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## Does Machismo Culture Influence Latina/o Attitudes on Mental Health?

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DOES MACHISMO CULTURE INFLUENCE LATINA/O  
ATTITUDES ON MENTAL HEALTH?

A Thesis

by

AMANDA R. MERCADO

Submitted to the Graduate College of  
The University of Texas Rio Grande Valley  
In partial fulfillment of the requirements for the degree of  
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ATTITUDES ON MENTAL HEALTH?

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December 2018



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## ABSTRACT

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Machismo is an avowed cultural anomaly that Latinas and Latinos experience throughout their lifetime. Yet most of the available inquiry on machismo has only focused on how it relates to Latino men. This study will provide a gender inclusive focus on machismo, and will measure negative stereotypes regarding mental health in the Latino community. Mental health in the Latino community is a topic that is not really acknowledged, or discussed. In fact, cultural stigma, according to the American Psychological Association is one of the main barriers to accessing mental health care in the Latino Community. This study will determine the following: if traditional machismo values are still an active tradition within the Latina/o community, if negative stereotypes about mental health has a cultural association, while also exploring if Latina women, in particular, also agree with traditional Machismo values.





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## CHAPTER I

### INTRODUCTION

Machismo is an avowed cultural anomaly that Latinas and Latinos experience throughout their lifetime. It is commonly associated with “alpha male” characteristics like strength and dominance, but interpretations can vary by person. (Fragoso and Kashubeck 2000) The machista attitude is learned at a very young age and is often socially reinforced by parents, extended family, and community. While the role of a machista man can be regarded as a protective element in the household for some, it can also be the source of physical and emotional abuse for others.

Households characterized by machismo provide very different socialization experiences for girls and boys. Latinas are taught from an early age to shadow their mother and take part in the daily household tasks, while males are free to experience the world in its entirety. From boyhood, Latinos are supported by both religious and legal systems that justify and uphold their dominant and regulatory roles over the women, children and related members of his extended family. (Mayo and Resnick 1996) The differential treatment of young Latino men and women is what the researcher refers to as “m’jito syndrome”: m’jito syndrome is when Latina mothers chose to ignore all negative things their sons do because they can do no wrong in their eyes. Young Latinas, on the other hand, find gendered boundaries are reinforced with threats of physical violence; they are warned at a very early age that failure to do household chores will not

only impact their marital prospects, but could also be met with physical punishment or spousal abuse by their prospective husbands.

Not only does Machismo culture negatively affect Latina health through violence, but it may also affect Latino health overall through the suppression of responses to, and treatment-seeking overall for mental health. Machismo reinforces the stigma surrounding mental health by associating mental illnesses with weakness; in the Latino culture if the symptom is not physical then it does not exist. (Kouyoumdijan 2003) Mental health in the Latino community is a topic that is not really acknowledged, or discussed. In fact, cultural stigma according to the American Psychological Association is one of the main barriers to accessing mental health care in the Latino Community. (Lisotto 2017) Previous studies on Machismo have inspected how the cultural phenomenon can negatively affect Latino men's mental health, and how it promotes certain dominating behaviors, but rarely mentions if other members of the family are just as affected or even share the same values.

The researcher speculates that machismo is so ingrained in the Latino culture that evidence will reveal that it is still very much playing an active role in the Latino community as an intergenerational tradition, and that it extends well beyond just the men in the family. The researcher also suspects that machismo promotes a cultural stigma towards mental health and those with mental illnesses. This study will determine the following: if traditional machismo values are still an active tradition within the Latina/o community, if negative stereotypes about mental health has a cultural association, while also exploring if Latina women, in particular, also agree with traditional Machismo values.

## CHAPTER II

### REVIEW OF LITERATURE

#### **Machismo**

To be machismo is to be physically able and emotionally suppressive. Latino men are expected to live up to certain cultural expectations that can often lead to fear of femininity, low self-esteem, stress, anxiety, depression, and psychological distress. (Fragoso and Kashubeck 2000) Courtenay (2000) examined the constructions of masculinity and their influence on men's well-being and determined that when men demonstrate hyper-masculine and dominating behaviors it perpetuates the stigma surrounding femininity and any qualities deemed feminine. There are both positive and negative aspects to machismo. On one hand, men are caring, responsible, decisive, characteristically strong, and the protector of the household. On the other hand men are aggressive, physically strong, emotionally insensitive, and womanizers. (Mayo and Resnick 1996)

Socialization from an early age reinforces Latino men that their masculine ideology is the only acceptable way of life and nothing else should be tolerated. Lu and Wong (2015) for instance, determined that many Latino men go beyond typical standards of hegemonic masculinity and that Latino men self-define masculinity as rejecting gendered expectations and sexually objectifying women. Early socialization to such notions can create a fear of femininity that causes Latino men to be hyper-masculine, enforcing the idea that Latino men are superior to women. Machismo culture places a lot of stress on men to be the sole provider of the household,

which can lead to low self-esteem and anxiety if they are unable to provide for their family. These expectations can cause psychological distress if the men cannot fulfil the duties that are expected of them. Similarly, Christian traditions and Roman Catholic law reinforce machismo and aid in the social institutionalization of both marianismo and machismo, both of which support the notion that men are patriarchs and women are legally assigned guardians for life; condemning women physically inferior and constantly needing instruction by men (Mayo and Resnick 1996). These particular set of rules categorize both women and men very early and can leave them feeling unhappy and unfulfilled. (Gil and Vasquez 1996)

In contrast to research, focusing on only the negative aspects of machismo culture a growing body of literature has developed focusing on positive aspects of machismo, known as contemporary machismo, or caballerismo. Caballerismo refers to a code of masculine chivalry. Some positive characteristics consistent with caballerismo are nurturance, protection of the family and its honor, dignity, wisdom, hard work, responsibility, spirituality, and emotional connectedness (Arciniega, Anderson, Blank, Tracey 2008). Estrada and Arciniega (2015) suggest, “That among Latino men, the endorsement of a tender, prosocial view of manhood, hereinafter referred to as caballerismo, might be associated with enhanced psychosocial functioning.” Caballerismo and contemporary machismo open the doors for further research on the long neglected subject of positive machismo; most of the research available on machismo tends to only focus on the negative side of it. Machismo culture is widely practiced in the Latino community, but it should also be noted that machismo is not the same for everyone; the interpretations can vary cross culturally.



