The social and sexual lives of Latino gay men have been influenced by three oppressive societal forces—poverty, racism, and homophobia—that, acting in an unfortunate synchrony, tend to produce devastating experiences of social alienation and personal shame. Although many men have responded to the oppression with creative acts of individual agency, ranging from social activism to personal heroism, others have been deeply troubled and debilitated by financial hardship, family rejection, and discriminatory practices that prevent their fair participation in work life and the gay community.

In light of the observed relationship between social inequality and health outcomes, it is not surprising that Latino gay men are disproportionately affected by the HIV epidemic. The purpose of this article is first to document the HIV epidemiological profile of Latino gay men in the United States, and second to understand the relation between this profile and the experience of triple oppression. In this article, the term “Latino gay men” refers to immigrant men who were born in Latin America or men born in the United States of Latin American ancestry, and who self-identify as other than heterosexual.

Epidemiological Profile

Latino gay men constitute one of the most vulnerable groups in the nation for the transmission of HIV, showing some of the highest rates of seroprevalence, seroconversion, and unprotected anal intercourse with multiple partners. By June 1999, 51,681 AIDS cases had been diagnosed among Latino men who have sex with men, equaling 49 percent of all reported Latino male AIDS cases in the nation and about 17 percent of all cases of men who have sex with men, a disproportionate rate for Latinos who constitute only 10 percent of the U.S. population.

Two recent studies based on representative samples provide the best estimates of the prevalence of HIV infection among Latino gay and bisexual men in the United States. One study, which included a substantial number of Latinos, involved a household probability sample of geographic areas with a high concentration of men who have sex with men in four different U.S. cities (San Francisco, Los Angeles, Chicago and New York). In this study, 19 percent of 246 Latino men reported an HIV-positive status. A second study—a probability sample of 912 Latino gay and bisexual men who attend Latino gay venues in Los Angeles, Miami, and New York—yielded an identical seroprevalence of 19 percent. From these two studies, and taking into account the limitations of self-reporting a stigmatized status, it can be estimated conservatively that one out of five Latino gay and bisexual men in large U.S. urban centers is infected with HIV.

This high rate of infection is consistent with disproportionately high rates of risk behavior. In five different studies of gay and bisexual men in the United States, Latinos have reported the highest rates of unprotected anal intercourse when compared to men from other ethnic minority groups.

Nuestras Voces: A Study of Latino Gay Men

Between October 1998 and March 1999, as part of a multi-site study of Latino gay men in the United States (named Nuestras Voces/Our Voices), researchers from the University of California San Francisco recruited a probability sample of 912 Latino gay men from social venues (bars, clubs, and weeknight events identified as Latino
FOCUS
June 2000

Editorial: Institutionalized Risk
Robert Marks, Editor

Recent data from the Centers for Disease Control and Prevention have confirmed what many already knew: the HIV epidemic is ravaging communities of color, particularly among men who have sex with men. In January 2000, the surveillance statistics showed for the first time that, among new AIDS cases, people of color—specifically Latinos and African Americans—form the majority in the men-who-have-sex-with-men category.

The reasons for this disparity are complex, and it has been easy to succumb to stereotypical thinking as a way of making confusing interactions comprehensible. This danger is amplified by the fact that research on this topic is limited, despite the pioneering efforts of researchers such as Rafael Diaz, George Ayala, and Barbara Marin. (As will become clear in next month’s issue of FOCUS, research on HIV risk among African American men who have sex with men is also scarce.) Nonetheless, in this issue of FOCUS, Diaz, Ayala, and Marin build on the research that does exist, including their own recent and comprehensive study, and propose a way of thinking about the disparity that builds on current research and extends beyond stereotypes. They suggest that risk among Latino men who have sex with men is related to a “triple oppression”: poverty, racism, and homophobia. They also acknowledge that risk is further complicated by the fact that many Latino men living outside of Latin America are immigrants, a factor that Brenda Storey discusses in the second article in this issue.

