

Proyecto La Familia: Disclosure of Sexual Identity and HIV Prevention

Final Report

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EXECUTIVE SUMMARY

The HIV/AIDS epidemic continues to be a prevalent problem in the United States. It is evident that the HIV epidemic disproportionately affects ethnic minority men who have sex with men (MSM) (Diaz and Ayala 2001). One of the groups excessively affected by HIV/AIDS is Latino immigrant MSM. The CDC estimates that 62% of AIDS cases among Mexican-born adults and adolescents are a result of male-to-male sexual contact (CDC 2009). Given this information, it is important that HIV prevention efforts effectively target Latino immigrant MSM population. Although some HIV prevention efforts target this community, HIV/AIDS continues to affect the Latino immigrant MSM population. This reality points to the need for greater public health efforts to decrease HIV risk among Latino immigrant MSM. Increasingly, the HIV prevention literature moves towards recommending HIV prevention approaches that go beyond individual behavior factors, to approaches that incorporate social, cultural, and structural factors of HIV risk (Minkler, Wallace et al. 1995; Diaz 1998; Diaz and Ayala 2001; Organista, Carrillo et al. 2004; Poundstone, Strathdee et al. 2004; Carrillo, Fontdevila et al. 2008; Magis-Rodriguez, Lemp et al. 2009). Several attempts have begun to develop interventions following the above recommendation, and these attempts must continue.

This project drew from three studies examining the relationship between HIV risk and sociocultural factors. The first study was conducted by Ryan et al., and targeted white and Latino gay, lesbian, and bisexual young adults (Ryan, Huebner et al. 2009). This study showed a relationship between family rejection to sexual identity disclosure and increased HIV risk, such as engaging in unprotected sex. The second study, performed by Carrillo et al., found that “sexual migration” to the U.S., by Mexican immigrant MSM, occurs within the context of an absence of sexual identity disclosure to families (Carrillo, Fontdevila et al. 2008). Finally, the third study, by Diaz and Ayala, targeted Latino gay men and found a relationship between experiences of homophobia and an increase in HIV risk behavior (Diaz and Ayala 2001).

The present project consisted of three phases. Phase 1 included the development of an innovative 12-topic intervention curriculum for an intervention targeting Latino MSMS that incorporates cultural constraints and values, addressing the needs surrounding disclosure of sexual identity especially with regard to family members. Phase 2 implemented the evaluation tools as well as the intervention program to a small group of Latino men as well as a small control group. Phase 3 consisted of the evaluation of the evaluation tools and process notes from the implementation phase. This project addresses the social and cultural factors that lead to a lack of disclosure of sexual identity to family members, as these factors lead to increases in the risk of HIV infection among this population. Early results from the evaluation reveal that the program is innovative in a number of ways, especially with regard to some aspects of sexual behaviors as well as attitudes regarding shame surrounding sexual orientation. The findings of this project could help illuminate new areas that can increase effectiveness of HIV prevention programs aimed at Latino MSM.

The project is a collaboration between the San Francisco AIDS Foundation, the Center for Research on Gender and Sexuality at San Francisco State University, and the Universidad Autónoma de Zacatecas.

OVERVIEW AND BACKGROUND

INTRODUCTION

The prevention of HIV/AIDS continues to be an important public health concern. The CDC estimates that 1.1 million people in the United States are currently living with HIV or AIDS, 21% of whom are unaware that they are infected (CDC). However, this problem does not affect people of all ethnic groups proportionately. Rafael Diaz and George Ayala state that “the HIV epidemic is becoming an epidemic of mostly ethnic minority men” (Diaz and Ayala 2001). Within the group of ethnic minority men, the most affected are MSM. Since 1998, the majority of new diagnosed AIDS cases have been in ethnic minority MSM (ibid). One of the ethnic minority groups with increased risk of HIV/AIDS infection is the Latino population. In light of this information, it is essential to understand and address the specific HIV risk factors faced by the Latino population. In particular, it is important for professionals working with the Latino population and for those working in the area of HIV/AIDS to understand the causes behind Latino MSM’s engagement in risky social and sexual behaviors, and to develop interventions that effectively address those causes.

BACKGROUND AND SIGNIFICANCE

Latinos are one of the fastest growing minority groups in the U.S., comprising 15% of the total population (Office of Minority Health). The growing number of Latinos in the U.S. makes it increasingly important to understand and address the risk factors leading to increases in HIV infection among this population. In order to curtail the impact of HIV/AIDS among Latino MSM, professionals working in the area of HIV/AIDS need to understand the cultural and social context surrounding Latino MSM, and the role of this context in increasing the risk for HIV infection.

HIV/AIDS case surveillance data shows that the rate of HIV/AIDS cases among Latinos/as is 20.4/100,000, this is 3.5 times higher than the rate of HIV/AIDS cases among whites (6.1/100,000), and is second only to the rate among African Americans (CDC 2009; Kaiser Family Foundation 2009). Furthermore, Latinos accounted for 17% of new HIV infections during 2006 (CDC 2009) and comprised 18% of people living with HIV (Kaiser Family Foundation 2009). Nationally, AIDS cases are highest for MSM, and this is also the case for Latino MSM (CDC 2009). The CDC reports that male-to-male sexual contact accounts for 52% of AIDS cases among Latino adults and adolescents born in the U.S., and for 62% of AIDS cases among Mexican-born adults and adolescents (CDC 2009). For Latino men, male-to-male sexual contact accounts for 60% of reported HIV infection cases (CDC 2009). In addition, in 2007, the CDC estimated that the number of AIDS cases among Mexican-born individuals was 1,431 (18.5%) out of a total of 7,752 AIDS cases among all Latino subgroups (CDC 2009). In California, the HIV prevalence among Latino or Mexican MSM varies considerably; studies have found prevalence rates ranging from 5% to 35% (Sanchez, Lemp et al. 2004). This data makes it evident that the HIV/AIDS epidemic is disproportionately affecting the Latino immigrant population in the U.S.

In addition, it is important for professionals working in this area to understand the reasons behind migration to the U.S. by Latino MSM. Although it is often thought that Latino immigrants only migrate for economic reasons, another type of migration needing to be recognized is “sexual migration” (Carrillo, Fontdevila et al. 2008). Sexual migration often

entails more than just leaving Mexico, for example, in order to be openly gay or bisexual in the U.S., it also entails leaving Mexico as a means to protect families from the shame and stigma of having a gay or bisexual son (Carrillo, Fontdevila et al. 2008). Furthermore, the process of migration has an effect on the risk of acquiring HIV for Latino immigrant MSM, and public health interventions need to consider this when addressing prevention with this population. Migration can present Latino MSM with new sexual contexts that are difficult to understand and navigate, and where risk for HIV infection may arise (Carrillo, Fontdevila et al. 2008).

Therefore, professionals in this area need to understand risky behavior within the social and cultural context surrounding Latino immigrant MSM, and interventions need to address this context. Some of the literature on HIV prevention with Latino immigrant MSM recommends approaches to HIV prevention that integrate individual behavioral factors with social, cultural, and structural factors (Minkler, Wallace et al. 1995; Diaz 1998; Diaz and Ayala 2001; Organista, Carrillo et al. 2004; Poundstone, Strathdee et al. 2004; Carrillo, Fontdevila et al. 2008; Magis-Rodriguez, Lemp et al. 2009). For Latino immigrant MSM, there are many social and cultural factors affecting their sexual behavior and HIV risk. One of those factors is the lack of sexual identity disclosure to families on the part of Latino immigrant MSM.

HIV interventions targeting Latinos need to understand and address how a lack of sexual identity disclosure and/or family rejection to sexual identity disclosure can contribute to the risk of HIV infection. A study conducted with white and Latino lesbian, gay, and bisexual (LGB) young adults found that Latino males report the highest mean number of negative family reactions to disclosure about their sexual orientation, as compared to whites (males and females) and Latinas (Ryan, Huebner et al. 2009). This study also found that participants with high levels of family rejection were 3.4 times more likely to report engaging in unprotected sexual intercourse, 8.4 times more likely to have attempted suicide, and 5.9 times more likely to report high levels of depression than participants with no or low levels of family rejection (Ryan, Huebner et al. 2009).

In addition, Diaz and Ayala found that oppression, as measured by experiences of homophobia, poverty, and racism, contributes to the risk of HIV infections (Diaz and Ayala 2001). In measuring homophobia, the study reported that 70% of participants felt that their homosexuality hurt and/or embarrassed their families (Diaz and Ayala 2001). Furthermore, the study found that Latino men who were considered “high risk,” meaning that the men engaged in unprotected anal intercourse with non-monogamous partners, reported more experiences of homophobia and oppression in general, than Latino men considered “low risk” (Diaz and Ayala 2001).

Although neither of these studies clearly proves causality, the fact remains that there is a relationship between family rejection and adverse health outcomes, and between oppression and HIV risk. Diaz and Ayala identify two “intervening or mediating variables” in the pathway between social oppression and the risk of HIV transmission (Diaz and Ayala 2001). The first variable is psychological factors, and the authors state that “we need to understand the psychosocial impact of oppression, that is, the impact of oppression on individuals’ social/interpersonal relations, as well as on their psychological health and well-being” (Diaz and Ayala 2001). The second variable is specific contexts of sexual risk factors, and the authors state that “we need to understand the role of oppression in creating specific contexts of sexual risk: situations in which it is difficult to negotiate safer sex, or contexts that compete with the enactment of safer sex intentions” (Diaz and Ayala 2001). In the case of family rejection, it is

possible that rejection, whether subjective or concrete, also has an impact on “psychological health and well-being,” and plays a role in “creating specific contexts of sexual risk.”

