

Correlates of Condom Use Intentions and Behaviors Among a Community-Based Sample of Latino Men in Los Angeles

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ABSTRACT *HIV/AIDS has disproportionately affected Latino communities. The majority of research addressing HIV risk behaviors within this population has focused on women. However, men who have sex with women (MSW) are a population increasingly becoming infected with HIV and heterosexual contact is the primary source of HIV transmission among Latinos diagnosed with AIDS. It has been assumed that because men are likely to control condom use, relationship factors are less likely to influence safer sex behavior among men. However, because condom use is an interdependent behavior, understanding factors that predict safer sex behavior among MSW is critical. This study examined the influence of multiple factors on condom use behavior in a community-based sample of young Latino men. Data from 191 Latino men who completed baseline interviews for an intervention were analyzed to examine the association of background, intrapersonal and relationship factors with intentions to use condoms and condom use in the past three months. Findings from multivariate analyses indicated that more positive attitudes toward condoms, stronger partner condom norms and greater participation in decision-making about condom use were significantly associated with both condom use and condom use intentions. Additionally, men reporting lower expectations of negative partner reactions to condom requests were more likely to use condoms, and condom use intentions were higher among men reporting more health protective communication in the relationship. Findings suggest that interventions to prevent HIV need to include men as well as women and address the role of relationship factors and dynamics in safer sex practices.*

KEYWORDS *Condom use, Condom use intentions, HIV/STI prevention, Intrapersonal factors, Latino men, Relationships characteristics.*

INTRODUCTION

Latinos are disproportionately affected by HIV/AIDS. In 2000, Latinos represented 13% of the U.S. population but accounted for 19% of the total number of new AIDS cases.¹ The AIDS rate among Latinos in 2000 was almost three times the rate for non-Latino whites and is now the fourth leading cause of death among Latinos aged 25–44.¹ Although women of all race/ethnicities represent a growing share of new AIDS cases overall, this trend is more pronounced within the Latino population. Latina women accounted for 23% of newly diagnosed AIDS cases

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among all Latinos in 2002 while white women accounted for 15% among all non-Latino whites.¹

Heterosexual contact is the primary source of HIV transmission among Latina women diagnosed with AIDS (49% of cumulative AIDS cases).² Previous studies have found increased HIV risk behavior among heterosexually active Latino men, and these behaviors increase the risk of HIV infection for themselves as well as their female partners. For example, Latino men report higher rates of heterosexual anal intercourse than non-Hispanic men³ and are twice as likely to have multiple partners compared to non-Hispanic white men.⁴ When used consistently and correctly, male condoms are the most effective method of protecting against HIV for sexually active couples.⁵ Research has shown, however, that Latinos are less likely to use condoms than other racial/ethnic groups,^{4,6} and it has been reported that only 20% of Latino men with multiple partners reported using condoms regularly with their primary partner.⁷

Finally, despite the fact that sexual transmission of HIV and other STIs involves two people, prevention research among heterosexuals has focused almost exclusively on the female partner. A significant gap in knowledge concerns factors that influence HIV acquisition and transmission among men who have sex with women (MSW)⁸ and who are in close relationships (e.g., intimate and committed relationships) with these women.⁹ The lack of research on determinants of condom use among MSW may, in part, be due to the fact that a man is less likely to become infected by a woman than is a woman likely to become infected by a man.¹⁰ Alternatively, the focus on women and the exclusion of men in this area of HIV prevention research could be attributed to the fact that theorists have argued that power imbalances in heterosexual relationships influence *women's* ability to negotiate condom use with their male partners.¹¹⁻¹³ It has been assumed that because men are more likely to control condom use, power imbalances and communication skills are less likely to be determinants of safer sex behavior among men. However, because condom use is an interdependent behavior and likely requires the participation, or at least cooperation, of both the man and the woman in a sexual relationship,¹⁴ understanding the factors that influence condom use behavior of MSW is also important.

The overall goal of this study was, therefore, to increase understanding of the background, intrapersonal (e.g., attitudes toward condoms, condom use self-efficacy and perceived vulnerability to HIV/STIs) and relationship factors associated with condom use in a community-based sample of young Latino men. Understanding factors associated with condom use among Latino men could inform much needed interventions and programs aimed at disease prevention for Latino men.