Models for Guidance
Both articles are models for teasing insights from a small amount of research data, valuable information that can be used to develop practical guidance. They do so without falling into the trap of oversimplifying. Calls for further research are routine in the conclusions of many journal articles; answers always stimulate new questions. But it would seem that in the area of HIV risk in communities of color, and particularly among Latino and African American men who have sex with men, inadequate research may hobble prevention and care efforts. This is true despite the efforts of researchers such as Diaz, Ayala, and Marin.

The articles in this issue of FOCUS also make a clear connection between social conditions and health risk. Society may choose to elevate the power of individual responsibility above social forces—almost as a self-protective mantra—but the fact remains that social and economic oppression have real effects. The choice to minimize these effects is a rejection of community and an endorsement, witting or unwitting, of social Darwinism: it suggests that we let those who can best negotiate society dominate it and those who can least do so, languish. This month’s FOCUS suggests a better way.

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and gay) in New York, Miami, and Los Angeles. Half of the participants were under the age of 30, 73 percent were born in a Latin American country, and 82 percent self-identified as “gay” or “homosexual.”

The study collected detailed information on three important outcomes: unprotected anal sex, substance use, and symptoms of psychological distress. It also collected other data relevant to HIV prevention, including participation in different contexts of sexual risk and shared meanings for condoms and condom use. More importantly, the study was the first attempt to directly measure men’s experiences of homophobia, poverty, and racism, in an attempt to document the effects of specific oppressive sociocultural factors on sexual risk behavior. The rest of this article documents preliminary findings from the study regarding the effects of social oppression on HIV risk.

Triple Oppression and Sexual Risk
The Nuestras Voces survey used qualitative data collected during focus groups to develop scales that measured experiences of homophobia, racism, and poverty. Among the homophobia questions were: "As you were growing up, how often did you feel that your homosexuality hurt and embarrassed your family?” and “As an adult, how often have you had to pretend that you are straight in order to be accepted?” Among the racism questions were: “How often have you been turned down for a job because of your race or ethnicity?” and “In sexual relationships, how often do you find that men pay more attention to your race or ethnicity then to who you are as a person?” Among the poverty or financial hardship questions were: “In the last 12 months, how often did you run out of money for your basic necessities?” and "In the last 12 months, how often have you had to borrow money from a friend or a relative to get by financially?”

The data from the survey show that the overwhelming majority of Latino gay men have experienced homophobia directly and intensely: 64 percent were verbally
There is plenty of evidence suggesting that race and class are powerful organizers of sexual activity and sexual risk in the lives of Latino gay men.


The data also show that about one-third of Latino gay men have experienced racism in the form of verbal harassment as children (31 percent) and rude treatment as adults (35 percent). Twenty-six percent have experienced discomfort in White gay “spaces” because of their ethnicity, and 22 percent have experienced racially related police harassment.

The majority (62 percent) have experienced racism in the form of sexual objectification by other gay men: these men reported that their sexual partners were more interested in their accents, their skin color, and their ethnic appearance than in their personalities or who they truly were as individuals. The data also revealed that, within a one-year period, 61 percent of the sample ran out of money for basic necessities, 54 percent had to borrow money to get by, and 45 percent had to look for work.

In examining the relationship between social oppression and sexual risk, the research team hypothesized that men who reported unprotected anal intercourse with a non-monogamous recent partner (the “high-risk” group) would have experienced higher rates of homophobia, racism, and poverty when compared to men who did not report such behavior (the “low-risk” group). The data confirmed this prediction, and all the differences reported here are statistically significant. More men in the high-risk group reported experiences of homophobia in childhood in the form of verbal abuse (73 percent versus 62 percent in the low-risk group), physical abuse (31 percent versus 15 percent), and feelings that their homosexuality hurt and embarrassed their families (79 percent versus 68 percent). The high-risk group also reported more experiences of homophobia in adulthood, including verbal insults (67 percent versus 45 percent in the low-risk group), physical assaults (16 percent versus 7 percent), and police harassment (34 percent versus 17 percent).