PROJECT OVERVIEW

PROYECTO LA FAMILIA

In light of the data presented by the previous studies and the magnitude of the HIV/AIDS problem in the Latino immigrant MSM population, this project developed a group-level HIV prevention and sexual identity disclosure intervention for Latino immigrant MSM. There were 3 phases to the project. The first phase included the development of an innovative 12-topic intervention curriculum for an intervention targeting Latino MSMS that incorporates cultural constraints and values, addressing the needs surrounding disclosure of sexual identity especially with regard to family members. The second phase consisted of implementing the intervention program with a small group of Latino men and of implementing the evaluation tools to the intervention group and to a small control group. The third phase consisted of conducting an analysis/evaluation of the evaluation tools and process notes from the implementation phase of the project.

In addition to the literature guiding this project, the San Francisco AIDS Foundation's strategic plan of achieving a "radical reduction of new infection in San Francisco" and the National Strategies developed by the SFAF and the Office of National AIDS Policy (ONAP) were essential in the development of this project. Within the strategies identified by ONAP there is one in particular which guided our efforts in this project – to adopt community-level approaches to reduce HIV infection in high-risk communities (Office of National AIDS Policy 2010). To achieve this goal ONAP recommends several actions, two of which were essential aspects of this project: 1) establish pilot programs that utilize community models, and 2) promote a more holistic approach to health. We also conducted an exploratory focus group on sexual identity disclosure with Latino MSM and identified relevant literature on the topics of HIV prevention with Latino MSM, family disclosure, sociocultural factors affecting HIV risk, and empowering education principles. We identified the different topics and concepts that informed the intervention design and content from a combination of the focus group discussion and the literature review.

Thus, Proyecto La Familia is an asset-based approach to confront cultural and social contexts experienced by Latino immigrant MSM. We designed the project, intervention, and evaluation to determine if lack of sexual identity disclosure and the sociocultural contexts experienced by these men contribute to the risk of HIV infection. In addition, the intervention also tried to determine if disclosure, family acceptance, social support, and healthy coping skills could lead to a decrease in sexual health risks among this population. Through this project, we designed a group-level intervention for Latino immigrant MSM living in the San Francisco Bay Area that addresses these issues, and we created an evaluation plan to assess the impact of the intervention on HIV risk behaviors, disclosure, social support, resiliency and self-efficacy.

In addition, we designed the project to bring together other San Francisco organizations working with Latinos and HIV as well as community members to contribute to the planning and implementation of the intervention. The project benefited by the formation of a Community Advisory Board (CAB) composed of gay Latino community members and community leaders working at organizations serving Latinos.

GOAL AND OBJECTIVES

The main goal of the project is to decrease and ultimately prevent HIV exposure (primary and secondary) among Latino immigrant MSM and to increase sexual identity disclosure. The intervention curriculum motivates and empowers participants to confront the social and internal impacts of culture, connectedness, and social discrimination as individuals and more importantly as a group, through exploring the productive side of communication strategies to disclose sexual identity. The aim of this group-level intervention is to motivate participants to motivate oneself and then the community, to create community-level change. As participants acknowledge personal assets as well as assets found within their group/community, self-esteem, community membership, and pride will begin to change their social context of risk. Once participants develop productive communication strategies, they will feel more comfortable to disclose their sexual identity to family members (biological or chosen). By doing so, sexual risks will decrease, thus preventing the risk of HIV transmission. The evaluation of the intervention will address four specific objectives:

Objective I – Decrease HIV risk-taking behavior: 1) condom use will increase, 2) intentions to use condoms will increase, and 3) sexual encounters after use of substances or sexual intercourse to cope with depression and/or loneliness will decrease.

Objective II – Reduce internalized homophobia: 1) self-acceptance will increase, 2) self-esteem will increase, and 3) self-comfort with sexual identity will increase.

Objective III – Increase comfort with disclosure of sexual identity to family and loved ones: 1) comfort level will increase, and 2) intention to disclose will increase.

Objective IV – Increase sense of social support, sense of belonging to a community/group, and sense of connectedness.

METHODS

PROYECTO LA FAMILIA TEAM

All phases of the project were lead by a team of extremely dedicated and highly capable individuals. Jorge Zepeda from the San Francisco AIDS Foundation and Rita Melendez from San Francisco State University lead a multidisciplinary team that was extremely beneficial to the development, implementation and evaluation of the project. The team members brought different experiences and ideas to the development of this project and they challenged the boundaries of traditional HIV prevention interventions. The project recruited a total of four student interns and one volunteer to work on all areas of the program:

- Gabriela Alaniz, MPH – University of California, Davis.
- Nataly Gomez, BA in Health Education – San Francisco State University.
- Joanna Munoz, MA in Political Science – San Francisco State University.
- Michael DeVito – Public Health graduate student at San Jose State University.
- Marcelle Little, MPH – volunteer.

In addition, the project collaborated closely with experts in the area of HIV/AIDS, Rafael Diaz, PhD, Hector Carrillo, DrPh and Dimas Moncada, LCSW, all of whom were instrumental in the development of this project. Mr. Moncada provided insight into designing group-level interventions, group dynamics, group cohesiveness, and effective retention strategies. He also provided information about the Latino MSM community in San Francisco and about barriers to disclosure of sexual identity within this community. Dr. Rafael Diaz and Dr. Hector Carrillo contributed by providing an understanding of the role of social, cultural, and structural factors on HIV risk for Latino immigrant MSM and by providing knowledge on developing interventions to address these factors. Dr. Carrillo provided insight on the distinction between individualistic approaches to HIV prevention, and approaches that incorporate the social, cultural, and structural context of HIV risk. Close collaboration with Professor Rafael Samaniego and his students, in Zacatecas, also proved instrumental in the design of the project. As part of the third phase of the project, Ms. Deepalika Chakravarty, a biostatistician who works with UCSF's Center for AIDS Prevention Studies as well as SFSU's Center for Research on Gender and Sexuality, analyzed the quantitative data.

EXPLORATORY FOCUS GROUP

The project team conducted an exploratory focus group with 12 Latino immigrant MSM who are members of the San Francisco AIDS Foundation's support group, El Grupo Latino. The focus group elicited information from the participants about the concepts of family, disclosure, mental and physical health, and ideas on how best to implement this project with other Latino immigrant MSM. The focus group served to shape essential concepts guiding the project. The focus group participants contributed to the formation of a broader definition of family; thus, we defined family as any set of interpersonal assets in a close relationship, and within an emotional and/or physical context, which contribute to an experience of sense of self, sense of purpose, well-being, support, belonging, membership, and meaningfulness. In addition, the focus group participants also contributed to build a more complex and fluid definition of disclosure and to help the project team understand that there are different levels or types of disclosure. Thus, the project did not have as a success measure disclosure of sexual identity to families, what we strived to do was build upon and increase the project participants' resiliency to disclose their

sexual identity. From the focus group the project team determined that what is important is that project participants have the skills and confidence to disclose their sexual identity if and when they choose to disclose as well as to whom they choose to disclose to. The focus group also provided ideas on the best ways to prepare for disclosure, the best ways to disclose, and ideas on how many sessions to have for the intervention, how often to have the sessions, and for how long.

OVERALL STUDY DESIGN

This intervention study includes an intervention and a control group of participants. The intervention group participants will receive a series of behavioral/educational sessions. The control group will not receive the sessions and interaction with the control group is limited to completion of evaluation tools. The study was in the San Francisco Bay Area. We kept the intervention group to a manageable size so that the facilitators could appropriately deal with sensitive issues that came up during sessions. In addition, it was essential to have a closed intervention group in order to build group cohesiveness and contribute to trust among the group members. Although we allowed new members to the group in the first 3 sessions, the group closed after the third session.

PARTICIPANT SELECTION AND RECRUITMENT

Initially the project wanted to recruit only Mexican immigrant MSM who were HIV negative to the study; we quickly learned this was not feasible for various reasons. Immigrant Mexican MSM is a hard to reach population and we clearly saw that in our attempts to recruit for this project. We attended various support groups offered by our partner organizations in an attempt to recruit participants as well as attended various community events and bars frequented by MSM. The major problem that we encountered was that there are not enough Mexican participants attending the groups or at any of the other recruitment places. Men tended to be from a wide variety of Latin American countries. In addition, many of these men resented that the study was only seeking to recruit Mexican men and they spoke of Latinos as a group or family. Several men asked “*¿por qué quieren separar nuestra familia?*” (Why do you want to separate our family?). As far as recruiting HIV negative individuals into the study, we also encountered problems finding enough HIV negative individuals to participate. Given these realities we faced with this population, the project team decided to include all immigrant Latino MSM regardless of HIV status into the study, who met the following additional eligibility criteria:

- 18 years or older
- Living in the United States for less than 10 years
- Currently living in the San Francisco Bay Area
- Speak Spanish as primary language

We developed several recruitment materials: a brochure, a flyer, and an information card. We distributed these materials to organizations serving the Latino community, handed out at community events and bars, and distributed via email to key contacts.

To enroll in the study, interested Latino MSM provided their name and number to recruitment staff and project staff contacted them to conduct eligibility screening. Selection into the intervention and control groups did not happen by traditional randomization. Those participants we were able to reach during the first call, who were eligible, and who stated they

were available for Saturday sessions, we enrolled into the intervention arm of the study. Those participants not reached during the first call and those unavailable for Saturday sessions formed the control group. More formal randomization was not possible due to the recruitment issues we experienced.

