

→ Latino Men who have Sex with Men and Women & HIV Prevention



A guide to understanding Latino men who have sex with men and women (MSMW) and their HIV prevention needs for service providers planning and implementing HIV prevention services.

Latino men who have sex with men (MSM) are disproportionately affected by HIV nationwide. This population includes a subset of men who have sex with men and women (MSMW). *Reducing HIV/STI risk among Latino MSM and MSMW regardless of their sexual identity is a critical HIV prevention priority.*

Understanding Bisexual Behavior and Identity

It is important for providers to acknowledge that an individual's sexual identity and behavior may not be the same and, therefore, to broaden their HIV prevention services to address many of the stereotypes about bisexually-identified and behaviorally bisexual men. Latino men who have sex with men and women (MSMW) may or may not self-identify as bisexual. In fact, some may identify as straight/heterosexual or gay/homosexual for different cultural, social, and personal reasons.

Latino men who engage in bisexual behaviors may not identify as bisexual because of:

- Fear of rejection from family or friends on whom they rely for support
- Stigma associated with homosexuality in their families and communities
- Cultural understandings of the *activo* and *pasivo* roles during same-sex behavior
- Rejection of mainstream white or American understandings of sexuality

To our knowledge, there are no recent national studies that document the prevalence of bisexuality among Latinos in the US. Prevalence of gay and bisexual Latino men is hard to determine and varies by population and location, as well as by the study design and survey instruments used by researchers. Further, bisexual behavior is more prevalent than bisexual identity. For example, in a study conducted in 2005 and 2006 using a random sample of Latino men in Northern San Diego County, 92% of men surveyed identified as heterosexual, 2.2% as bisexual, 4.9% as gay, and 0.6% as other. However, 4.8% of heterosexually-identified men reported anal intercourse with a male partner in their lifetime.

Latino MSMW and HIV Risk

Latino MSMW are often overlooked or grouped together with Latino MSM in HIV prevention interventions. Latino MSMW have multiple HIV prevention needs. In this section we focus on a few primary factors that contribute to HIV vulnerability and resilience among Latino MSMW and their male and female sexual partners. We also provide insights that will assist in planning and implementing prevention programs throughout.

The Role of Family, Religion, Reputation and Connectedness

Central values for most Latinos in the US include respect, family reputation, and emotional connectedness with family. Being bisexual represents an attack to the family value system and challenges social norms. Often bisexuality is viewed by family members as temporary, a flaw or sign of insecurity, and a form of rebellion. Those who have not disclosed their sexual orientation to their families may struggle with “having to lie,” wishing they could share their emotional struggles as well as moments of happiness with their family. MSMW may feel that they are living “a double life,” hoping that their emotional and sexual

attraction toward either females or males will end at some point. Their internalized struggle is accompanied by a sense of self-blame and mental distress. This may cause psychological distress for Latino MSMW. Research among Latino gay and bisexual men shows that psychological distress is a predictor of health risk behaviors including risk for HIV.

Religion is important to Latinos regardless of sexual orientation or identity. A majority of Latinos grow up in religious environments where non-heterosexual expressions are considered sinful and bring shame to the person and his or her family. The need for secrecy and feelings of shame and deceitfulness increase the distress of Latino MSMW regarding their sexual behavior. Even after Latino MSMW disclose their sexual orientation to their families or communities, family members may continue to avoid talking about sexual issues, encourage relationships with the opposite sex, or not acknowledge same sex intimate partnerships. Providers may want to address issues of disclosure of sexual behavior to families and friends, as well as provide a safe space to acknowledge and praise Latino MSMW in their prevention programs

Carlos, 43, is a second generation Mexican American. Here, he discusses a common experience for MSMW who disclose their sexual behavior to their families: isolation and marginalization through the lack of acknowledgement by other family members.

“I never actually admitted to-, to it, but they know. They know. We don’t discuss it. Them knowing already is enough. They don’t need to-, I don’t think they want to hear anything, what’s going on with my, my uh, with my private life and stuff like that. Those are just things that you just don’t, don’t bring up. [Ok. Like everybody in the family, or just you because it’s with men? Like say one of your sisters, does she bring up her private life?] Oh, she, well, I’m sure she does it. There’s been times on occasion she may bring up something, you know, but in my case, I wouldn’t bring it up because it’s nothing to brag about. I couldn’t talk and brag about a boyfriend I have and you know how we get along and, you know, he treats me good. There’s just things, like, of that nature that you just don’t, you know, I just don’t interact with my family on that, on that level.”

for this group in order to help relieve this distress and attenuate potential health risks.

Keeping a heterosexual image is an additional stressor

for Latino gay- and nongay-identified MSMW. MSMW who desire to maintain a heterosexual image may engage in risky sexual behaviors with female partners to assert their masculinity. Latino men, whether they identify as straight, bisexual or gay often experience increasing pressure from their communities and families to become fathers and to take their place in the family system. Taking on the role of a husband and father is consistent with keeping a heterosexual image. As a result, a number of Latino bisexual men may marry and have children with their female partners.

