

*Homosex*. Author manuscript; available in PMC 2012 October 10.

Published in final edited form as:

J Homosex. 2010; 57(8): 1004-1021. doi:10.1080/00918369.2010.503510.

# Latino Gay and Bisexual Men's Relationships with Non-Gay-Identified Men Who Have Sex With Men

Carol A. Reisen, PhD,

Department of Psychology, George Washington University, Washington, DC, USA

Maria Cecilia Zea, PhD,

Department of Psychology, George Washington University, Washington, DC, USA

Fernanda T. Bianchi, PhD,

Department of Psychology, George Washington University, Washington, DC, USA

Paul J. Poppen, PhD,

Department of Psychology, George Washington University, Washington, DC, USA

Michele G. Shedlin, PhD, and

College of Nursing, New York University, New York, New York, USA

Marcelo Montes Penha, MA

American Studies Program, New York University, New York, New York, USA

### **Abstract**

This study investigated relationships between Latino gay-identified men in metropolitan New York City and their non-gay-identified male partners. Phase 1 consisted of in-depth interviews (N = 33), and Phase 2 consisted of quantitative surveys (N = 120) with Brazilian, Colombian, and Dominican men who have sex with men (MSM). A majority of participants reported having had sex with heterosexually identified men, and in many cases, the relationship was sustained over time. We found mixed results concerning an attitude sometimes attributed to Latinos that sexual orientation is defined by sexual role, with receptive MSM seen as gay and insertive MSM seen as straight. Although there were no significant associations between partner sexual orientation and unprotected anal intercourse, gay men were less likely to take the insertive role in oral or anal sex with straight-identified male partners than with gay partners.

# Keywords

Latino; MSM; gay identity; sexual orientation; sexual behavior; sexual role

Conceptions of self can have consequences for health in general, and sexual risk in particular (Courtenay, 2000; Goodyear, Newcomb, & Allison, 2000; Marín, Gómez, Tschann, & Gregorich, 1997). One aspect of self-concept is sexual orientation identity, which includes, among others, definitions of the self as heterosexual or straight, homosexual or gay, and bisexual. Identity, however, is not always consistent with behavior; for example, some gay-identified men also have sex with women, and some heterosexually identified men also have sex with men (Doll et al., 1992; Montgomery, Mokotoff, Gentry, & Blair, 2003; Ross, Essien, Williams, & Fernandez-Esquer, 2003). In fact, almost one tenth of the men

who identified as straight in a population-based sample in New York City reported having sexual intercourse with men only in the previous year (Pathela et al., 2006). There is very little research on the topic of heterosexually identified men who have sex with men (MSM) in part because this population is typically hidden and motivated to remain anonymous. This article reports an exploratory study that examines the relationships and sexual behavior of such men and uses their Latino male partners as informants.

### **HIV RISK**

Latino men are at high risk for HIV, with an incidence of AIDS nearly three times that for non-Hispanic White men (National Center for Health Statistics, 2004). MSM continue to make up a large percentage of those infected, with male same-sex sexual contact as the putative means of infection in 43% of AIDS cases among Latinos in the U.S. (Centers for Disease Control and Prevention [CDC], 2004). Latina women also constitute a high risk group, with HIV rates five times those of White non-Hispanic women (CDC, 2004). Sexual contact with a male partner is the most common means of infection for Latinas (CDC, 2004), and in many cases women are unaware of their partners' risk behaviors (e.g., injection drug use, multiple partners, sex with men) and HIV status (Hader, Smith, Moore, & Holmberg, 2001).

Research has suggested that male bisexual behavior is more prevalent among ethnic minorities than Whites (Chu, Peterman, Doll, Buehler, & Curran, 1992). Prevalence data from two national probability samples indicated that one third of Latino MSM reported sex with both men and women in the last five years (Binson et al., 1995). Furthermore, studies have shown low rates of disclosure to female partners concerning sexual activity with other men (CDC, 2003; Kalichman, Roffman, Picciano, & Bolan, 1998; Stokes, McKirnan, Doll, & Burzette, 1996). In addition, condom use was found to be less likely to occur with female partners than with male partners for both gay and bisexually identified African American and White men (Stokes, Vanable, & McKirnan, 1996). It is possible that a similar pattern of behavior occurs among Latinos.

Research has also indicated that MSM who do not identify as gay pose a potential risk to their male partners. In their survey of men in New York City,Pathela et al. (2006) found that heterosexually identified MSM were approximately 40% less likely to have been tested for HIV than gay-identified MSM. Moreover, although gay men were more likely to have engaged in high risk behaviors (e.g., having multiple partners), they were more than twice as likely to have used a condom in the most recent sexual encounter as straight-identified MSM.

