue to play a role. The internalized fear of rejection may often serve as a barrier to disclosure of HIV status. Derlega, Winstead, Greene, Serovich and Elwood (2002) found that HIV positive individuals with higher perception of HIV stigma was related to the endorsement of reason against HIV disclosure. This study also found that
greater levels of HIV related stigma often resulted in the endorsement of self-blame and fear of rejection as reasons to not disclose HIV status.

**Stigma**

Stigma has a direct impact on the psychological, physical, and social health of Latinos living with HIV. A study conducted on young MSM living in Los Angeles County found that social discrimination, including homophobia and racism, were significantly higher amongst ethnic minorities than white youth (Wong, Weise, Ayala, and Kipke, 2010). Moreover, further research found that oppression against Latino MSM leads to social alienation, low self-esteem, and symptoms of psychological distress, with 17% of study subjects reporting suicidal ideation, 44% reporting anxiety, and 80% reporting depressed mood (Diaz and Ayala, 2001)—all symptoms which contribute to lower levels of disclosure of HIV status (Derlega, Winstead, Greene, Serovich and Elwood 2002; Wohl et al., 2011), which may ultimately be contributing to the disparity and social alienation experienced by this population.

Since about 90% of people diagnosed with HIV in Los Angeles County identify as MSM or as Intravenous Drug Users (IVDU) (Los Angeles County Department of HIV and STD Programs, 2013), disclosing HIV status is often associated with a behavior. As such, disclosure of an HIV status, for many Latinos, could equate to a disclosure of a lifestyle, one which might often not be accepted by the family or may be seen as condemnation for identifying as gay, which could ultimately perpetuate feelings of stigma and preclude individuals from disclosing.
Homophobia and HIV Stigma

Larios et al, (2009) suggest that higher levels of stigma concerns are associated with lower social support. Contributing to those low levels of perceived social support may be homophobia and HIV stigma, which could ultimately have the greatest impact on disclosure of HIV status, and as a result, may be a contributing factor to the disparity among this population. Machismo, the belief that true masculinity is defined by a rigid standard of gender behavior for men including stoicism, toughness, and a strong heterosexual identity, may be at the root of homophobia and HIV stigma, as this identity can isolate men who have sex with men (MSM) for not conforming to the rigid gender roles prescribed by the Latino culture.

Familismo and Fatalismo

The value of Familismo, the collective loyalty to extended family members and the commitment to family obligations (University of Washington Medical Center, 2007), like Machismo, may be playing a significant role as a barrier to disclosure of HIV status. Many Latino cultures incorporate a family-centered decision making model, in contrast to the individualistic model employed by mainstream culture in the U.S (University of Washington Medical Center, 2007). Since about 90% of people living with HIV identify as MSM or IVDU (Los Angeles County Department of HIV and STD Programs, 2013), the collective nature of the Latino culture could make it more difficult for Latino MSM to disclose HIV status or risk behaviors to friends and family members (University of Washington Medical Center, 2007). Since identifying as MSM (gay or bi-sexual) often is in conflict with culturally imposed values, some individuals might feel as if they’ve let the family down; potentially reinforcing feelings of shame and guilt. Further reinforcing
feelings of shame, *Fatalismo*, a cultural belief that god ordains certain events to occur, could frame an HIV diagnosis as a punishment from god for having male-male sex (US Health Resources and Services Administration, 2012).

**Research Questions and Hypothesis**

This study aims to expand on the aforementioned findings by exploring whether culturally embedded expectations act as barriers or facilitators for Latino HIV-positive men to disclose their HIV status. Further, this study will aim to understand how, if at all, culturally influenced stigmas, namely HIV stigma derived from homophobia, relates to the psychosocial well being of HIV positive men of color living Los Angeles County. It will ask the following research questions:

1. What is the relationship between degree of acculturation and HIV disclosure rates?
2. What is the relationship between disclosure of HIV status and perceived social support?
3. What is the relationship between disclosure of HIV status and psychosocial stressors such as symptoms of mental health disorders, substance abuse, and HIV related stigma?