In general, men in the high-risk group reported more experiences of racism in both childhood and adulthood. However, possibly because this was a sample comprised primarily of immigrants (73 percent) who were less likely to experience racism when they were still in their native countries, differences between risk groups were stronger for racism experienced as adults. For example, men in the high-risk group experienced higher rates of rude mistreatment (49 percent versus 32 percent in the low-risk group) and police harassment (34 percent versus 19 percent) due to race, ethnicity, or skin color. Men in the high-risk group also experienced more racially based sexual objectification (75 percent versus 58 percent in the low-risk group), a finding that merits more serious study.

In order to study the relationship between poverty and sexual risk, the study examined experiences of financial hardship in the last 12 months. In an attempt to assess “hardship” more accurately, questions focused on the prevalence of running out of money and having to borrow money for basic necessities, as well as having to look for work more than twice in the previous twelve months. Once again, as hypothesized, men in the high-risk group reported more instances of financial hardship in the form of running out of money for basic necessities (54 percent versus 39 percent in the low-risk group) and having to look for work more than two times in the last year (29 percent versus 19 percent in the low-risk group). Men in the high-risk group reported that they had to borrow money from friends or family for basic necessities more often than men in the low-risk group (32 percent versus 27 percent), but this one difference was not statistically significant.

These findings from univariate comparisons of high- and low-risk groups show an unequivocal relation between experiences of social discrimination and sexual risk. Above all, the findings suggest that oppression is not a thing of the past: poverty, racism, and homophobia cannot be simply construed as “distal” variables, that is, events that happened in their distant past, but rather must be understood as current and immediate. There is plenty of evidence suggesting that race and class are powerful organizers of sexual activity and sexual risk in the lives of Latino gay men.
Finally, the survey uncovered differences in the degree to which participants felt they were at risk for HIV. It seems that more than simply perceiving themselves at a given level of HIV risk, many Latino gay men perceive themselves as unable to control risk—as evidenced by high scores related to risk. Many Latino gay men bring to sexual situations a sense of hopelessness and inevitability about HIV infection: “fatalism” not merely as a cultural construction or belief in personal deficiency, but rather as a true mirror of life in the landscape of inner-city poverty. While many men respond to their fears by practicing sexual abstinence, this is a fragile and short-lived preventive strategy among young, sexually alive, men. Future analysis of Nuestras Voces data will focus on understanding the specific mechanisms—the how and the why—by which social discrimination affects individual sexual behavior.

The Role of Substance Use

Many men experience homophobia from early in their lives—in their families, schools, churches, and the media—in the form of brutal messages that homosexuality is dirty, sinful, and shameful. Unfortunately, those messages do not go away simply by coming out, migrating to another country, or moving to a more hospitable city where gay men congregate. In the absence of a true transformative process of liberation, grounded in actual experiences of both social and self-acceptance, the homophobic messages tend to remain at deep levels of consciousness, creating anxiety, guilt, discomfort, and conflict. Experiences of homophobia not only devastate self-esteem and psychological well-being, but also promote strategies of coping and escape through substance use. This behavioral pattern is grounded not in personal pathology, but in the experience of social oppression and is likely to be recreated in sexual situations that evoke discomfort and anxiety. The quantitative data from Nuestra Voces show that some of the strongest predictors of unsafe sex were frequency of heavy drinking, recent drug use, and participation in sexual situations under the influence of alcohol or drugs. The most striking aspect of the data is the way in which participants spoke of substances as comforters and tools for survival, the only way to obtain some relief from demanding social situations and from feelings of personal shame and anxiety arising out of same-sex sexual situations.

Conclusion

One of the clearest and most consistent findings about the AIDS epidemic is that HIV infection is not randomly distributed in the population. Rather, the epidemic is shaped by and located within the boundaries of oppressive social forces—poverty, racism, homophobia, gender inequality and institutional violence, to name a few—that seriously limit the ability of individuals, groups, and communities to protect themselves against this devastating disease. The social shape of the AIDS epidemic tells us—quite loudly—that AIDS is not only a terrible disease, but also a symptom of oppression, a brutal mirror of social processes of inequality that tear our society apart. Therefore, it has become increasingly clear that we cannot stop AIDS unless we also fight for social justice.