COMMUNITY ADVISORY BOARD

We assembled a Community Advisory Board (CAB) to provide feedback on the curriculum and the evaluation tools. We recruited numerous people with different backgrounds to the CAB. Although we attempted to recruit parents of Latino MSM into the CAB, we were unsuccessful in these efforts. The CAB members were:

- three Latino professionals working in the area of HIV/AIDS service delivery in San Francisco
- three Mexican MSM (including two who are immigrants to the U.S.)
- a sister of a Mexican MSM

The CAB met two times prior to the intervention implementation to review the curriculum and the evaluation tools. The CAB offered feedback on sequencing of the sessions, content, and concepts to incorporate. Based on their feedback, we revised the curriculum sessions and the evaluation tools.

INTERVENTION DESCRIPTION

The intervention and curriculum development team was lead by Jorge Zepeda. Early on in the developmental phase, we decided to design an intervention to empower participants and one that follows Paulo Freire's principle of "popular education." In addition, we decided that the participants were the experts on HIV prevention and that we would not implement a top-down intervention focused solely on individual behavioral factors. To this effect, we designed the intervention to increase participants' critical consciousness and awareness of high-risk behaviors within the context of lack of family disclosure and of HIV prevention strategies. We incorporated the use of "sexual scenes," adapted from Dr. Paiva's work in Brazil, in the sessions to help participants identify HIV risk factors and HIV preventive strategies by deconstruction and reconstructing a scene we presented to them as well as one they create themselves (Paiva 2005). We also used peer stories throughout the sessions in order to highlight the major concepts of each session and to invite self-reflection and critical thinking on the part of the participants. In addition, we also incorporated a story-telling component through which participants tell their own stories related to the topics discussed in each session. For the story-telling component, we recognize that literacy levels and comfort levels with storytelling might differ among participants so we gave participants the option of writing their stories in a journal or recording their stories. Participants were also involved in creating an action plan for disclosure during each of the sessions and in finalizing it during the last session.

We created two manuals for this project; one is a Facilitator Training Manual and the other a Curriculum Manual. We designed the Facilitator Training Manual to serve as a training guide for facilitators on the major concepts guiding the intervention. The Curriculum Manual is an outline of 12 topics for the intervention and includes the concepts, stories, and descriptions of the activities to implement in each session. The manuals underwent various revisions from team

members and consultants, as well as from suggestions and feedback provided by the Community Advisory Board.

The intervention group met once a week for 6 weeks from November 6 through December 11, 2010. The meetings were on Saturdays and were 4 hours long. Facilitators discussed two topics during each weekly meeting in order to cover the 12 topics included in the Curriculum Manual. After these 6 weeks, the intervention group met again on December 16 for a Graduation Ceremony; participants also invited family and friends to attend this ceremony. On December 18, the group came together again for a process debriefing meeting to discuss their experiences, their thoughts on the sessions/topics, the graduation, and the facilitators. A final meeting took place on February 5, 2011 to check-in with participants and to have them complete evaluation questionnaires. The control group members did not attend any of the sessions and their contact with project staff was limited to phone calls reminding them to come in to complete all the required questionnaires, although the project team did decide to invite them to the Graduation Ceremony.

GROUP FACILITATORS

Due to the delicate and sensitive nature of the intervention topics, it was essential for this project to count with experienced group facilitators to lead the sessions. To this effect, we built partnerships with two of the main HIV services organizations serving the Latino community in the San Francisco Bay area. We collaborated with Hermanos de Luna y Sol, and Instituto Familiar de la Raza, in order to provide participants with a wide range of expertise on HIV prevention, disclosure, and oppression. We had one person from each of these organizations participate in the project as facilitators; Vidal Antonio from Hermanos de Luna y Sol and Jose Luis Martinez from Instituto Familiar de la Raza. They joined Jorge Zepeda and Dimas Moncada in conducting the sessions. The expertise brought to the table by these four facilitators was extensive and included crisis management and discussion of highly sensitive topics.

The facilitators met several times to review the training manual and familiarize themselves with the sessions and topics. Based on their meetings and their experience working with the Latino community, they offered valuable insight into the sessions and we incorporated this feedback into the sessions.

We believe by having these partnerships and collaborative efforts, we will be able to sustain this project beyond the initial year. Furthermore, the partnership between all these agencies and the San Francisco AIDS Foundation is important in the fight against HIV/AIDS in the Latino community.

EVALUATION DESIGN AND DATA COLLECTION

The evaluation design and data team was lead by Dr. Rita Melendez. We solidified an evaluation plan and created the instruments we used to assess the effectiveness of this intervention. We had a combination of quantitative and qualitative evaluation tools in order to better assess the effect of the intervention on participants. Intervention participants completed all quantitative and qualitative evaluation tools. The control group only completed the quantitative evaluation tools.

Quantitative Evaluation Tools

We created three self-administered questionnaires for our quantitative analysis: a pre-test questionnaire, a post-test questionnaire, and a follow-up questionnaire. The intervention participants completed the pre-test during Week 1 of the intervention sessions, the post-test during Week 6, and the follow-up questionnaire two months after the end of the intervention sessions (February 5). The control participants completed the questionnaires at approximately the same time as the intervention participants. To account for varying literacy levels within the sample population, facilitators read the questions out-loud to participants and were available to assist those who needed help completing the questionnaires.

We created the questionnaires in part from instruments used in other HIV prevention interventions or research with Latino MSM. One of our primary sources was UC San Francisco's Center for AIDS Prevention Studies (CAPS), which has evaluation tools used in various studies targeting Latino MSM on their website. As previously mentioned, the questionnaires underwent several revisions based on feedback by project staff, consultants, and the CAB.

The 92-item pre-test and the 75-item post-test include relevant demographics and outcome measures (see Appendix I and II). The questionnaires have five main sections: demographics (pre-test only), sexual behavior, oppression and harm, disclosure, and social support/communication. In addition, the post-test questionnaire included an additional 14 questions on perceived impact to assess the participants' perceptions about whether their behavior or attitudes have changed because of participating in the intervention. The follow-up questionnaire is identical to the post-test questionnaire. The outcome evaluation assesses the program's successful achievement of its four objectives:

- Decrease HIV risk-taking behavior
- Reduce internalized homophobia
- Increase comfort with disclosure of sexual identity to family and loved ones
- Increase sense of social support, sense of belonging to a community/group, and sense of connectedness

The section on sexual behavior includes questions regarding condom use, use of drugs and alcohol before sexual intercourse, intent to practice safer sex, and number of sexual partners. The oppression section asks about sexual abuse by partners, oppression from family members, and internalized homophobia. The disclosure section focuses on comfort level with sexual identity, with disclosure, and with actual disclosure. Finally, the section on social support/communication has questions regarding social support networks and sense of belonging. For the perceived impact section, there are questions regarding social support, emotional wellbeing, self-efficacy, resiliency, and readiness to disclose.

Qualitative Evaluation Tools

In addition to the questionnaires, the intervention group also participated in a focus group session during the final meeting. The focus group session centered on the outcome measures of comfort with disclosure, comfort with sexual identity, and decrease risk-taking behavior. Furthermore, we conducted individual interviews (between February and May) with four intervention participants to assess the project's objectives. During the interviews, project staff also asked interviewees about their family life and their life in their countries of origin. Project staff took notes and/or recorded the focus group discussion and the interviews. Thus, the

qualitative evaluation tools intend to assess changes in attitudes or behaviors resulting from participating in the intervention and hope to detect changes not captured by the questionnaires.

Process Data

We collected process data to document program implementation as well as participant satisfaction and feedback. Participant satisfaction and feedback was captured through a process debriefing session held on December 18; we asked participants about their experience going through the program, the sessions they liked/did not like, the changes they would make, and their thoughts on the facilitators.

DATA ANALYSIS

Quantitative Data

All the questionnaires had an identification number containing the participants' initials; this helped to match pre, post, and follow-up questionnaires. In addition, project staff also marked the questionnaires as belonging to either the control or the intervention group. Analysis of the quantitative data involves several steps. The data from the paper questionnaires was first entered into SPSS and then transferred to SAS for analyses. All data were cleaned and the accuracy of the data was verified. Following this, basic frequencies and cross tabulations were generated to obtain a complete picture of the availability of various types of data. The pre and post data were then compared for the control and intervention groups separately. For example, on the question of condom attitudes, did the intervention group exhibit any change between the pre- and post-intervention phases? Similarly, did the control group change in their response to this same question? The final stage of the analysis, which will be conducted in the near future, involves regression analyses of the pre- and post- variables for both groups of participants. Additionally, the next phase of analysis will also include an analysis of the follow-up survey, which due to lack of time has not been examined in this report.

A total of 65% of the participants returned to take the post-test (n=29). Because the total sample size as well as that of the various groups (pre, post, control, and intervention) is small, the p-values reported will be from the Fisher's Exact test which is specially formulated for small samples (almost all statistical tests done were for categorical variables).

Qualitative Data

Keeping in mind the objectives of the study, we analyzed the interview transcriptions and focus group discussion notes to assess changes in attitudes or behaviors. Project staff reviewed transcriptions and notes to identify common themes, common and individual changes, and any additional effects of the intervention.

Process Data

We used the qualitative data to evaluate the program, the sessions, and the facilitators to get an overall understanding of participants' satisfaction with the program. We also looked at sign-in sheets to assess retention in the program.

