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## **Cultural factors associated with early and late disclosure among Latino gay males with HIV/AIDS**

Hugo Correa Castellanos

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CULTURAL FACTORS ASSOCIATED WITH EARLY AND LATE  
DISCLOSURE AMONG LATINO GAY MALES WITH HIV/AIDS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Hugo Correa Castellanos

June 2000

CULTURAL FACTORS ASSOCIATED WITH EARLY AND LATE  
DISCLOSURE AMONG LATINO GAY MALES WITH HIV/AIDS

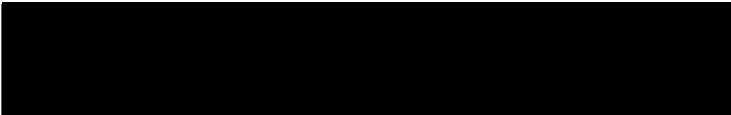
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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino


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by  
Hugo Correa Castellanos  
June 2000

Approved by:

  
Dr. Morley Slicken, Project Advisor  
Social Work

5-10-2000  
Date

  
Dr. Rosemary McCaslin, Chair of  
Research Sequence, Social Work

## ABSTRACT

This study explored the cultural factors associated with early and late disclosure of HIV infection among Latino gay and bisexual males. Through collaborative efforts from various HIV/AIDS agencies, the researcher was able to interview twenty HIV infected Latino gay males. It was hypothesized that cultural values and beliefs such as *machismo*, *familism*, and *simpatia* have significant influences on the disclosure process. A quantitative research design with family composition, acculturation, and disclosure scales were utilized in this study. Findings indicated that Latino family values and customs such as *Machismo*, *familism* and *simpatia* generally enforced by the father figure contributed to late disclosure among Latino males who were less acculturated. A series of metaphorical "dichos" were also collected to help understand the disclosure process and the way subjects deal with their illness and their sexuality. Social workers working with Latino gay males with HIV/AIDS and their families might benefit from the findings in this study.

## ACKNOWLEDGMENTS

The author would like to thank Dr. Morley Glicken for living up to his name as a professor and as my advisor for this research project. His unique personality and positive attitude provided me with the necessary energy required to accomplish this project. Dr. Glicken allowed me to stay in touch with my "sense of self" and helped me maintain objectivity in this extremely sensitive topic that dealt with HIV/AIDS and homosexuality.

Secondly, I want to thank the HIV/AIDS service agencies that opened their doors without hesitation and allowed me to recruit and have access to their Latino client population. Thanks also to the subjects for participating and to their courage to open up and disclose important parts of your life.

Most important of all, thanks to my beautiful wife, Maria, who had the patience and the understanding in putting up with my anxieties and pressures throughout the three year Master's program. My children, Kristian and Kaiori, I'm sorry for not giving you the time you required during your early childhood years. But know that it's all over, I will begin to make up time that was lost.

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## INTRODUCTION

### Problem Statement:

Although it's been nineteen years since the first case of HIV/AIDS was identified (1981) in the United States, one would assume that with our medical technology, education and prevention models, that a reduction in the number of infections would now be evident.

Epidemiological reports clearly indicate that increases in HIV infections have disproportionately affected certain populations. Cases among heterosexual men, women and children have continued to increase in numbers, especially in the Latino community. It is important to note that the Latino population has increasingly been the highest impacted group by the HIV/AIDS epidemic. By June of 1996, 18% of all diagnosed AIDS cases in the country were Latino, an ethnic group that constitutes 9% of the U.S. population (CDC, 1996).

By June 1996, 67% of all males diagnosed AIDS cases in the nation were among men having sex with men (MSM). Between the years of 1994 and 1996 there have been a 40% increase of cases among Latino gay and bisexual men for 40,243 cases. More importantly, these numbers are misleading in that only AIDS cases are reported to CDC and not HIV seropositive cases.

Within the Latino culture, disclosing a male's homosexual identity creates family imbalances. Cultural influences

such as *machismo*, *familismo*, *simpatia*, and *homophobia* may be internalized by Latino gay men with HIV/AIDS as difficult to cope with. Sexual interest with the same gender is strongly disapproved (Carrier, 1985). Latino family units traditionally set a tone for patriarchal, heterosexual and authoritarian norms primarily dictated by the father figure in the home. Male and female roles are strictly divided and more value is given to male authority. The female role is considered to be in the home, with the children and husband (Longres, 1997). Rafael M. Diaz (Diaz, 1998), in his study of Latino gay males notes that it is well known that Latino/Hispanics have a high regard for family life and the nuclear family. This is called "familism". Familism is described as a cultural value that involves individuals strong identification with and attachment to their nuclear and extended families, and strong feelings of loyalty, reciprocity and solidarity among members of the same family (Marin & Marin, 1991). Cultural beliefs such as "*hombres seran hombres*" (men will be men) and "*mi hijo nunca sera maricon o joto*" (my son will never be a faggot-queer) is the type of machismo pressures that are embedded in Latino children and adolescents typically spearheaded by the father figure and Latino/Hispanic societies. Such machismo attitudes indicate a clear pattern of homophobia. One can only imagine how these machismo images among fathers will

stimulate family stress and the problems it will create if their homosexual son disclose his sexual identity and HIV/AIDS status. The term *machismo*, derived from the word *Macho* is basically defined as male dominance, patriarchal and authoritarian. *Simpatia* is described as an attempt to promote politeness, respect, harmony in interpersonal relations and good feelings in others by "being nice" (Triandis, Marin, Lisansky & Betancourt, 1984). Latino culture and values clearly appear to inhibit disclosure among Latino Gay males with HIV. In many cases, lack of disclosure is due to the fear of breaking family harmony (*simpatia*) and the shame of facing the father figure with the fact that their son did not meet his role expectations. There is a lack of studies conducted on the Latino gay male with HIV/AIDS as it relates to how family values, primarily machismo impacts the disclosure process. Findings in this study will allow professional social workers to understand Latino family cultures and dynamics and factors that prevent homosexuality and HIV/AIDS disclosure.

#### Problem Focus:

A personal Perspective:

Between the years of 1993 and 1996, this researcher had the experience in working as a Bachelor level social worker in a hospice setting. The hospice served end stage AIDS patients who were diagnosed as having six months or less to live. The service ethnic group primarily composed

of Latino and African/American gay males. Latino's were the majority of clients served. Through this experience, observations were made in that many Latino gay males were dying with little support systems, and in many occasions were dying alone. Further observations include the following: 1.) females (mothers and sisters) appeared to be the primary support system during the last days of their lives; 2.) the father figure was nearly non-existent in most cases; 3.) homosexuality and HIV/AIDS disclosure appeared to occur during the later stages of the disease and; 4.) in many cases there was no disclosure at all. As a result of these observations, this researcher became interested in exploring a set of phenomena that were taking place in my professional experience. The opportunity came during graduate school and interest became apparent when the lack of literature was visible. It was found that current literature neglects the area of HIV/AIDS disclosure among Latino gay males.

