Mexican Immigrant Women’s Perceptions of Health Care Access for Stigmatizing Illnesses: A Focus Group Study in Albuquerque, New Mexico

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Abstract: This study examines attitudes of Mexican female immigrants to Albuquerque, New Mexico, regarding barriers to health care access in the United States and Mexico for stigmatizing and non-stigmatizing illnesses and moderating effects of social support. Native Spanish speakers conducted three focus groups (in Spanish) lasting two hours with seven to eight participants. Focus groups were transcribed, translated, and coded. Frequency data were calculated by number of times concepts or themes were raised. Comparisons of barriers to health care access were made between U.S. and Mexican cultures. The majority (86%) of comments on barriers for non-stigmatizing illnesses implicated U.S. culture; the majority (90%) for stigmatizing illnesses implicated Mexican culture. Social support for stigmatizing illnesses was discussed. Participants discussed important issues of health care access for stigmatizing illnesses that may have implications for this population’s health status. Greater attention should be paid to stigma and social support in future empirical studies.

Key words: Health care access, minority, stigma, social support, Hispanic.

Here in the U.S. people have their families, but they don’t share their lives.
Where I live, there are four people.
I don’t know what time they go into work,
I don’t know what time they get off work,
I don’t know if they’ve eaten . . .
I don’t know anything about them . . .
In Mexico, “Oh, comadre, compadre”
or the neighbor comes over or this or that . . .
we’re a big family . . . not here.

—Focus Group Participant

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I can't go back to my village in Mexico because everyone will find out.
But it's because of what they'd say:
In turn, here . . . I don't care, because here nobody knows you.
—Focus Group Participant

So in Mexico many people, at this stage,
still think that if they touch you, you could get infected.
For that reason, in Mexico they keep to themselves,
don't say anything. One can be open here.
—Focus Group Participant

Minority immigrant populations encounter significant obstacles to health services in the United States including inability to pay for care, lack of insurance, lack of bilingual clinicians and translators, and limited clinical facilities in minority communities. Less widely recognized are attitudinal, psychological, or emotional barriers to care among minority immigrant populations, especially in relation to stigmatizing diseases.

Latinos face heightened barriers in gaining access to appropriate health care in this country. More than one-third (35%) of Hispanics in the U.S. are uninsured, compared with 13% of non-Hispanic Whites. Over 25% of Hispanics live in households where all members over the age of 14 have limited English-speaking abilities, which also may interfere with obtaining access to care.

Hispanics are disproportionately affected by stigmatizing illnesses, such as AIDS. For example, in 2002, people of Hispanic ethnicity represented about 14% of the U.S. population, but 20% of all newly reported AIDS cases. In 2003, Hispanic women constituted 11.5% of the U.S. population of women, but 16% of all women diagnosed with AIDS.

Attitudes related to stigma may be potent determinants of health-related behaviors, health status, and health care, but little is known about how these considerations specifically affect Hispanic immigrant women in need of treatment. Hispanic women may not be tested for HIV until late in the course of the disease when their husbands or partners die of AIDS, or their newborns are discovered to be infected with HIV. This is of particular concern as female sex itself is a risk factor for more severe and rapid HIV-related disease; this observation has been attributed to biological aspects of the illness as well as to diminished standard of treatment, delayed initial diagnosis, inadequate social support, socioeconomic status, and limited access to health care among HIV positive women.

Social support and the density of one's social network have been associated with improved health outcomes; however, HIV stigma has been found to affect one's perceived social support negatively and indirectly to increase one's emotional distress. Hispanic immigrant women may come from families with close personal ties and strong social support. Loss of a well-established support network may exacerbate emotional distress.

Despite major public health implications, the topic of obstacles to health care among minority immigrant women in relation to stigmatizing illnesses has received little attention in the published literature. Appropriate methods for examining these issues are very challenging. The attitudes towards stigmatized health conditions begin to fill the void expressed by the patients.

Methods

Question development and selection were developed with the help of group facilitators, and included:
(a) health care professionals
(b) patients with stigmatized illnesses, particularly if they were women

Recruiting participants in Albuquerque

Box 1. FOCUS QUESTIONS

When you think about your culture:
1. Have you ever been discriminated against because of your Mexican
   a. (Yes/No): If yes, how have you felt?
   b. (No): Why do you think you have not been?