## **Marianismo**

Marianismo is the female byproduct of machismo and caballerismo. It is what is culturally expected of a Latina woman who weds a machista man. Gil and Vasquez (1996) developed the Ten Commandments of Marianismo which are as follows: do not forget a woman's place, do not forsake tradition, do not be single, self-supporting, or of independent mind, do not put your own needs first, do not wish for more in life than being a housewife, do not forget that sex is only for making babies- not for pleasure, do not be unhappy with your man or criticize him for infidelity, gambling, verbal, or physical abuse, alcohol, or drug abuse, do not ask for help, do not discuss personal problems outside the home, and do not change those things which make you unhappy that you can realistically change. These commandments represent the purest, darkest form of marianismo. In marianismo, the woman is expected to perform a number of tasks that include a sacred duty to procreate, being subordinate to men, being subservient, selfless, self-renouncing, and self-sacrificing. Marianismo is the ideology that women are to emulate the Virgin Mary in purity, morality, and obedience to men. (Bennink 2013) This cultural ideology mirrors machismo culture in that women are the ones who birth and care for the children, the women solely have control over the domestic space, is only able to work in the home, and can only obtain a certain amount of education; all of which sustain male dominance over women. The role of a woman in the machista household is significant. Despite the fact that the Latino men make the rules; I hypothesize that Latina women will demonstrate similar agreement with traditional machismo values because the women in the household are the ones who reinforce the rules, I suspect that women agree with traditional machismo values as well.

Marianismo in turn makes women susceptible to aggression, violence, spousal infidelity, and lack of control in her marriage (Bennink 2013). The power that men have over women as

patriarchal heads of household, including the right to use corporal punishment, is unquestioned and extends to children, servants, and other extended family members who live with them.

(Mayo and Resnick 1996) Latina women are susceptible to an array of mental illnesses at the fault of marianismo such as depression, stress, and low self-esteem. Women in traditional Latino households are to provide unending nurturing to others and unconditionally accept the public and private behavior of their spouses (Mayo and Resnick1996). Violence is not always defined as just physical or sexual, psychological violence and emotional abuse can occur as well and is widely neglected by the victim, the attacker, and society simply because it is something that cannot be physically seen (Cabrera 2014). Depression can stem from the constant suppression and need to fulfill the needs of others while ignoring personal well-being. Marianismo women are prone to stress because they live with the constant pressure to be pure, moral, and obedient in all aspects of their lives. Cabrera (2014) examines whether the socialization process of men and women influences the rates of violence against women, she states that machismo is so problematic, but so ingrained in the culture that even social institutions reinforce the ideology which unfortunately does promotes increased violence against women.

## **Latina/os and Mental Health**

Mental health and those who suffer from mental illnesses are two of the most highly stigmatized health concerns in today's society. The expectation to overcome a mental health ailment individually may be a crucial mechanism perpetuating the stigma surrounding mental health overall. The cultural stigma surrounding mental health issues along with the masculine notion of machismo, an individualistic 'pull yourself up by your bootstraps' mentality that prizes being strong and taking care of one's family fuels hesitation in acknowledging and seeking treatment for mental health conditions. (Martinez 2014) Given the evidence, I hypothesize that there is cultural association with the stigma surrounding mental illness in the Latino community and that machismo encourages negative stereotypes regarding mental illnesses because the ailment is not physical.

The body of literature on machismo culture that exists is massive, but the information on how machismo culture affects Latina mental health is surprisingly absent. Most scholarship on machismo culture not only fails to mention spousal mental health, but it also largely neglects women entirely. Nunez, Gonzalez, Talavera, Sanchez, and Roesch (2015) examined Hispanic male and female gender roles of machismo and marianismo and determined that both ideologies were highly associated with negative cognitions and emotions such as depression, anxiety, anger, and cynical hostility.

Latino attitudes towards mental health treatment are positive according to the Mental Health Awareness Website (2017), but there are treatment barriers such as socioeconomic status that hinder their ability to get help. Gomez (2007) examined help seeking attitudes and mental health beliefs among Mexican American men and women and therefore concluded that men were less likely than women to seek care for their mental health. Gomez' (2007) data was significant,

but overall flawed because there was significantly more women than men that participated in his survey. A direct correlation links poverty to post-traumatic stress disorder, depression, and anxiety. Latinos tend to hover around or just above the poverty line and for a machista man that is the sole provider for the family, this can be detrimental to their mental health. (Wahowiak 2015) Money is stressful, especially when the fiscal weight of the entire family is on the shoulders of the family patriarch.

Machismo men are not known for being emotionally expressive, they are more of a ‘pull yourself up by your bootstraps’ type meaning that they will rather suffer in silence than express emotion. (Martinez 2014). Emotional suppression can lead to depression and anxiety, but it can also lead to violent outbursts and domestic violence. The psychological need for an emotional release can create a hostile living environment. The facts on Latinos and domestic violence by Casa Esperanza (2015) states that spousal abuse and domestic violence are common occurrences in the Latino culture with 21% of Latinas reporting to have experienced physical assault and 7.9% reporting to have had experienced intimate partner rape. Domestic violence and spousal abuse are highly underreported, mostly because Latina women are taught to feel that it is better to be with an abusive man than to be alone (Cabrera 2014). The Marianismo ideology reinforces the passivity in Latina women, so if violence does occur it is likely not reported because marriage is a sacred bond that must not be broken, and again this can lead to depression. (The Facts on Latinos and Domestic Violence 2015) Ideologies of honor are supposed to protect women from spousal abuse, but these same ideologies empower men to act violently (Pardo 2012). According to Mayo and Resnick (1996), “the belief that men must be macho may be responsible for crimes of passion by Hispanic men and the continued view of women as physical possessions to which men have legal rights of ownership.” Fragoso and Kashubeck (2000)

investigate machismo, gender role conflict, and mental health in Mexican American men, but fail to be gender inclusive. Gender role conflict in the Latino community has detrimental effects on both Latina women and Latino men. The study concluded that both machismo and gender role conflict predicted high levels of stress and depression, both of which can also affect Latina women.