Another neglected area of research is ethnic differences in self-disclosure of HIV and how it affects client/family relationships. This issue merits attention because the HIV/AIDS pandemic in the United States is disproportionately represented in the ethnic minority populations (Center for Disease Control and Prevention, 1996). The lack of family involvement as a social support system for gay men with HIV/AIDS, has been essentially

ignored as a research topic. Studies need to explore why gay men do or do not approach their families for help and why the family is perceived as helpful when support is offered, especially in the Latino population. Research also needs to include race and ethnicity, because it cannot be assumed that families respond similarly to gay men with HIV/AIDS across diverse populations (Gant & Ostrow, 1995). The family's lack of acceptance of homosexuality and the relationship with a male partner may result in the incapacity of the family unit to openly speak about homosexuality and HIV/AIDS (Kadushin, 1996). Latino cultural values and beliefs need to be confronted in order to bridge positive interactions between the client and the family and in hopes of demystifying homosexuality. Positive outcomes with such research will allow professional social workers to understand Latino family cultures and dynamics as it relates to gay males with HIV/AIDS and the factors that prevent homosexuality and HIV/AIDS disclosure.

Social Workers who provide services to gay men with HIV/AIDS need to realize how the disease affects the family relationship so that supportive rather than stressful interactions can be inspired (Kadushin, 1996).

This study will focus on exploring cultural factors among Latino gay males with HIV/AIDS who have yet to disclose their status to their nuclear family. Data

collected and analyzed will be interpreted in a manner which will assist the social work profession. Social work providers will be able to build bridges among the person affected by HIV/AIDS and their nuclear family members.

## LITERATURE REVIEW

Although much attention has been given to the HIV/AIDS pandemic over the past nineteen years, the primary focus has been geared towards clinical symptomology, treatments, education and prevention. It is also clear that the disease struck the white gay community for many years especially during the onset of detection in the United States. However, since the onset in 1981 we have seen new trends of infection evolve in other populations such as women, children and in the heterosexual community. Today, the biggest shift in infection rates has impacted other ethnic minority groups especially in the Latino gay community.

Little empirical data has been published in the area of disclosure among the Latino gay community. At this point, I do not understand why this particular area has been ignored. One hypothesis may be that researchers are either hesitating to directly approach this issue at a comfort level due to personal reasons or it could be the lack of understanding of the Latino culture and belief system.

Rafael Diaz (1998), who is an Adjunct Associate Professor of Medicine at the Center for AIDS Prevention Studies at the University of California, San Francisco is an openly gay social worker and developmental psychologist. His (1998) book provides a pivotal analysis of how

machismo, homophobia, sexual silence, racism and poverty continue to contribute to high-risk practices among Latino gay men. Rafael Diaz writing is exceptional in that he passionately explains the Latino culture and beliefs. He incorporates cultural theory and cites Cecil Helman (1990), Culture is a set of guidelines (explicit or implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it. Culture can be seen as an inherited lens, through which individuals perceive and understand the world that they inhabit and learn how to live within it. Diaz addresses how machismo and familism impact decision making among Latino gay men. Rafael Diaz behavioral research focuses on Latino gay men's sexual risky behaviors and how culture contributes to such risks. Diaz also presents models for HIV education and prevention.

A comparative study was conducted by Hyacinth et al. (1995), on nondisclosure and found that Spanish speaking Latino men (n=7) were more likely than English speaking Latinos (n=85) and Whites (n=206) to withhold their HIV positive sero-status and their gay or bisexual orientation from significant others, especially family members. Findings in this study suggest that some traditional values may deter Latinos from seeking HIV related social support in times of need. Findings also indicate that gay men are



more inclined to reveal their sero-status to gay or bisexual significant others than to heterosexuals and are more likely to inform those who are aware of their sexual orientation.

The researchers cite two aspects of collectivism, namely, familism and simpatia, which may play a role in the decision to self-disclose. However such factors were not studied and is primarily where further research needs exploration. This empirical study was one of a rarity that focused on Latino men (not gay specific) and disclosure as it relates to family.

Reactions to a HIV/AIDS diagnosis include (Morin et al,1994):

- fear of death and dying
- guilt
- fear of exposure to life style
- fear of contagion
- loss of self-esteem
- fear of loss of physical attractiveness
- fears of decreased social support
- isolation
- stigmatization
- loss of occupational and financial status

- confusion over medical treatment and
- helplessness

This researcher maintained a consciousness of the items listed above throughout the subject interview process and with the goal of preventing further psychological damage. The literature written on psychological symptomology does not provide empirical data and does not focus on Latino Gay men. It provides the social work practitioner with good educational awareness on psychological impact AIDS has on gay men.

Szapoczik (1995) points out that historically, familism and simpatia have been Latino's most valued cultural assets. He cites that in the case of Latino gay men, the desire to protect family members is a barrier to the disclosure of an HIV/AIDS diagnosis. It also acknowledges the areas in which cultural development is needed. Furthermore, Hispanic gay men, with caution, assess the heavy impact disclosure could have on their family members. This article was in response to the study conducted by Mason Et al. (1995). No empirical data were provided in this article.

Carballo-Diequez (1989) points to language, socioeconomic status, immigration status, religion and folk beliefs as considerations when counseling the Latino gay HIV/AIDS population. Case studies are also presented that

illustrate realistic scenarios. This article emphasizes the Latino male and his family ties that are embedded in a relationship. Carballo-Diequez cites a family system has its positive and negative aspects. On the positive side, family ties tend to be very strong and there is always a family member available to offer help or assistance during a time of crisis or need. On the negative side, this structure often interferes with privacy. It is not unusual for relatives of young gay Latino males to intrude with private questions about their sexuality. Even in cases when the homosexuality is clearly known, there may be secrecy or denial within the family system.

Recommendations to assist a client in "coming out" are well understood while being sensitive to the client, family and culture.

Strommen (1989) summarizes what is known about reactions of family members to disclosure of homosexual identity, both with the family of origin and disclosure with spouses or parent. He cites that further research in this complex and understudied area could reveal much about the nature of both homosexual identity and family relationships. Strommen also states that parental reactions to disclosure by a son have been studied primarily from a counseling perspective. There are good considerations for social work practitioners in Strommen's writings although HIV/AIDS is not discussed.

Kadushin (1996) notes that discussion is limited to the relationship between white gay men with AIDS and their families. With the exception of one article (Mason, Marks, Ruiz, & Richardson, 1995), the literature on the relationship between Latino and African American gay men with HIV/AIDS and their families is nonexistent.

Positive social relationships among family members can encourage promotion of health (i.e.: following through with medical regimens, getting sleep, and not living a destructive lifestyle).

Cates (1990) discusses the effects of AIDS on the family system once it enters. Disruption in the family may vary dramatically. This may vary from support (or lack of) to anger and rejection. A common characteristic of families with a member who has HIV/AIDS is isolation from others. HIV/AIDS becomes a guarded family secret. Another reactive effect that varies is the manner in which a family member contracts the disease is rejection because of the fear of cross contamination.

Marks Et. al (1992) examined self-disclosure of HIV infection among 101 sero-positive Hispanic men residing in Los Angeles. The findings indicated that disclosure was more significant among parents, friends and lovers (96%) than less significant others such as religious leaders, employers and landlords. Disclosure also tended to increase with the advancement of the disease process

independently of length of time since testing HIV positive. This grant funded quantitative study provided excellent insight to their findings. Furthermore, all characteristics (i.e.: variables, recruitment, methods, questionnaire administration measures etc.) appear to be well organized, culturally sensitive and well executed.

This researcher consulted with the author during the planning process. Author Marks, who is now employed with the Center for Disease Control (CDC) in Atlanta, Georgia suggested to this researcher the need for further research studies as it relates to HIV/AIDS disclosure among Latino gay men. He also suggested proper subject recruitment techniques that will help track the number of subjects needed for the study.