However, for some MSMW, fulfilling family expectations and roles reinforces feelings that they are living “a double life” and are isolated. For MSMW who are married, carrying condoms is a clear sign of extra-marital sexual activity since they are rarely used with their wives. Providers can take steps to reduce HIV risk among MSMW and their partners by 1) making condoms available at public places, 2) supplying discreet ways of carrying condoms, and 3) having open, nonjudgmental discussions about risks and benefits of casual and anonymous sexual encounters in English and Spanish.

Feelings of social isolation decrease self-esteem and self-efficacy, which may also increase the likelihood of engaging in unprotected sex and other risky behaviors. In some cases, these feelings of low self-esteem and self-efficacy may be compounded by

Danny has maintained a steady relationship with both Marta (his first girlfriend since he was 18 and wife for 10 years) and Alberto (his boyfriend for the past 6 years). Marta and Danny have two daughters. Danny expressed that Marta suspects he is having a relationship with Alberto. Alberto dislikes the fact that Danny is married. For Danny

“being a father is the most important thing.”

other traumatic events like child abuse, sexual abuse, or substance abuse within the family. As with other populations affected by HIV, providers will have to address the multiple health and social service needs of the individuals they serve in order to effectively address HIV risk behaviors.

Building Strength, Support and Resiliency

Latino MSMW also have resiliency factors that may facilitate safer sex behaviors such as community participation and family ties. Although families can often be a source of stress or shame for MSMW, families can also provide positive sources of respect and emotional connectedness. Families can insulate MSMW from economic shocks, gaps in employment, and can provide emotional support during, for example, substance abuse treatment. HIV

During his marriage, Ed, 46, started dating men. When his wife found out, they divorced and he was pressured into disclosing his sexual behavior to his family and three children. When he told his mother, “She just said ‘a mama always knows...’ She had been waiting for me to admit to it [having sex with men] because she had always suspected it. My dad was originally hurt but told me he was ok with my decision and would still love him no matter what. Then I had to tell my kids. The youngest was 9 and the oldest was about 11 when I first told them. They were very accepting of it. Now my son even tries to hook me up with guys. He doesn’t want me to be lonely.”

prevention efforts among MSMW often overlook families. Given the importance of family as a cultural value, education for families is a necessary aspect of supporting healthy outcomes for Latino men. Among MSMW who are estranged or have migrated from their biological families, new ‘families’ built around ethnic group members or support group members (e.g., HIV-related or substance use support groups) can also provide a sense of belonging and emotional connectedness. Providers can build on these sources of strength in designing and implementing their prevention efforts.

Migration and Health

The global nature of the HIV/AIDS pandemic makes migrant populations important for HIV prevention. Many documented and undocumented immigrants travel frequently to their country of origin for family visits, vacations and temporary relocation. Thus, HIV providers must address issues related to HIV and sexual health in sending and receiving migrant communities, including knowledge of risk and transmission but also larger economic and social structures that influence risk behaviors, such as poverty, low educational attainment, and imbalances in the male to female ratio which may increase number of sex partners and sex with commercial sex workers among male migrants. Research has shown that some migrant groups, especially Mexicans and other Latinos, may be more resilient to disease and health risks because of the self-selection process involved in deciding to migrate in the first place. Additional culturally-based practices such as diet and lower

Victor, now 35 and HIV positive, immigrated to the US from Guadalajara when he was 21, leaving most of his family behind. Before immigrating, he says, “I had a regular straight life with a girlfriend. When the clubs would close at 2, you know, us guys, we’d go to be with guys. If I were still in Mexico, this would still be my life, but I wouldn’t be HIV because if I were still in Mexico, I would have a family all around me. I would have someone in my life to grow old with. Since I became HIV, you know, I know that just can’t happen. You know, I have a desire to work hard, (laughs) to get a job, to have a beautiful girl, a very beautiful girl, you know, to be old with. You are not supposed to be old alone...When I came to Los Angeles, then I basically just got rid of that straight life. I worked. And then I worked as an escort after work for whoever wanted, men or women.”

alcohol and drug use continue to mitigate health risks once migrants arrive in the US. Some of the strengths and protective factors associated with migration for these groups may continue to mitigate HIV risks. However, migration can also disrupt established support networks for MSMW and influence life trajectories and sexual behavior in the destination country.

How are Latino MSMW different from Latino MSM?

Latino MSMW report similar risk and resiliency factors compared to men who have sex with men (MSM), but there are important differences that warrant attention in the development of HIV prevention interventions. Like Latino MSM, Latino MSMW's primary risks for HIV and sexually transmitted infections (STI) are unprotected receptive and insertive anal intercourse with male partners. However, MSMW may also engage in unprotected vaginal and anal intercourse with female partners. HIV/STI risk is typically perceived to come from male partners, but prevention efforts must address safer-sex negotiations with both male and female partners to reduce the risk of acquisition and transmission. Latino MSMW may also experience additional stigma around bisexuality and isolation from gay- and straight-identified communities.