Based on the study questions, the researcher postulates the following:

1. Individuals with higher levels of acculturation to mainstream American culture will be more likely to disclose HIV status to friends and family.
2. Individuals who have disclosed their HIV status will report higher levels of social support.
3. Those who have disclosed their HIV status will report lower rates of psychosocial stressors.
Methods

Recruitment/Sampling

The data used for this research was collected by employees of AIDS Project Los Angeles (APLA) as part of a larger study funded by the United States Health Resources and Services Administration’s (HRSA) Special Projects of National Significance (SPNS) Division titled: *Culturally Appropriate Interventions of Outreach, Access and Retention among Latino/a Populations.* The survey tool utilized by grantees on this initiative was developed by the Evaluation and Technical Assistance Center (ETAC) at University of California, San Francisco. Although HRSA funds 10 sites via this SPNS initiative, the data used for this project only captures responses from APLA clients. Furthermore, this evaluation tool was intended to be administered every 6 months for 18 months (Baseline, 6 month, 12 month, and 18 month); however, for the purposes of the current evaluation, only baseline data was analyzed.

The secondary data received from the larger APLA data set included responses from 27 clients enrolled in the aforementioned HRSA SPNS initiative. All variables and data received from APLA was de-identified to protect client confidentiality. As the data used in the present study was a subset of larger study, the dataset received included only the participant’s responses for domains pertinent to the current study. Those domains included questions and responses related to cultural influences, social support and psychosocial stressors. Each of those domains were comprised of measures which are used to answer the research questions. These measures include: non-identifying sociodemographics; perceived social support; disclosure status; resiliency (coping); mental health; substance abuse; HIV-related stigma; stigma based on national origin
(including items related to immigration stigma); racial socialization; country of origin/migration; acculturation; cultural beliefs; and faith traditions.

**Design/Procedures**

As mentioned above, only domains pertinent to this study which were collected during the baseline assessment were analyzed. The question on status of disclosure of HIV was used to separate the dataset into 2 groups: 1) Disclosed HIV status to friends and/or family and 2) Has not disclosed HIV status at all or has only disclosed to sexual partners and/or service providers (social workers, physicians, nurses). If the participants declined to answer the question in the baseline assessment, they were excluded from the analysis.

Although the original HRSA funded project is a longitudinal program evaluation (see Fig. 1), capturing baseline data followed by the introduction of an intervention and three observation periods, the current study is receiving and analyzing data from the baseline assessments. As such, the current study is a cross-sectional comparison view of this population at one-time period (Fig 2).

Upon separating the data into their respective categories, a comparison analysis of the pertinent domains was initiated in order to answer the research questions. This includes considering cultural influences as a barrier or facilitator to disclosure of HIV status. Furthermore, levels of perceived social support amongst the two groups were compared for the purpose of identifying a relationship between HIV status disclosure and level of support. Similarly, the researcher examined the relationship between reported symptoms of mental illness and perceived levels of HIV related stigma.
**Measures**

In order to address the primary research question which explores the relationship between acculturation and rates of HIV disclosure among Mexican MSM, the current study utilized the survey item asking “Who have you told that you have HIV?”, from which the participant could select up to 8 possible responses (“No one, “My main partner or spouse”, “One or more other sex partners”, “One or more friends of Mexican origin”, “One or more Latino friends from another nationality”, “One or more non-Latino friends”, “One or more of my Family Members”, and “Other”). This variable was operationalized by dichotomizing the participants into two groups (Disclosed HIV Status vs had not disclosed HIV Status)
Furthermore, acculturation was operationalized utilizing the 12-item, Bidimensional Acculturation Scale for Hispanics (BAS). This scale is comprised of 2 subscales which measures two cultural domains (Hispanic and Mainstream American) (α=.93 for the Hispanic Domain and α = .97 for Mainstream American domain). The score of these two subscales were averaged and compared. Participants were subsequently assigned a dominant cultural identity (Primarily Hispanic, Primarily Mainstream American, or Bicultural). Those participants who scored 2.5 or above on both scales were assigned to the Bicultural group.

To examine the relationship between disclosure of HIV status and social support, social support was operationalized utilizing the 3-item, 10-point Social Support from Friends and Family Subscale (α= .80) from The Coping Self Efficacy Scale (Chesney et al, 2006). These scores were summed. Possible scores ranged from 0-30. The scores were then dichotomized using a median split; thus, those participants that scored above the median were placed in a “higher perceived social support group”, those who scored below the median were placed in the “lower perceived social support” group. HIV disclosure rates were operationalized as mentioned above.