2. How has that experience affected your ability:
   a. To take care of your health?
   b. To seek care?
   c. To manage stress?

3. Based on your experience:
   a. Do you think it is acceptable for others to treat you differently

4. Suppose you were infected with HIV:
   a. Is that something you would tell your family?
   b. Is that something you would tell your friends?

5. What other barriers have you encountered in treating your illness you think about?
   a. And what would you like to change?

6. Are there other barriers you think about?
are very challenging because formal quantitative assessments are unlikely to capture the attitudes and experiences of the immigrant population regarding sensitive, stigmatized health care considerations.\textsuperscript{21,41} With this preliminary qualitative study, we seek to begin to fill this gap by examining the role of stigma and attitudes toward care-seeking expressed by Mexican immigrant women.

Methods

**Question development.** Six questions for structuring the discussion of the focus groups were developed, translated into Spanish, and revised iteratively by the authors and focus group facilitators. These questions were designed to gather participant impressions of (a) health care access in the U.S. and Mexico in the context of general and stigmatizing illnesses, particularly HIV/AIDS; and of (b) sources of social support they might seek if they were to become ill (Box 1).

**Recruitment and consent.** Mexican women who had immigrated to the U.S., living in Albuquerque, New Mexico, were invited to participate. Participants were recruited

**Box 1.**

**FOCUS GROUP QUESTIONNAIRE (ENGLISH)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you ever gone in to see a doctor in the U.S.?</td>
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<tr>
<td></td>
<td>a. (YES) What did you think? How did your experiences here compare to Mexico?</td>
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<tr>
<td></td>
<td>b. (NO) Have you had a friend or family member who needed to seek care in the U.S.?</td>
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<tr>
<td></td>
<td>i. (YES) What were his/her experiences (positive/negative)?</td>
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<tr>
<td></td>
<td>ii. (NO) Go to Question #2</td>
</tr>
<tr>
<td>2.</td>
<td>What has prevented/might prevent you from getting care in the U.S., even if you may need it?</td>
</tr>
<tr>
<td>3.</td>
<td>Based on your culture of origin, what illnesses do people keep secret?</td>
</tr>
<tr>
<td>4.</td>
<td>Suppose you had an illness that you didn't want others to find out about, would it be more comfortable to get care in the U.S. or Mexico? Why?</td>
</tr>
<tr>
<td></td>
<td>a. Is there anyone in whom you would confide (usage much more common in Spanish &quot;confiar&quot;) to help you overcome this problem?</td>
</tr>
<tr>
<td></td>
<td>i. (YES) With whom? How would they be helpful?</td>
</tr>
<tr>
<td></td>
<td>ii. How would this person make things more difficult?</td>
</tr>
<tr>
<td>5.</td>
<td>What other things might make it easier for you to get care in the U.S. for an illness you wouldn't want others to know about?</td>
</tr>
<tr>
<td></td>
<td>a. And in Mexico, what things might make it easier to get care in Mexico?</td>
</tr>
<tr>
<td>6.</td>
<td>Are there any other things that you feel are important that we have not discussed?</td>
</tr>
</tbody>
</table>

(Continued on p. 860)
Box 1. (continued)

Focus Group Questionnaire (Spanish)

Cuando usted llegó por primera vez a los E.U. ¿Qué fue lo que más lo sorprendió de
la cultura en E.U.?
1. ¿Alguna vez ha visitado a algún doctor en los E.U.?
   a. (Sí) ¿Qué le pareció? ¿Cuál fue su experiencia aquí en comparación a México?
   b. (No) ¿Tiene algún familiar o amigo que haya necesitado buscar atención
      médica en E.U.?
      i. (Sí) ¿Cuáles fueron sus experiencias (positivas/negativas)?
      ii. (No) Pase a la pregunta #2
2. ¿Qué podría impedirle o le ha impedido buscar atención médica en E.U., aún
   cuando la esté necesitando?
3. Basado en su cultura de origen: ¿Cuáles enfermedades guarda la gente en secreto?
4. Suponiendo que le diera una enfermedad que usted no quisiera que otros se
   enteraran: ¿Sería más adecuado para usted buscar atención médica en E.U. o en
   México? ¿Por qué?
   a. ¿Habrá alguien en quien usted confiaría para ayudarle a sobre llevar su
      problema?
      i. (Sí) ¿Con quién? ¿Cómo le podría ayudar?
      ii. (Sí) ¿Cómo podría esta persona hacer las cosas más difíciles?
5. ¿Qué otras cosas podrían facilitar que usted buscar cura en E.U. para una enfermedad que usted no quisiera que otros conozcan?
   a. ¿Y en México? ¿Qué cosas podrían facilitar buscar servicio médico en México?
6. ¿Hay alguna otra cosa que usted considere importante y no la hayamos
   preguntado?