Gonzalez (1996) gathered writings from many Latino men who answered the question of whether Latino men must live with the macho tough guy image all their lives, or if there is room for redefining machismo. Discussion was made by many of these men on the familial influences that shape their personalities and behaviors in society. Some of these men who are now professionals in their respected fields have analyzed their upbringings from childhood to their present life. Throughout their life span many adjustments mentally, emotionally and physically had to be made in order to get to where they are although familial cultural beliefs were examined.

Alfredo Mirande (1997), who is an ethnic studies professor at the University of California Riverside conducted a study on the images Latino men have on themselves, how they see their roles as fathers, their masculinity, as husbands, and the qualities or attributes they most respect and admire in men. Mirande provides a wonderful historical overview of machismo and other values that Mexican men have been conditioned to obey. One of the questions the subjects were asked in Mirande's study was: What does the word "macho" mean to you? Contrary to Mirande's expectations that the word "macho" was viewed as positive, only 31 percent of 105 subjects indicated that the word had a positive meaning as compared to 57 percent who viewed it as negative. Mirande was awarded a Rockefeller Foundation research fellowship to carry out this study on "Latino men and the role of the father in the family".

## SOCIAL THEORY

In social theory, stigma can contribute heavily to the experience of a Latino gay male with AIDS. As it is, the gay population is already stigmatized as abnormal and is further stigmatized as harmfully contagious. Because of the social taboos toward homosexuality, disease and death, gay men in general with HIV/AIDS are increasingly stigmatized and discriminated against (Cadwell, 1989). With this stigma alone, a gay man with HIV/AIDS can easily be blamed and victimized for their homosexuality and HIV/AIDS diagnosis. Social theory reveals the function of this ideology. The more the heterosexual cultures misconstrues the taboos about homosexuality and HIV/AIDS, the more blaming the victim is likely to occur. Therefore, causing resistance in disclosure and risk of damaging family relationships.

## CULTURE THEORY

Culture theory, is described (Helman, 1990) as a culture with a set of guidelines (explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally and how to behave in it.

It is suggested that guidelines are established in the Latino culture and sets a powerful message to gay men with HIV/AIDS in which resistance to disclose is predictable. Knowing that such a lifestyle is forbidden and non-valued, the gay male may simply choose to preserve the family unit that exist and deal with their homosexuality and HIV/AIDS in secrecy (Sancho,1994).



## METHODS

### Study Design:

With this specific population of Latino Gay males with HIV/AIDS, the intent was to use an exploratory and survey design. Exploration was made as to whether machismo, familism and simpatia contributes to late or no disclosure. A sample of 20 HIV positive Latino gay men was drawn from a list of potential participants from the Inland AIDS Project (IAP), AIDS Health Care Foundation and self identified individuals (See Appendix B). Participants were interviewed in a private setting with their consent and the interview did not exceed a one-hour period. Since there were issues of acculturation and language differences, the surveys were available in English and Spanish. The participants had the option of being interviewed in both languages. The questions on the survey were thoroughly reviewed with the participants prior to administration. Once the questionnaires were completed, they were sealed in a manila envelope and kept concealed under lock and key. The duration of the research study lasted approximately four months. All human subjects who participated received \$20.00 as a courtesy by the researcher.

### Accuracy of Questionnaire:

The English/Spanish questionnaire consisted of 19 written questions. The 20<sup>th</sup> question consisted of 5 subcategories that measured acculturation (See Appendix C

and D). In order for the questions to be culturally sensitive and grammatically correct to meet the needs of the Latino sub-cultures (i.e.: South and Central Americans, Mexicans, Cuban etc.), questionnaires were read and corrected for accuracy by five professional Latino social workers representing five different Spanish speaking countries. After the questionnaire was complete, the reviewers suggested that conveying clarity of the questions is a priority before grammatical rules are applied. This is primarily due to the different dialects that are represented among Latino sub-cultures. When conducting research with ethnic groups, researchers need to go beyond the proper translation of their original questions into the other language (Marin & Marin, 1991).

#### Sampling:

A non-probability convenience sampling approach in this study was implemented. By using this approach, the researcher expected to receive a higher rate of response than other sampling approaches. Once the initial subjects were identified from the Inland AIDS Project, then a Snowballing technique was used to acquire additional cases. The snowballing technique is defined as one that begins with a few relevant subjects the researcher has identified and expands the sample through referrals (Rubin and Babbie, 1997). Diligent efforts to identify the openly disclosed subjects lead to other subjects who qualified for the

study. Subjects were located in various communities and group settings, ranging from San Bernardino and Riverside County to the West Hollywood area of Los Angeles County. It is safe to hypothesize that locating subjects via agency records may be biased in the sense that their true sexual identity may not be acknowledged or camouflaged, therefore a snowball sample may be the best approach. Other local HIV/AIDS social service agencies were also helpful in identifying subjects that qualified.

Subjects:

The sample from which data sources were obtained consisted of Latino gay males infected with HIV/AIDS, who have not disclosed their diagnosis to their nuclear family system. The sample size included twenty subjects who were eighteen years and older. Subjects diagnosed with severe (or at an advanced stage) AIDS related dementia did not participate in this study and were disqualified. Because this specific population is considered hidden and sensitive, locating the qualified subjects in a timely manner was the biggest challenge for the researcher. Latino HIV/AIDS agencies who served this population in San Bernardino, Riverside and Los Angeles were contacted to promote the study. Flyers were mailed to the service agencies for posting and recruitment (See Appendix I & J). Networking with professional social workers and therapist

(i.e.: M.A.s & MFCC) was a mode to expose the study in hopes to gain subject availability.

A five hundred-dollar scholarship awarded to the researcher by "Trabajadores de la Raza, Inc." was used for interview incentives. Each subject received a twenty-dollar incentive for participation.

Settings in which subjects were interviewed included HIV/AIDS treatment clinics, counseling rooms, social bars, and libraries with conference rooms.

#### Data Collection and Instruments:

Data collected for this research study includes feedback from a questionnaire that consisted of twenty (20) open-ended questions. The first six (6) questions of the questionnaire solicited basic demographic background information such as age, place of birth, years in the U.S, church affiliation, date of diagnosis and HIV/AIDS status.

Instruments include:

- 1.) Questionnaires. See Appendix (A&B)
- 2.) Cuellar acculturation scale. See appendix ( C&D )
- 3.) Informed consent. See appendix ( E&F )

All instruments used in the study were designed in English and Spanish.

#### Procedure:

Given time constraints, the intent was to collect data from a series of survey interviews from twenty (20) participants. The study was conducted through field

interviews and took place in a neutral location agreed upon by both the researcher and each participant. First, the participant contacted a confidential telephone line and self identified themselves as qualified subjects that met the criteria. The researcher proceeded by returning the phone calls and setting up interview appointments based on their location and time of their preference. Secondly, participants were instructed as to the confidentiality, purpose and interview procedures. Finally, the participant had the option to be interviewed in English or in Spanish. They also had the option to respond to the questions on their own in written form, or respond to the questions asked by the researcher verbally. The participants were given one hour to complete the answering process.

#### Protection of Human Subjects:

Permission was obtained from the CSUSB Human Subjects Review Committee (See Appendix A). This was accomplished by completing the required application for human subject's research. The cover letter for the participants explained the purpose of the research, expected completion date and how it was going to be implemented. The researcher's name, advisor and the Social Work Department's phone number were provided if the respondents had any questions pertaining to the research study.

The CSUSB Human Subject Review Committee highly recommended a private and confidential telephone line be

implemented into the study. The focus of this recommendation was to prevent participants from disclosing their HIV/AIDS status while using the snowballing technique. Flyers with the confidential telephone numbers were distributed to various agencies and posted at their sites which allowed participants access to the flyers and self-identify themselves when calling the confidential number.