The relationship between disclosure of HIV and psychosocial stressors was measured utilizing several scales and inventories. For the purpose of the current study, Psychosocial Stressors was conceptualized as HIV stigma, symptoms of depression, substance use, and history of incarceration. Operationalization of HIV Stigma was achieved by utilizing 2 subscales from Earnshaw et al’s (2013) HIV Stigma Scale. The 2 subscales utilized were the Anticipated HIV Stigma (α=.87) (9-items, 5-point Likert type questions) and the Internalized HIV Stigma (α= .89) (6-items, 5-point Likert type
questions). Depression was measured using the 10 item, 4-point Likert scale, Center for Epidemiologic Studies Short Depression Scale (CES-D), which was originally developed by Radloff (1977) and then shortened from 20 items to 10 items by Andresen, Malmgren, Carter, and Patrick (1994). To measure history of incarceration, the participants were asked if they have ever been in jail or prison. Those who responded “yes” to having a history of incarceration were also asked if they have been incarcerated within the past six months. HIV disclosure rates were operationalized as mentioned above.
Results

Descriptive Statistics

To date, 24 participants have completed the survey (n=24). The mean age of the research participants was 37. The participants ranged from 25 to 63 years of age. Of the 24 surveys administered, 8 were completed English, while 16 were completed in Spanish. Using the Bidimensional Acculturation Scale (BAS), 62.5% of participants rated themselves as predominantly American, while 37.5% rated themselves as predominantly Hispanic. The mean Familismo score was 20.5 (possible scores range from 0-28), indicating a strong connection to family values.

Only 5 of the 24 participants reported “never disclosing” HIV status to any one. When looking at disclosure of HIV status within the context of acculturation, it was observed that of those 15 who scored as “predominantly American” on the BAS, 4 (27%) had not disclosed their HIV status to anyone, while all but 1 (11%) of those who scored into the “predominantly Hispanic” group had disclosed. This indicates that for this sample, identification with American Culture was a facilitator to disclosure of HIV status.

Although all of the men identified as MSM (this was part of the inclusion criteria), all but one of the participants identified as gay, the other identifies as “straight”. Per the inclusion criteria, all of the men are HIV positive, however, 10 of the participants (41.67%) had tested positive less than 6 months prior to responding to the survey. One fourth of the participants (25%) reported receiving an AIDS diagnosis, the advanced stage of the HIV disease cycle.

Based on scores from the CES-D-10, half of the respondents (50%) had a score over 10, indicating “significant symptoms of depression”. The mean score for the Coping
Self Efficacy Scale was 84.6. Participants ranged from 32 to 120 (possible scores range from 0-130), indicating above average coping self efficacy. The *Friends and Family Subscale*, used in the operationalization of perceived social support, had a mean score of 17.9. Social support scores ranged from 7 to 28, (possible scores range from 0-30) with higher scores indicating more perceived social support that indicates. As described above, scores used for this subscale were dichotomized into “lower perceived social support” groups and “higher perceived social support” group using a median split, in this case, that median was 19.

**Inferential statistics**

Chi-Square tests were used to examine the relationship between acculturation and disclosure and acculturation and social support; however, these tests resulted in non-statistically significant results [$\chi^2 (1, n=24) = .364$ and $\chi^2 (1, n=24) = .132$]

There was a strong positive correlation between a levels of depression and levels of HIV Stigma ($r=-.665$, $n=24$, $p<.01$) (*table 1*), indicating that higher levels of coping stigma were related to higher levels of depression. In addition, a strong negative correlation between Coping Self Efficacy and symptoms of depression was observed ($r=-.725$, $n=24$, $p<.01$) (*table 2*), suggesting that as coping skills increased, symptoms of depression decreased, and vice versa. There was also a very strong negative correlation found between social support and symptoms of depression ($r=-.603$, $n=24$, $p<.01$) (*table 3*) and between social support and coping self efficacy ($r=.739$, $n=24$, $p<.01$) (*table 4*). Although not statistically significant, there was a weak negative correlation between Coping Self Efficacy and HIV Stigma (*table 5*). There was no correlation observed
amongst disclosure of HIV status and HIV stigma, Disclosure and Coping Self Efficacy, or disclosure and symptoms of depression.