For this reason, HIV prevention workers must also be agents of social and cultural change. Prevention programs must address the fact that diseases are, to a great extent, socially produced phenomena and that risk behavior is not simply determined by personal intentions, but is powerfully shaped by social factors of inequality and discrimination.

Clearinghouse: Latino Gay Men

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The term “Latino men who have sex with men” is a useful classification for developing HIV prevention efforts, however, it has little meaning to the clinician working with an individual Latino man. The term includes heterosexually identified men who engage in same-sex behavior but whose affective attraction is to women, bisexual men who are attracted to men and women, and men whose primary affective attraction is to other men. Further, people in this last group vary in terms of the extent to which they have “come out” and self-identify as “gay.” This article focuses on men who are somewhere in the process of self-identification as gay men.¹ In particular, it explores the experiences of Latino immigrant gay men.

Male Homosexuality in Latin America

The social context of homosexuality in Latin America is founded on perceived cultural ideals of masculinity and femininity, which are seen as polar opposites. Within this context, the culture endows an exaggerated value on masculinity, and devalues everything feminine. Women are expected to be passive, submissive, sexless, virgins at the time of marriage, and they are valued primarily in their role as mothers. Failing to meet these expectations, they are seen as indecent women unworthy of marriage—as prostitutes who can be used sexually by men. Men on the other hand are expected to initiate sex at an early age, have multiple sexual partners, and, as such, prove their masculinity.

Within this sociocultural context, sexual behavior between two men follows the rigidity and expectations of cultural gender roles. The typical relationship is between a “heterosexual” man, who assumes the active role of the penetrator, and a “homosexual” man, who assumes the passive role. The penetrator is considered by others as heterosexual, and he is not stigmatized as long as he performs the active role.² On the contrary, this behavior may further prove his sexual prowess and masculinity. He is, in fact, taking advantage of an opportunity, not too dissimilar from having sex with an “easy” female. There are a variety of terms in Latin America describing heterosexually identified men who have sex with men. Among them, mayates in Mexico, zopilotes in Honduras, mostaceros in Chile and Peru, and bugarrones in Puerto Rico and the Dominican Republic.

The man who takes the passive role is considered the homosexual and ascribed with feminine characteristics. He is generally seen as effeminate and is degraded and despised. Conversely, it is only by taking this feminine role that he achieves a certain amount of acceptance, however negative. It is not uncommon for Latino immigrant gay men to call each other by derogatory female terms. Although this is generally done in a jovial spirit, it demonstrates the deeply embedded cultural script that defines homosexuality and devalues femininity.

Clinicians working with immigrant Latino gay men need to be prepared to explore their clients’ experiences of these cultural mandates and the influence they have on their sexual behaviors and psychological well-being.

**Gay male clients at the clinic disclosed sexual abuse only when they were preparing testimonies for political asylum based on sexual orientation.**

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See also references cited in articles in this issue.

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have had on sexual identity, gender identity, and self-image. In the documentary film Sexual Exiles, by Irene Sosa, a gay Latino man remembers praying to God at night: “God, please make me a woman or make me a real man.” To elicit from clients a sense of their cultural and family experience, it is useful to ask them how homosexuality was perceived in their countries of origin as well as their families and communities. It is important to keep in mind, however, that Latino socio-cultural characteristics exist within a culture in which sexuality is not openly discussed and the Catholic Church maintains a strong influence. This context may inhibit clients from sharing their experiences. Alternately, some clients from large cities where gay movements have begun to challenge traditional views of homosexuality may be more comfortable discussing these issues.