This specific issue of protecting human subjects became the most sensitive task for the researcher in which appropriate social work ethics were practiced and in accordance with the National Association of Social Workers ethical guidelines. Because the study explored issues of sexuality and HIV/AIDS, the researcher maintained the highest level of professionalism and integrity during each subject interview. Being conscious of the probabilities of becoming intrusive became a high priority.

Being a Latino researcher and born in Mexico, the researcher understood and related to the cultural values that were presented throughout the study. Being involved in the gay and HIV/AIDS community for the past eight years as a social worker, the researcher was conscious of the sensitive nature of the study. Also, by being bilingual, empathic, and a good listener, the goal was to provide a safe and comfortable interview environment regardless of the language it was conducted.

The research study was strictly voluntary in participation and was not initiated without an informed consent (Spanish/English). All names and addresses of subjects were confidential and subjects were given identification numbers. A master identification file was created to link the individuals and secure confidentiality. Resources of community HIV/AIDS agencies who provide support services (Spanish/English) were also available to participants if needed for further follow up.

## RESULTS

All data collected were manually collapsed, categorized and coded for analysis. Secondly, data were entered on the Statistical Package for the Social Sciences (SPSS) program. Measures of central tendencies and the chi-square test were used to examine the association between two nominal variables. Cross tabulations between two nominal variables were analyzed and identification of significant findings (Pearson's level of significance for a two-tailed test of .05 or greater) were highlighted. T-test and frequencies are also used to examine the data. The findings were then examined and interpreted.

Information gathered from questions number 16, 17, and 18 of the questionnaire which referred to metaphorical sayings were recorded verbatim, translated into the English language and the participants were asked to express their reference (See Appendix K).



Table 1 - Demographic Information of Sample Population

Age

10	25-35	
8	36-45	
2	46-55	
		Total 20

Latino (country of origin)

15	Mexico	
2	Guatemala	
2	El Salvador	
1	Cuba	
		Total 20

Years in the United States

1-5	6	
6-10	5	
11-15	6	
16-20	3	
		Total 20

Church Affiliation

Catholic	15	
Jehovah	1	
Non-Denomination	1	
None	3	
		Total 20

Years Diagnosed with HIV/AIDS

1-5	13	
6-10	6	
11-15	1	
		Total 20

HIV/AIDS Status

11	A-Symptomatic	
9	Symptomatic	
		Total 20

Demographics:

Table 1

The descriptive statistics are as follows. The age range in this study was consistent with national statistical reports which indicates that the rate of infections primarily consists of young adults.

Of the twenty respondents, fifty percent (n=10) were between the age of 25-35 range. Forty percent (n=8) of the respondents were between the age of 36-46 range. And ten percent between the age of 46-55 (n=2). The means age is 36 years of age.

Within the Latino population (sub-culture), respondents from Mexico consisted of seventy five percent (n=15). Guatemalan participants were at ten percent (n=2), El Salvador (n=2) at ten percent and Cuba at five percent (n=1).

The years in which participants lived in the U.S. consisted of fifty five percent (n=11) living in the U.S. between 1-10 years, forty percent between (n=6) between 11-15 years, and fifteen percent (n=3) at 15-20 years.

Catholicism was hypothesized prior to the study as being the church affiliation for most participants. The results substantiated the hypothesis. Catholics represented seventy five percent (n=15), Jehovah Witness at five percent (n=1), non-denominational at five percent (n=1) and fifteen percent (n=3) had no church affiliation.

Study results suggest the majority of respondents are newly diagnosed with HIV/AIDS. Sixty five percent (n=13) reported being diagnosed between 1-5 years. Thirty percent (n=6) between 6-10 years and five percent (n=1) for over 11 years.

Fifty five percent (n=11) of the respondents reported having no symptoms of the disease and forty five percent (n=9) as having symptoms. All respondents were asked by the researcher if they were ever diagnosed with clinical dementia related to HIV. Of the 20 respondents, three reported having some memory loss. However, none specified having severe memory loss. Respondents with reported history of memory loss were assessed prior to answering questionnaires. This was accomplished by conducting a short mental health status exam that would either qualify or disqualify the participants. Of the twenty participants, none were disqualified.

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Table 2- (2-sided) Analysis-Chi-Square Test of Significance

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Variable 1 Sig.	Variable 2	Chi-Square
Church Affiliation	Family's attitude toward gay men	.047
Family's attitude Toward gay men	Family reaction to illness (HIV)	.000
Family's attitude Toward gay men	Parents philosophy of life	.000
Type of relationship With family	Reason for non-disclosure of HIV/AIDS status	.029
Type of relationship With family	Disclosure to which family member	.001

Cross Tabulations of Nominal Variables:

Table 2

Each of the twenty variables was cross-tabulated. The cross-tabs with Pearson's greater significance of .05 were identified and analyzed.

Church affiliation vs. family's attitude toward gay men

Findings (CS sig.=.047) suggest Latino catholic families have a negative attitude toward gay men. Catholic family thinking is parallel to catholic values and beliefs (i.e.; homosexuality).

Family's attitude toward gay men vs. Family's reaction to illness (HIV/AIDS)

This analysis clearly suggest (CS sig.=.000) families who do not accept gay men also do not accept people living with HIV/AIDS.

Family's attitude toward gay men vs. Parents philosophy of life

In view of the parent's beliefs in strong cultural practices, findings suggest (CS Sig=.000) homosexuality and HIV are not acceptable in the families of the men surveyed.

Type of relationship with family vs. Reason for non-disclosure of HIV/AIDS status

Although the majority of respondents reported a positive relationship with their family at large, findings suggest (CS Sig=.029) HIV infected Latinos are less likely to disclose their HIV/AIDS status because it will bring shame, dishonesty and emotional harm to the family. It is suggested that *familism* play a role in that Latino gay males with HIV/AIDS value the harmony that exist in the family and fear the break up of the family system.

Disclose to which family member vs. Type of relationship with family

Findings suggest respondents are more likely to disclose their HIV/AIDS status to a female family member (mother/sister) than a male member (father/sister). Respondents appear to have better relationship with female family members. Also, respondents reported fathers as being the least person to disclose their diagnosis. This suggests respondents are reserved in disclosing to their father due to the perceived "macho" attitudes men have in

the Latino culture. The notion of not meeting up to the guidelines the father figure sets in the family system suggest the reason for not disclosing and fear of rejection.

Acculturation Scale:

The acculturation scale was implemented in this study to measure levels of adaptation to American lifestyle and whether participants are more or less acculturated.

Highlights of the acculturation scale are as follows:

- A. Ninety percent (n=18) of the participants extremely often or almost always identified themselves with their country of origin.
- B. Seventy five percent (n=15) spoke the Spanish language very often or almost always.
- C. Eighty five percent (n=17) indicated their thinking is done in the Spanish language very often or almost always.
- D. Eighty five percent (n=17) write in Spanish very often or almost always.
- E. Sixty percent (n=12) enjoy listening to Spanish language music very often or almost always and twenty five percent (n=5) on a moderate basis.

Acculturation scale findings suggests that most participants in this study are not acculturated to American lifestyle and continue to practice their country of origin values and beliefs.

## DISCUSSION

The findings in this study reveal that cultural factors associated with HIV/AIDS disclosure among Latino gay males strongly contribute to the non-disclosure of their sexuality and HIV/AIDS status to their nuclear family. Risking conflict with strong family values and cultural beliefs that may exist in a Latino family appears to be a major contributing factor in the decision making process of the Latino gay male. The results of this study not only answer the research question, but the results also lend support to existing literature which strongly acknowledges a need to build bridges between Latino gay males with HIV and their families.