*Table 1. Correlation Between HIV Stigma and Depression*

![Graph showing correlation between HIV stigma and depression.](image)

*Table 2. Correlation Between Coping Self Efficacy and Depression*

![Graph showing correlation between coping self efficacy and depression.](image)
Table 3. Correlation Between Social Support and Depression

Table 4. Correlation Between Social Support and Coping Self Efficacy
Table 5. Correlation Between HIV Stigma and Coping Self Efficacy
Discussion

Although the Chi-square tests conducted to address the primary and secondary research questions found no relationship between acculturation and disclosure of HIV status and between disclosure of HIV status and social support, it is not possible to conclude that there is no relationship between the variables, as the sample size was too small to allow for a full examination of the relationships. Relationships between these variables should be reexamined once the entire sample is available, as there was an indication in the numbers that with more power, these relationships might become clearer.

Interestingly, more participants who rated as predominantly American using the BAS had disclosed their HIV status. Although this was unexpected and contradict findings by Mason, Marks, Simoni, Ruiz, and Richardson (1995), it is possible that this is due to the collective group’s above average coping skills and perceived social support, which might be serving as facilitator to disclosure for this group. The uneven distribution of participants is also notable when looking at the differences between participants who reported disclosure of their HIV status and those who did not; where only 1 of the 11 participants who rated as Predominately Hispanic had not disclosed HIV status. It is probable that upon reexamining the entire sample, the proportion of participants with high coping abilities and perceived social support will even out; upon obtaining a larger sample, the results may present a very different picture.

This is the first study to explore the relationship between acculturation and disclosure of HIV status and other psychosocial factors among Mexican MSM. Although the original study design for which data was collected was not intended to examine the
relationship between acculturation and disclosure of HIV status, the current study was able to examine key relationships between coping self efficacy and depression, HIV stigma and symptoms of depression, and social support and depression, and between social support and coping; all of which are statically significant. These findings may have implications in future interventions, as the fact that those individuals with higher coping and better self efficacy will have lower depression may indicate that we can do more for those with depression by helping them increase in these areas. Such interventions might include a curriculum designed to bolster participants’ coping self efficacy skills in an effort to reduce some of the symptomology of depression and HIV stigma.

Future research might utilize correlation modeling techniques to expand our understanding of the relationship between these variables. This can help us design better programs, offer better interventions and ultimately, better meet the needs of this population.

Moreover, as mentioned above, 1 of the 24 participants identified as a straight MSM. Future research is warranted to examine the relationship between acculturation, HIV stigma, MSM stigma, and other psychosocial factors within the context of a straight identified man who has engaged in sexual behaviors with other men in the past and as a result, became HIV positive. Examining the differences in experiences between gay identified MSM and straight MSM may provide insight into the levels of stigma being experienced by the two groups. These findings could also help inform future behavioral interventions.
Limitations

There are several limitations to the current study. First, and perhaps most limiting is the small sample size, which limits the full examination of the multiple relationships of interest. Also, the sample is too small to represent Mexican MSM and anticipates observing different results upon reexamination. Furthermore, 6 of the 24 participants where referred to the study by participants who had already completed the survey. This may be contributing to some of the homogeneity in sample.

Although the BAS, the tool used to measure acculturation, attempts to measure bidirectional deviations in behavior within the context of two cultural domains (the culture of origin and the host culture), some researchers argue that this can only reflect superficial and “intermediate” immersion into the host culture (Marin, 1993; Stephenson, 2000; Kim and Abreu 2001). Further, these researchers contend that deeper degree of immersion into the host culture could be examined by looking at the assimilation to the host cultures’ values and cultural identity. Future research should consider use of a multidimensional acculturation measure such as The 42-item Abbreviated Multidimensional Acculturation Scale (Zea, Asner-Self, Birman, and Buki, 2003), which offers a more complete look at acculturation.

