

THE GAY COUPLES STUDY

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Greetings

By Colleen Hoff

Greetings and welcome to the Fall 2008 Gay Couples Study Newsletter! This newsletter is coming to you from our new home and offices at the Center for Research on Gender at Sexuality at San Francisco State University.

In this newsletter we attempt to address two issues that have been coming up for some of you and to present more recently published data on gay men and gay couples. Our Project Director, Sean Beougher, tackles your concern about finding our new offices in addition to the common question we hear, "What happens with my data when I'm done with the survey?" He also writes about new data from the *Duo Project*, which

Working with the Data

By Sean Beougher

Many of you have asked us, "What happens to my responses when I am finished with the computerized survey?" This is an excellent question and in this article I am going to talk about the process your responses, or the data, undergo from the point at which you finish the survey to the point at which the data is ready for analysis.

It might come as a surprise to some of you to learn that the data is not immediately ready for analysis after you have completed the survey. First, we must wait until all other couples participating in the study have completed the same survey, or wave, you just completed. For example, if you came in for your fourth appointment, we must wait until everyone has come in for their fourth appointment before that wave is complete. Only when the wave is complete will we have a complete dataset to begin working on.

Next, we must "clean" the data. Data cleaning is the process of detecting incomplete, incorrect, or inaccurate data and completing, correcting, or modifying it. Thankfully, we do not

INSIDE THIS ISSUE

Greetings	1
Working with the Data	1
How Do I Find Your New Offices?	2
Support for HIV Medication Adherence in Gay Male Couples	3
Migrant Mexican Gay and Bisexual Men's HIV Prevention Needs	3
Staff Spotlight	5

looks at HIV-positive gay men in relationships. Research Assistant Walter Gómez discusses data from the *Trayectos* study on immigrant gay Latino men. Finally, we wrap up by highlighting the newest addition to our study team, Research Assistant Carla Garcia.

As always, we appreciate your continued participation and thank you for all of the time and effort you have given us. Happy reading!

need to clean all the data we collect. However, when there are problems, we must identify what caused the problem, examine its effect on the data, and find a systematic way to fix it.

For example, it is fairly common for partners to report slightly different lengths of time when they are asked, independently of one another, how long they have been together. One partner might say 18 months while the other says 22. To make sure that it is recorded consistently, we must resolve these kinds of differences. Sometimes the difference is minor, just a few months. Other times, it is more significant, like a few years. To resolve it, we frequently return to the original information we gathered when the couple was first screened to see how long they said they were together. Back then, each couple was asked during the consent process to agree upon the length of time they reported being together. At that point any differences were resolved, so that is the number we return to.

There may still be other issues to consider. For example, if the couple has been together for over 20 years, a reported

Please see *Working with the Data* on page 4

How Do I Find Your New Offices?

By Sean Beougher

Hopefully, it should come as no surprise to any of you that we have moved. (If it does, please call us at 1-888-688-1777 so we can bring you up to speed!) As of September 1, 2008, we are now part of the Center for Research on Gender and Sexuality at San Francisco State University (SFSU). Our offices are now located at 835 Market Street, 5th Floor, Suite 517.

Unfortunately, a few of you have expressed to us that you have had difficulty finding our offices when you have come in for your follow-up appointments. The purpose of this article is to address the most common sources of confusion and to give you more detailed information about the location of our new offices so that those of you who have yet to visit us will have an easier time finding us.

1. **We are not located in the mall.** We are located in an office tower adjacent to and overlooking the mall. Confusingly, the office tower and the mall share the same name.

2. The easiest way to enter the office tower is through its street entrance at 835 Market Street. **The entrance is to the right of Walgreens.** Look for the purple SFSU banner. (Please see the picture below.)



3. We are located on the **5th Floor, in Suite 517.**

4. **Suite 517 is down a long hallway to the left of the bathrooms.** (TIP: You may want to use the bathroom before you come to our office suite.) You will make a couple of turns, but keep going until you see Suite 517 and the Gay Couples Study sign.

5. If your appointment is in the evening or on a Saturday, you may come directly to our office suite. Just ring the doorbell (it is to the right of the door) when you arrive and we will come get you. **You no longer need to wait for us in the lobby.**

6. **If you get lost, just call us at 1-888-688-1777.** We can tell you how to find us or come get you.

7. The nearest parking garage is directly behind the Westfield Centre, on Mission Street between 4th and 5th. (Please see the map below.)

If you still have questions or concerns about finding our new offices, feel free to give us a call. Our participant hotline (1-888-688-1777) has not changed. Our website (www.GayCouplesStudy.org) is also the same.

We look forward to seeing you at our new offices!