In another study, Arciniega, Anderson, Blank, and Tracey (2008) aimed to offer a fuller conception of Machismo by surveying 154 men who self-identified as having a Mexican heritage. The methodology is questionable because someone who self identifies as having a Mexican heritage does not necessarily have any exposure to machismo culture. The sample used for this study were only men that ranged from ages 18-74. The goal of this particular study was to develop a fuller conception of machismo, but machismo cannot be fully understood without giving equal attention to the spouses and family of the machista men. Estrada and Arciniega (2015) examined how positive masculinity among Latino men directly and indirectly effects well-being. The sample for this study was not gender inclusive and consisted of 168 men.

Taking a step further, Hurtado and Sinha (2016) argue that there is more to machismo than just male chauvinism and patriarchal privilege by cross-examining Chicana and Latino respondents. Their book, *Beyond Machismo*, like most studies of machismo underrepresented the responses of their Chicana respondents by glossing over their responses, and not providing charts and analysis in the book like the other two studies. Early socialization in a machismo household can affect both men and women on a number of levels because child rearing differs based on gender. The other study used in this book explored how educated young men are constructing new masculinities. Latina women, according to machismo, are subordinate to men, and there is some untouched research possibilities that lie between Latina women and machismo,

for instance, if it affects their feminists views, educational opportunities, sexuality, or familial values.

## CHAPTER III

### THEORETICAL FRAMEWORK

#### **Social Learning Theory**

Social learning theory by Bandura theorizes that people learn new behaviors, values, and attitudes by observing others (Bandura 1977). Machismo is understood as different forms of male dominance over women. Social learning theory can aid in explaining how machismo is learned during childhood. Social learning theory is based on several different inferences about how exactly a child learns, which includes vicariously learning aggression and other behaviours through observation. A child is able to learn aggression along with other characteristics assigned to machismo such as dominance, protectiveness, love, assertiveness, and power. This perspective also states that it is sufficient enough for a child to witness a negative or positive action once to determine whether the child will engage in future similar negative or positive actions. The negative actions being more associated with Machismo like hypermasculinity, power, and aggression, and the positive stemming from Caballerismo like chivalry and nurturance. Social learning theory also explains how machismo is related to gender roles within machismo; such as men being breadwinners and women taking care of the family. Gender roles in the family can reinforce the concept of machismo when gender roles mean that female inequality is present and recognizable enough for the children in the household to imitate these behaviors. Latino boys are a prized possession in a Latino household, they are in charge of the

family lineage which makes them the preferred gender to the patriarch of the household. Meanwhile, Latina girls are taught to be passive while they await the arrival of their future husband.

### **Social Dominance Theory**

Social dominance theory is the theory of intergroup relations that focuses on the maintenance and stability of group-based social hierarchies. Social dominance theory often results in societal injustices that aim to sustain male dominance over women. Even in our modern society, women are relegated to a subordinate status' while men are placed higher in the social hierarchy. Machismo can be explained by social dominance theory, in the sense that men are conditioned in early adolescence to maintain their dominance over all the women in their household. The machista attitude is learned at a very young age and is often socially reinforced by parents, extended family, and community. Men are characteristically described as being assertive, strong, powerful, and dominant which are characteristics that can be found in machismo culture. Machista men thrive on respect, and they expect it from all of their family members in exchange for sustaining and keeping their family safe. Latina women are taught from an early age to shadow their mother and take part in the daily household tasks, while males are free to experience the world in its entirety, even early child rearing practices in the Latino community support social dominance theory



## CHAPTER IV

### METHODOLOGY

#### **Subjects**

Participants were recruited via flyers posted around the University of Texas Rio Grande Valley campus, local coffee shops, local businesses, and social media. The flyer included a scan option, where those interested in taking the survey were able to simply scan a barcode with their handheld smartphone cameras and receive a direct link to the survey. Online flyers included an anonymous link that allowed participants to have easy access to the survey instrument. A total of 89 individuals participated in this study. Of those, 70 were female and 19 were males, and all were of Latin descent. The age range for the participants was wide, with the youngest participant being 18 and the oldest participants being in their late 60s.

## Measures

The traditional machismo and caballerismo scale will assist in the attempt to inspect if machismo and caballerismo values are shared and practiced by both Latina women and Latino men. Previous research on machismo has left room for this research to explore specifically if Latina women agree with traditional machismo and caballersimo values and in what context. The first 20 questions are composed of the the Traditional Machismo and Caballersimo scale developed by Arciniega, Anderson, Blank, and Tracey (2008). The traditional machismo scale was created to construct a measure that better represents the construct of machismo and to understand its relation with psychological functioning. (Arciniega, Anderson, Blank, Tracey 2008) The machismo measure is made up of 20 statements that are designed to assess behavior and cognitive aspects of machismo and caballerismo by using a 7 point likert scale. The scale was designed with 10 questions that would measure the recipients agreement or disagreement with traditional machismo values, and 10 questions that would measure the recipients agreement or disagreement with Caballerismo values. The traditional machismo scale was designed to focus on traditional aspects of machismo like hypermasculinity and power, while the Caballerismo scale was designed to focus more on emotional connectedness, honor, and nurturance. The more you agree with either scale the higher your agreement with traditional machismo and caballerismo values. The survey instrument was selected to help assess the level of agreement the target population shares regarding traditional machismo and caballerismo values.

The second scale used is the Beliefs Toward Mental Illness Scale (BMI). The beliefs toward mental illness scale is composed of 20 statements that are designed to measure negative stereotypical views on mental illness. (Hirai and Clum 2000). The BMI scale has 3 sub-

dimensions that were created to specifically focus on negative stereotypes regarding dangerousness, incurability, and responsibility. The items on the BMI scale are measured on a 6-point likert scale that ranges from ‘completely agree’ to ‘completely disagree’, where the higher scores reflect more negative beliefs ( Hirai and Clum 2000).

The demographic section consists of the 7 questions that compile the independent variables that will explore age, gender, religious preference, attained education, marital status, employment status, and socioeconomic status. The dependent variables are mostly composite variables that were combined and re-coded as dichotomous variables for the linear regression and they consist of traditional machismo, caballerismo, BMI danger, BMI responsibility, and BMI incurability.

### **Procedures**

The Traditional Machismo and Caballerismo Scale, the Beliefs About Mental Illness Scale (BMI), and the demographic questions were administered to all participants. Prior to answering these questions, the willing participants were given an informed consent form that confirmed that they are of Latin decent, over 18, and living in the Rio Grande Valley, verifying eligibility. The consent form detailed the research purpose, procedure, and freedom of withdrawal.