BINATIONAL COLLABORATION

Rafael Samaniego was actively involved in the development and review of the curriculum, project concepts, and evaluation tools. Dr. Samaniego and his team worked closely with the U.S. team to identify project concepts and objectives. Dr. Samaniego visited San Francisco twice and assisted the U.S. team in developing project concepts, and revising the curriculum and evaluation tools. Jorge Zepeda also traveled to Zacatecas to meet with Dr. Samaniego and his team to discuss the project and ways to improve/revise the curriculum and evaluation tools. Furthermore, there was constant email and phone communication between the PIs.

A collaboration between the Health Sciences Department at the Universidad Autónoma de Zacatecas and the Secretary of Health in Zacatecas also emerged as a result of this project. There were a series of meeting with the person responsible for the statewide program on HIV/AIDS in Zacatecas and with the leadership of the Secretary of Health in Zacatecas to discuss the progress of the project and the possibility of implementing the project with the population in Zacatecas. Out of this collaboration, emerged the idea to have a workshop on migrants and HIV in Guanajuato for Binational Health Week in October 2010. Jorge Zepeda and Gabriela Alaniz also attended the workshop held in Guanajuato and provided a training to participants. The training was on strategies to prevent HIV, sociocultural approaches to HIV prevention, project concepts, evaluation tools, and implementation. Among other training attendees were representatives from NGOs, representatives from CENSIDA centers in various states including Zacatecas and Guanajuato, and students from the Universidad Autónoma de Zacatecas. This workshop reflects a growing interest to share and visualize interdisciplinary approaches to HIV/AIDS.

In addition, Rita Melendez and Jorge Zepeda made a presentation on the project to the Zacatecas Minister of Health during his visit to San Francisco in January 2011.

RESULTS

PROCESS EVALUATION

Recruitment and Session Attendance

In total, we recruited 35 Latino MSM to the intervention group and 14 to the control group. We designed the intervention to allow the intervention group to meet nine times; however, only the first six meetings contained curriculum content. The remaining meetings were a graduation ceremony, a process meeting, and a follow-up meeting. To analyze session attendance and retention we will be looking at the first 6 sessions only – hereafter referred as the “content sessions.” In general, attendance to content sessions was high; each of the 35 intervention participants attended at least one content session, with attendance at individual sessions ranging from 16 to 30 participants. Retention during content sessions was also high with 23 participants (66%) participating in 4 sessions or more and 12 participants (34%) attending 3 sessions or less. Table 1 shows total number of participants per total sessions attended along with percentages.

Table 1. Total participants and percentages per total sessions attended.

Total Sessions Attended	Number of Participants	Percentage of Total
1	5	14%
2	3	9%
3	4	11%
4	9	26%
5	6	17%
6	8	23%
Totals	35	100%

Participant Satisfaction and Feedback

Fifteen intervention participants attended the process debriefing session on December 18. Project staff and group facilitators led participants to a discussion of five questions relevant to satisfaction and evaluation of the program. We asked participants to: 1) identify the most effective topics discussed, 2) identify the least effective topics discussed and topics that should have been included, 3) identify barriers to attending the group, and 4) identify the strengths and weaknesses of the facilitation approach and of the facilitators.

Overall participants were satisfied with the topics covered and with the facilitators and group format. They did express a desire for the sessions to continue beyond the project as well as a desire to incorporate more topics into the sessions. The issue also came up of new members joining the group and of having smaller groups. There is a clear sense that participants wanted more of the program and that they would have appreciated a smaller intimate group to discuss the sensitive topics in the curriculum. Although we closed the program after the 3rd session, this might have been too late for some participants. Changes to the program should definitely keep this in mind as well as keep in mind the need to reduce the group size in order to create a better experience for participants. Below are specific responses to the questions.

Question 1. Participants expressed the importance of all topics discussed but identified homophobia, activism, and alternative family as particularly important and effective. With

respect to homophobia, several participants spoke of the importance of being comfortable with one's sexuality and of self-acceptance before being able to speak about their sexuality with others. When talking about the topic of family participants expressed the importance of the program in helping them form an alternative family with the other group members. One participant said that the group became his family here in the U.S. and that he realized that just because his biological family is not here with him it does not mean he is alone.

Question 2. Participants identified several topics that they would have liked to discuss during the group sessions. The topics identified were HIV co-factors, anger management and conflict resolution, life goals, power dynamics, rights of undocumented immigrants, forgiveness, self-motivation, co-dependency issues, abuse and domestic violence, and trainings for self-improvement. Participants also stated that they would have liked to go more in depth on the topics of health, activism, and healthy relationships.

Question 3. Participants cited waking up early and illness as some of the barriers to coming to group. In addition, some participants stated that they would have liked the group to be more closed and for the hours to be respected. Participants complained that some attendees came at odd hours thereby disrupting the group process or that some came and just "joked around" during serious session themes. A participant also said that he would see new faces at some of the sessions and felt this was a lack of respect for consistent participants; he said it made sharing more difficult if new people came sporadically.

Question 4. Participants were satisfied with the facilitators, they stated how beneficial it was to have various facilitators and felt each facilitator had their own technique and expertise. Overall participants felt that having various facilitators was beneficial to them and to the implementation of the project. Participants offered the following suggestions to help improve facilitation: allow a participant to help facilitate the topic, be stricter about limiting participants' comments (especially when the person goes off tangent), have facilitators reflect/ acknowledge/ validate each person's comments, and create smaller groups to allow for better group dynamics and more intimacy.

CHARACTERISTICS OF SAMPLE

The sample consisted of 30 men who took the pre-test as part of the intervention group and 14 men who took the pre-test as part of the control group. Further, five men participated in the intervention group but did not take the pre-test and we therefore are not reporting on these men. Additionally, some men left some of the questions in the survey blank.

In the overall sample, the mean age was just under 38 years; however, there was a statistically significant difference (p-value: 0.03) between the intervention and control groups with regard to age, with the control group being older (Mean = 43.3 years; SD = 12.1 years) than the intervention group (Mean = 35.5 years, SD = 9.7 years). It is unclear why this difference emerged and may be due to random chance or due to the recruitment of the control group. See below for more details on the age difference between the two groups.

Mean age - full sample

Analysis Variable : Age age in years									
N	Mean	Std Dev	Lower 95% CL for Mean	Upper 95% CL for Mean	Median	Lower Quartile	Upper Quartile	Minimum	Maximum
42	37.90	11.00	34.48	41.33	37.50	29.00	45.00	20.00	65.00

Difference in age between the two groups

Control	N	Mean	Std Dev	Std Err	Minimum	Maximum
no	29	35.4828	9.7197	1.8049	20.0000	58.0000
yes	13	43.3077	12.1407	3.3672	21.0000	65.0000
Diff (1-2)		-7.8249	10.5048	3.5062		

More than half of the men (56%) were born in Mexico (n = 23). The remaining participants were equally split between being born in Central America and South America (15% or n = 6 for each). Forty percent of the men (n = 18) reported that most of their family live in Mexico.

Over a third of the sample (36%) had completed secondary school and another 20% had completed university education. (Note: in the table below and subsequent tables, -999 and -99 are for missing values – participants who did not complete the question).

Education level					
Edu	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
-999	4	9.09	4	9.09	
-99	3	6.82	7	15.91	
no primary school	1	2.27	8	18.18	
primary school	2	4.55	10	22.73	
first part of secondary school	8	18.18	18	40.91	
completed secondary	16	36.36	34	77.27	
completed university	9	20.45	43	97.73	
other	1	2.27	44	100.00	

There was a remarkable history of violence among the participants in the sample. One-quarter (25%, n = 11) had experienced violence at some point in their lives due to disclosing that they are gay. Almost half (47%; n = 21) reported experiencing violence as a child.

Because disclosure was an important aspect of the intervention, participants were asked about their experiences of disclosing their sexual orientation to their families. About one-quarter (23%; n = 10) reported that they fear isolation and rejection if they disclose to their families that

they are gay. Six men (14%) reported that they fear being victims of violence if they disclose to their families that they are gay.

With regard to sexual behavior, participants reported engaging in both receptive and insertive anal sex in the past three months (43% and 50% respectively). In both cases, only a small percentage reported “always using a condom (14% and 16% respectively). A small percentage (9%) reported engaging in vaginal sex and only half of those men (2%; 2 men) reported using condoms “always” for vaginal sex.

OUTCOME MEASURES RESULTS

For the quantitative analysis of the outcome measures, we looked at the pre and post-test surveys. For the intervention group, we have 30 pre-test surveys and 18 post-test surveys. For the control group we have 14 pre-test and 11 post-test surveys. For the qualitative analysis of the outcome measures, we looked at the individual interviews and the focus group discussion notes.

Present for 'post' interview?				
POST	Frequency	Percent	Cumulative Frequency	Cumulative Percent
no	15	34.09	15	34.09
yes	29	65.91	44	100.00

Table of Control by POST			
Control(In control group?)	POST(Present for 'post' interview?)		
	no	yes	Total
no	12 27.27 40.00 80.00	18 40.91 60.00 62.07	30 68.18
yes	3 6.82 21.43 20.00	11 25.00 78.57 37.93	14 31.82
Total	15 34.09	29 65.91	44 100.00

Objective I: HIV Risk-taking Behavior

Several pre and post measures were taken to examine changes in HIV risk-taking behavior. There were few significant findings with regard to behavior changes. This may be due in part to the small numbers of participants and in part also due to the fact that the post-test, taken immediately at the end of the last session, might have been too soon to observe behavior change. Most behavior changes occur significantly after the end of the intervention from between 6 months to one year following post-intervention(Fisher and Fisher 1992; Fisher and Fisher 2000).