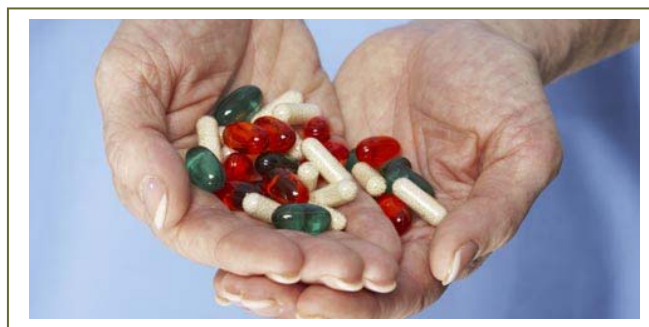
Support for HIV Medication Adherence in Gay Male Couples

By Sean Beougher

Although social support has been found to be helpful when it comes to making healthy life choices, such as stopping smoking or starting exercise, breaking down what social support is and how it works so that public health institutions can use it as a tool to improve people's lives has been challenging because the concept of social support is complex and contextual. That is, social support works in different ways in different situations, which causes it to lead to different outcomes. As a result, the mechanisms of social support are not well understood and are not utilized to their fullest potential.

What is known, however, is that, for example, a partner or spouse provides more practical support than a casual relationship. In other words, the support you get from your partner can have a greater effect on your behavior than a friend or coworker.

The *Duo Project*, a study of gay male couples in San Francisco, California, investigated how gay men in relationships supported their partners with HIV in maintaining their adherence to their HIV medications. The study interviewed 20 gay male couples from December 2006 to March 2007. Interviews took place at the Center for AIDS Prevention Studies and typically lasted 90 minutes.



Partners were interviewed separately. Only couples where one or both partners were HIV-positive were interviewed.

The researchers found three kinds of practical support for adherence to HIV medications that partners offered each other: reminding, instrumental helping, and coaching. The first form of practical support, reminding, was the most common and included everyday scenarios where partners gave regular, routine support in the form of a reminder on a daily basis (for example, Have you taken your medicines today?), situational scenarios when new issues presented themselves (for example, a new medication), and nagging. Importantly, not everyone who participated felt that nagging was negative. As one participant said, "It shows that he

Please see *Support* on page 5

Migrant Mexican Gay and Bisexual Men's HIV Prevention Needs: The Importance of Context

By Walter Gómez

The *Trayectos* study was an ethnographic study that consisted of interviews with 150 gay and bisexual men in San Diego, CA and participant observation in places where immigrant gay men socialize, between April 2003 and July 2005. San Diego served as an ideal location for this study due to its proximity to Mexico. Seventy seven were Mexican-born Latinos, 39 were U.S.-born and/or raised Latinos, and 34 were U.S.-born non-Latino men who had recent sexual or romantic relations with Mexican and U.S.-born Mexican men. For the purposes of this article I focus on some issues concerning the Mexican-born participants.

One of the most important findings from this study is the notion that context matters for HIV prevention. Sexual behaviors are often dependent on the contexts in which they occur, and, for those participants who were immigrants to the U.S. from Mexico, they are also influenced by the social and cultural contexts of their home country. The researchers noted that many of the Mexican-born gay and bisexual men who participated in the *Trayectos* study left their home country not

only for financial reasons, but also to attain a higher degree of sexual freedom. The combination of both these factors makes the experiences and expectations of these men that much more complex.

Although many of these men were already privy to homoerotic activities and behaviors while in Mexico, they feared that public knowledge of their behaviors could result in stigma for them as well as their families. Ranging from family ties to derision forged by social norms and regulations, negative attitudes towards homosexuality often served as the catalyst for these men's migration. This is not to say that all these men faced these hurdles. The study showed that many (mainly those living in large urban settings) enjoyed an open and generally accepted gay lifestyle and had access to a number of gay-oriented resources, such as social venues and community based organizations, such as HIV education sites that provided support, materials, and networking opportunities.

Once these men reached San Diego, they were introduced – both
Please see *The Importance of Context* on page 4

Working with the Data from page 1

difference of a few months, or even a few years, is minor and is relatively easily corrected. If the couple has been together for less than one year, a difference of more than six months is significant and additional research may be necessary to solve the problem.

This is just one example. Data cleaning can be a very complex and time-consuming process. Add on to that the time we must wait for a wave to be completed (approximately 20 months) and you have a reasonable delay from the time of your last appointment to the time that data is ready for analysis.

Despair not, dear reader. Each time a wave is completed (we

The Importance of Context from page 3

implicitly and explicitly- to a new set of culturally-specific contexts and ground rules. On one hand, this sometimes manifested in the form of casual sex in places like sex clubs where new social and sexual dynamics came into play, or even the outdoors, where they lacked condoms and general safety and security. On the other hand, some of these men became part of steady, romantic relationships with men from different cultures, bringing forth the potential for miscommunication and uneven power dynamics. Needless to say, both of these scenarios are conducive to HIV risk.