Conceptual Background

We selected the independent variables for this study based upon prior research on the determinants of condom use among heterosexual men and women as well as prominent theoretical frameworks of behavior change that have been applied to understanding heterosexual condom use.¹⁵⁻²¹ More specifically, we drew from two conceptual models of HIV risk reduction: 1) Fishbein's Integrated Behavior Change Model;²² and 2) the Information-Motivation-Behavioral Skills (IMB) Model of HIV/AIDS Risk Reduction.²³ The IMB model posits that information, motivation and behavioral skills are the three fundamental determinants of HIV/AIDS risk reduction behavior change.²³

Five variables drawn from the Fishbein Integrated Model and IMB that previously have been shown and/or theorized to be related to condom use intentions and behavior are used for our analysis. They are attitudes toward condoms, condom use self-efficacy, perceived partner norms for using condoms, perceived vulnerability to HIV/STIs and HIV information heuristics. HIV information heuristics, a construct unique to the IMB model, is defined as “simple but invalid decision rules that individuals invoke to make rapid but incorrect judgments about whether to practice safer sex.”²⁴

Most psychosocial models and theories, however, have an individualistic conceptualization of behavior and do not take into consideration the relationship context that is likely to influence safer sex behavior including condom use.¹¹ In calling for theoretical frameworks that integrate social-structural factors and cognitive-behavioral factors for HIV prevention, Amaro and Raj²⁵ suggest the need to include important individual-based factors (e.g., attitudes toward condoms, condom use self-efficacy and perceived vulnerability to HIV/STIs) within the context of the larger social dynamics of gender.

In addition, findings from a growing body of research suggest that relationship factors and dynamics may be important determinants of condom use behavior, including relationship status or type;^{9,26,27} relationship duration;^{26,27} commitment;^{28,29} power;^{30–33} communication with sexual partners;^{34–37} sexual decision-making;^{27,30,38,39} and partner reactions to condoms.^{38,40} Examining these factors in a sample of Latino men is important because of cultural characteristics that may be particularly salient to this population. For example, cultural values such as “familialismo” (strong feelings of loyalty to and the importance of the family as a social unit and source of support)⁴¹ and “simpatía” (the importance of behaviors that maintain harmonious social relationships)⁴² will likely affect relationship processes of Latino men and women. These relationship factors and dynamics could, in turn, influence condom use behavior.⁴³

Finally, it has been assumed that gender-based power imbalances in heterosexual relationships are potentially more salient for Latina women due to the cultural values of a traditionally machista society in which men are defined by their ability to control and dominate sexual behavior.^{30,44–47,55} Findings from recent studies, including our own work with Latinos in Los Angeles,^{30,55} indicated, however, that Latina women believe that they have power in their relationships and that they are involved in making decisions about sexual behavior and condom use. These women overwhelmingly reported joint decision-making—that is, women were involved in these decisions but so were their male partners. That said, there is a significant gap in knowledge concerning the perceptions of Latino men’s role in condom use decision-making and the impact of that perception on condom use behavior.

Accordingly, we examined the role of the following relationship variables in condom use behavior for Latino men: cohabitation, relationship duration, relationship commitment, perceived partner attitudes for using condoms, communication with sexual partner, condom use decision-making and outcome expectations for suggesting condom use.

METHODS

Study Sample

Data were obtained from participants recruited at the Los Angeles site for a couple-based intervention designed to reduce the risk of unintended pregnancy and STIs,

including HIV, among young Latino men and women.⁴⁸ The sample for the current study consists of the 191 Latino men who completed baseline interviews. We selected the Los Angeles area as our research site for two reasons: first, individuals of Hispanic ethnicity comprise 47% of Los Angeles's total population.⁴⁹ Second, Hispanics are heavily affected by AIDS, comprising over one quarter of Los Angeles County's AIDS cases.⁵⁰

We recruited participants through the female partner using both active and passive strategies.⁴⁸ Active recruitment sites included community health centers, shopping malls, STD and family planning clinics, community colleges, universities, and housing projects. Passive recruitment consisted of placing printed recruiting materials (e.g., posters, flyers, brochures) at various community locations and advertising in local newspapers and radio programs. The printed materials and ads described the project and asked interested persons or those who wanted more information to call a 1-800 phone number. A woman was eligible if she was 18–25 years old, had a male sex partner aged 18 or older, had had sex without a condom within the previous 3 months, and reported one or more HIV risk factors (e.g., had an STD during the past year, had ever used IV drugs, knew or thought her partner had sex with someone else during the past year). Women who were pregnant, who intended to become pregnant within the year, or who self-identified as being HIV positive were not eligible. In addition, women had to self-identify as being Latina. Eligible women were asked to invite their main partners (defined as someone like a spouse or boyfriend) to participate. The male partner had to be aged 18 years or older, and both members of a couple had to agree to participate in order for the couple to be enrolled in the study. Although men of any race/ethnicity were eligible, only data from those who self-identified as Latino were included in these analyses.