by word-of-mouth and by fliers posted at a Latino community center and a local
elementary school. All participants gave informed consent in this institutional review
board-approved project. Consent forms were written in Spanish and read and reviewed
aloud by the facilitator before beginning the study. No inquiries were made into the
legal or personal health status of participants.

Procedure. Three focus groups with seven or eight participants each were conducted
in Spanish and facilitated by native Spanish speakers from Mexico or Guatemala. The
focus groups lasted approximately two hours, and were conducted at a local Latino
community center. Childcare services and dinner were provided for participants and
their children. Each participant was compensated $10 for her time.

Tape recordings of the focus groups were transcribed by a native Spanish speaker.
The transcriptions were translated by one of the authors (RH), a fluent Spanish speaker.
The translations were then verified by a native Spanish-speaking lay person and by an
expert consultant.

Analysis

Participants were asked about their feelings towards health care in the U.S. and Mexico
and the degree of importance of the differences in treatment. The analysis of the
data was done inductively. The codes were generated inductively, and the
results were presented in a tabular format.

Results

Participants from the study were 16-17 in age, with an average of 18 years old.
They had resided in the U.S. for an average of 4.5 years. The majority of the
participants were single without children. The majority were born in Mexico,
and had lived in the U.S. for more than 3 years.

Cultural and Linguistic Barriers

Participants of Mexican origin may face a variety of barriers to health care access.
These barriers include language, cultural differences, and lack of cultural
understanding by the health care providers.

Analysis

Participants were asked a series of questions about their cultural and linguistic
barriers to health care access. The analysis of the data was done inductively. The
results were presented in a tabular format.

Cultural and Linguistic Barriers

Participants of Mexican origin may face a variety of barriers to health care access.
These barriers include language, cultural differences, and lack of cultural
understanding by the health care providers.
Analysis. To protect the privacy of participants, speakers were not identified by name; thus, comments were analyzed based on the number of times particular concepts or topics were raised. The same participant may have raised a subject twice at different times during the focus group, and that comment would have been recorded twice in the analysis.

Focus group transcriptions were analyzed independently by a consultant and one of the authors (RH) and coded for emergent themes. Codes were then verified and discrepancies in coding were discussed with a third individual to reach a consensus. The codes were later collapsed into broader themes.

Frequency data were gathered separately regarding sources of social support mentioned by participants, and these sources were categorized as family, social worker, and doctor.

Results

Participants. Twenty-three Hispanic women who had emigrated from Mexico to Albuquerque, New Mexico participated in this voluntary project (men were also invited to participate separately, but only one individual expressed interest). The average age was 39, and their average time in the U.S. was seven years. Most were married (61%) with more than three children. Nine women were home-makers, four worked as workshop administrators (performed administration duties in a workshop), three worked in housecleaning, two were nurses, and one each worked as a teacher, cashier, or in childcare. The education of participants ranged from some primary school to completion of nursing degrees. Only four (17%) women had health insurance (Table 1).

Barriers to general health care. Participants made 139 comments regarding barriers to general health care in the United States (Appendix). Most (63%) addressed broad institutional barriers, such as financial impediments, wait time at health care facilities, limited geographic access, perceived discrimination, and immigration status.

The remaining 37% addressed frustrations due to language and information barriers, such as feeling isolated due to lack of understanding and lack of access to information, feeling uncomfortable about having family members translate, and unease approaching the health care system with limited English-speaking ability.

Cultural barriers to health care for stigmatizing and non-stigmatizing illnesses. Participants discussed cultural barriers in every focus group when asked about health care access for both stigmatizing and non-stigmatizing illnesses. Cultural barriers included the nature and expectation of the doctor-patient relationship in the U.S. compared with Mexico and the cultural attitudes regarding health care in these countries.