## CHAPTER V

### RESULTS

#### **Factor Analysis**

The dimensionality of the Traditional Machismo and Caballerismo scale was first examined using a factor analysis in SPSS. The original scale hypothesized a two-factor structure, one for traditional machismo and one for caballerismo, the same structures were supported and emerged from this data as well. A standard factor loading cut off of .6 was used as a cutoff criterion for the factor analysis. Of the 20 statements, there were 7 items with structure coefficients greater than .6 that surfaced from the data. Consistent with Arciniega, Anderson, Tovar, and Tracey (2008) the statements that were presented for traditional machismo focused on hypermasculinity and power, while the statements for caballerismo focused on emotional connectedness, nurturance, and honor. The two subcategories that came forth from the factor analysis were already represented in the article that the scale was developed from. The 5 statements representing traditional machismo are: in a family, a father's wish is law [.613], real men never let their guard down [.622], a man should be in control of his own wife [.607], it is important not to be the weakest man in the group [.634], and it would be shameful for a man to cry in front of his children [.637]. For caballerismo: the family is more important than the individual [.630], men should be willing to fight to defend their family [.635]. A composite dichotomous variable for both traditional machismo and caballerismo were then created and re-coded, where 1 is agree and 0 is disagree. Both composite variables, traditional machismo and

caballerismo, were then treated as independent variables for the multivariate linear regression analysis.

A factor analysis was used to explore the dimensionality of the Beliefs About Mental Illness Scale (BMI), as well. In this process, a factor loading level of .6 was used as the cutoff criterion. The original BMI scale was designed with 4 subscales already in mind, and of those 3 emerged from this data as well. Of the 20 statements, 7 had a factor loading that was above a .6. The three subcategories that came forth from the data were dangerousness, sociability that were renamed responsibility, and incurability. The responsibility variable was created because the 2 statements that emerged for sociability both addressed issues of responsibility which then resulted in the subcategory responsibility. The first subcategory, dangerousness was represented by 3 statements: a mentally ill person is more likely to harm others than a normal person [.620], mentally ill people are more likely to be criminals [.604], and I am afraid of people who are suffering from a psychological disorder because they may harm me [.655]. Responsibility was represented by 2 statements: a person with a psychological disorder is less likely to function well as a parent [.633], and mentally ill people are unlikely to be able to live by themselves because they are unable to assume responsibilities [.601]. Incurability was represented by 2 statements: I believe that a psychological disorder can never be completely cured [.612], and a psychological disorder is unlikely to be cured regardless of treatment [.670]. The statements within the subcategory, were combined into dichotomous variables, recoded so 1 represents agree and 0 represents disagree and will then form the composite variables of BMIdanger, BMIresponsibility, and BMIincurability. BMIdanger, BMIresponsibility, and BMIincurability will then be treated as dependent variables for the linear regression analysis.

## Multivariate Linear Regression

Multiple multivariate linear regressions were run to determine if the independent variables and dependent variables have any statistical association. This analysis will reveal if traditional machismo values are still an active tradition within the Latina/o community, if the negative stereotypes about mental health in the Latino community has a cultural association, while also exploring if Latina women, in particular, also agree with traditional Machismo values. The composite variables for traditional machismo and caballerismo were also used as independent variables against the BMI composite variables to determine whether there is any statistical association amongst the two variables. A statistical relationship was determined significant when the p-values were less than or equal to .10. According to Filho, Paranhos, Rocha, Batista, Silva, Santon and Marino (2013), a p-value of .05 is standard and used to determine variables with a 5 or fewer odds out of 100, but the sample size is 87, so a lower p-value of .10 was used to determine significance that would be otherwise overlooked with a standard p-value. A cut off of .10 was used in this sample to be sure to include more marginally significant associations that would have otherwise been overlooked by a standard p-value.

Model A (appendix b) represents the linear regression that was run to see if traditional machismo values have a positive or negative statistical association with any of the independent variables. There was a positive statistical association with traditional machismo and Christianity. There was an overrepresentation of Christianity in this sample so the independent variable was made dichotomous; with Christianity coded as one, and all other religions coded as zero. A one-unit increase in Christianity is associated with a .485 increase in traditional machismo values. With a p-value of  $|.121|$ , the regression analysis suggests that being Christian is associated with a higher score of .485 in the machismo scale.

Model B (appendix b) represents the linear regression that was used to determine if there is any statistical relationship between BMI danger and the independent variables. The traditional machismo composite variable was treated as an independent variable to see if there was any correlation with the recipients who agree with traditional machismo values and those who agree with negative stereotypes regarding mental illness and danger. A one-unit increase in Traditional machismo is associated with a .224 increase in the agreement with negative stereotypes regarding mental illness and danger. The p-value of  $|.013|$ , suggests that being machismo is associated with a higher score of .224 in agreeing with negative stereotypes regarding danger and mental illnesses.

Model C (appendix b) represents the linear regression that was run to determine if there is any statistical relationship between the independent variables and the BMI responsibility composite variable. The traditional machismo composite variable was used as an independent variable to see if there was any correlation with the recipients who agree with traditional machismo values and those who agree with negative stereotypes regarding responsibility and mental illnesses. A one-unit increase in traditional machismo is associated with a .100 increase in negative stereotypes regarding responsibility. The p-value of .090 although, just below the cut of .10, still suggests a marginally significant association between the agreement of traditional machismo values and the agreement of negative stereotypes regarding responsibility and mental illnesses

Model D (appendix b) represents the linear regression that was used to determine the statistical significance of the independent variables when the composite variable of BMI incurability is the dependent variable. BMI incurability is a composite variable that was created to measure if recipients agree or disagree with negative stereotypes regarding mental illnesses

and incurability. The traditional machismo composite variable was used as an independent variable to see if there is any correlation between the agreement of traditional machismo values and the agreement of negative stereotypes regarding incurability. A one-unit increase in traditional machismo is associated with .087 increase in negative stereotypes about incurability and mental illness. The p-value of .231 suggest that being machismo and is associated with a higher score of .231 in agreeing with negative stereotypes regarding incurability and mental illnesses.