Data Collection

Between January 2000 and June 2002, all eligible men completed a 60-min individual interview and received \$30 for their participation. Trained staff conducted the interviews using a computer assisted survey interviewing (CASI) system. For the most sensitive sexual and risk behavior questions, participants were given the option of entering their responses directly into the computer. Voice recordings were used so that the participants heard (through headphones) and saw (on the screen) each question and response option. All interviewers were male, Latino and bilingual, and participants could choose to have the interview conducted in Spanish or English. The research protocol was approved by the site institutional review boards (IRBs) and by the Centers for Disease and Control and Prevention (CDC). Written informed consent was obtained from all participants.

Measures

The interview guide assessed background characteristics, condom use intentions and behaviors, intrapersonal factors and relationship characteristics and dynamics. For selected measures, the specific items used in the measure are presented in the [Appendix](#). Separate confirmatory factor analysis (CFA) was conducted on each construct with more than three items to assess whether each scale represented a unidimensional trait. As recommended by Hu and Bentler,⁵¹ model fit was assessed with the standardized root-mean-square residual (SRMR) and the comparative fit index (CFI). SRMR values less than 0.08 indicate close fit. CFI values range from 0 to 1, with values greater than 0.90 indicative of adequate fit. All scales met both of these criteria.

Background Characteristics We collected data on participants' demographic characteristics such as age, education, religious affiliation, whether they worked outside the home, marital and cohabitation status, country of origin, and spoken language.

Outcome Measures *Intentions to use condoms in the next month* were assessed with four items based on the IMB Model of HIV/AIDS Risk Reduction.²⁴ Items were rated on a five-point response scale ranging from 1 = not at all likely to 5 = extremely likely. We created a scale score by taking the average of the items ($\alpha = 0.96$). The average across the items was computed, and the variable was dichotomized at the median (median = 3). Men scoring above the median were more likely to intend to use condoms in the next month.

To measure *recent condom use*, we asked participants how many times in the past 90 days they had had vaginal or anal sex with their partners and during that period how many times they used a condom when they had sex. We constructed a proportional measure of consistency of condom use by dividing the number of times a participant had used a condom for vaginal or anal sex in the past 90 days [with a specific partner] by the number of times he had vaginal or anal sex [with that partner]. The average proportion of protected acts was 0.3 (SD = 0.4%). Many participants reported no condom use, and few (10.2%) reported using condoms consistently. Consequently, we dichotomized condom use in the past 90 days into "no condom use" (45.5%) and "some condom use" (54.6%).

Intrapersonal Measures *Attitudes towards condoms* were assessed with four items adapted from Misovich et al.²⁴ based on the IMB Model. We created a scale score by taking the average of the items ($\alpha = 0.88$).

Condom use self-efficacy was assessed with 15 items adapted from the condom use self-efficacy scale.⁵² Participants' condom use self-efficacy (i.e., their confidence in their ability to use condoms) was assessed in five different domains: dissatisfying their partner by suggesting condom use, condom use negotiation, condom use mechanics, ability to obtain condoms, and ability to use condoms when using substances. Items were rated on a five-point response scale (from 1 = not at all confident to 5 = extremely confident). We created a scale score by taking an average of the 15 items comprising the scale ($\alpha = 0.94$).

Partner-specific perceived vulnerability measured perceptions of risk for HIV/STDs from having sex with one's partner without using a condom.⁵³ Two items were rated on a five-point response scale (from 1 = not at all likely to 5 = extremely likely). We created a scale score by taking the average of the items ($\alpha = 0.93$). Because over half of the sample had a scale score of 1, we created a dichotomous measure of perceived vulnerability to compare men reporting *not at all likely* on both items to men reporting any likelihood of risk from their partner.