A total of 21 comments concerned cultural barriers in obtaining care for general (i.e., non-stigmatizing) health issues in the U.S. and Mexico. Most (86%) comments identified a greater ease in obtaining health care in Mexico compared with the U.S. Participants discussed the formal and less personal nature of the U.S. culture, including the doctor-patient relationship and other culturally-based practices in this country. Only 14% of comments indicated that obtaining health care in the U.S. was easier, from a cultural perspective, than in Mexico. Some participants felt the stoicism in the Mexican culture might impede access to health care (Figure 1).
Table 1.
CHARACTERISTICS OF FOCUS GROUP PARTICIPANTS (N=23)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Mean (SD)</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in years)</td>
<td>39.3</td>
<td>(11.7)</td>
<td>18</td>
<td>70</td>
</tr>
<tr>
<td>Years in the U.S.</td>
<td>7.0</td>
<td>(5.6)</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Age upon arrival to U.S. (in years)</td>
<td>32 (13.0)</td>
<td></td>
<td>11</td>
<td>56</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some primary school education</td>
<td>4</td>
<td></td>
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<tr>
<td>Completion of primary school</td>
<td>5</td>
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<tr>
<td>Some secondary school education</td>
<td>2</td>
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<tr>
<td>Completion of secondary school</td>
<td>4</td>
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<tr>
<td>Some post-secondary school</td>
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<tr>
<td>Professional degree</td>
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<tr>
<td>Health insurance status</td>
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<tr>
<td>With health insurance</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without health insurance</td>
<td>18</td>
<td></td>
<td></td>
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<tr>
<td>Marital status</td>
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</tr>
<tr>
<td>Married/domestic partner</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced/widowed</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children</td>
<td>3.5</td>
<td>(2.3)</td>
<td></td>
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</table>

Note: One participant did not complete a demographic form.

Participants made a total of 38 comments regarding cultural barriers to health care access for stigmatizing illnesses. Stigmatizing illnesses identified by participants included AIDS, sexually transmitted infections, tuberculosis, mental illness, and cancer. Only 10% of comments identified greater difficulty in obtaining health care for stigmatizing illnesses in the U.S. compared with Mexico. In contrast, obtaining health care for stigmatizing illnesses in Mexico appeared to pose greater barriers, reflected by 90% of the total comments in this area. These barriers included difficulties maintaining anonymity in Mexico and misconceptions within the general population regarding stigmatizing illnesses, particularly AIDS. Culturally bound stigmatizing illnesses, such as AIDS, tuberculosis, and cancer, were also seen to cause critical delays in testing and treatment procedures (Figure 1). Many of the focus group participants were undocumented immigrants, thus no identifiers were included during the discussions. Therefore it was not possible to assess differences among individual participants; however, examining each focus group separately revealed the same trends discussed above (data not shown).

Seeking or avoiding social support for stigmatizing illnesses. Participants were asked about sources of support they might seek if they discovered they had a stigmatizing illness (Figure 2). They were also asked if there were situations in which, or
RESULTS (N=23)

<table>
<thead>
<tr>
<th>Description</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td></td>
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<tr>
<td>17</td>
<td></td>
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<tr>
<td>56</td>
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</table>

Figure 1. Barriers to health care based on culture and stigma.

Individuals with whom, they would avoid seeking support. Participants made a total of 40 comments related to sources of social support and the subsequent advantages and disadvantages of social support for stigmatizing illnesses.

Many of the focus group participants felt conflicted about discussing a stigmatizing illness with family members, although sisters were unanimously preferred for this purpose. Respondents also identified social workers as a source of social support, specifically informational support. In contrast, physicians did not seem to present an attractive option for social support.

Discussion

This qualitative study provides a set of intriguing and nuanced impressions offered by 23 Mexican immigrant women regarding the relationships between barriers to health care, stigma, and social support. Our findings echo those of others in characterizing obstacles to optimal care for non-stigmatizing illnesses among minority immigrant populations, but our results also bear on how stigma may be an important determinant of care-seeking and social support-seeking in the context of such obstacles. For instance, our participants preferred to obtain general health care in their home country of Mexico, in some cases choosing to risk the possibility of not being able to return to the U.S. However, although many described their experiences with the U.S. health care system as impersonal and cold, and over 80% lacked health insurance, in the case of seeking care for a stigmatizing illness, participants overall preferred the anonymity...
Figure 2. Preferences to approach or avoid various sources of social support in the context of a stigmatizing illness.

provided by the U.S. health care system. Sisters and social workers were identified as helpful sources of support, while doctors and other family members might be avoided rather than sought out in the case of a stigmatizing illness.