Although results were not significant, there were changes in men’s behaviors around safer sex in the expected direction. For example, five men in the intervention group who responded in the pre-test that it was “definitely improbable” that they would use a condom when they initiate sex, later responded during the post-test that it was “definitely probable” that they would use a condom. One man in the intervention group who indicated that he sometimes used drugs before sex in the past 3 months changed his response after the intervention to never (result marginally significant at $p = .07$). Likewise, two men who indicated that they “sometimes” used

alcohol before sex in the past 3 months changed their response to “never” after the intervention (significant at $p = .05$). However, in this last finding, the results are similar for the control group (significant change at $p = .01$) which may indicate that asking men about their sexual behaviors at consistent intervals can be an important component of behavior change.

The intervention also had a positive effect on participants’ reports of their use of sex for emotional reasons. Three men in the intervention group who at the pre-test reported that they “definitely” and “primarily” have sex to feel better, responded “primarily no” or “definitely no” to the same question post-intervention (results significant at $p = .05$); the same analyses for the control group resulted in no significant differences between pre and post. (Note: in the table below the post-test variable is marked as Dep3_2.)

Pre & Post: Alone or sad, had sex to feel better

In control group?=no

Table of Dep3 by Dep3_2							
Dep3(alone or sad had sex to feel better)	Dep3_2						Total
	Frequency	definitely yes	primarily yes	in the middle	primarily no	definitely no	
Percent							
Row Pct							
Col Pct							
-.999	0	0	1	0	0	1	2
	0.00	0.00	5.56	0.00	0.00	5.56	11.11
	0.00	0.00	50.00	0.00	0.00	50.00	
	0.00	0.00	33.33	0.00	0.00	14.29	
definitely yes	0	2	1	0	1	0	4
	0.00	11.11	5.56	0.00	5.56	0.00	22.22
	0.00	50.00	25.00	0.00	25.00	0.00	
	0.00	100.00	33.33	0.00	50.00	0.00	
primarily yes	0	0	1	0	1	1	3
	0.00	0.00	5.56	0.00	5.56	5.56	16.67
	0.00	0.00	33.33	0.00	33.33	33.33	
	0.00	0.00	33.33	0.00	50.00	14.29	
in the middle	1	0	0	1	0	0	2
	5.56	0.00	0.00	5.56	0.00	0.00	11.11
	50.00	0.00	0.00	50.00	0.00	0.00	
	50.00	0.00	0.00	50.00	0.00	0.00	
primarily no	0	0	0	0	0	0	0
	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	
	0.00	0.00	0.00	0.00	0.00	0.00	
definitely no	1	0	0	1	0	5	7
	5.56	0.00	0.00	5.56	0.00	27.78	38.89
	14.29	0.00	0.00	14.29	0.00	71.43	
	50.00	0.00	0.00	50.00	0.00	71.43	
Total	2	2	3	2	2	7	18
	11.11	11.11	16.67	11.11	11.11	38.89	100.00

Frequency Missing = 12

The qualitative data supports the result that participants are moving towards safer-sex practices post-intervention. One participant reported being able to talk to his partner about using protection and about health as a result of the program. Another participant reported that before the program he did not lead a “fast” sexual life but that he had “done it [sex] without a condom.” He reports that before the program he would have “done it [sex] the first night” with a partner. He credits the program with a greater consciousness about his actions and his health. This participant shared that he has been in a relationship with his partner for more than 2 months now and they have not had sexual relationships and that he is talking to his partner about condom use.

Objective II: Internalized Homophobia

Several questions regarding shame and internalized homophobia were asked of participants at both pre and post-tests. Only those most pertinent to this objective were analyzed. There remains a fair amount of analyses yet to be conducted to fully examine this objective.

Most of the participants disagreed at the pre-test with statements such as “Heterosexuals are better than gay men”. Therefore there was no change in the expected direction with regard to not feeling ashamed (i.e. $p = .49$ for this question). Only one man changed his response from “absolutely agree” to “absolutely disagree;” the majority 66% did not change their answer from “absolutely disagree” that heterosexuals are better than gay men.

There was a high degree of variation with regard to responses around feeling ashamed for being gay. Participants were asked for example, if they felt they shamed their family by being gay. Six participants changed their answer from “definitely yes” or “probably yes” at pre-test to “definitely no” or “probably no” at the post-test. The results of this statistical test however were not significant ($p = .51$)

Pre & post: Shame - heterosexual better than gays

In control group? = no

Table of Shmhet by Shmhet_2					
Shmhet(Shame - heterosexual better than gays)	Shmhet_2				
Frequency Percent Row Pct Col Pct	absolutely disagree	disagree	agree	absolutely agree	Total
.999	1 5.56 50.00 6.67	0 0.00 0.00 0.00	1 5.56 50.00 100.00	0 0.00 0.00 0.00	2 11.11 0.00 0.00
absolutely disagree	10 55.56 83.33 66.67	1 5.56 8.33 100.00	0 0.00 0.00 0.00	1 5.56 8.33 100.00	12 66.67 0.00 0.00
disagree	3 16.67 100.00 20.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	3 16.67 0.00 0.00
absolutely agree	1 5.56 100.00 6.67	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 5.56 0.00 0.00
Total	15 83.33	1 5.56	1 5.56	1 5.56	18 100.00

Frequency Missing = 12

Statistics for Table of Shmhet by Shmhet_2

From the qualitative data it is evident that most of the participants were to some degree comfortable with their sexuality, some more than others. One participant reported that before participating in the program, he felt more ashamed and he was not able to talk to anyone about his sexuality and that he was not able to meet with homosexual groups. Since his participation in the program, he reports “things are different.” Another participant reported feeling more sure of himself and his identity through his participation in the program.

Objective III: Disclosure Comfort

With regard to disclosure, several questions asked participants about their comfort and experiences disclosing their sexual identity to their family members. While this was not a requirement of the intervention, men did discuss the drawbacks and benefits of having family know about their sexual orientation. Of the men in the intervention group, 13 said that they were able to reveal their sexual orientation to someone in their family as a result of the program (marginally significant at $p = .07$).

GP-been able to reveal your sexual identity to your family members

Table of Control by Partdis_2							
Control(In control group?)	Partdis_2(GP-been able to reveal your sexual identity to your family members)						
Frequency Percent Row Pct Col Pct	-999	absolutely disagree	disagree	neutral	agree	absolutely agree	Total
no	1	1	0	3	4	9	18
	3.45	3.45	0.00	10.34	13.79	31.03	62.07
	5.56	5.56	0.00	16.67	22.22	50.00	
	100.00	100.00	0.00	75.00	44.44	81.82	
yes	0	0	3	1	5	2	11
	0.00	0.00	10.34	3.45	17.24	6.90	37.93
	0.00	0.00	27.27	9.09	45.45	18.18	
	0.00	0.00	100.00	25.00	55.56	18.18	
Total	1	1	3	4	9	11	29
	3.45	3.45	10.34	13.79	31.03	37.93	100.00
Frequency Missing = 15							

The qualitative data shows that disclosure did happen as a result of the program. One of the participants reported sharing his sexual identity with a girl who was in love with him. He says he told her he was homosexual and for her to look for a man who could correspond to her feelings. This participant also reported informing his aunt and cousins (who he lives with) about his sexual identity. He said that to them (aunt and cousins), he had always identified as a man but that the program helped him tell them that he was gay. This participant also credits the other group participants with being able to make this disclosure as he learned from them and drew courage from them. Another participant reports disclosing to his sisters during the program and he also reports that he started thinking that little by little he should talk to other people, specially his family about his sexual identity. This participant also credits group members as well as the stories facilitators read as ways in which he was able to learn communication techniques for disclosing to family.

Objective IV: Social Support, Belonging, Connectedness

While we expected the intervention to have positive effects with regard to referrals and connections, the preliminary results of the data show no statistically significant differences between pre and post for the intervention group – although all results were in the expected direction of increasing referrals and connections with other gay men.

One of the main themes arising from the qualitative data was the closeness of the intervention group. The participants reported benefiting greatly from other group members' experiences and feeling part of a family through their participation in the group. The interviews and focus group discussions highlight the closeness of the group and the sense of family that was felt during the program. Participants reported feeling supported by other group members and identifying with them and their experiences.

Additional Observations

The results are promising with regard to behavior change and disclosure. Further analysis needs to be done to examine issues of shame and feeling connected to the gay community as well as access to services.

CONCLUSIONS

To our knowledge, no other HIV prevention intervention has focused on disclosure of sexual identity to family as a way to decrease HIV risk. However, there is a program in San Francisco, named *Hermanos de Luna y Sol*, which addresses social and cultural factors of HIV risk (Diaz 1998; Organista, Carrillo et al. 2004). One of the factors *Hermanos de Luna y Sol* addresses is sexual silence and the program seeks to increase participants' critical consciousness about the factors regulating sexual behavior. Their program also provides opportunities for group membership and belonging, and for engaging in social activism. A preliminary evaluation of that program has shown that participants have an increased understanding of sexuality and HIV risk, and greater capability of practicing safer sex. *Proyecto La Familia* also sought to achieve some of these same goals by focusing on family and sexual identity disclosure.

One of the strengths of this HIV prevention intervention is that it contextualizes HIV risk within the social and cultural experiences encountered by Latinos immigrant MSM. Furthermore, the intervention builds upon and strengthens skills and resiliency factors already present in the participants, making participants active agents in the decisions to make safer sex choices. On the other hand, limitations of this intervention include the small sample size used and the way quantitative surveys were administered since literacy levels may have prevented complete completion of surveys. Furthermore, additional research needs to study other ethnic minority groups to determine what cultural and social factors contribute to their HIV risk. Nevertheless, this intervention can serve as a model to follow on how to contextualize the risk of HIV.