Many respondents described their escape from the family system in order to preserve family harmony. Their life in secrecy and isolation prevented them from being subjected to family rejection. Instead, personal choices were made to continue with their homosexual lifestyles while living with HIV/AIDS.

Respondents were able to describe many "dichos" (proverbs/sayings) that truly signify their feelings towards family relationships, their physical and emotional health, and sexuality acceptance (See Appendix K). In the literature review, "dichos" are described as folk sayings mostly expressed in Spanish-speaking cultures. "Dichos" are often spoken in rhymes and are used to convey messages

of attitudes, moral values and social behaviors (Barker, 1995). There are three questions in the questionnaire that allowed the participant to verbalize "dichos" as it related to the questions (See Appendix K ). For example, in responding to the question which asked the metaphor which best describes acceptance of their sexuality, the respondent stated, "Unos nacen de pie y otros de cabeza" (some are born by the feet and others by the head). The respondent referred to how all people are not born the same way (either homosexual or heterosexual). Another respondent, who answered the question which asked how he would describe dealing emotionally and physically with his HIV/AIDS diagnosis, stated "Las hojas en un arbol no duran toda la vida" (the leaves on a tree do not last/live forever). The respondent referred to how eventually he will die. The researcher experienced the opportunity to hear many powerful "dichos" that reflected the respondents' relationship with their family and how they are coping with their sexuality and HIV/AIDS diagnosis.

Furthermore, a trend identified among the participants who attended church, indicated a decrease in church participation. From the onset of HIV/AIDS diagnosis, participants reported a decrease in church attendance due to guilt and shame relating to family values and church .



doctrine. This trend was found through the exploratory questioning process.

#### Limitations of Study:

One significant limitation of this study was the small sample size. However, due to the difficulty of acquiring twenty Latino gay males who had not disclosed their HIV/AIDS status to their nuclear family was a task of itself. The snowballing technique was useful in that many of the respondents referred friends and significant others to the study. The study well exceeded the time predicted due to the large geographical area that was covered. Subjects who met the study criteria were also a hard to acquire population. It took the researcher five months to complete the data collection phase.

Although the researcher is Spanish speaking, bicultural, and familiar with HIV/AIDS psychosocial dynamics, not being homosexual (gay) could provide a chance that respondents may not have answered the questionnaires honestly.

#### Implications for Social Work Practice:

Study findings made in this topic may certainly assist professional social workers in bridging many gaps that exist between Latino gay males living with HIV/AIDS and their families. Bringing Latino families together through the disclosure process will hopefully allow the Latino gay male with HIV/AIDS to live a more supportive and healthy

life. Building support systems may even prevent the person from dying alone in a hospital or hospice bed. The study reveals the cultural factors associated to a late or no disclosure.

Understanding Latino culture and overcoming negative attitudes towards homosexuality is the basis of effective practice while working with Latino gay males. Social Workers need to explore psychosocial issues as a whole, which includes metaphorical "dichos" meanings. "Dichos" have a powerful means of expressing current and past experiences, relationships with significant others, personal problems, and triumphs over conquering the barriers they've faced while living with HIV/AIDS.

Furthermore, the surface has barely been scratched in that there is much more to learn from Latino gay males with HIV/AIDS. It appears to this researcher that there is a lack of Latino researchers willing to confront these sets of phenomena particularly in the disclosure process. Contribution of future findings will help various social work settings that are currently dealing Latino Gay men with HIV/AIDS and their families.

APPENDIX A:  
Research Approval



CALIFORNIA STATE UNIVERSITY  
SAN BERNARDINO

July 15, 1998



The California  
State University

Hugo Castellanos  
c/o Dr. Lucy Cardona  
Department of Social Work  
California State University  
5500 University Parkway  
San Bernardino, California 92407

Dear Mr. Castellanos:

Your application to use human subjects in research, titled, "Cultural Factors Associated with Early and Late Disclosure of HIV Infection Among Latino Gay and Bisexual Males" has been reviewed by the Institutional Review Board (IRB). Your application has been approved. Your informed consent statement should contain a statement that reads, "This research has been reviewed and approved by the Institutional Review Board of California State University, San Bernardino."

Please notify the IRB if any substantive changes are made in your research prospectus and/or any unanticipated risks to subjects arise. If your project lasts longer than one year, you must reapply of approval at the end of each year. You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Lynn Douglass, IRB Secretary. Ms. Douglass can be reached by phone at (909) 880-5027, by fax at (909) 880-7028, or by email at ldouglas@wiley.csusb.edu. Please include your application identification number (above) in all correspondence.

Best of luck with your research.

Sincerely,

  
Joseph Lovett, Chair  
Institutional Review Board

JL/lid

cc: Dr. Lucy Cardona, Social Work

5500 University Parkway, San Bernardino, CA 92407-2397

APPENDIX B:  
Letter of Support

ONTARIO  
1135 N. Mountain Avenue  
Ontario, CA 91762-1739  
(909) 391-8824  
Fax (909) 391-8828

SAN BERNARDINO  
186 E. Highland Avenue  
San Bernardino, CA 92404  
(909) 881-3877  
Fax (909) 881-3067



**Inland AIDS Project**

RIVERSIDE  
3756 Elizabeth Street  
Riverside, CA 92506-2507  
(909) 784-2437  
Fax (909) 784-5416

TEMECULA  
42145 Lyndie Lane, Suite 124  
Temecula, CA 92591-3787  
(909) 693-9722  
Fax (909) 693-9942

VICTORVILLE  
12421 Hesperia Road, Suite 11  
Victorville, CA 92392-4342  
(760) 245-2111  
Fax (760) 245-4440

CLIENT SERVICES & INFORMATION (800) 499-2437  
[www.inlandaidsproject.org](http://www.inlandaidsproject.org)

May 28, 1998

Dear Hugo,

I have reviewed your description for the research proposal to investigate "Cultural Factors Associated with Early and Late Disclosure of HIV Infection Among Latino Gay and Bisexual Males" and believe that this information will be a valuable resource to assist us to better understand how to prevent HIV infection and how to provide more cultural competent intervention with individuals infected and affected by HIV/AIDS.

The Inland AIDS Project is pleased to provide support to this research project and are willing to allow you to use IAP to draw a list of potential participants based on the plan and criteria you described in the research description.

Please let me know if we can be of assistance in any other way.

Sincerely,

A handwritten signature in cursive script that reads "Anita Gibbins".

Anita Gibbins, MSW  
Vice President of Clinical Operations  
Inland AIDS Project



APPENDIX C:

Questionnaire - English

**Questionnaire**

1.) Age \_\_\_\_\_

2.) Where were you born?  
\_\_\_\_\_

3.) How many years have you lived in the United States?  
\_\_\_\_\_

4.) What church do you attend?  
\_\_\_\_\_

5.) How long have you been HIV+ (Date of actual diagnosis)? \_\_\_\_\_

6.) What is your HIV/AIDS status: \_\_\_\_\_ a-symptomatic  
\_\_\_\_\_ symptomatic

7.) Describe the type of relationship you have with your family?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8.) How often do you see your family?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.) What does your family know medically about HIV/AIDS?

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10.) How would you describe the way your parents view life?

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10.) Describe the attitude your family has toward gay men?

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12.) If your family knew about your illness, how do you believe they would react?