Overall, some of the salient situational discrepancies that these men faced living in the U.S. were:

- Moving from Mexico, where a more collective-oriented culture tended to focus on groups, to the U.S., where the culture tended to focus more on the individual
- Stepping into a context in which fear and concern towards HIV were not as strong as in their places of origin
- Being introduced to potentially risky sexual situations that were new to them, such as bathhouses and sex clubs

These three issues created new forms of HIV risk, infection, and transmission because they reflected behavioral, structural, and cultural conditions not present in their previous, Mexican settings. Finally, during actual sexual encounters, information regarding HIV and sexual history was commonly not shared among sexual partners. This often occurred as a result of the fact that a number of social and structural inequalities - related to race, class and general social status- were present in these interactions, causing these migrant men to adhere to a more submissive position

recently finished data collection for the third wave in September) we immediately begin preparing the data for analysis. We are not waiting until the last couple has come in for their last appointment to begin this process. Data cleaning, data analysis, and preparing our findings to be published are ongoing processes. (Please see our Spring 2008 newsletter for more information on sharing our results.)

In closing, we understand that many of you are curious about the findings, how they are generated, and when they will be available. Please know that we are committed to sharing them with you. In the meantime, we invite your questions and we are thankful for your continued participation and patience.

when it came to asking about things such as HIV serostatus and using condoms.

The authors suggest that public health efforts should pay attention to the reasons why these men migrate, the social and cultural issues they bring with them, and the new social and sexual contexts that forge their current behaviors as they pertain to HIV risk. Migrant and immigrant men like the ones who participated in this study are often overlooked by public health prevention efforts, putting them at greater risk of infection. Additionally, some of the available prevention strategies are not culturally sensitive, nor do they address the intricacies of being an immigrant or migrating from one culture to another. Though some public health representatives have begun to address these issues, more effort is needed given that Latinos account for nearly 20% of all new HIV cases in the U.S.



Reference:

Carrillo, H., Fontdevila, J., Brown, J., and Gómez, W. (2008). Risk Across Borders: Sexual Contexts and HIV Prevention Challenges among Mexican Gay and Bisexual Immigrant Men. Findings and Recommendations from the Trayectos Study. Monograph.

This document can be downloaded in its entirety in PDF format from: <http://www.caps.ucsf.edu/projects/Trayectos/>

Support from page 3

cares, you know?"

The second form of practical support, instrumental helping, included participants monitoring their partner's medications, setting them out, organizing them, and getting refills. Instrumental helping often went unnoticed by the partner taking the HIV medications. The "invisibility" of this form of practical support might, in part, be what makes it an effective form of support because the partner taking the HIV medications has a sense that he was able to manage it himself.

The third and final form, coaching, involved situational problem-solving and shaping behavior by offering affirmations, such as congratulations. Also, whereas instrumental helping centered on the medication itself, coaching dealt with a particular issue faced by the partner taking the medications. For example, when an individual had difficulty dealing with side-effects or building a routine for taking medications, his partner could personalize and tailor his support to the issue at hand and voice it in a way that the partner would hear.

There were no differences between couples where both partners were HIV-positive or couples where one partner was HIV-positive and the other was HIV-negative.

In conclusion, it is important to understand how practical forms of support, like the ones examined in this study, operate in everyday life because it broadens theoretical understandings of how and why support works and when it is effective, which, in turn, can help those who need support as well as those who are in a position to offer it.

Also, where HIV-positive individuals and HIV medication adherence are concerned, it is critical that the individual prescribed HIV medications takes them regularly and adheres to the regimen over time so that the medications are effective in treating the HIV. The partners and spouses of the HIV-positive gay men interviewed for this study, some of whom were HIV-positive themselves, were often able to offer their partners the practical support they needed to maintain adherence to their HIV medications and to sustain their health.

Reference:

Wruble, J., & Stumbo, S. (In Press). Antiretroviral medication support practices among partners of men who have sex with men: A qualitative study. *AIDS Patient Care & STDs*.

Staff Spotlight: Carla Garcia, Research Assistant

Carla Garcia joined the Gay Couples Study in March 2008 as a Research Assistant. In May 2006, she received her BA in Psychology from San Francisco State University.

While as an undergraduate, Carla had the opportunity to participate in two research fellowship programs. As a research fellow at UCLA, she examined first and second generation adolescents from Chinese and Mexican backgrounds to see how their generational status affected their choice of self-identified ethnic labels.

The following summer she attended the University of Iowa's Summer Research Opportunity Program where she investigated "benefit finding" among bone marrow transplant recipients. Specifically, she examined the role of optimism in

benefit finding and the effects that it may have on psychological and physical functioning.

Later, the study's findings were presented as a poster at the American Psychological Association's Annual Conference in 2005. As a result of her two fellowships, Carla has been published in the *Journal of Counseling Psychology* and *Developmental Psychology*.

Carla's interest in working with HIV and gay men began after her first job in high school, where she worked as an office clerk for a medical practice in the Castro neighborhood of San Francisco whose patient population was predominately gay men who were living with HIV/AIDS.

Eventually, she would like to pursue graduate degree in the field of psychology or nursing.



Study Name

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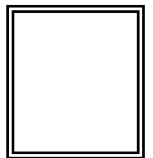
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We're on the Web!

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