This intervention attempted to move beyond traditional educational HIV prevention programs in an effort to decrease the problem of HIV within the Latino immigrant MSM community. As explained in the results section, the evaluation reveals that the program is innovative in a number of ways, especially with regard to some aspects of sexual behaviors as well as attitudes regarding shame surrounding sexual orientation. The findings of this project could help illuminate new areas that can increase effectiveness of HIV prevention programs aimed at Latino MSM. In addition, we believe the intervention sheds light on an approach that may be important in decreasing the incidence of HIV among Latino immigrant MSM.

There are several public health and policy implications arising from this project. The first implication is that HIV prevention needs to incorporate cultural, social, and structural factors (Diaz and Ayala 2001; Poundstone, Strathdee et al. 2004; Carrillo, Fontdevila et al. 2008). This intervention followed the recommendations found in the literature to move beyond individual behavioral approaches; these recommendations should also guide future interventions. This is not to say that HIV prevention interventions should not incorporate education, only that it should not be the sole approach to HIV prevention. The second implication is that HIV prevention interventions need to treat the populations they serve as equal partners who are capable and knowledgeable about protecting themselves against HIV infection (Diaz and Ayala 2001). As Diaz and Ayala say, HIV prevention needs to move beyond a deficit-based approach where the individual is seen as lacking in ability to guard against HIV infection, to a resiliency and strengths-based approach where individuals are looked at as agents of change and experts on preventing HIV infection (Diaz and Ayala 2001).

This intervention provides an excellent starting point to a different approach to HIV prevention with Latino immigrant MSM. However, further interventions targeting the social and cultural context of HIV risk need to be undertaken. Professionals working in this area need to research the concept of sexual identity disclosure, as it is a relevant concept in many cultures. It

is necessary to replicate and implement this type of intervention with other Latino MSM to determine its reliability and effectiveness. In addition, it is necessary to create solid evaluation plans to measure the effectiveness of these types of interventions. Furthermore, research in the area of the social context of HIV risk needs to continue and grow to determine what to do to stop the HIV epidemic among Latino immigrant MSM. Finally, interventions also need to target the families of Latino immigrant MSM so that they understand how sexual silence and rejection affects their sons' risk of HIV.

We need new strategies to fight the HIV epidemic and this intervention might be one of those strategies. Family and social support are essential to the health of Latino immigrant MSM, and interventions need to evaluate the importance of family support in guarding against HIV risk. This project is a step towards decreasing HIV risk and ultimately, towards lowering the incidence of HIV among Latino immigrant MSM.

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Appendix I

Hello Project La Familia participant, thank you for your willingness to complete this questionnaire. This questionnaire will take 30 minutes of your time. Please know that any information you provide to us will be kept confidential. The questions will ask you about different aspects of your life, such as your background, your sexual behavior, your experiences of abuse, and your experiences with disclosure. We hope you do not find these questions too difficult to answer and we would appreciate your effort to answer every question. We ask these questions to better understand the experiences of Latino immigrant men who have sex with men and to be able to design programs that are helpful to you and other Latino immigrant men who have sex with men.

SECTION I. DEMOGRAPHICS

In this section, we would like to ask you some questions about your background. Please indicate the best answer to each session and remember your answers are confidential.

1. How old are you? _____
2. Which country were you born in? _____
3. How many years have you lived in the U.S.? _____
4. What is the highest level of formal education you have completed? (Mark one)
 - Did not complete Elementary School
 - Completed Elementary School (Primaria)
 - Completed Junior High (Secundaria)
 - Completed High School (Preparatoria)
 - Completed College (Universidad)
 - Other (such as GED, vocational school): _____ (please specify)
5. Where do most of your family members live?
 - The San Francisco Bay Area
 - Mexico
 - Central America (specify country): _____
 - Other (list country): _____
6. If most of your family members live in Mexico, what state do they live in? _____

For the following questions, please mark with an X the most appropriate answer.

	Only Spanish	Mostly Spanish	Both equally	Mostly English	Only English
7. What language do you speak with family?	<input type="checkbox"/>				
8. What language do you speak with friends?	<input type="checkbox"/>				
9. What language do you speak with co-workers?	<input type="checkbox"/>				
10. What language do you speak with sexual partners?	<input type="checkbox"/>				

11. Were you raised Catholic?
 - Yes
 - No → What religion were you raised in? _____

12. Do you currently identify as Catholic?

Yes

No → What religion do you identify with? _____

SECTION 2. EXPERIENCES OF OPPRESSION

We would like to ask a few questions on difficult experiences you may have had with family, friends or sexual partners. We ask these questions to better understand what your experiences are and to be able to assist you better. We understand it might be difficult to answer these questions but we really appreciate your willingness to share your experiences.

1. As a child, did you experience teasing (burlas) in the form of name calling as a result of people labeling you homosexual/gay/queer?

Yes

No

Not Sure

Declined to Answer

2. Did you experience physical violence from one or more family members while growing up?

Yes

No

Not Sure

Declined to Answer

3. Have you ever been called names or made to feel ashamed because you have sex with men, you are attracted to men, or you have feelings for men?

Yes

No

Not Sure

Declined to Answer

4. Have you ever experienced being hit, slapped, kicked or physically hurt by a sexual partner?

Yes

No

Not Sure

Declined to Answer

5. Has a sexual partner, male or female, ever forced you to have sex against your will?

Yes

No

Not Sure

Declined to Answer

6. Have you been forced to have sex with someone for financial reasons (to pay rent, eat, or to survive for any reason)?

Yes

No

Not Sure

Declined to Answer

7. Has a sexual partner ever made you feel ashamed, called you names or made you feel bad about yourself?

- Yes
- No
- Not Sure
- Declined to Answer

8. Have you ever experienced violence as a result of telling someone you have sex with men, are attracted to men, or have feelings for men?

- Yes
- No
- Not Sure
- Declined to Answer

8a. Has this happened in the last 3 months?

- Yes
- No

9. Do you fear being hit or physically hurt by your family if they were to know you have sex with men, are attracted to men, or have feelings for men?

- Yes
- No
- Not Sure
- Declined to Answer

10. Do you fear isolation or rejection from your family if they were to know you have sex with men are attracted to men, or have feelings for men?

- Yes
- No
- Not Sure
- Declined to Answer

11. Do you feel that your being attracted to men hurts/or embarrasses your family?

- Definitely Yes
- Probably Yes
- I don't know
- Probably No
- Definitely No

12. Do you have to pretend to be straight in order to be accepted?

- Definitely Yes
- Probably Yes
- More Yes than No
- Probably No
- Definitely No

13. Have you moved away from family because you are attracted to men?

- Definitely Yes
- Probably Yes
- More Yes than No
- Probably No
- Definitely No

14. Have you ever felt forced to have a girlfriend due to family or social pressures?

- Yes
- No
- Not Sure
- Declined to Answer

15. Have you ever felt forced to get married to a woman due to family or social pressures?

- Yes
- No
- Not Sure
- Declined to Answer

For the following questions, marked with an X your level of agreement with each statement.

	Strongly Agree	Agree	Mostly Agree	Disagree	Strongly Disagree
16. I often feel it best to avoid personal or social involvement with other gay/bisexual Men	<input type="checkbox"/>				
17. I have tried to stop being attracted to men in general.	<input type="checkbox"/>				
18. I have tried to become more sexually attracted to women	<input type="checkbox"/>				
19. I feel that being gay/bisexual is a personal shortcoming for me	<input type="checkbox"/>				
20. I feel guilt or shame when I feel sexually attracted to another man	<input type="checkbox"/>				
21. I believe that straight people are better than men who have sex with men	<input type="checkbox"/>				

SECTION 3. SEXUAL BEHAVIOR

Now we would like to ask you some questions about your sexual behavior. Please remember that your answers are confidential and we will not share them with anyone. We are appreciate your willingness to share your answers with me.

1. Do you consider yourself to be a part of the gay community in the U.S.?

- No
- Yes

1a. If you answered yes, how involved are you with the U.S. gay community?

- Very Involved
- Somewhat Involved
- A little Involved

2. Do you consider yourself to be a part of the gay community in your country of origin?

- No
- Yes

2a. If you answered yes, how involved are you with the gay community in your country of origin?

- Very Involved
- Somewhat Involved
- A little Involved

3. What is your relationship status with **MEN**?

- Married
- Committed relationship but not married
- Sexual relationship
- Casual sex without relationship
- Divorced/Separated
- No current relationship

4. What is your relationship status with **WOMEN**?

- Married
- Committed relationship but not married
- Sexual relationship
- Casual sex without relationship
- Divorced/Separated
- Do not have a relationship with a woman

5. At what age did you feel attracted to men? _____

6. At what age did you have your first sexual experience with a man? _____

7. Do you feel attracted to women?

- Yes
- No
- I don't know

8. Do you feel attracted to transgender women?

- Yes
- No
- I don't know

For the following questions, please mark with an X the most appropriate answer.

	Women Only	Women Mostly	Women and Men Equally	Men Mostly	Men Only
9. Who did you have sex with when you lived in your country of origin ?	<input type="checkbox"/>				
10. Who did you have sex with when you first came to the U.S. ?	<input type="checkbox"/>				
11. Who do you have sex with NOW ?	<input type="checkbox"/>				

12. Has a doctor or other health care provider ever told you that you have an STI (sexually transmitted infection)?

- Yes
- No
- I don't know

12a. Which one(s)? Mark all that apply

- Gonorrhea
- Chlamydia
- Syphilis
- Hepatitis B
- Herpes
- Other (specify): _____

13. Have you ever taken an HIV test?

- Yes
- No
- I don't know

13a. When was the last time you took one?