This small project has led to a novel finding with important implications. Immigrant populations with stigmatizing illnesses, who need timely, effective care and support, may seek to overcome large institutional and language barriers to gain access to care, while avoiding what might ordinarily be their most important sources of social support. Social support, in the context of stigma, may become a liability rather than an asset. More sophisticated studies may begin to examine the subtle, distinct types of social support (such as emotional, appraisal, informational, and instrumental)\textsuperscript{52,53} and how each interacts with stigma. Upon being diagnosed with a stigmatizing illness, one may find the once helpful source of emotional support to have become a liability, while sources of informational support may remain helpful.

Informational social support may prove to be the only remaining support outlet after the diagnosis of a stigmatizing illness; although valuable information may be obtained (such as where to go for treatment, whom to see, how to pay, and what insurance will cover) a patient's emotional health will also likely need attention. Greater access to bilingual social workers and psychologists may provide emotional support for newly arrived immigrants with nowhere left to turn. Improved access for these individuals may also result in more prompt testing, treatment, and follow-up for such illnesses.

**Strengths and limitations.** This study shows the perspectives of 23 Mexican women who emigrated from Mexico and were living in Albuquerque, New Mexico. The responses to sensitive topics that were discussed may or may not represent the views of the larger community, or of the respondents themselves. Care in the home environment may not represent the experiences of all 23 participants. The relatively high level of knowledge found in this study may partially explain the social support preferences.

Conducting research with local Hispanic and Mexican-speaking Mexican immigrants in a familiar environment, such as this pilot study presented to Native American Hispanic participants, may yield results that were rare or hard to achieve with participants from non-stigmatized non-stigmatized local communities in the future.

**Conclusion.**

Our focus group participants described illnesses that they believed could benefit from cancer care for stigmatizing illnesses. This type of care is often difficult to acquire for many Mexican women. The support provided away from the stigma of an illness is a critical need for non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigmatized non-stigma...
community. The views of healthy individuals who were told to imagine having to seek care in the U.S. or Mexico for potentially stigmatizing and non-stigmatizing illnesses may not represent the attitudes of individuals who have these illnesses. Additionally, 5 of 23 participants had professional degrees, which may represent a disproportionately high level of education for the average Mexican immigrant woman. However, this study may provide a good estimate of attitudes among individuals in this vulnerable population and merits further study with at-risk or informed individuals.

Conducting the focus groups in Spanish with native Spanish-speaking facilitators at a local Hispanic community health center allowed us to analyze the views of non-English-speaking Mexican immigrants to the U.S. in a minimally threatening and maximally familiar environment. Our focus groups were conducted as a preliminary, qualitative pilot study to elicit information from participants and help focus on salient issues facing Hispanic women who had immigrated to the Southwest. Many of the concerns that were raised by the participants regarding general health care paralleled concerns that have been discussed in the literature. Thus, although the number of focus group participants was small, the opinions regarding health care access for stigmatizing versus non-stigmatizing illnesses may serve as important preliminary data that can be used in the future development of quantitative empirical work requiring larger sample sizes.

Conclusion

Our focus group members described many barriers to health care access for general illnesses. The cultural barriers attached to stigma led to an expressed preference to seek care for stigmatizing illnesses in the U.S. rather than Mexico. Examining health care acquisition for stigmatizing illnesses highlights the importance of the anonymity of care provided away from home. This phenomenon and the interaction between distinct types of social support and stigma require further study. A broader and more empirically-based study will elicit better measures of the sources of support, the various types of support, and the overall effectiveness of such support in the context of stigma.

One of the hopes motivating this study was to amplify the voices of a special, though often invisible, community in the U.S. and to provide data that may assist in the development of a system of health care more attuned to people from widely divergent backgrounds. Such work may help to improve access to needed health care for individuals who belong to potentially vulnerable populations but also may assist in our efforts to prevent and better treat general and stigmatizing illnesses that may greatly affect public health.
Appendix

Barriers to General Health Care as Reported by Hispanic Immigrant Women

Barriers Category n % of Total
Example Quotations (English/Spanish)

Institutional Barriers

Financial n=41 29%

The first thing they do... 'Do you have insurance?' 'No.' 'Do you have Medicare?' 'No.' 'Are you going to pay for it?' 'How much is it going to be?' They don't even know what they're going to do, and they're already charging for it. 'Do you have this amount of money? No! Well, is it yes or no? Well, we can't help you.' And they won't see you if you don't have money, if you don't have insurance, if you don't have Medicare. They won't see you if you don't have money.