There is also some concern with the validity and reliability of the social support measure used, as this measure was operationalized using a 3 item subscale in the Coping Self Efficacy Scale. This measure is exclusively focused on whether or not the participant feels they can access social support from family and friends if needed. Future research should consider the use of a more robust measure of social support that would allow for the examination of the types of social support that best help persons with HIV disclosure.
Additional concerns to validity of data include the length of the original study’s survey, which includes over 400 questions and can lead to fatigue from the respondents. Also, as this was a cross sectional study design we are unable to measure of there are any changes in key variables over time. For instance, it is not possible to discern if newly diagnosed individuals’ symptoms of depression and HIV related stigma tapers down over time.
Conclusion

Studies have demonstrated that disclosure is important to the physical well being of individuals living with HIV (Ullrich, Lutgendorf, Stapleton, 2002; Derlega et al., 2000; Zea, Reisen, Poppen, Bianchi, and Echevery, 2005). This study allowed the opportunity to examine the relationship between acculturation and disclose of HIV status and between disclosure of HIV status and Social Support among Mexican MSM. Although the chi-square tests conducted did not reveal statistically significant results, several key correlations were identified. Among these are the relationships between coping self efficacy and depression, HIV stigma and symptoms of depression, and social support and depression, and between social support and coping; all of which help inform the direction of future research and potentially interventions used to bolster participants’ coping skills. Moreover, it is probable that upon reexamining the entire sample, the results may present a very different picture.
References


Larios S, et al. 2009 Concerns about stigma, social support and quality of life in low-income HIV-positive Hispanics, Ethnicity & Disease, 19(1).


Los Angeles County Department of Public Health HIV Epidemiology Unit. 2012. 2011 Annual HIV Surveillance Report


Appendix A: Study Questionnaire

Q3. What is your date of birth?
___/___/____ mm/dd/yyyy

Sex/Gender

Q4. Check the terms you use to describe yourself. (Check all that apply)
___ Male
___ Female
___ Trans-female or Trans-woman or Trans-gender Woman
___ Trans-male or Trans-man or Trans-gender Man
___ Trans-gender
___ Gender-queer or Gender nonconforming
___ Other

Q5. What sex is listed on your birth certificate?

1  Male
2  Female

Q19. Do you use any of the following words to describe yourself? (Check all that apply)
___ Straight
___ Gay or Lesbian
___ Bisexual
___ Other
___ Don't Know
___ I do not want to answer

HIV Test

37. In the past 6 months, did you get a test for HIV?

1  Yes
0  No
7  Don't Know
8  I do not want to answer

40. Was this the first time that you received a positive HIV test result?

1  Yes
0  No
7  Don't Know
8  I do not want to answer

41. When was the first time that you tested HIV-positive? Please list the month and year.
___/___/____ mm/yyyy
2097  Don't Know (Year)
2098  I do not want to answer (Year)

**HIV Disclosure**

117.  Who have you told that you have HIV? (Check all that apply) (Check all that apply)
    __  No one
    __  My main partner or spouse
    __  One or more other sex partners
    __  One or more friends of &[ETHNIC_A] origin
    __  One or more Latino friends from another nationality
    __  One or more non-Latino friends
    __  One or more family members
    __  Other
    __  I do not want to answer

117_other.  Who else have you told:
    ____________________________
    ____________________________

**HIV STIGMA**

Next, we will ask you about how having HIV affects how others treat you and how you feel about yourself. How do you expect you will be treated in the future because you have HIV?

199.  How likely is it that family members will avoid you? (Choose one)
    1  Very unlikely
    2  Unlikely
    3  Neither unlikely nor likely
    4  Likely
    5  Very likely

200.  How likely is it that family members will look down on you? (Choose one)
    1  Very unlikely
    2  Unlikely
    3  Neither unlikely nor likely
    4  Likely
    5  Very likely

201.  How likely is it that family members will treat you differently? (Choose one)
    1  Very unlikely
    2  Unlikely
    3  Neither unlikely nor likely
    4  Likely
5  Very likely

202. How likely is it that community workers and social workers won't take your needs seriously? (Choose one)
   1  Very unlikely
   2  Unlikely
   3  Neither unlikely nor likely
   4  Likely
   5  Very likely