_____ (month/year)

13b. How often do you take the HIV test?

- Once every 3 months
- Once a year
- Other (specify): _____

14. Have you received any prevention vaccines for STIs?

- Yes
- No
- I don't know

14a. Which one(s)? Mark all that apply

- Hepatitis A
- Hepatitis B
- Other (specify): _____

15. In the last 3 months, how many sexual partners have you had? _____

16. In the last 3 months, have you had receptive anal sex (had another person's penis in your anus/butt)?

No

Yes

16a. If you answered yes, how often did you use a condom?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

16b. If you did not always use a condom, with how many people did you not use a condom?

- With only one person
- With more than one person

17. In the last 3 months, have you had insertive anal sex (put your penis in the anus/butt of another person)?

No

Yes

17a. If you answered yes, how often did you use a condom?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

17b. If you did not always use a condom, with how many people did you not use a condom?

- With only one person
- With more than one person

18. In the last 3 months, have you given oral sex (put someone's penis in your mouth)?

No

Yes →

18a. If you answered yes, how often did the other person use a condom?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

18b. If a condom was not always used, how many people did not use a condom?

- Only one person
- More than one person

19. In the last 3 months, have you had vaginal sex (put your penis in the vagina of a woman)?

No

Yes →

19a. If you answered yes, how often did you use a condom?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

19b. If you did not always use a condom, with how many women did you not use a condom?

- With only one woman
- With more than one woman

20. In the last 3 months, how often did you use drugs before sexual intercourse?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

21. In the last 3 months, how often did you use alcohol before sexual intercourse?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

22. In the last 3 months, have you been lonely or depressed and had sex in order to feel good?

- Definitely Yes
- Mostly Yes
- Somewhat
- Mostly No
- Definitely No

For the following questions, please mark with an X the most appropriate answer.

	Definitely Likely	Somewhat Likely	Not sure	Somewhat Unlikely	Definitely Unlikely
23. How likely are you to talk about using a condom with a sexual partner?	<input type="checkbox"/>				
24. How likely are you to use a condom every time you are with someone you have known for a very long time?	<input type="checkbox"/>				
25. How likely are you to use a condom every time you are with someone who says they are not infected with any sexually transmitted diseases?	<input type="checkbox"/>				
26. How likely are you to suggest using a condom when you are not the person initiating sexual activity?	<input type="checkbox"/>				
27. How likely are you to stop the sexual encounter if the other person does not agree to use a condom?	<input type="checkbox"/>				
28. How likely are you to insist on using a condom if your partner threatens to leave?	<input type="checkbox"/>				
29. How likely are you to insist on using a condom if your partner becomes angry?	<input type="checkbox"/>				

30. Are you satisfied with your sex life?

- Definitely Yes
- Mostly Yes
- Somewhat
- Mostly No
- Definitely No

31. Do you consider you have adequate information to engage in safer sex practices with men?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

SECTION 4. DISCLOSURE

Now we will ask you some questions about disclosure and sexual identity. Thank you for your willingness to share your answers with us.

1. Do you identify yourself as:
- Straight/Heterosexual/“Normal”
 - Gay/Homosexual/Queer
 - Bisexual
 - Other (specify) : _____
 - Do not identify with any

For the following questions, please mark with an X the most appropriate answer.

	Homosexual/ Gay/Queer	Heterosexual / Straight/ Normal	Bisexual	Do not Discuss my Sexual Identity
2. How do you identify to family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How do you identify to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How do you identify to your sex partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following questions, please mark with an X the most appropriate answer.

	Very Comfortable	Comfortable	Somewhat Comfortable	Not Comfortable at All	Does Not Apply
5. How comfortable do you feel disclosing to your family you have sex with men or have feelings for men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How comfortable do you feel disclosing to your friends you have sex with men or have feelings for men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How comfortable do you feel disclosing to your female sexual partner you have sex with men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If you identify as gay/bisexual, how comfortable do you feel disclosing your sexual orientation to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If you identify as gay/bisexual, how comfortable do you feel disclosing your sexual orientation to your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following questions, please mark with an X the most appropriate answer.

	Yes	No – but I intend to do so in the next month	No – and I do not intend to do so in the next month
10. In the last 3 months, have you identified as gay/bisexual to at least one member of your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you been able to discuss with a family member that you are having sex with men, are attracted to men, or have feelings for men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you told your mother about being attracted to men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you told your father about being attracted to men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you been able to discuss with a friend that you are having sex with men, are attracted to men, or have feelings for men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you been able to discuss with a health care professional that you are having sex with men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V – COMMUNICATION and SUPPORT

Now we will ask you some questions about the support available to you. Thank you for your willingness to share your answers with us.

1. Can you talk openly about your sexuality to at least one immediate family member?

- Definitely Yes
- Probably Yes
- Somewhat
- Probably Not
- Definitely Not

2. Can you talk openly about your sexuality to at least one friend?

- Definitely Yes
- Probably Yes
- Somewhat
- Probably Not
- Definitely Not

3. Do you feel accepted by your mother?

- Definitely Yes
- Probably Yes
- Somewhat
- Probably Not
- Definitely Not

4. Do you feel accepted by your father?

- Definitely Yes
- Probably Yes
- Somewhat
- Probably Not
- Definitely Not

5. In the last 3 months, how frequently have you felt alone and isolated?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

6. Do you have people you can count on to provide emotional support and resources if you decide to disclose your sexual orientation to your family?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

7. Do you feel part of the Latino community?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

8. Do you feel part of a gay community?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

9. Do you feel part of a Latino gay community?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

10. Do you feel people truly care about you?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

11. Do you see yourself making an important contribution to your community?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

12. In the past three months I have discussed using a condom with my sexual partner(s).

- All the time
- Most of the time
- A few times
- Never

13. In the past three months, I felt comfortable talking about condoms and safer sex with my sexual partner(s).

- Always
- Most of the time
- Sometimes
- Never

YOU ARE DONE!
THANK YOU FOR YOUR ANSWERS!

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Appendix II

Hello, Project La Familia participant, thank you for your willingness to complete this second questionnaire. Please know that any information you provide to us will be kept confidential just as your initial questionnaire was. The questions will ask you about different aspects of your life, such as your sexual behavior, your experiences of abuse, and your experiences with disclosure, and your impression of how participating in this program helped you. We hope you do not find these questions too difficult to answer and we would appreciate your effort to answer every question. We ask these questions to better understand how this program worked and what we need to do to improve it.

SECTION 1. EXPERIENCES OF OPPRESSION

*We would like to ask a few questions on difficult experiences you may have had with family, friends or sexual partners **since this program began**. We ask these questions to better understand what your experiences are and to be able to assist you better. We understand it might be difficult to answer these questions but we really appreciate your willingness to share your experiences.*

1. Since this program began, have you been called names or made to feel ashamed because you have sex with men, you are attracted to men, or you have feelings for men?

- Yes
- No
- Not Sure
- Declined to Answer

2. Since this program began, have you experienced being hit, slapped, kicked or physically hurt by a sexual partner?

- Yes
- No
- Not Sure
- Declined to Answer

3. Since this program began, has a sexual partner, male or female, forced you to have sex against your will?

- Yes
- No
- Not Sure
- Declined to Answer

4. Since this program began, have you been forced to have sex with someone for financial reasons (to pay rent, eat, or to survive for any reason)?

- Yes
- No
- Not Sure
- Declined to Answer

5. Since this program began, has a sexual partner made you feel ashamed, called you names or made you feel bad about yourself?

- Yes
- No
- Not Sure
- Declined to Answer

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6. Since this program began, have you experienced violence as a result of telling someone you have sex with men, are attracted to men, or have feelings for men?

- Yes
- No
- Not Sure
- Declined to Answer

7. Since this program began, have you been hit or physically hurt by your family because they know you have sex with men, are attracted to men, or have feelings for men?

- Yes
- No
- Not Sure
- Declined to Answer

8. Since this program began, did you experience isolation or rejection from your family because they know you have sex with men are attracted to men, or have feelings for men?

- Yes
- No
- Not Sure
- Declined to Answer

9. Since this program began, did you feel that your being attracted to men hurts/or embarrassed your family?

- Definitely Yes
- Probably Yes
- I don't know
- Probably No
- Definitely No

10. Since this program began, did you have to pretend to be straight in order to be accepted?

- Definitely Yes
- Probably Yes
- More Yes than No
- Probably No
- Definitely No

11. Since this program began, did you move away from family because you are attracted to men?

- Definitely Yes
- Probably Yes
- More Yes than No
- Probably No
- Definitely No

12. Since this program began, have you felt forced to have a girlfriend due to family or social pressures?

- Yes
- No
- Not Sure
- Declined to Answer

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13. Since this program began, have you felt forced to get married to a woman due to family or social pressures?

- Yes
- No
- Not Sure
- Declined to Answer

For the following questions, marked with an X your level of agreement with each statement.

	Strongly Agree	Agree	Mostly Agree	Disagree	Strongly Disagree
14. I often feel it best to avoid personal or social involvement with other gay/bisexual Men	<input type="checkbox"/>				
15. I have tried to stop being attracted to men in general.	<input type="checkbox"/>				
16. I have tried to become more sexually attracted to women	<input type="checkbox"/>				
17. I feel that being gay/bisexual is a personal shortcoming for me	<input type="checkbox"/>				
18. I feel guilt or shame when I feel sexually attracted to another man	<input type="checkbox"/>				
19. I believe that straight people are better than men who have sex with men	<input type="checkbox"/>				

SECTION 2. SEXUAL BEHAVIOR

Now we would like to ask you some questions about your sexual behavior ***since this program began***. Please remember that your answers are confidential and we will not share them with anyone. We appreciate your willingness to share your answers with me.