MSMW also have different risk profiles compared to MSM. Research among African American and White men finds important differences in HIV prevalence and sexual risk behaviors among MSM, MSMW, and men who only have sex with women (MSW). Compared to MSM, MSMW are less likely to be HIV positive and engage in unprotected receptive anal intercourse. However, MSMW are more likely than MSW to be HIV positive and have anal intercourse with female partners. MSMW and MSW were equally as likely to engage in unprotected anal intercourse with female partners. Although this research has not yet been replicated with a large Latino population, it does suggest that MSMW occupy a distinct place in HIV prevention and their needs should be considered unique from MSM and MSW.

In addition, providers should be aware that behavior and identity interact in important ways among MSMW that may increase risk. In research

Jerry, 31, is second generation Puerto Rican and spent much of his life in a small town in Nevada before joining the military and relocating to Southern California. He identifies as bisexual and is HIV-positive. Since testing positive, he's had a hard time feeling comfortable talking about HIV with partners, especially female partners. "The last girl I dated, when I told her I was positive, she didn't flip out, but she kind of got taken back and she was uncomfortable with it for a while. We came to an understanding but we didn't last too much longer after that...it was difficult for me because she didn't know if she wanted to be with somebody who was positive. Besides her, most of the other women I've been with were more concerned with getting pregnant than HIV. I don't make it [HIV] an issue but I bring it up that getting pregnant isn't the worst thing."

with Latino men, heterosexually-identified MSMW were found to be more likely than men who have sex with women only (MSW) to have had an STI, to have unprotected intercourse with female partners, and combine substance use and sex. More research with these populations is needed to better understand the interaction of behavior and identity in relation to HIV prevention.

Latino MSMW Living with HIV/AIDS

Latino MSMW living with HIV/AIDS face multiple levels of stigma from HIV status, race/ethnicity, and sexual orientation, which may influence their decisions regarding sex, partners, substance use, condom use, and HIV treatment. HIV positive ethnic and sexual minority populations face several challenges in accessing HIV and other health care services, as

well as health literacy and treatment adherence: HIV positive Latino MSMW are no exception. MSMW may also feel uncomfortable accessing HIV services that are not discretely located or where they are presumed to be gay. Spanish-speaking treatment personnel and education materials that engage and invite patients to ask questions about HIV and their health are also needed.

An additional prevention concern among this population has been the disclosure of HIV status to male and female partners. Non-disclosure of HIV status is one of the challenges of HIV prevention, but it is important for providers interested in disclosure to remember that there are other factors to consider. Research has shown that when we consider disclosure among Latino MSMW, we must also consider an individual's ability to also disclose his sexual orientation, as well as broader cultural norms about discussing personal and health information. For Latino MSMW, decisions to disclose their HIV status to partners, friends, or family are informed in part by norms that promote the protection of others, specifically family members, from worries or stigma. Providers can help by offering safe spaces for Latino MSMW to discuss their concerns about disclosure and navigating safer sex with both male and female partners.

Tips for Providers

It was not until after almost two decades with HIV/AIDS that studies were initiated to examine the HIV risk of bisexual men of color. It is important for providers to understand that many bisexual men have strong concerns about sexual health and HIV transmission. However, the roles they occupy within and between communities make strategies for avoiding transmission harder to implement and discuss with partners. More studies are required to better understand this population and to develop effective local and international HIV prevention strategies, but we offer the following tips for providers working with Latino MSMW:

Tips for Providers on Prevention Strategies for Bisexual Youth and Adults

- Keep in mind that Latino bisexual youth and adults are most often *not closeted or repressed* gays or lesbians.
- Promote *open dialogues of sexuality and celebrate the diversity* of sexual experiences.
- Facilitate *frank discussions* of the richness of bisexual diversity.
- Design HIV prevention efforts to *match the diversity* of bisexual Latino youth and adults.
- *Address HIV/STI risk regardless of assumptions* about identity.
- *Create a comfortable environment* where bisexual Latinos can discuss issues that have real implications for sexual risk.
- *Integrate family, religion and work* into HIV prevention messages and discussions.
- *Address reproductive health issues* for bisexuals interested in forming families.
- *Provide cultural sensitivity training* regarding bisexuality and sexual diversity to health care providers and agency staff including receptionists, intake personnel and security officers.
- *Provide workshops* in both Spanish and English specifically for bisexual Latinos on family relations, parenthood and sexual communication.
- *Provide support groups* (in person and on-line) targeted to diverse bisexual Latino groups (e.g., youth, adult, elderly, single and married parents) in both Spanish and English.

→ For more information on capacity building assistance programs and Shared Action in particular, please visit our website www.sharedaction.org

Acknowledgments

We are grateful to Tara McKay, M.A. and Miguel Muñoz-Laboy, Dr.P.H. for preparing this broadsheet and to Matt Mutchler, Ph.D. for his expert review.

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