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13.) Explain why you haven't disclosed your HIV/AIDS status to your family?

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14.) If you had an opportunity to disclose your HIV/AIDS status to a family member, who would it be and why?

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15.) Explain the way in which traditions and values were emphasized in your family?

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16.) In explaining how you are dealing emotionally and physically with your HIV/AIDS, which metaphor (proverb/saying/dicho) best describes it?

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17.) In dealing with your family regarding your HIV/AIDS status, which metaphor (proverb/saying/dicho) best describes it?

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18.) In dealing with your own acceptance of your sexuality, which metaphor (proverb/saying/dicho) best describes it?

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In your heart, what has it done to you not to tell your family about your illness?

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APPENDIX D:

Questionnaire - Spanish

**Questionario**

- 1.) Edad? \_\_\_\_\_
- 2.) En donde naciste? \_\_\_\_\_
- 3.) Cuantos anos tienes viviendo en los Estados Unidos?  
\_\_\_\_\_
- 4.) A cual iglesia vas? \_\_\_\_\_
- 5.) Por cuanto tiempo has tenido el VIH (Fecha actual del diagnostico)? \_\_\_\_\_
- 6.) Tu estado de VIH/SIDA: \_\_\_\_\_ Sin sintomas \_\_\_\_\_ Sintomas
- 7.) Explica el tipo de relacion que llevas con tu familia?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8.) Que tan seguido ves a tu familia cercana?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9.) Que sabe tu familia medicamento de VIH/SIDA?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10.) Como puedes explicar la manera en que tus padres veen la vida?

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11.) Explica la actitud que tu familia mas cercana tiene hacia las personas homosexuales (gay)?

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12.) Si tu familia supiera de tu enfermedad, como crees que van a reaccionar?

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13.) Explica por que no haz revelado (haz dicho) de tu estado de VIH/SIDA a tu familia cercana?

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14.) Si tuvieras la oportunidad de revelar tu estado de VIH/SIDA a un miembro de tu familia, a quien se lo dirias y porque?

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15.) Explica que tanta importancia tienen las costumbres y valores en tu familia?

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16.) Si fueras explicar como tratas o manejas tu estado emocional y fisico con tu VIH/SIDA, cual dicho lo explica mejor?

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17.) Si fueras a tratar con tu familia acerca de tu estado VIH/SIDA, cual dicho lo explica mejor?

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18.) En tratando con tu propia aceptacion de tu sexualidad, cual dicho lo explica mejor?

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19.) En tu corazon, que te ha hecho no haberle dicho a tu familia acerca de tu enfermedad?

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APPENDIX E:

Acculturation Scale - English

1	2	3	4	5
Not at all	Very little or Not very often.	Moderately	Much or very often	Extremely Often or Almost Always

- 1.) I like to identify myself as \_\_\_\_\_ (country of origin) 1 2 3 4 5
- 2.) I speak Spanish 1 2 3 4 5
- 3.) My thinking is done in the Spanish language 1 2 3 4 5
4. I write (e.g., letters in Spanish 1 2 3 4 5
5. I enjoy listening to Spanish language music 1 2 3 4 5

APPENDIX F:

Acculturation Scale - Spanish

**Direcciones:** Por favor circula el numero que mejor explica la manera que sientes acerca de las siguientes preguntas.

1	2	3	4	5
Nada	Un poco o Algunas veces	Moderadamente	Mucho o Muy frecuente	Muchisimo o Casi todo el tiempo

- 1.) Me gusta identificarme como un \_\_\_\_\_ (Origen etnico) 1 2 3 4 5
- 2.) Yo hablo Espanol 1 2 3 4 5
- 3.) Mis pensamientos ocurren en el idioma Espanol 1 2 3 4 5
- 4.) Escribo (e.g., cartas en Espanol) 1 2 3 4 5
- 5.) Me gusta la musica en el idioma de Espanol 1 2 3 4 5

## APPENDIX G:

### Informed Consent - English

The research study in which you are about to participate is designed to explore your perceptions on how Latino cultural values and beliefs have contributed in your decision to not disclose your HIV/AIDS diagnosis to your nuclear family members. This research study is being conducted by Hugo C. Castellanos, graduate student in Social Work at California State University, San Bernardino and supervised by Dr. Morley Glicken, professor of Social Work (909) 880-5557. CSUSB Institutional Review Board have examined and approved this study for appropriateness.

This research study consists of a survey questionnaire. You will be asked to answer each question to the best of your knowledge. Questions are designed to get your experiences, attitudes and thoughts about family relationships, acculturation, self-esteem and attitudes towards homosexuality. Some questions are multiple choice and others you will answer in your own words. There are no right or wrong answers when you are responding to the survey questions. The survey will take approximately 60 minutes (1 hour) to complete. A \$20.00 incentive will also be provided as a courtesy by the researcher.

Please be assured that any information you provide will be held in strict confidence by the researcher. At no time will your name be disclosed or reported along with your responses. If any of the questions asked cause you any emotional difficulty, a list of resources is attached whom you may contact. At the conclusion of this study, you may receive a report on the results by calling Dr. Glicken at the above number.

Please understand that your participation in this research project is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data you have contributed during this study.

I acknowledge that I am 18 years of age or older and willing to disclose my HIV diagnosis to the researcher upon marking an "X" that represents my signature. I also have been informed of, and understand the nature and purpose of this study and I freely consent to participate.

\_\_\_\_\_ I understand the nature of this study and agree to participate.

\_\_\_\_\_  
Date

## APPENDIX H:

### Informed Consent - Spanish

#### INFORME DE CONSENTIMIENTO

El estudio de investigación en el cual usted está cerca de participar está designado a explorar sus conocimientos en como los valores y creencias en la cultura Latina han contribuido en su decisión de no revelar su diagnóstico de VIH/SIDA a los miembros de su familia. Este estudio de investigación está siendo conducido por Hugo C. Castellanos, estudiante graduado en Trabajos Sociales en la Universidad del Estado de California, San Bernardino y supervisado por el Dr. Morley Glicker, profesor de Trabajos Sociales (909)880-5557. CSUSB la mesa directiva de revisión institucional ha examinado y aprobado este estudio de aptitudes.

Este estudio de investigación consiste de una encuesta con cuestionario. A usted se le pedirá que conteste a cada pregunta con lo mejor de su conocimiento. Las preguntas están designadas para obtener sus experiencias, actitudes y maneras de pensar acerca de la relación con su familia; su cultura, opinión de sí mismo y actitudes hacia la homosexualidad. Algunas preguntas son de opción múltiple y otras las responderá con sus propias palabras. No hay respuestas correctas o incorrectas cuando usted está respondiendo a las preguntas de la encuesta. Para completar esta encuesta, se tomará aproximadamente 60 minutos (1 hora). Una recompensa de \$20.00 será proveída como cortesía por el investigador.

Por favor tenga la seguridad que cualquier información que usted nos dé, será estrictamente confidencial por el investigador. En ningún momento se revelará ni se reportará su nombre con sus respuestas. Si algunas de las preguntas le causa cualquier dificultad emocional, una lista de recursos está disponible y por favor haga contacto. Cuando concluya este estudio, usted podrá recibir un reporte de los resultados.

Por favor entienda que su participación en este proyecto de investigación es totalmente voluntario y están libres de dejarlo a cualquier hora durante este estudio sin castigo, y quitar cualquier información que ha dado durante este estudio.