1. Do you consider yourself to be a part of the gay community in the U.S.?

- No
- Yes

If you answered yes, how involved are you with the U.S. gay community?

- Very Involved
- Somewhat Involved
- A little Involved

2. Do you consider yourself to be a part of the gay community in your country of origin?

- No
- Yes

If you answered yes, how involved are you with the gay community in your country of origin?

- Very Involved
- Somewhat Involved
- A little Involved

3. What is your relationship status with **MEN**?

- Married
- Committed relationship but not married
- Sexual relationship
- Casual sex without relationship
- Divorced/Separated
- No current relationship

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4. What is your relationship status with **WOMEN**?
- Married
 - Committed relationship but not married
 - Sexual relationship
 - Casual sex without relationship
 - Divorced/Separated
 - Do not have a relationship with a woman

For the following question, please mark with an X the most appropriate answer.

	Women Only	Women Mostly	Women and Men Equally	Men Mostly	Men Only
5. Who do you have sex with NOW ?	<input type="checkbox"/>				

6. Since this program began, has a doctor or other health care provider told you that you have an STI (sexually transmitted infection)?

- Yes
- No
- I don't know

6a. Which one(s)? Mark all that apply

- Gonorrhea
- Chlamydia
- Syphilis
- Hepatitis B
- Herpes
- Other (specify): _____

7. Since this program began, has a doctor or other health care provider told you that you have HIV?

- Yes
- No
- I don't know

8. Since this program began, how many sexual partners have you had? _____

9. Since this program began, have you had receptive anal sex (had another person's penis in your anus/butt)?

- No

- Yes

12a. If you answered yes, how often did you use a condom?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

12b. If you did not always use a condom, with how many people did you not use a condom?

- With only one person
- With more than one person

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10. Since this program began, have you had insertive anal sex (put your penis in the anus/butt of another person)?

No

Yes →

13a. If you answered yes, how often did you use a condom?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

13b. If you did not always use a condom, with how many people did you not use a condom?

- With only one person
- With more than one person

11. Since this program began, have you given oral sex (put someone's penis in your mouth)?

No

Yes →

14a. If you answered yes, how often did the other person use a condom?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

14b. If a condom was not always used, how many people did not use a condom?

- Only one person
- More than one person

12. Since this program began, have you had vaginal sex (put your penis in the vagina of a woman)?

No

Yes →

15a. If you answered yes, how often did you use a condom?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

15b. If you did not always use a condom, with how many women did you not use a condom?

- With only one woman
- With more than one woman

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13. Since this program began, how often did you use drugs before sexual intercourse?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

14. Since this program began, how often did you use alcohol before sexual intercourse?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

15. Since this program began, have you been lonely or depressed and had sex in order to feel good?

- Definitely Yes
- Mostly Yes
- Somewhat
- Mostly No
- Definitely No

For the following questions, please mark with an X the most appropriate answer.

	Definitely Likely	Somewhat Likely	Not sure	Somewhat Unlikely	Definitely Unlikely
16. How likely are you to talk about using a condom with a sexual partner?	<input type="checkbox"/>				
17. How likely are you to use a condom every time you are with someone you have known for a very long time?	<input type="checkbox"/>				
18. How likely are you to use a condom every time you are with someone who says they are not infected with any sexually transmitted diseases?	<input type="checkbox"/>				
19. How likely are you to suggest using a condom when you are not the person initiating sexual activity?	<input type="checkbox"/>				
20. How likely are you to stop the sexual encounter if the other person does not agree to use a condom?	<input type="checkbox"/>				
21. How likely are you to insist on using a condom if your partner threatens to leave?	<input type="checkbox"/>				
22. How likely are you to insist on using a condom if your partner becomes angry?	<input type="checkbox"/>				

23. Are you satisfied with your sex life?

- Definitely Yes
- Probably Yes
- More Yes than No
- Probably No
- Definitely No

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24. Do you consider you have adequate information to engage in safer sex practices with men?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

SECTION 3. DISCLOSURE

Now we will ask you some questions about disclosure and sexual identity **since this program began**. Thank you for your willingness to share your answers with us.

1. Do you identify yourself as:

- Straight/Heterosexual/"Normal"
- Gay/Homosexual/Queer
- Bisexual
- Other (specify): _____
- Do not identify with any

For the following questions, please mark with an X the most appropriate answer.

	Homosexual/ Gay/Queer	Heterosexual / Straight/ Normal	Bisexual	Do not Discuss my Sexual Identity
2. How do you identify to family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How do you identify to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How do you identify to your sex partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following questions, please mark with an X the most appropriate answer.

	Very Comfortable	Comfortable	Somewhat Comfortable	Not Comfortable at All	Does Not Apply
5. How comfortable do you feel disclosing to your family you have sex with men or have feelings for men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How comfortable do you feel disclosing to your friends you have sex with men or have feelings for men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How comfortable do you feel disclosing to your female sexual partner you have sex with men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If you identify as gay/bisexual, how comfortable do you feel disclosing your sexual orientation to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If you identify as gay/bisexual, how comfortable do you feel disclosing your sexual orientation to your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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For the following questions, please mark with an X the most appropriate answer.

	Yes	No – but I intend to do so in the next month	No – and I do not intend to do so in the next month
10. Since this program began, have you identified as gay/bisexual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you been able to discuss with a family member that you are having sex with men, are attracted to men, or have feelings for men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you told your mother about being attracted to men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you told your father about being attracted to men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you been able to discuss with a friend that you are having sex with men, are attracted to men, or have feelings for men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you been able to discuss with a health care professional that you are having sex with men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4. COMMUNICATION and SUPPORT

Now we will ask you some questions about the support available to you. Thank you for your willingness to share your answers with us.

1. Can you talk openly about your sexuality to at least one immediate family member?

- Definitely Yes
- Probably Yes
- Somewhat
- Probably Not
- Definitely Not

2. Can you talk openly about your sexuality to at least one friend?

- Definitely Yes
- Probably Yes
- Somewhat
- Probably Not
- Definitely Not

3. Do you feel accepted by your mother?

- Definitely Yes
- Probably Yes
- Somewhat
- Probably Not
- Definitely Not

4. Do you feel accepted by your father?

- Definitely Yes
- Probably Yes
- Somewhat
- Probably Not
- Definitely Not

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5. Since this program began, how frequently have you felt alone and isolated?

- Always
- Almost Always
- Sometimes
- Almost Never
- Never

6. Do you have people you can count on to provide emotional support and resources if you decide to disclose your sexual orientation to your family?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

7. Do you feel part of the Latino community?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

8. Do you feel part of a gay community?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

9. Do you feel part of a Latino gay community?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

10. Do you feel people truly care about you?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

11. Do you see yourself making an important contribution to your community?

- Definitely Yes
- Probably Yes
- I don't know
- Probably Not
- Definitely Not

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12. Since this program began I have discussed using a condom with my sexual partner(s).

- All the time
- Most of the time
- A few times
- Never

13. Since this program began, I felt comfortable talking about condoms and safer sex with my sexual partner(s).

- Always
- Most of the time
- Sometimes
- Never

14. Would you like to be able to identify as gay/bisexual in the next month?

- Yes
- No
- I don't know

15. Would you like to be able to bring your male partner to family events in the next month?

- Yes
- No
- I don't know

16. Would you like to be able to bring your male partner to events with friends in the next month?

- Yes
- No
- I don't know

17. Are you satisfied with your personal relationships?

- Definitely Yes
- Probably Yes
- More Yes than No
- Probably No
- Definitely No

SECTION 5. PERCEIVED IMPACT

Now we will ask you some questions about how the impact this program has had in your life.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. <i>By participating in this program, I feel less sad or depressed.</i>	<input type="checkbox"/>				
2. <i>By participating in this program, I have more friends who understand my situation.</i>	<input type="checkbox"/>				
3. <i>By participating in this program, I feel more comfortable with my sexuality.</i>	<input type="checkbox"/>				
4. <i>By participating in this program, I feel more comfortable disclosing my sexual identity to my family.</i>	<input type="checkbox"/>				

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. <i>By participating in this program, I have gained tools and skills to disclose my sexual identity to my family.</i>	<input type="checkbox"/>				
6. <i>By participating in this program, I have been able to disclose my sexual identity to a member(s) of my family.</i>	<input type="checkbox"/>				
7. <i>By participating in this program, I have used protection more often in my sexual relationships.</i>	<input type="checkbox"/>				
8. <i>By participating in this program, I have more knowledge about how to protect myself against HIV in different sexual situations.</i>	<input type="checkbox"/>				
9. <i>By participating in this program, I have been able to find the support and services I need to deal with my problems.</i>	<input type="checkbox"/>				
10. <i>By participating in this program, I have had less problems related to my use of substances (drugs/alcohol/tobacco)</i>	<input type="checkbox"/>				
11. <i>By participating in this program, I feel that my life is more stable.</i>	<input type="checkbox"/>				
<i>By participating in this program, I feel that my life is healthier.</i>	<input type="checkbox"/>				
12. <i>By participating in this program, I feel more satisfied with my personal relationships.</i>	<input type="checkbox"/>				
13. <i>By participating in this program, I have been able to deal better with my problems.</i>	<input type="checkbox"/>				

14. Has anything else changed in your life as a result of your participation in this program? (please explain)

YOU ARE DONE!
THANK YOU FOR YOUR ANSWERS!