HIV information heuristics were assessed with eight items adapted from the IMB Model.²⁴ HIV information heuristics reflect misconceptions often held about the type of people with whom it is safe to have unprotected sex (e.g., If you know a person very well, you don't have to use condoms to protect against getting HIV from them). Items were rated on a 5-point response scale (from 1 = definitely false to 5 = definitely true). We created a scale score by averaging the responses across the items ($\alpha = 0.71$). Because of the skewed distribution of the scale scores, we created a dichotomous measure to compare men with an average score above 2 (30.9%) to men with scores of 2 or below (69.1%). Scale scores above 2 correspond to greater uncertainty or misconceptions about HIV risks.

Relationship Characteristics and Dynamics To assess *duration of relationship* we asked participants “how long have you been in a sexual relationship with [name of partner]?” Participants reported the number of months and/or years in their current relationship, which we report in years rounded to the second decimal place.

We adapted the general condom norms items from Misovich et al.²⁴ to measure partner-specific *perceived partner norms* for using condoms. Three items assessed the importance of condom use perceived to be held by their partners and were rated on a five-point response scale (1 = not important to 5 = extremely important). We created a scale score by averaging the items ($\alpha = 0.97$).

Relationship commitment was assessed with five items adapted from the commitment component of the Triangular Love Scale.⁵⁴ Items were rated on a five-point response scale (1 = not at all to 5 = extremely). We averaged the scores across the items to create a scale score ($\alpha = 0.78$).

We adapted an item from Harvey et al.⁵⁵ to measure *decision-making about condom use*. Participants were asked to what extent they took part in making decisions about condom use. The item was rated on a five-point response scale (1 = not at all to 5 = a great deal) and was dichotomized to compare respondents taking part in decision-making a lot or a great deal (high level of involvement) to those taking part only a moderate amount, somewhat, or not at all.

Health-protective sexual communication assessed whether people have ever discussed issues related to safer sex with their partners (e.g., attitudes toward condoms, sexual history, HIV/STD testing history). We used 15 dichotomous items (0 = no, 1 = yes) adapted from van der Straten et al.⁵⁶ Responses were summed so that higher scores corresponded to communication on a greater number of health-protective sexual communication topics.

We adapted four items from DiIorio et al.⁵⁷ to measure *expected negative reactions from partners* if condom use was suggested. Items were rated on a five-point response scale (1 = not at all likely to 5 = extremely likely). We created a scale score by averaging the four items ($\alpha = 0.88$).

Data Analysis

We generated descriptive statistics (frequencies and means) for all variables of interest. We tested the bivariate relationships of condom use and condom use intentions to background characteristics and intrapersonal and relationship factors using the Pearson χ^2 test for categorical variables and one way analysis of variance (ANOVA) for continuous variables ($p < 0.05$). Two multivariate logistic regression models were estimated to examine the independent effects of background, intrapersonal, and relationship variables on condom use and condom use intentions. Parsimonious models were constructed by selecting the most theoretically and empirically relevant variables based on consideration of the correlations among covariates and their conceptual importance. Models were trimmed of variables that did not exhibit a relationship with the outcome or moderate the effects of other factors included in the models. Adjusted odds ratios and 95% confidence intervals are reported for each covariate, and the pseudo- R^2 and likelihood ratio χ^2 test results are reported for each model.

RESULTS

The participants ranged in age from 18 to 41 with an average age of 22.8 years ($SD = 3.9$). One-third (33.0%) completed more than 12 years of education, and nearly

TABLE 1. Bivariate associations between background, intrapersonal, and relationship characteristics and reported condom use in the past 90 days

Condom use in past 90 days (<i>n</i>):	No condom use (86)	Condom use (104)	Total
<i>Background characteristics</i>			
Mean age (SD)	23.0 (4.11)	22.6 (3.68)	22.8 (3.85)
More than 12 years education (%)	28.2	37.3	33.0
Speak Spanish better than or equal to English (%)	57.7	64.4	60.5
Born in Latin America (%)	25.9	28.7	27.4
Interview conducted in Spanish (%)	7.1	8.8	7.9
Employed outside home (%)	75.3	72.6	73.8
<i>Intrapersonal characteristics</i>			
Mean attitude toward condoms (SD)**	3.8 (0.97)	4.5 (0.73)	4.2 (0.92)
Mean condom use self efficacy (SD)	3.7 (0.85)	3.8 (0.76)	3.8 (0.80)
Perception of low STI/HIV risk from partner (%)*	76.5	62.8	31.4
Higher HIV heuristics score (%)	28.2	33.3	30.9
<i>Relationship characteristics</i>			
Married to partner (%)	17.7	14.7	16.2
Living with partner (%)	56.5	44.1	50.3
Mean years with partner (SD)**	3.3 (2.44)	2.4 (2.02)	2.9 (2.29)
Mean relationship commitment (SD)	4.0 (0.89)	3.9 (0.87)	4.0 (0.88)
Mean health protective communication (SD)	5.0 (4.14)	6.0 (4.22)	5.4 (4.21)
Mean perceived partner condom norms (SD)***	2.1 (1.13)	3.6 (1.13)	2.9 (1.35)
High participation in decisions for condom use (%)***	44.7	70.6	59.2
Mean negative outcome expectations for suggesting condom use (SD)***	2.5 (1.31)	1.7 (0.96)	2.0 (1.18)