## Chapter VI

### DISCUSSION

This data provided evidence that traditional machismo values are very much agreed with by both genders, even when the independent variables of age, marriage, employment, household income, and education are held constant. Notably, the first hypothesis was correct and more than half of the female respondents agreed with traditional machismo values further proving that machismo is in fact appreciated by both genders and the results of which can be found in appendix c, table 3. The positive linear relationship between agreeing with traditional machismo and christianity aligns with the previous research that machismo values are still being promoted in the Christian church. According to Mayo and Resnick (1996) Judeo-Christian traditions are one of the biggest supporters of machismo, and has aided in the social institutionalization of both machismo and marianismo. The data revealed that there was a positive statistical association between aging and agreeing with traditional machismo values, which supports the hypothesis that machismo is intergenerational, and it is still being passed down and practiced.

The stigma surrounding mental health is still very much existent despite worldwide efforts to reverse it, and as the hypothesis revealed has its own cultural stigma in the Latina/o community. The data revealed how prominent machismo culture still is in today's society and how cultural stigma does plays a role in promoting negative stereotypes regarding mental illness. For instance, when BMI danger was used as a dependent variable and traditional machismo was used as a independent variable, a positive statistical relationship appeared, meaning that those

who agree with traditional machismo values also tend to agree with negative stereotypes regarding how dangerous those with mental illnesses can be. To further clarify, when BMI responsibility was used in the linear regression as a dependent variable with traditional machismo as an independent variable, another positive statistical relationship emerged. Those who agree with negative stereotypes regarding how responsible those with mental illnesses can be also tend to agree with traditional machismo values. Notably, when BMI incurability was used in the linear regression as a dependent variable those who agree with traditional machismo showed a strong positive association with those who also agree with negative stereotypes regarding incurability and mental illnesses. The data revealed a distinct pattern between agreeing with negative stereotypes and agreeing with traditional machismo values, further asserting that machismo promotes negative stereotypes regarding mental illnesses and also has an influence on their attitudes towards mental illnesses overall.

Overall, this study was successful in providing a gender inclusive view on how present machismo Culture is in the Rio Grande Valley and hopefully opened the door for gender inclusive research on machismo to be the norm from now on. Due to the overall scarcity of female inclusive inquiry on the topic of machismo, this study was successful in highlighting the need for further exploration into machismo and its existence in society. The cultural stigma associated with negative stereotypes towards mental illness is a barrier that exists in the Latino community and leaves room for further investigation into the exact root of the issue. It should be noted that sociability bias should be taken into consideration with future investigations of machismo, a distinguished yet, conflicting cultural object as such can sway participants to respond dishonestly. Sociability bias was noticeably present within the results of this data, especially within the statements that represented traditional machismo. The main purpose of this

study was successful in showing that machismo and cultural stigma towards mental illnesses are associated, but it also revealed the need to investigate both issues more closely.

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## Appendix A

## APPENDIX A

### Questionnaire

**Here are some statements that reflect opinions on a wide range of topics. I understand that in different situations different responses may be appropriate, but please respond to each statement to the best of your ability. Please tell me for each statement whether you STRONGLY DISAGREE, DISAGREE, DISAGREE SOMEWHAT, UNCERTAIN, AGREE SOMEWHAT, AGREE, or STRONGLY AGREE.**

**(Bubble only one response per question.)**

1. Men are superior to women

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused



2. Men want their children to have better lives than themselves

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

3. In a family a father's wish is law.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

**Please tell me for each statement whether you STRONGLY DISAGREE, DISAGREE, DISAGREE SOMEWHAT, UNCERTAIN, AGREE SOMEWHAT, AGREE, or STRONGLY AGREE.**

4. A real man does not brag about sex.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

5. Men should respect their elders.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

6. The birth of a male child is more important than a female child.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

7. Men hold their mothers in high regard.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

**Please tell me for each statement whether you STRONGLY DISAGREE, DISAGREE, DISAGREE SOMEWHAT, UNCERTAIN, AGREE SOMEWHAT, AGREE, or STRONGLY AGREE.**

8. It is important not to be the weakest man in the group.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

9. Real men never let down their guard.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused
-

10. The family is more important than the individual.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

11. It would be shameful for a man to cry in front of his children.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

**Please tell me for each statement whether you STRONGLY DISAGREE, DISAGREE, DISAGREE SOMEWHAT, UNCERTAIN, AGREE SOMEWHAT, AGREE, or STRONGLY AGREE.**

12. Men should be willing to fight to defend their family.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

13. A man should be in control of his wife.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

14. It is necessary to fight when challenged.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

15. Men must exhibit fairness in all situations.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

**Please tell me for each statement whether you STRONGLY DISAGREE, DISAGREE, DISAGREE SOMEWHAT, UNCERTAIN, AGREE SOMEWHAT, AGREE, or STRONGLY AGREE.**

16. It is important for women to be beautiful.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

17. A woman is expected to be loyal to her husband.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused



18. The bills (electric, phone, etc) should be in the man's name.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

19. Men must display good manners in public

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

**Please tell me for each statement whether you STRONGLY DISAGREE, DISAGREE, DISAGREE SOMEWHAT, UNCERTAIN, AGREE SOMEWHAT, AGREE, or STRONGLY AGREE.**

20. Men should be affectionate with their children.

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

21. Do you think that people should go to the doctor for their mental health?

22. What do you think about people taking medication for their mental health?

23. Do you think that insurance should cover issues pertaining to mental health?

24. Do you think people should be able to miss work because of mental health issues?

25. Do you believe that mental health days hold the same standard as sick days? Why or why not?

26. Do people in your family go to the doctor for their mental health?

27. Would you go to the doctor for your mental health?

**Please tell me for each statement whether you STRONGLY DISAGREE, DISAGREE, DISAGREE SOMEWHAT, UNCERTAIN, AGREE SOMEWHAT, AGREE, or STRONGLY AGREE.**