Lo primero que hacen, ¿tienes aseguración? Que no, ¿Tienes medicare? No. ¿Vas a pagar los? ¿Cuanto va a ser? Todavía no saben que van a hacer y ya lo están cobrando. ¿Traes tanto dinero? No, pues que si. ¿O No? Pues no podemos atenderte. Y no atienden si no lleva uno dinero, si no hay aseguración, si no hay medicare. No atienden si no lleva uno dinero.

I have my husband who suddenly lost a lot of weight, he's very thin, and well, he hasn't been to the doctor... and he says, "well what for, we don't want a bill, we'll be stuck with the bill after."

Yo tengo mi esposo que de repente ha bajado mucho, esta muy delgado y pues no ha ido al doctor... y dice, "pues, para que, no queremos un bill, y luego después quedamos con el bill."

... because of lacking insurance, right, medical insurance that one doesn't have, sometimes one refrains from going to the doctor.

... por falta de seguro, verdad? de seguro medico que no tiene uno, a veces pues se detiene uno para ir con el medico.

Waiting/Geographic Access n=30 22%

My husband once had very bad back pain... and he didn't want to go because the time that they took me, we were there a long time before they brought me into emergency. When we went with him, we were in the ER two hours, and they didn't take him because they told him it wasn't urgent to treat him for that pain, and he got mad and "we'd better go," and he's never been back to the hospital. What he does is go to Juarez.

Mi esposo, una vez tenia un dolor muy fuerte en la espalda... Y no queria ir por que la vez que a mi me llevaron, estuvimos mucho para que me metieran a emergencia. Y cuando fuimos con el, duro dos horas en emergencia, y no lo metieron porque le dijeron que no era urgente atenderle de ese dolor, y se enojo y "mejor nos salimos," y jamas ha vuelto al hospital. Lo que hace es ir a Juarez.

Perceived Discrimination n=13 9%

All I need to do is go and get White, like Michael Jackson, so that they'll see me because, really, even though I'm not White and already desperate, after a while I said to myself, after

the doctors don't pay attention to me.

Ya no me sienta de veras, aunque los doctores para mi no me atendieron, yo allí sentí que...

Can you imagine me, an American woman, suffering racism here?

Te imaginas a mí, diciendo un día... te imaginas que tú sabes del racismo?

Immigration

Also, the immigration...

Incluso...

Language

... my mother-in-law, and recognizing it is difficult to interpret...

... mi madre, y reconociendo que... es difícil interpretar...

I went because I had no insurance, and having instructions is not easy...

Yo fui porque no tenía seguro, y para interpretar es muy difícil...

Access to Information

Frankly, it's not easy to investigate...

Yo francamente, no es fácil para investigar...

Total n=41
the doctors passed back and forth, and me just there, well, what was going on that they
don’t pay attention to me, and I’m just sitting there?

Ya no mas voy y me blanqueo como Michael Jackson, para que me atiendan, porque, de
veras, aunque no estaba güero y luego ya estaba desesperado, al rato, me dijo, cuando los
doctores pasaban y pasaban, y yo allí, ¿Y pues que esta pasando que a mi no me atienden
yo allí sentada?

Can you imagine your culture, let’s say we who are Hispanic, and along comes, let’s say
an American, “Look, a contagious Mexican.” You feel bad because you also know about the
racism here; people in this country have a lot of those feelings.

Te imaginas que si tu cultura, por decir nosotros que somos hispanos, y viene vamos a
decir algún americano, “mira mexicana contagiada.” Te sientes mal porque como incluso
sabes del racismo aquí, la gente de este país siente bastante.

*Immigration Status*  
*n = 3  2%*

Also, they’ll always ask, ‘Do you have papers?’ that’s the first thing they’ll ask.

Incluso siempre le preguntan: ¿Tienes papeles? Eso es lo primero que le preguntan.

*Language & Informational Barriers*

*Language  
*n = 33  24%*

... my mom really doesn’t speak, I learned a little, but well I had to interpret for her ...
and recognize everything, but now, I don’t know how to say everything in English but ...
it is difficult when you go to the clinic, and there’s nobody there who speaks Spanish.