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$.

three-quarters (73.8%) were employed. Over one-fourth (27.4%) were born in Latin America (22.1% were born in Mexico), and the majority spoke Spanish better than or equal to English (60.5%).

The intrapersonal, relationship, and outcome measures used in the analysis are described in Tables 1 and 2. Although the majority of men perceived a low degree of STI/HIV risk from their partners if they did not use condoms, nearly one-third (31.4%) perceived some risk. Half of the men in the sample reported living with their partners, and 16% were married. Nearly two-thirds of the men reported a high level of participation in decisions regarding whether or not to use a condom (59.2%) and, on average, men reported discussing five out of 15 health protective communication topics with their partners. Over half of the men reported using condoms at least once in the past 90 days (54.6%), and slightly less than half reported higher intentions to use condoms in the future (44.0%).

We found no significant differences in the background characteristics of men who used condoms compared to those who did not use condoms (Table 1). Condom use was, however, significantly higher among men who had more positive attitudes toward condoms ($p < 0.01$) and perceived more risk of STI/HIV from one's partner ($p < 0.05$). Condom use was also higher among men in relationships of shorter duration ($p < 0.001$), who perceived more positive partner norms for using condoms ($p < 0.001$), participated to a greater degree in decisions for condom

TABLE 2. Bivariate associations between background, intrapersonal, and relationship characteristics and condom use intentions

Condom use intentions (n):	Below median (107)	Above median (84)	Total
<i>Background characteristics</i>			
Mean age (SD)	23.0 (4.01)	22.5 (3.64)	22.8 (3.85)
More than 12 years education (%)	29.0	38.1	33.0
Born in Latin America (%)	28.0	26.5	27.4
Employed outside home (%)	74.8	72.6	73.8
<i>Intrapersonal characteristics</i>			
Mean attitude toward condoms (SD)***	3.7 (0.93)	4.8 (0.47)	4.2 (0.92)
Mean condom use self efficacy (SD)***	3.6 (0.85)	4.0 (0.66)	3.8 (0.80)
Perception of low STI/HIV risk from partner (%)	72.0	64.3	31.4
Higher HIV heuristics score (%)	35.5	25.0	30.9
<i>Relationship characteristics</i>			
Married to partner (%)	16.8	15.5	16.2
Living with partner (%)**	59.8	38.1	50.3
Mean years with partner (SD)	3.1 (2.33)	2.6 (2.21)	2.9 (2.29)
Mean relationship commitment (SD)	4.0 (0.81)	3.9 (0.95)	4.0 (0.88)
Mean health protective communication (SD)	5.0 (4.19)	6.0 (4.19)	5.4 (4.21)
Mean perceived partner condom norms (SD)***	2.1 (1.12)	3.9 (0.89)	2.9 (1.35)
High participation in decisions for condom use (%)***	46.7	75.0	59.2
Mean negative outcome expectations for suggesting condom use (SD)***	2.4 (1.27)	1.6 (0.90)	2.0 (1.18)

** $p < 0.01$ *** $p < 0.001$.

use ($p < 0.001$) and perceived less negative outcomes for suggesting condom use ($p < 0.001$).

Intentions to use condoms were significantly higher among men with more positive attitudes toward condoms and higher condom use self-efficacy (Table 2). A higher percentage of men scoring above the median for condom use intentions lived with their partners compared to men scoring below the median ($p < 0.01$). Higher condom use intentions were very significantly associated with more positive perceived partner norms for using condoms ($p < 0.001$), greater participation in condom use decisions ($p < 0.001$), and less negative outcome expectations for suggesting condom use ($p < 0.001$).