Yo reconozco que tengo 18 años de edad o más y deseo revelar mi diagnóstico VIH al investigador por marcando una

"X" que representa mi firma. Tambien he sido informado y entiendo la naturaleza y el proposito de este estudio y libremente doy mi consentimiento para participar.

\_\_\_\_ Yo entiendo la naturaleza de este estudio y estoy de acuerdo a participar.

\_\_\_\_ Fecha



APPENDIX I:

Debriefing Statement - English

Thank you for your participation in this study. The information you provided will be used to measure cultural factors associated with early and late disclosure of HIV infection among Latino gay and bisexual men. I want to assure you once more, that the information you have given will be kept in strict confidentiality. Should you have any questions about this study or would like to learn the results of the study, please contact Dr. Morley Glicken and/or Hugo Castellanos at (909) 880-5557. Results of the study should be available by June 15, 2000. I appreciate your time and your honest responses to the survey questionnaires. Furthermore, your participation is highly valued by the social work profession.

APPENDIX J:

Estado Informativo - Spanish

Gracias por su participacion en este estudio. La informacion que usted nos dara sera usada para medir los factores culturales en revelar el VIH/SIDA temprano o tarde en el curso de la vida entre los hombres homosexuales y bi-sexuales Latinos. Yo les quiero asegurar una vez mas, que la informacion que usted nos dio sera conservada en estricta confidencialidad. Si tiene alguna pregunta acerca de este estudio o le gustaria aprender acerca de los resultados por favor pongase en contacto con el Dr. Morley Glicker o Hugo Castellanos al (909) 880-5557. Los resultados del estudio estaran disponibles el 15 de Junio de 2000. Aprecio su tiempo y su honestidad en las respuestas de la encuesta del cuestionario. Es mas, su participacion es sumamente valiosa en la profesion de trabajo social.

APPENDIX K:

Recruitment Flyer - English

\$            \$            \$            \$            \$            \$  
**ATTENTION: PEOPLE LIVING WITH HIV/AIDS. 30 LATINO MEN WHO  
ARE SELF-IDENTIFIED AS HOMOSEXUAL OR BISEXUAL ARE NEEDED  
FOR A STUDY. THE STUDY WILL BE CONDUCTED IN ENGLISH OR IN  
SPANISH. YOU MAY CHOOSE EITHER LANGUAGE OF WHICH YOU FEEL  
MORE COMFORTABLE.**

IT ONLY REQUIRES ONE HOUR OF YOUR PERSONAL TIME.

THIS STUDY WILL CONSIST OF AN INTERVIEW WITH ORAL AND  
WRITTEN QUESTIONS.

**IT IS COMPLETELY CONFIDENTIAL.**

THE STUDY INTERVIEW MAY BE CONDUCTED AT YOUR CLINIC, OR  
AGENCY OFFICES OF INLAND AIDS PROJECT. THIS WILL BE  
DISCUSSED AND ARRANGED WITH THE RESEARCHER.

EACH PARTICIPANT WILL RECEIVE \$20.00 AFTER COMPLETION OF  
THE INTERVIEW.

THE ONLY REQUIREMENT IS THAT EACH PARTICIPANT HAS NOT  
DISCLOSED THEIR HIV/AIDS DIAGNOSIS TO THEIR FAMILY.

IF YOU ARE INTERESTED OR KNOW OF ANYONE WHO MAY QUALIFY,  
PLEASE HAVE THAT PERSON (S) CONTACT **HUGO CASTELLANOS** AT  
**(909) 854-1271.**

\$            \$            \$            \$            \$            \$

APPENDIX L:

Recruitment Flyer - Spanish

\$            \$            \$            \$            \$            \$  
**ATENCION: PERSONAS CON VIH/SIDA!!!!**

SE NECESITAN 30 HOMBRES LATINOS HOMOSEXUALES O BISEXUALES PARA UN ESTUDIO. EL ESTUDIO SE CONDUCE EN INGLES O ESPANOL. EL IDIOMA QUE PREFIERE O CON EL QUE SE SIENTA COMODO.

SOLAMENTE SE REQUIERE UNA HORA DE SU TIEMPO PERSONAL.

EL ESTUDIO CONSISTE DE UNA ENTREVISTA QUE CONTIENE SERIES DE PREGUNTAS ORALES Y ESCRITAS.

**ES COMPLETAMENTE CONFIDENCIAL.**

LA ENTREVISTA SE PUEDE CONducIR EN SU CLINICA, O OFICINAS DE LA AGENCIA *PROYECTO SIDA DE INLAND*. ESTO SERA DISCUTIDO CON EL INVESTIGADOR (estudiante).

SE PAGA \$20.00 POR CADA PARTICIPANTE DESPUES QUE SE COMPLETE LA ENTREVISTA.

EL UNICO REQUISITO ES QUE NO HAYA REVELADO SU DIAGNOSTICO DE VIH/SIDA A SU FAMILIA.

SI ESTA INTERESADO O SI CONOCE ALGUIEN QUE CALIFICA, POR FAVOR COMUNIQUESE CON **HUGO CASTELLANOS** AL NUMERO (909) 854-1271.

\$            \$            \$            \$            \$            \$

APPENDIX M:

Dichos/Proverbs

**Question:** In explaining how you are dealing emotionally and physically with your HIV/AIDS, which metaphor (proverb/saying/dicho) best describes it?

1. Al ojo del amo, engorda el caballo.

Meaning: To the Lords eyes, the servants will cherish.

Referring to: A feeling of having control. This control will allow him to have a longer and better life.

2. Mientras seas feliz tendras muchos amigos.

Meaning: As long as there is happiness, you will have many friends.

Referring to: His support system that gives him the strength to live.

3. Vive el dia por no hay manana.

Meaning: Live each day because there is no tomorrow.

Referring to: His condition and illness

4. Dios dijo alludate, que llo te alludare.

Meaning: God says to help yourself, and in return I will help you.

Referring to: Leaving it in Gods hands to deal with his illness.

5. Sige con un paso adelante.

Meaning: Move with one step forward.

Referring to: Thinking ahead and be prepared, think positive.

6. El que madruga, Dios lo ayuda.

Meaning: Those who wake up early, God will help them.

Referring to: Due to his early detection of the HIV virus, God will be helping him.

7. Si deseas ser amado, ama.

Meaning: To be loved is to love.

Referring to: His anger towards others (friends/family) when he discovered his HIV diagnosis. He's currently learning not to hate and be angry.

8. De la muerte, nadie se escapa.

Meaning: Nobody escapes death.

Referring to: Everyone will have to die some day.

9. El diablo no duerme, anda suerto.

Meaning: The devil never sleeps, he's on the loose.

Referring to: How HIV is out to get many people.

10. Amistad con todos, confia con pocos.

Meaning: Be friendly with everyone, but you can only trust a few.

Referring to: Being ostracized if he tells many people about his HIV+ status. It is painful for him.

11. La muerte es traidora, no dice el dia o hora.

Meaning: Death is a traitor, it does not tell you the day or the hour.

Referring to: His fears of death while living with the disease.

12. No te apures para que dures.

Meaning: Don't worry so you can last longer.

Referring to: Trying not to worry about his illness.

13. Lo mas trabajoso es empesar a vivir.

Meaning: The hardest work (thing to do), is to begin to live.

Referring to: How he is learning to live after his diagnosis and illness.

14. Las hojas en un arbol no duran toda la vida.

Meaning: The leaves on a tree, do not last/live forever.

Referring to: Eventually he will realize he has to die.

15. Cual el tiempo, tal el tiempo.

Meaning: New circumstances, new controls.

Referring to: Now that he is infected with the HIV virus, he has to approach life differently.