**(Bubble only one response per question.)**

27. A mentally ill person is more likely to harm others than a normal person

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

28. Mental disorders would require a much longer period of time to be cured than would other general diseases

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

29. It may be a good idea to stay away from people who have a psychological disorder because their behavior is dangerous

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

30. The term 'psychological disorder' makes me feel embarrassed

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

31. A person with psychological disorder should have a job with only minor responsibilities

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

32. Mentally ill people are more likely to be criminals

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

33. Psychological disorder is recurrent

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

34. I am afraid of what my boss, friends, and others would think if I were diagnosed as having a psychological disorder

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused



35. Individuals diagnosed as mentally ill suffer from its symptoms throughout their life

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

36. People who have once received psychological treatment are likely to need further treatment in the future

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

37. It might be difficult for mentally ill people to follow social rules such as being punctual or keeping promises

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

38. I would be embarrassed if people knew that I dated a person who once received psychological treatment

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused
-

39. I am afraid of people who are suffering from psychological disorder because they may harm me

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

40. A person with a psychological disorder is less likely to function well as a parent

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

41. I would be embarrassed if a person in my family became mentally ill

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

42. I believe that psychological disorder can never be completely cured

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

43. Mentally ill people are unlikely to be able to live by themselves because they are unable to assume responsibilities

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

44. Most people would not knowingly be friends with a mentally ill person

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

45. The behavior of people who have psychological disorders is unpredictable

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

46. Psychological disorder is unlikely to be cured regardless of treatment

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

47. I would not trust the work of a mentally ill person assigned to my work team

- Strongly Disagree
- Disagree
- Disagree Somewhat
- Uncertain
- Agree Somewhat
- Agree
- Strongly Agree
- Do not know
- Refused

**These next set of questions are about your personal experiences.**

48. In your own words, please define machismo.

49. In your opinion do you think there are positive attributes to machismo?

50. In your opinion, do you think there are negative attributes to machismo?



51. From your perspective, how did machismo affect your family structure? Were there things you were not allowed or expected to do because you were a girl/boy? Please explain.

52. Do you think machismo can be passed down from one generation to the next?

- Yes
- No

53. How has machismo affected you throughout your life? Recently, have you witnessed or experienced machismo in your community? If so, please provide examples.

54. Please state your age. \_\_\_\_\_

55. What is your gender?

- Male
- Female
- Other \_\_\_\_\_

56. What is your religious preference?

- Protestant
- Catholic
- Jewish
- None
- Other
- Buddhism
- Hinduism
- Other Eastern
- Moslem/Islam
- Orthodox-Christian
- Christian
- Native American
- Inter-Nondenominational
- No Answer

57. What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

- No schooling completed
- Nursery school to 8<sup>th</sup> grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

58. What is your marital status?

- Single (never married)
- Married
- Separated
- Widowed
- Divorced

59. Are you currently

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Retired
- Unable to work

60. What is your total household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

## Appendix B

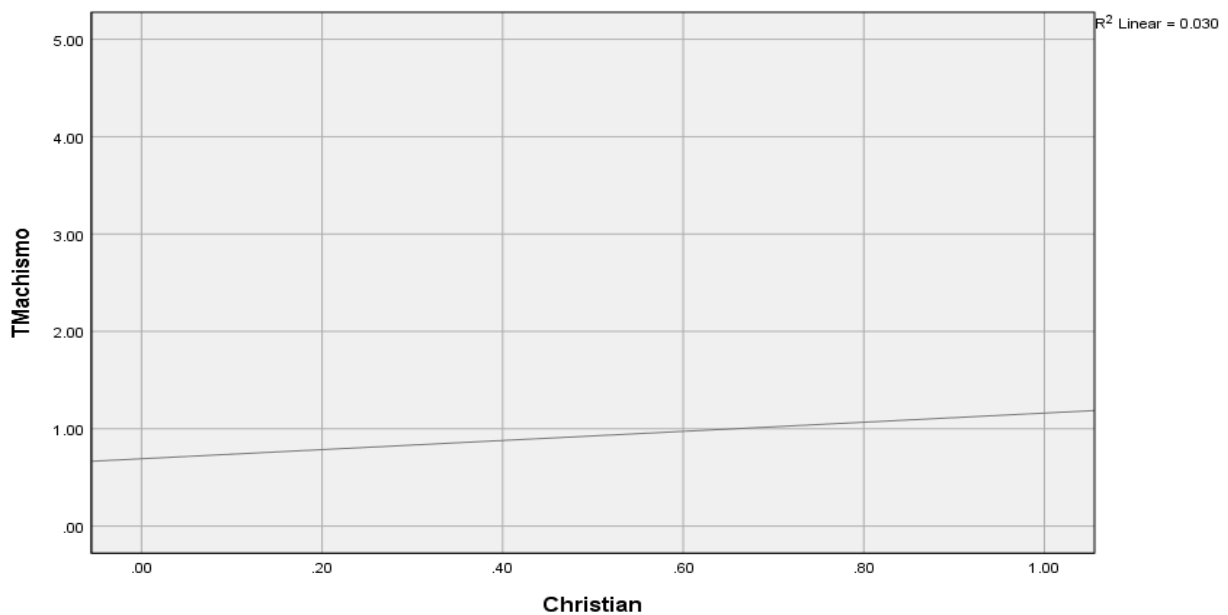
## APPENDIX B

### Multivariate Linear Regression Models

#### Model A

Model		Unstandardized Coefficients		St. Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.508	.931		-.545	.587
	Christian*	.485	.310	.176	1.566	.121
	Age	.039	.022	.260	1.804	.075
	Gender	-.450	.322	-.149	-1.397	.166
	MaritalStatus	.315	.388	.122	.813	.419
	Hh Income	.049	.051	.122	.950	.345
	Employed	.021	.329	.008	.064	.949
	Education	-.003	.059	-.006	-.049	.961