In multivariate analyses, a similar set of factors were associated with both condom use and condom use intentions (Table 3). More positive attitudes toward condoms was significantly associated with condom use (OR = 1.62, $p < 0.05$) and strongly and significantly associated with condom use intentions (OR = 4.24, $p < 0.001$). Perceived partner norms for using condoms and greater participation in decision-making for condom use were associated with increased odds of condom use in the past 90 days (OR = 2.38, $p < 0.001$ & OR = 2.45, $p < 0.05$) and increased odds of higher condom use intentions in the future (OR = 3.43 $p < 0.001$ & OR = 3.25, $p < 0.05$). The odds of condom use was negatively associated with negative

TABLE 3. Multivariate logistic regression analysis of condom use and condom use intentions on background, intrapersonal, and relationship characteristics

	Reported any condom use in past 90 days		Condom use intentions above median	
	OR	95% CI	OR	95% CI
<i>Background characteristics</i>				
More than 12 years education	1.83	0.78, 4.32	0.88	0.31, 2.55
<i>Intrapersonal characteristics</i>				
Mean attitude toward condoms	1.62*	1.02, 2.56	4.24***	2.13, 8.43
Mean condom use self efficacy	0.66	0.37, 1.16	1.64	0.81, 3.34
Higher HIV heuristics score	2.04	0.87, 4.76	0.85	0.32, 2.25
<i>Relationship characteristics</i>				
Living with partner	0.72	0.32, 1.62	1.20	0.46, 3.11
Mean relationship commitment	1.08	0.67, 1.74	0.88	0.49, 1.58
Mean health protective communication	1.05	0.96, 1.16	1.13*	1.01, 1.27
Mean perceived partner condom norms	2.38***	1.63, 3.48	3.34***	2.00, 5.57
High participation in decisions for condom use	2.45*	1.12, 5.36	3.25*	1.25, 8.49
Mean negative outcome expectations for suggesting condom use	0.70*	0.50, 0.99	0.94	0.60, 1.48
Model <i>n</i>	187		191	
Pseudo R^2 (LR χ^2 <i>p</i> value)	0.33 (< .001)		0.52 (<.001)	

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$.

outcome expectations for suggesting condom use (OR = 0.70, $p < 0.05$). Finally, more health protective communication in the relationship correlated with higher condom use intentions (OR = 1.13, $p < 0.05$).

DISCUSSION

Our findings indicate that both intrapersonal and relationship factors were associated with condom use and intentions to use condoms in this sample of urban Latino men. Interestingly, however, we found that relationship factors were more predictive of men's condom use behaviors than were intrapersonal factors. More specifically, we found that in addition to more positive attitudes toward condoms, stronger partner condom norms and greater participation in decision-making about condom use were significantly associated with both condom use and condom use intentions. Moreover, men reporting lower expectations of negative partner reactions to condom requests were more likely to use condoms, and condom use intentions were higher among men reporting more health protective communication in the relationship. Taken together, these findings indicate that men's protective behaviors are influenced by their female sexual partners and the dynamics within their relationships. The interpretation put forth by Browner⁵⁸ regarding women's reproductive activities could potentially be extended to our findings for this sample of Latino men: with regards to HIV prevention, Latino men are neither "agents acting solely on their own free will or completely constrained by the actions of [women]."

It is noteworthy that although participation in decision-making about condom use was significantly associated with condom use intentions and behavior, condom use self-efficacy was not. These two variables both measured perceived power.⁵⁹ Under the framework for conceptualizing relationship power of Gutierrez et al.,⁵⁹ self-efficacy may be thought of as one aspect of an individual's power. Individual power involves experiencing oneself as a capable person, and power lies within the individual. Decision-making behavior, however, measures interpersonal power. Interpersonal power is defined as the ability to influence others. Because condom use is an interdependent behavior and likely requires the participation of both partners in a sexual encounter, it is not surprising that a measure related to interpersonal power was significantly associated with condom use.

In addition, this result supports previous research^{27,30,32} indicating that perceiving oneself as participating in sexual decision-making increases the likelihood of condom use. Most previous studies have, however, included only women. It may be the *perception* that one has a major role in decisions about safer sex that is important in promoting safer sex behaviors rather than the gender of the person involved. Findings from a previous study of heterosexually active men indicated that those men who reported higher levels of assertiveness were significantly less likely to engage in unprotected sex and were more likely to be further along the stages of change for condom use.⁶⁰ Collectively, these findings indicate that relationship power may be an important contextual variable that influences men's ability to engage their sexual partner(s) in safer sex behaviors.