203. How likely is it that community workers and social workers will discriminate against you? (Choose one)
   1  Very unlikely
   2  Unlikely
   3  Neither unlikely nor likely
   4  Likely
   5  Very likely

204. How likely is it that community workers and social workers will refuse to give you services? (Choose one)
   1  Very unlikely
   2  Unlikely
   3  Neither unlikely nor likely
   4  Likely
   5  Very likely

205. How likely is it that health care workers will not listen to your concerns? (Choose one)
   1  Very unlikely
   2  Unlikely
   3  Neither unlikely nor likely
   4  Likely
   5  Very likely

206. How likely is it that health care workers will try not to touch you? (Choose one)
   1  Very unlikely
   2  Unlikely
   3  Neither unlikely nor likely
   4  Likely
   5  Very likely
207. How likely is it that health care workers will treat you with less respect? (Choose one)
   1 Very unlikely
   2 Unlikely
   3 Neither unlikely nor likely
   4 Likely
   5 Very likely

208. Having HIV makes me feel like I'm a bad person. (Choose one)
   1 Strongly Disagree
   2 Disagree
   3 Neither disagree nor agree
   4 Agree
   5 Strongly Agree

209. I feel I'm not as good as others because I have HIV. (Choose one)
   1 Strongly Disagree
   2 Disagree
   3 Neither disagree nor agree
   4 Agree
   5 Strongly Agree

210. I feel ashamed of having HIV. (Choose one)
   1 Strongly Disagree
   2 Disagree
   3 Neither disagree nor agree
   4 Agree
   5 Strongly Agree

211. I think less of myself because I have HIV. (Choose one)
   1 Strongly Disagree
   2 Disagree
   3 Neither disagree nor agree
   4 Agree
   5 Strongly Agree

212. Having HIV makes me feel unclean. (Choose one)
   1 Strongly Disagree
   2 Disagree
   3 Neither disagree nor agree
   4 Agree
   5 Strongly Agree
213. Having HIV is disgusting to me. (Choose one)
   1  Strongly Disagree
   2  Disagree
   3  Neither disagree nor agree
   4  Agree
   5  Strongly Agree

**Resiliency (Coping)**

Next, we will ask you about how you deal with difficult situations. Think about times when things aren't going well for you, or when you are having problems. When this happens, how confident are you that you can solve or manage problems?

120. I can break my problem down into smaller parts.
   00  Not confident at all
   01
   02
   03
   04
   05  Somewhat confident
   06
   07
   08
   09
   10  Very confident

121. I can think about one part of the problem at a time.
   00  Not confident at all
   01
   02
   03
   04
   05  Somewhat confident
   06
   07
   08
   09
   10  Very confident
122. I can sort out what can be changed and what cannot be changed.
   00 Not confident at all
   01
   02
   03
   04
   05 Somewhat confident
   06
   07
   08
   09
   10 Very confident

123. I can make a plan of action and follow it.
   00 Not confident at all
   01
   02
   03
   04
   05 Somewhat confident
   06
   07
   08
   09
   10 Very confident

124. I am open to new ideas even when I am stressed.
   00 Not confident at all
   01
   02
   03
   04
   05 Somewhat confident
   06
   07
   08
   09
   10 Very confident
125. I can find solutions to my hardest problems.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>10</td>
<td>Very confident</td>
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<tr>
<td>09</td>
<td>Somewhat confident</td>
</tr>
<tr>
<td>08</td>
<td>Not confident at all</td>
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</tbody>
</table>

Next, we will ask you about how confident you are that you can stop unpleasant emotions.

126. I can make unpleasant thoughts go away.

<table>
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<td>08</td>
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</table>

127. I can take my mind off unpleasant thoughts.

<table>
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<tr>
<td>09</td>
<td>Somewhat confident</td>
</tr>
<tr>
<td>08</td>
<td>Not confident at all</td>
</tr>
</tbody>
</table>
128. I can stop myself from being upset by unpleasant thoughts.

00 Not confident at all
01
02
03
04
05 Somewhat confident
06
07
08
09
10 Very confident

129. I can keep from feeling sad.

00 Not confident at all
01
02
03
04
05 Somewhat confident
06
07
08
09
10 Very confident

How confident are you that you can get support from friends and family?