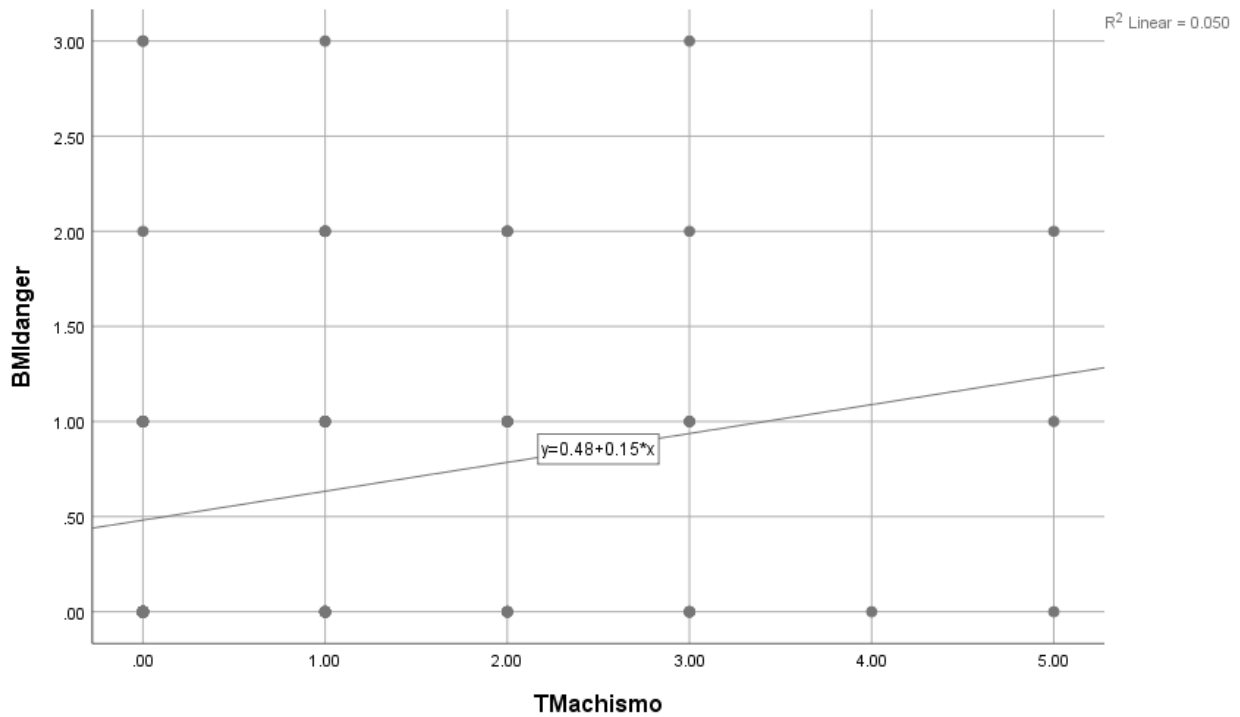
- a. N=89
- b. Independent Variable: Christian\*
- c. Dependent Variable: Traditional Machismo



Model B

Model		Unstandardized Coefficients		St. Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.443	.712		.623	.535
	Christian	.107	.226	.055	.471	.639
	Age	.004	.016	.036	.238	.812
	Gender	.124	.238	.059	.521	.604
	MaritalStatus	-.038	.279	-.021	-.136	.892
	HH Income	-.014	.038	-.048	-.361	.719
	Employed	.137	.235	.074	.584	.561
	Education	-.013	.042	-.037	-.313	.755
	TMachismo*	.224	.088	.319	2.551	.013
	Caballerismo	-.105	.147	-.089	-.713	.478

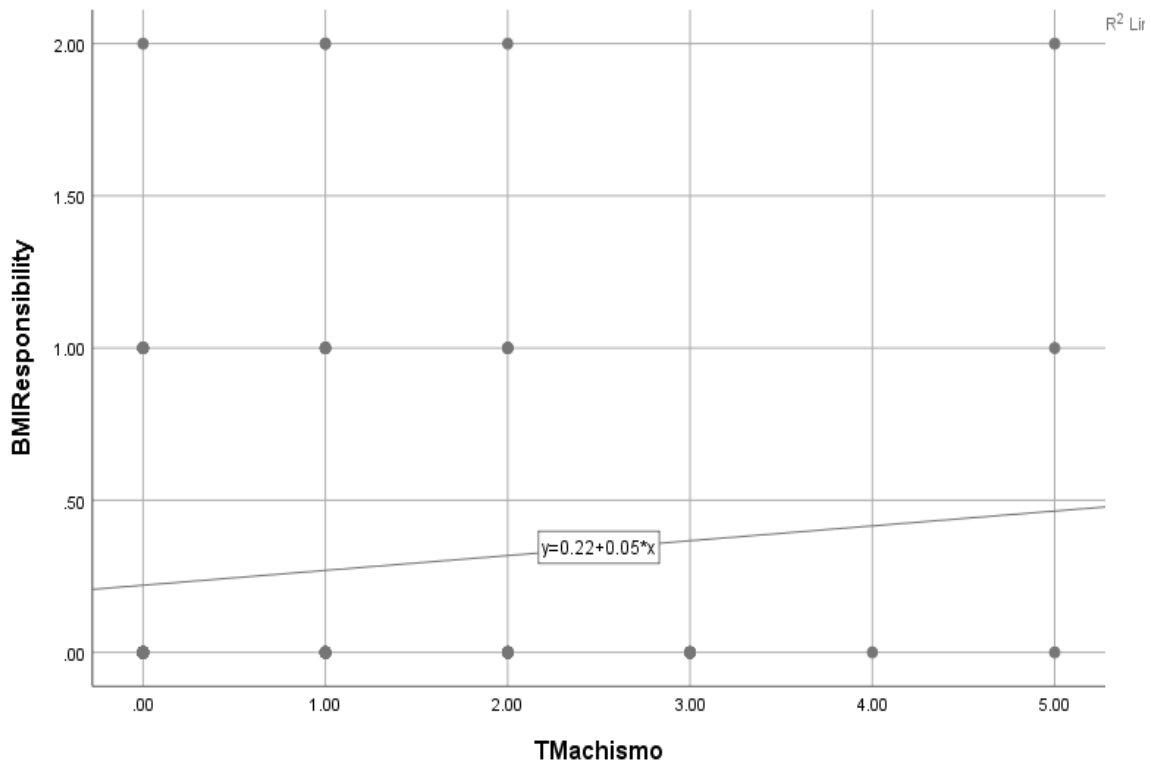
- a. N=89
- b. Independent Variable: Traditional Machismo\*
- c. Dependent Variable: BMI Danger



Model C

Model		Unstandardized Coefficients		St.	t	Sig.
		B	Std. Error	Coefficients Beta		
1	(Constant)	.512	.475		1.078	.284
	Christian	-.091	.151	-.071	-.603	.548
	Age	-.007	.011	-.099	-.646	.520
	Gender	-.041	.159	-.030	-.259	.796
	MaritalStatus	-.146	.186	-.122	-.782	.436
	HH Income	-.036	.025	-.191	-1.420	.160
	Employed	.183	.157	.150	1.170	.246
	Education	.041	.028	.174	1.445	.152
	TMachismo*	.100	.058	.216	1.715	.090
	Caballerismo	-.106	.098	-.136	-1.079	.284