16. Mientras hay vida, hay esperanza.

Meaning: While there is life, there is hope.

17. El que no tiene dinga, tiene mandinga.

Meaning: It it's not one thing, it's another.

Referring to: How he describes his health.

18. This subject states he tries not to think about it.

19. Lo ultimo que muere es la esperansa.

Meaning: The last thing that dies is hope.

Referring to: His hope toward living a positive (attitude) life.

20. La suerte de cada alma, escrita esta en la palma.

Meaning: The luck of each soul is written on the palm of the hand.

Referring to: Thinking about how he could have lived his life differently.

Participants appeared to express various meanings to the dichos they provided and in response to this question. Participants often referred to self-motivation in order to continue living with the HIV/AIDS disease, anger towards being infected, and how "God" will control their destiny.

**Question:** In dealing with your family regarding your HIV/AIDS, which metaphor (proverb/saying/dicho) best describes it?

1. Dime con quien andas, I te dire quien eres.

Meaning: Tell me who you're with and I will tell you who you are.

Referring to: Once he describes his friends to his family, they will discover his homosexuality.

2. La verdad y las rosas tienen espinas.

Meaning: The truth and roses have thorns.

Referring to: Disclosing to his family about his sexuality and HIV/AIDS can be painful.

3. Cannot think of a metaphor at this time.\*\*



4. Tanto va el cantaro al agua hasta que se revienta.

Meaning: So often the vase goes to the water, it will eventually rupture.

Referring to: When he makes the same mistake constantly, something will break and go wrong (his high-risk behaviors with multiple sex partners).

5. Hijo malo, mas vale doliente que sano.

Meaning: A bad son is better sick (ill) than healthy.

Referring to: The message his parents always told him about being careful.

6. Cannot think of a metaphor as this time.\*\*

7. Tarde o temprano, todo se sabe.

Meaning: Sooner or later, all will be known.

Referring to: His dealing with family and how they will discover his sexuality accidentally or non-accidentally.

8. Me lo canto un pajarito.

Meaning: A little bird told me.

Referring to: How his family is in suspense about his sexuality and HIV, a rumor.

9. Al decir las verdades se pierden las amistades.

Meaning: In telling/saying the truth, friendships are lost.

Referring to: His disclosure to family and friends.

10. El que no escucha consejo, no llega a viejo.

Meaning: He who doesn't listen to advice, will not live.

Referring to: Al listened to his parents (especially mother) talk about being cautious.

11. En boca serrada, no entran las moscas.

Meaning: With a close mouth, flies will not get in.

Referring to: The confusion it will create if he discloses his HIV/AIDS status and sexuality to his family.

12. Donde hay amor, hay dolor.

Meaning: Where there is love, there is pain.

Referring to: His family who does not know his HIV status. Although he loves his family, it will be painful if his discloses his HIV/AIDS and sexuality.

13. Las paredes oyen, y luego dicen.

Meaning: Walls listen and then they tell.

Referring to: How he can not disclose to any extended or immediate family member his sexuality and HIV/AIDS.

14. Antes de hablar es bueno pensar.

Meaning: Before you talk, it's better to think.

Referring to: How cautious he needs to be when discussing the issue of HIV/AIDS around his family.

15. Cannot think of a metaphor at this time.\*\*

16. Cannot think of a metaphor at this time.\*\*

17. Lo que no se puede remediar, se debe aguantar.

Meaning: What is not cured, it must be dealt with.

Referring to: How he has to deal with his disease alone and not get his family involved.

18. Si supieras que es lo que estoy pasando en mi vida.

Meaning: If you only knew what I'm going through in my life.

Referring to: This is what he would like to express to his family.

19. Donde no hay humo, no hay lumbre.

Meaning: Where there is no smoke, there is no fire.

Referring to: Being afraid in disclosing because it can create emotional problems.

20. La verdad padece, pero no parece.

Meaning: The truth may suffer, but will never die.

Referring to: How it will be painful for the family to accept his HIV/AIDS and sexuality, but the truth will never go away.

Participants appeared to express the impact disclosure of HIV/AIDS were to have on the family unit. Caution to disclose their HIV/AIDS status and their sexuality was consistently verbalized. Their sexual activity in having sex with other men and multiple sex partners suggested guilt the participant was experiencing.

**Question: In dealing with your own acceptance of your sexuality, which metaphor (proverb/saying/dicho) best describes it?**

1. El que con lobos anda a aullar, se ensena.

Meaning: Those who hang around with wolves, will learn to howler.

Referring to: When he was young, many people/peers saw him as being gay. He felt comfortable and it was part of his sexual identity (at age five).

2. Nada es tan bello como la verdad.

Meaning: Nothing is more beautiful than the truth.

Referring to: His acceptance and self-satisfaction regarding his sexuality.

3. Could not think of one.

4. Las apariencias enganan.

Meaning: Appearances lie.

Referring to: Living a double life. He may look heterosexual (straight), but he's not.

5. Si abro la lata, todos van a saber.

Meaning: If I open the can, everyone will know.

Referring to: Once he discloses his HIV status and sexuality, then everyone will know.

6. No soy moneda de oro, para caerle a todos.

Meaning: I'm not a golden coin to everyone.

Referring to: No one's business to know about his sexuality and HIV status.

7. Tarde o temprano, todo se sabe:

Meaning: Sooner or later, all will be known/discovered.

Referring to: How his family will find out about his sexuality accidentally or non-accidentally.

8. Tan claro como el agua.

Meaning: As clear as water.

Referring to: He has accepted his sexuality and HIV diagnosis.

9. Conosete a ti mismo.

Meaning: Know your own self.

Referring to: A good friend once told him this metaphor. Also referred to loving one self and not to worry about anything else.

10. Nunca andes en contra la corriente porque te ahogas.

Meaning: Never go against the current because you will drown.

Referring to: Referring to his sexual relationships with other men and is the reason why he got infected with HIV.

11. Mas vale ser que parecer.

Meaning: It's better to be than thought to be.

Referring to: Is accepting of his own sexuality and is comfortable with it.

12. Las apariencias enganan.

Meaning: Looks can be false/deceiving.

Referring to: His non-feminine characteristics.

13. La felicidad no es una cosa facil, es dificil encontrar dentro de nosotros y es imposible encontrarla afuera.

Meaning: Happiness is not an easy thing, it's difficult to find inside of us, and it's impossible to find it outside.

Referring to: How he is feeling right now.

14. Cada quien es como Dios los hizo.

Meaning: Everyone is the way God made him.

Referring to: How he can not change anything about himself.

15. No todas preguntas merecen respuestas.

Meaning: Not every question deserves an answer.

Referring to: His sexuality doesn't always need an explanation.

16. Can not think of a metaphor at this time.\*\*

17. Unos nacen de pie y otros de cabeza.

Meaning: Some are born be the feet and others by the head.

Referring to: Not all people born are straight (heterosexual).

18. Yo soy asi.

Meaning: This is the way I am.

Referring to: Not caring what other people think of him.

19. No todos que montan a un caballo, son caballeros.

Meaning: Not all who mount a horse is a horseman.

Referring to: Not everyone in this world has to be straight.

20. El miedo es mal companero.

Meaning: Fear is a bad companion.

Referring to: No longer being in fear or worry about what people may think of him.

Participants suggested a sense of acceptance and comfort towards their sexuality. Outsiders' inappropriate interpretations of their physical appearance were a common

theme. Participants appeared to be protective of their sexuality and privacy, specifically from family and the general public.

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