Some potential limitations should be noted. First, generalizability is limited by the nature of our sample. Because our study was based on a relatively small, homogenous sample of young Latino men (of primarily Mexican descent), results cannot be generalized to other populations of young sexually active Latinos at increased risk for HIV. In addition, to be eligible for the study men had to agree to participate with their sexual partner not only in a baseline interview but also in an intervention. For these reasons, the men who participated in our study may differ from other men, which could affect the external validity of our results. Another limitation lies in the cross-sectional nature of the study, which prevents us from interpreting relationships among variables as causal. Replication of the results in longitudinal studies is desirable. Finally, we chose to examine intentions to use condoms in the future as well as previous condom use behavior because our data were cross-sectional. Much evidence suggests, however, that intentions to use condoms in the future are associated with actual condom use behavior.³⁷ The extent to which these intentions translate to actual condom use and persist over time remains a question for future research.

Despite these limitations, the current study has important strengths, including extensive interviews with a community-based sample of young Latino men in the Los Angeles area. Because of the dearth of research focusing on adult heterosexual Latino men with respect to safer sex behaviors, this study is an important step in addressing this deficiency. Another strength is the focus on both intrapersonal and relationship factors and the large number of relationship variables assessed. In addition, we used partner-specific measures rather than more general measures of constructs.

In conclusion, this study addresses the need for more research on men's sexual and reproductive health⁶¹ and provides new information about the importance of relationship factors as predictors of condom use among a sample of young Latino men. The findings support the recommendation of Amaro and Raj²⁵ to include

individually based factors within the context of larger social dynamics, including gender. We recommend that future research investigate the role of more universal contextual factors affecting immigrant and socially marginalized groups (e.g., perceived discrimination, access to health care, stereotypes held by medical providers) to provide an even richer understanding of the factors underlying the ability of Latino men to protect against HIV.

Finally, our findings suggest that interventions to prevent HIV among Latinos need to include men as well as women and address the role of relationship factors and dynamics in safer sex practices. Interventions may also need to engage both members of a sexually active couple in order to improve communication about sexual needs and safer sex strategies. By providing couples with opportunities to discuss these issues, encouraging them to share responsibility for these decisions and promoting positive attitudes towards condom use, programs and services could potentially increase protective behavior among young Latino women and men at risk for HIV. Assisting Latino men in overcoming barriers to condom use will not only benefit them in their own right but will inevitably result in lower rates of STIs and thereby also benefit women, families and communities.

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APPENDIX

Items for Selected Measures

Condom Use Intentions (5-pt scale, 1 = not at all likely to 5 = extremely likely)

1. During the next month, you intend to try to persuade [name of partner] to use condoms every time you have sex.
2. You intend to get condoms during the next month.
3. You intend to always have condoms handy during the next month.
4. You intend to use condoms every time you have sex with [name of partner] during the next month.

Attitudes Toward Condoms (5-pt scale, 1 = a very bad idea to 5 = a very good idea)

1. How good of an idea do you think that trying to persuade [name of partner] to use condoms every time you have sex would be?
2. How good of an idea do you think that getting condoms during the next month would be?
3. How good of an idea do you think that always having condoms handy during the next month would be?

4. In the next month, how good of an idea do you think that you and [name of partner] using condoms every time you have sex would be?

Condom Use Self-Efficacy (5-pt scale, 1 = not at all confident to 5 = extremely confident)

1. How confident are you that you could suggest using a condom, even if you were afraid that [name of partner] would reject you?
2. How confident are you that you could suggest using a condom, even if you were unsure of how [name of partner] felt about using condoms?
3. How confident are you that you could suggest using a condom, even if you were afraid that [name of partner] would think that you have had sex with another [man/woman] before?
4. How confident are you that you could suggest using a condom, even if you were afraid that [name of partner] would think you have a sexually transmitted disease?
5. How confident are you that you could suggest using a condom with [name of partner], without [her/him] thinking you thought [she/he] had a sexually transmitted disease?
6. How confident do you feel in your ability to discuss using condoms with [name of partner]?
7. How confident do you feel in your ability to suggest using condoms with [name of partner]?
8. How confident do you feel in your ability to put a condom on [name of partner] correctly?
9. How confident do you feel in your ability to use a condom correctly with [name of partner]?
10. How confident do you feel in your ability to put a condom on without breaking the sexual mood with [name of partner]?
11. How confident do you feel in your ability to buy condoms without feeling embarrassed?
12. How confident are you that you could remember to carry a condom with you in case you need one?
13. How confident do you feel in your ability to use a condom with [name of partner] even after you have been drinking?
14. How confident do you feel in your ability to use a condom with [name of partner] even if you were high?
15. How confident do you feel in your ability to use a condom with [name of partner] even if you were sexually excited?