- a. N=89
- b. Independent Variable: Traditional Machismo\*
- c. Dependent Variable: BMI Responsibility

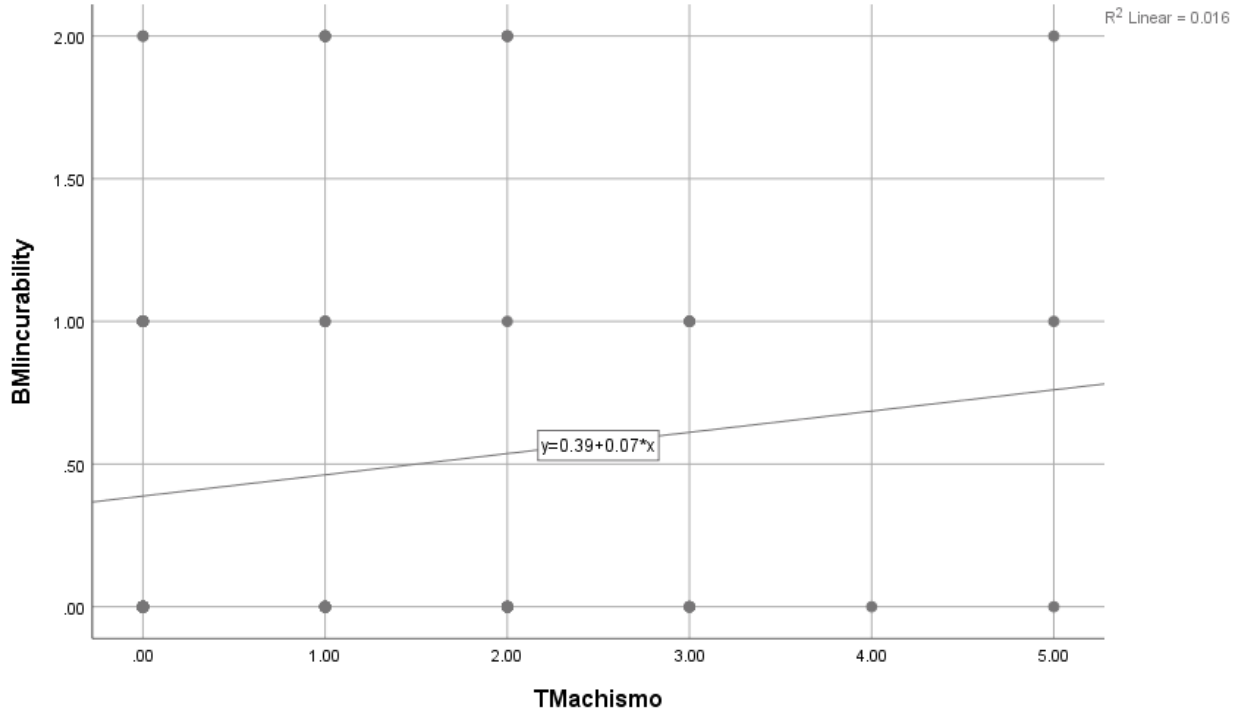




Model D

Model		Unstandardized Coefficients		St. Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.212	.587		2.064	.042
	Christian	-.054	.187	-.033	-.289	.773
	Age	-.013	.013	-.148	-1.007	.317
	Gender	.087	.196	.048	.442	.660
	MaritalStatus	-.675	.231	-.439	-2.929	.004
	HH Income	-.063	.031	-.265	-2.041	.045
	Employed	.367	.194	.234	1.896	.062
	Education	-.011	.035	-.038	-.326	.745
	TMachismo*	.087	.072	.147	1.207	.231
	Caballerismo	.098	.121	.097	.804	.424

- a. N=89
- b. Independent Variable: Traditional Machismo\*
- c. Dependent Variable: BMI Incurability



## Appendix C

## APPENDIX C

### Descriptive Statistics Tables

Table 1

Means/Proportions for Independent and Dependent Variables

	N	Minimum	Maximum	Mean	Std. Deviation
Christian	88	.00	1.00	.7045	.45886
Age	89	18.00	63.00	28.0112	8.32370
Female	89	.00	1.00	.7865	.41209
Married	88	.00	1.00	.6364	.48380
HouseholdIncome	89	1.00	12.00	5.1461	3.09894
Employed	89	.00	1.00	.6742	.47134
Education	89	4.00	11.00	7.3708	2.47433
TMachismo	103	.00	5.00	1.0485	1.23969
Caballerismo	103	.00	2.00	1.4660	.72512
BMI danger	103	.00	3.00	.6408	.83847
BMI Responsibility	103	.00	2.00	.2718	.54583
BMI incurability	103	.00	2.00	.4660	.72512

N=89

Table 2

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	19	18.4	21.3	21.3
	female	70	68.0	78.7	100.0
	Total	89	86.4	100.0	
Missing	System	14	13.6		
Total		103	100.0		

Table 3

Cross tab of Gender and Traditional Machismo

Case Processing Summary

	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
TMachismo * Gender	89	86.4%	14	13.6%	103	100.0%

TMachismo \* Gender Crosstabulation  
Count

		Gender		Total
		male	female	
TMachism	.00*	8**	33**	41**
o	1.00	3*	18*	21*
	2.00	5*	11*	16*
	3.00	1*	7*	8*
	5.00	2*	1*	3*
Total		19*	70*	89*

N=89

\*Agree with Traditional Machismo

\*\*Disagree with Traditional Machismo

## BIOGRAPHICAL SKETCH

The author, Amanda Rae Mercado was born on February 24, 1992 in Edinburg, TX. She achieved two collegiate degrees in her hometown, is a first generation college student, and the eldest child of her father, Patrick B. Mercado.

Her academic career began at South Texas College where she obtained an Associates of Arts in Sociology degree. After, she continued her education at the University of Texas Rio Grande Valley where she obtained a Bachelors of Arts in Sociology in May 2016. She was employed as a research assistant at the Center for Survey Research throughout her entire academic career, which nurtured an interest in research and sparked her curiosity in local culture. Amanda earned her Master of Science in Sociology degree in December 2018; her thesis had a focus on local culture and mental health. She can be contacted at [amandaraemercado@outlook.com](mailto:amandaraemercado@outlook.com).