130. I can get friends to help me with the things I need.

00 Not confident at all
01
02
03
04
05 Somewhat confident
06
07
08
09
10 Very confident
131. I can get emotional support from friends and family.
00 Not confident at all
01
02
03
04
05 Somewhat confident
06
07
08
09
10 Very confident

132. I can make new friends.
00 Not confident at all
01
02
03
04
05 Somewhat confident
06
07
08
09
10 Very confident

Mental Health

The following screens list ways you might have felt or behaved. Please describe how often you have felt this way during the past week.

133. During the past week, I was bothered or irritated by things that usually don't bother me. (Choose one)
1 Rarely or never (less than 1 day)
2 A little of the time (1 to 2 days)
3 Some of the time (3 to 4 days)
4 Most or all of the time (5 to 7 days)

134. During the past week, I felt depressed, low, or sad. (Choose one)
1 Rarely or never (less than 1 day)
2 A little of the time (1 to 2 days)
3 Some of the time (3 to 4 days)
4 Most or all of the time (5 to 7 days)
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Choices</th>
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</table>
|135. | During the past week, I felt that everything I did was an effort. (Choose one) | 1 Rarely or never (less than 1 day)  
2 A little of the time (1 to 2 days)  
3 Some of the time (3 to 4 days)  
4 Most or all of the time (5 to 7 days) |
|136. | During the past week, my sleep was restless. (Choose one)               | 1 Rarely or never (less than 1 day)  
2 A little of the time (1 to 2 days)  
3 Some of the time (3 to 4 days)  
4 Most or all of the time (5 to 7 days) |
|137. | During the past week, I was happy. (Choose one)                        | 1 Rarely or never (less than 1 day)  
2 A little of the time (1 to 2 days)  
3 Some of the time (3 to 4 days)  
4 Most or all of the time (5 to 7 days) |
|138. | During the past week, I felt lonely. (Choose one)                      | 1 Rarely or never (less than 1 day)  
2 A little of the time (1 to 2 days)  
3 Some of the time (3 to 4 days)  
4 Most or all of the time (5 to 7 days) |
|139. | During the past week, I could not get "going". (Choose one)            | 1 Rarely or never (less than 1 day)  
2 A little of the time (1 to 2 days)  
3 Some of the time (3 to 4 days)  
4 Most or all of the time (5 to 7 days) |
|140. | During the past week, I felt fearful. (Choose one)                     | 1 Rarely or never (less than 1 day)  
2 A little of the time (1 to 2 days)  
3 Some of the time (3 to 4 days)  
4 Most or all of the time (5 to 7 days) |
|141. | During the past week, I felt hopeful about the future. (Choose one)    | 1 Rarely or never (less than 1 day)  
2 A little of the time (1 to 2 days)  
3 Some of the time (3 to 4 days)  
4 Most or all of the time (5 to 7 days) |
142. During the past week, I had trouble keeping my mind on what I was doing. (Choose one)
1 Rarely or never (less than 1 day)
2 A little of the time (1 to 2 days)
3 Some of the time (3 to 4 days)
4 Most or all of the time (5 to 7 days)

**Familismo**
How much do you agree or disagree with the following statements?

347. My family members respect one another. (Choose one)
1 Strongly disagree
2 Somewhat disagree
3 Somewhat agree
4 Strongly agree

348. We share similar values and beliefs as a family. (Choose one)
1 Strongly disagree
2 Somewhat disagree
3 Somewhat agree
4 Strongly agree

349. Things work out well for us as a family. (Choose one)
1 Strongly disagree
2 Somewhat disagree
3 Somewhat agree
4 Strongly agree

350. We really do trust and confide in each other. (Choose one)
1 Strongly disagree
2 Somewhat disagree
3 Somewhat agree
4 Strongly agree

351. My family members feel loyal to the family. (Choose one)
1 Strongly disagree
2 Somewhat disagree
3 Somewhat agree
4 Strongly agree

352. We are proud of our family. (Choose one)
1 Strongly disagree
2 Somewhat disagree
3 Somewhat agree
4 Strongly agree
353. We can express our feelings with our family. (Choose one)
1 Strongly disagree
2 Somewhat disagree
3 Somewhat agree
4 Strongly agree