Sexual Experience and Abuse

It is equally important for clinicians to explore their clients’ earliest sexual experiences with other men. How did these experiences fit within the perception of homosexuality in their countries or communities? Were these experiences a free expression of sexuality or were they abusive? At the Clinica Esperanza of the Mission Neighborhood Health Center in San Francisco, it has become clear that sexual abuse and rape by family members, trusted relatives, and community members is an uncommon experience for Latino gay men, and there seems to be a relationship between this experience and unprotected anal intercourse. One of the striking revelations for Clinica Esperanza clinicians was that despite long-term relationships with and regular psychosocial assessments of gay male clients, these clients disclosed sexual abuse only when they were preparing testimonies for political asylum based on sexual orientation. Clients perceived these and other experiences of violence as literal unremarkable. Only with careful probing do clients recall and verbalize these painful experiences, and recognize them as the result of oppressive social constructs of homosexuality.

Clinicians should consider undertaking such an exploration only in the context of long-term psychotherapy or group therapy specifically aimed at Latino gay men. For example, when a client raises the issue of relationship problems, a clinician might explore what the client learned about homosexual relationships when he was a child.

Sexual Exile

Given the oppressive circumstances under which homosexuals live in Latin America, many Latino gay men and Latina lesbians choose to exile themselves and move to the United States. Some move to avoid bringing shame on their families. Seropositive Latino gay men in the United States face increased anxiety about the double stigma of disclosing to their families not only their homosexuality but also their HIV status.

The experiences of loss and alienation that immigration brings cannot be underestimated. Family, childhood friends, community, culture—everything familiar—is left behind in search of greater acceptance. Since Latin American cultures place a strong emphasis on the family, a concept that includes immediate family, extended family, and friends, exiles lose the structure of social support when they emigrate. While living in the United States offers a greater sense of openness for gay men and lesbians, Latinos trade this freedom for the oppressive experience of being a racial minority. This may evoke a crisis in identity as different parts of the self are accepted or rejected in each of the cultural contexts.

Conclusion

For clinicians working with Latino gay men, it is crucial to understand that the issues presented here are generally not the ones that Latino gay men identify as their presenting problems. But these issues are often at the core of the symptomatology they experience. Be it depression, anxiety, low self-esteem, risky behavior, imbalanced love relationships, the underlying realities of sexuality and sexual identity must be explored both for Latino immigrant gay men and Latino gay men born in the United States.

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Recent Reports

Ideologies of HIV Risk

HIV risk is usually perceived as the outcome of individual “deficits.” But such perspectives disregard the subjective experience of men who practice “risky” behavior and they fail to recognize the importance of social, interpersonal, and cultural factors in shaping sexual practice. Instead, according to focus group discussions with 293 Latino gay men, responses can be mapped into “ideologies of sexual risk,” in this case: ideologies of situations and male characteristics that converge in a loss of sexual control, ideologies about a basic incompatibility between safer sex and trust, love, and intimacy, and fatalistic ideologies about the inevitability of HIV infection.

Researchers recruited focus group participants between December 1996 and March 1997 at Latino-identified gay bars in New York, Los Angeles, and Miami. The median age of participants was approximately 30 years old. Seventy-five percent of participants identified as immigrants, and 39 percent had lived in the United States for 10 years or less.

The most common explanation for high-risk sexual behavior was a loss of personal control under certain circumstances, for example, states of high sexual arousal or alcohol or drug intoxication, or situations where sexual behavior is dictated by partners perceived to have more power. In explaining their risk behavior, participants portrayed men as sexually active by nature and unable to stop a sexual episode once the man passes a threshold of sexual excitement. They added that arousal often distracts them from using condoms during sex.

A prominent underlying theme voiced by study participants was that using condoms “makes people feel that they are with a stranger, with someone who is potentially dangerous, with someone you can’t trust, from whom you need to protect yourself.” Condoms were thus perceived as conspiring against feelings of intimacy and closeness, depersonalizing sex, and disrupting the “magic” of a potentially intimate romantic sexual encounter.

