**Results with adherence as a continuous variable using bootstrapping**

We used adherence as a continuous variable in a multiple regression analysis using bootstrapping, which does not require assumptions about a normal distribution. When entered together with the covariates, self-efficacy was associated with better medication adherence (*B* = 0.21, *SE* = 0.07, *p* = .001). When self-efficacy and internalized stigma were simultaneously entered, self-efficacy remained significantly associated with medication adherence (*B* = 0.20, *SE* = 0.07, *p* = .005), whereas the effect of internalized stigma was no longer significant (*B* = -0.13, *SE* = 0.10, *p* = .18). A mediation analysis with bootstrapping revealed a significant indirect effect of internalized stigma on lower adherence through the pathway of lower self-efficacy (*B* = -.08, *SE* = .05, *CI* [-.20, -.01].

When entered simultaneously into a mediation analysis, both concern about being seen taking HIV medication and adherence self-efficacy had significant parallel mediating effects on the association between internalized stigma and medication adherence (*B* = -.07, *SE* = .05, *CI* [-.19, -.01] and *B* = -.14, *SE* = .07, *CI* [-.31, -.03], respectively for self-efficacy and concern about being seen taking HIV medication). When the two mediations were accounted for, the remaining direct effect (which also includes indirect effects of variables not measured in this study) was close to zero (B = 0.003, *p* = .97; which was significant without the two mediators in the model: B = -0.21, *p* = .03). This result suggests that these two factors account for almost all of the observed effect of internalized stigma on adherence. Contrast analysis did not reveal a significant difference in the size of the two mediating paths (B = 0.07, SE = 0.08, *CI* [-.08, .25].