Partner-Specific Perceived Vulnerability (5-pt scale, 1 = not at all likely to 5 = extremely likely)

1. How likely is it that you could get HIV from having sex with [name of partner] without using a condom?
2. How likely is it that you could get a sexually transmitted disease other than HIV from having sex with [name of partner] without using a condom?

HIV Information Heuristics (5-pt scale, 1 = definitely false to 5 = definitely true)

1. If you love and trust someone, you don't have to worry about getting HIV from them.
2. You can tell whether someone has HIV by the way they look.
3. Only people who are homosexual or who use drugs really have to worry about getting HIV.
4. If you know a person very well, you don't have to use condoms to protect against getting HIV from them.
5. You don't have to use a condom for HIV protection if you are in a relationship with just one person, even if that person had sex without a condom with other people before.
6. If a person is not a drug user, you don't need to worry about getting HIV from them.
7. It's more important to use condoms in one-night stands and flings than in real relationships.
8. If you know a person's sexual history and lifestyle before you have sex with them, you do not need to use condoms.

Duration of Relationship (number of months)

1. How long have you been in a sexual relationship with [name of partner]?

Perceived Partner Norms (5-pt scale, 1 = not important to 5 = extremely important)

1. How important is it to [name of partner] that you get condoms during the next month?
2. How important is it to [name of partner] that you always have condoms handy during the next month?
3. How important is it to [name of partner] that you and [she/he] use condoms every time you have sex in the next month?

Commitment (5-pt scale, 1 = not at all like your relationship; to 5 = extremely like your relationship)

1. Even when [name of partner] is hard to deal with, you remain committed to your relationship.
2. Because of your commitment to [name of partner], you would not let other people come between you.
3. You have faith that your relationship with [name of partner] will continue.
4. You view your relationship with [name of partner] as permanent.
5. You can't imagine ending your relationship with [name of partner].

Decision-Making about Condom Use (5-pt scale, 1 = not at all to 5 = a great deal)

1. How much do you take part in deciding whether or not to use a condom with [name of partner]?

Health-Protective Sexual Communication (0 = no, 1 = yes)

1. Have you ever talked with [name of partner] about how he felt using condoms?
2. Have you ever talked with [name of partner] about whether you have ever been tested for HIV, the virus that causes AIDS?
3. Have you ever talked with [name of partner] about whether you ever had some type of sexually transmitted disease like herpes, chlamydia, syphilis, or gonorrhea?
4. Have you ever talked with [name of partner] about whether you ever injected (or shot) drugs like heroin, cocaine, steroids, or speed?
5. Have you ever talked with [name of partner] about whether you ever had sex with other women?
6. Have you ever talked with [name of partner] about whether you have ever been in prison?
7. Have you ever talked with [name of partner] about whether or not you have ever had sex with someone else besides him?
8. Have you ever talked with [name of partner] about whether or not he has ever had sex with someone else besides you?
9. Have you ever talked with [name of partner] about whether he has ever been tested for HIV, the virus that causes AIDS?
10. Have you ever talked with [name of partner] about whether he has ever had some type of sexually transmitted disease like herpes, chlamydia, syphilis, or gonorrhea?
11. Have you ever talked with [name of partner] about whether he ever injected (or shot) drugs like heroin, cocaine, steroids or speed?
12. Have you ever talked with [name of partner] about whether he ever had sex with other men?
13. Have you ever talked with [name of partner] about whether he has ever been in prison?
14. Have you ever talked with [name of partner] about what type of birth control you would like to use?
15. Have you ever talked with [name of partner] about whether you both will have sex only with each other and no one else?

Outcome Expectations for Suggesting Condom Use (5-pt scale, 1 = not at all likely to 5 = extremely likely)

1. How likely is it that [name of partner] would get mad at you if you said you had to use a condom?
2. How likely is it that [name of partner] would think you were having sex with another person if you said you had to use a condom?
3. How likely is it that [name of partner] wouldn't like it if you had a condom with you?
4. How likely is it that [name of partner] would feel like you were saying you don't trust him if you said you had to use a condom?

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