... mi mama si no habla nada pues yo aprendí poco pero pues tengo para que ir con ella
para interpretarla... y conoce todas las cosas pero ahorita no se como se dicen todas las cosas
en inglés pero ... si es difícil cuando va a una clínica y no hay quien hable español.

I went because I got a really bad migraine, and to begin with when my husband bought
insurance, all of it was in English, and I don’t understand it in English. Nobody gave me
instructions that I’d have to look for a doctor ... nothing, nothing. In other words, up
until now, I am not familiar with what my insurance covers. That’s why we went to the
emergency department.

Yo fue porque a mi me dio una migraña muy fuerte y para empezar cuando mi esposo
compró la aseguranza toda la aseguranza venía en inglés y yo no la entiendo en inglés. A
mi nunca se me dieron instrucciones de que iba a tener que buscar un médico ... nada,
nada. O sea que yo hasta la fecha desconozco todo lo que se refiere a mi aseguranza. Por
eso fuimos al departamento de emergencias.

*Access to Information  
*n = 19  14%* 

Frankly, it’s because of lack of language ability. I understand a lot but I don’t speak enough

Frankly, it’s because of lack of language ability. I understand a lot but I don’t speak enough
to investigate what the insurance covers, how to pay ... I don’t understand any of that.

Yo francamente por una falta del idioma. Entiendo mucho pero no hablo mucho, como
para investigar que cubre la aseguranza, como voy a pagar ... todo eso lo desconozco.

*Total  
*n = 139  100%*
Cultural Barriers to Health Care as Reported by Hispanic Immigrant Women

**Barriers Category  n  % of Total**

Example Quotations (English/Spanish)

**Non-Stigmatizing Illnesses**

Preference for Mexican Health Care System  n=18  86%

... here it's not so much the language because when the person can manage with a doctor, they don't give you an answer about your illness. I've seen that here. It would be easier to go to Mexico to discuss it with a doctor and tell him. I've tried this, that, and the other. I haven't received any information on my illness. Could you tell me something about it? I think that in Mexico, they would help a bit more with detailed information about your illness.

... no es así tanto por el idioma porque cuando la persona se puede dirigir con el doctor no le da una respuesta a su enfermedad, eso lo vi yo aquí. Sería más fácil ir a México y consultar un doctor y decirle he tratado esto, esto, esto y esto... no he tenido ningún comentario de mi enfermedad, ¿tú podrías comentarme? Yo pienso que en México sí te ayudarían un poquito más de información detallada de tu enfermedad.

... in Mexico, one asks, and the doctor explains, look for this that and the other. They take more time and one develops trust in the doctor-patient relationship. Here... they look at you as a number. ... One decides on alternative medicine or definitely to endure the pain in the hopes that one doesn't have an emergency, and... for us immigrants, better that we go to Mexico.

... en México pregunta uno y el medico le explica, mire por esto, esto y esto. Toman más tiempo y uno crea confianza en la relación médico-paciente. Y aquí... lo ven a uno como un número... Decide uno por la medicina alternativa o definitivamente por aguantarse el dolor a no ser que tenga uno una emergencia, y... mejor vamos a México los emigrantes como nosotros.

... every time I went, I got a different doctor with the same problem... it's important that one develops trust with their doctor.

... cada vez que iba me tocaba un medico diferente con el mismo problema... es importante que uno le vaya tomando confianza al medico.

The difference being that in Mexico the doctor brings you into the consult directly with him and the doctor explains in detail what you have, what medicines you need, the care you need to have, and the doctor dedicates his time to each patient. Not here; here the doctor enters, leaves, and in a moment another one returns and enters, 'What's happening, what does your child have now?' 'Oh, well I just told the other doctor.' And that's the way, they're always changing doctors... They change the doctors and nurses a lot, and well... you've got to have trust.

La diferencia que en México el doctor entra usted un consultorio directamente con el y el doctor le explica detalladamente que es lo que tiene, que medicinas necesita, que cuidado necesita tener, y el doctor le dedica su tiempo a cada paciente. Y aquí no; aquí entra un doctor, se sale, y al ratito regresa otro y, entra, "¿Qué pasa, que tiene su niño ahora?" "Oo, pues ya le dije al otro doctor." Y así siempre están cambiando de medico... Que cambian mucho de doctores y de enfermeras, y pues... hay que tener confianza.
Stigmatizing Illnesses

Preference for U.S. Health Care System  n = 34  90%
I can't go back to the ranch because everyone will find out. But it's because of what they'd say. In turn, here ... I don't care, because here nobody ... knows you.