Latino Immigrants and Sexual Transgression

Transgressing social rules as a survival strategy is an intrinsic part of Latin American gay men’s psychological functioning, according to a review of societal influences on gay men of Latin American ancestry who live in the United States. Although many gay Latino immigrants are aware of the HIV risks presented by unsafe sex, they associate safer sex guidelines with the moral and social taboos of their countries of origin.

Many of these men view moving to the United States as an act of liberation and are reluctant to accept restrictions on their sexual expression. In this context, seronegative gay men may feel that they can get away with still one more instance of unprotected sex.

In contrast to sex as a biological reality, gender is a socio-cultural construction by which certain human characteristics are masculine and others are feminine. Strict gender role differentiation characterizes Latin American societies. For example, a son who is less than optimally masculine compromises the perceived masculinity of his father. Because of this, fathers frequently warn their sons about the wickedness of homosexuality, contributes to homophobia to such an extent that young people may consider it a sin just to experience homosexual feelings. The resulting battle is not between the self and the environment; it is an inner struggle between a gay man’s feelings and the unchanging moral consciousness that represses him.

Psychocultural Aspects of Latino Gay Men

Latino men who have sex with men report having almost three times as many sexual partners as Latino men who have sex with women only, according to a 10-state tele-
phone survey. However, participants who have sex with men reported always using condoms with 83 percent of their multiple partners, compared to 50 percent of participants who have sex with women only.

Study participants included unmarried men between the ages of 18 and 49. Of the 750 men interviewed, nearly 6 percent reported sex with another man in the previous year. The sample represented a variety of national origins: 56 percent were Mexican, 9 percent were Puerto Rican, and 35 percent were categorized as “other” (mostly Central and South American.)

Men who had sex with men were significantly older, more acculturated, and more educated than other participants. Participants who did not report having sex with men felt strongly that homosexuality is abnormal, distasteful, and unacceptable. In general, men who reported sex with men in the previous year were the most comfortable with explicit sexuality, such as being seen naked by a sexual partner or discussing sexual fantasies, and men who had not had sex during the prior year were the least comfortable with sexual situations.

Examining psychosocial variables and condom use among men who have sex with men reveals how cultural values may influence self-efficacy and condom use. Men who were most sexually comfortable reported higher levels of self-efficacy and consistent condom use. The stigma of homosexuality in traditional Latino culture, however, may cause discomfort in sexual situations with other men and decrease self-efficacy and the likelihood of condom use.

**Acculturation and HIV Risk**


A study of HIV seropositive Latino men and women found that as participants became acculturated to life in the United States, they also became increasingly likely to engage in unsafe sex. Increased rates of unsafe sex may be due to the less restrictive social norms related to substance use and sexuality in the United States compared to some Latin American countries.

Researchers recruited 147 men and 79 women from an outpatient HIV clinic in Los Angeles. Ninety-four percent of the women reported engaging in sex with men only. Forty-three percent of the men reported having sex with men only and 36 percent reported sex with both men and women. Seventy-nine percent of the participants were born outside the United States (52 percent were from Mexico), and 76 percent were interviewed in Spanish.

Sixty-five percent of the men and 68 percent of the women had engaged in sexual activity since they tested seropositive. Of these, 74 percent of the women and 52 percent of the men described their most recent partner as an “intimate lover.” Also among those who were sexually active, 30 percent of the men and 22 percent of the women reported substance use within three hours of their most recent sexual encounter.

Acculturation is the process of change in beliefs, attitudes, values, and behaviors that occurs as a result of long-term interaction between people of different ethnic groups. Although such interactions may produce change in both ethnic groups, the study focused on the Latino population’s choice of language, media preference, and ethnic social relations to measure the degree of acculturation. People who used English to communicate with others and who interacted more with people outside their ethnic group were considered more acculturated.

Increased acculturation was associated with men’s substance use before sex, which, in turn, was associated with unsafe sexual behavior. Although acculturation and substance use before a sexual episode were not associated among women participants, many acculturated women may be at risk for HIV infection if they have sexual relationships with men who use substances and insist on having unprotected sex.
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