No puedo irme al rancho porque todo el mundo se va a dar cuenta. Pero por lo que dirían en cambio aquí ... no me importaría, porque aquí nadie ... la conoce.

So in Mexico many people, at this stage, still think that if they touch you, you could get infected. For that reason, in Mexico they keep to themselves, don't say anything. One can be open here.

Entonces en México mucha gente todavía a estas alturas piensa que hasta si te toco me contagio. Y entonces por eso uno en México se guarda todo, no dice nada. Abiertamente lo que puede uno estar aquí.

I mean, it shouldn't be like that because now, we've all read many journals, books about that, these illnesses, that it's not easy to get infected, right, knowing how to protect oneself.

Digo, no debería de ser así porque ya horita, ya hemos leído muchas revistas, libros, de eso, de estas enfermedades que no es fácil contagiarse, verdad, sabiendo uno como prevenir.

... in Mexico you don't hear such hard themes like that, that's why there they detach themselves more from those types of very delicate matters because in Mexico people are more reserved. They don't speak.

... en México no se oyen así temas tan fuertes por eso es que uno allí se desenvuelve mas en ese tipo de cosas que son muy delicadas porque en México la gente es más reservada. No hablan.

Sources of Social Support Reported by Hispanic Immigrant Women in the Context of Stigma

Sources of Social Support  n  % of Total
Example Quotations (English/Spanish)

Supportive Relationship

Family  n = 14  67%
For example, I would look for a person who would be discreet, right? Like my sister who would accompany me so I wouldn't have to be alone because one feels more confident with another person, [she] could go with me to look for someone higher that can help me, a social worker ... she could make things more difficult if she insists that I talk with the family.

Por ejemplo yo buscaría una persona que sea discreta, ¿verdad? Como mi hermana que me acompaña para no estar sola. Porque ya con otra persona uno agarra mas confianza, que me acompañe a buscar alguien mas arriba que me pueda ayudar, una trabajadora social ... y ella me podría poner las cosas mas dificiles si se empeña en que yo hable con la familia.

... the family for support, but ... for the actual illness ... professionals that are going to bring a bit more focus to solving the problem.

... la familia para el apoyo pero ... para la enfermedad en si ... profesionales que le van a llevar un poco mas enfocado a la solución del problema.
Social Worker  $n=15$  100%
A social worker will know a lot here . . . about all that, and she can, first she'll orient us more.
Una trabajadora social conoce mucho aquí . . . de todo eso, y ella puede, primero nos orienta más . . .

Non-Supportive Relationship

Doctor  $n=3$  75%
The doctor is only going to send you somewhere else. He's not going to help you there.
El médico no me va a mandar a otro lugar. El no la va a atender allí.

Family  $n=7$  33%
It's because of the culture, I think, because, for example, when one tells their father, dad I've got AIDS, their own family will reject them; so, better that one keeps quiet in order not to feel that rejection.
Es por la cultura yo pienso porque cuando uno le dice por ejemplo a su papa, papá tengo el SIDA, uno hasta lo rechaza su misma familia, por eso uno mejor se calla para no sentir ese rechazo.

Acknowledgments

Alexis Kaminsky, Associate Scientist, Institute for Ethics and Department of Family and Community Medicine, School of Medicine, University of New Mexico; Leah Steimel, Program Director of the Community Health Partnership; Mrs. Edna Alvarado, School teacher at La Mesa Elementary School in Albuquerque, NM; Deacon Juan Barajas, Director of Evangelization, Stewardship and Hispanic Ministry, Archdiocese of Santa Fe; and Eva Trockel, former Spanish instructor at the University of Illinois for their assistance in conducting this research.

This work was supported by the grants from the National Institute of Drug Abuse (1R01DA13139 and 1F30DA14458). Dr. Roberts also gratefully acknowledges support from the National Institute of Mental Health in the form of a Career Development Award (1K02MH 01918) and is funded through the Research for a Healthier Tomorrow–Program Development Fund, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

Notes

23. Cente
Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, AIDS Surveillance 2002;14(1).