# LATINOS AND SEXUAL ORIENTATION

Cultural factors shape attitudes about sexuality and identity in ways that have implications for HIV risk. Although there are multiple expressions of masculinity in Latino culture (Gutmann, 1996, 2003; Mirandé, 1997), certain characteristics are frequently seen as male (e.g., activity, strength, dominance), whereas others are seen as female (passivity, weakness, submission) (Chant & Craske, 2003, De la Cancela, 1985; Mirandé, 1997). Latino men have been portrayed as needing to penetrate during sex, to ejaculate once they are aroused, and to demonstrate virility with female sex partners (Gupta, 2002; Marín, et al., 1997; Wood & Price, 1997). The emphasis on penetration as active and manly has led to a belief by some Latinos that "homosexuals" are those men who take a receptive role in anal intercourse, whereas "men" (i.e., heterosexuals) are those who take an insertive role, regardless of the gender of the partner (Carballo-Diéguez et al., 2004; Carrier, 1992; Carrillo, 2002; Díaz, 1998; Finlinson, Colón, Robles, & Soto, 2006). Moreover, there is evidence that among

some Latino MSM, distinctions in sexual identity are also applied to those who take insertive and receptive roles in oral sex (Tabet et al., 1996).

Sexual orientation identity has been associated with sexual risk behavior in a sample of young Latino men in New York City (Agronick et al., 2004). Bisexually identified men were more likely than gay-identified men to have had insertive anal intercourse, including unprotected intercourse. Similarly, they were less likely to have had receptive anal intercourse in their most recent sexual contact with another man. Moreover, about one third of the men who had a recent sexual encounter with a female partner reported that they did not use a condom during the last vaginal intercourse. An analysis of rates of transmission of HIV from infected individuals to their partners indicated that behaviorally bisexual men pose a high risk to both their male and female partners (Pinkerton, Abramson, Kalichman, Catz, & Johnson- Masotti, 2000).

# **CURRENT STUDY**

This research was part of larger study—a five-year investigation of the context in which sexual risk occurs among Latino immigrant MSM from Brazil, Colombia, and the Dominican Republic. In this article, we explore an unanticipated theme that emerged in Phase 1, the qualitative phase of the larger research project: sexual relationships with men who self-identified as heterosexual. Because so little is published concerning such men, in Phase 2 we included questions on this issue in a quantitative survey in order to pursue the topic further. We sought to learn about men who have sex with men, but who identify as straight, by using their Latino male partners as informants. In Phase 2, we investigated several research questions that arose in Phase 1, including frequency and type of relationships with heterosexually identified MSM, sexual roles, and condom use. We also examined differences in sexual behaviors reported with partners who identified as straight, bisexual, and gay, as well as beliefs attributed to Latinos concerning sexual orientation and sexual roles.

In the larger study, we focused on Brazilian, Colombian, and Dominican MSM because they have received very little attention in the literature, and yet they represent groups whose immigration into the U.S. has increased substantially in recent years (Logan, 2001; Luiz, 2005). Dominicans and Colombians have been called "New Latino Groups," in contrast to those of Mexican, Puerto Rican, and Cuban origin, who are well established in the United States. In addition, Brazilians in this country are greatly understudied because, as Portuguese speakers, they are frequently left out of research concerning Hispanics.

# PHASE 1

#### Method

**Participants**—Participants were MSM who had migrated to the United States from Brazil, Colombia, and the Dominican Republic. The sample was recruited in the New York City metropolitan area and included 36 participants for indepth interviews: 14 Colombian, 12 Dominican, and 10 Brazilians. Three Dominicans were dropped because we discovered during the interviews that they had been born in the United States. The average age of those interviewed was 35 years, with a range from 18 to 58. The median length of time in the United States for in-depth interview participants was 10 years, with a range from one to 26 years. The Dominican participants differed from the Colombian and Brazilian participants in that they were slightly younger and less educated.

**Procedure**—Interviewers were native speakers of Spanish or Portuguese, who conducted the interviews in Spanish, Portuguese, or English, depending on the preference of the

participant. Interview guides were to provide a loose structure for the conversations; openended questions enabled unanticipated topics and themes to surface and to be discussed. The focus of the in-depth interviews concerned recent sexual encounters, including details about the setting, the partner, communication, sexual acts, condom use, and substance use. These topics reflect the central issues of the larger study from which these data were drawn. Interviews were tape recorded and lasted approximately 90 minutes. Participants received \$65 in reimbursement for time and transportation costs.

Data were transcribed in the original languages and analyzed using Atlas.ti 5.0. Four researchers, three of whom were native speakers of Portuguese or Spanish, coded the data. There were at least two coders for each interview, one of whom was a native speaker of the language of the interview. The coding of the first four interviews was done by three coders in order to establish consistent criteria; a majority of the other interviews were coded by two coders. Discrepancies in coding were resolved through discussion and consensus. Coding and analysis took place in the original languages; quotations selected for use in this paper were translated into English.

In keeping with principles of grounded theory (Glaser, 1992), we identified themes and relationships that emerged from the qualitative data. In the larger study from which the data were derived, we did not initially have a research question concerning sexual relationships with non-gay-identified men, and therefore we did not systematically ask all participants about this topic. In analyzing the data, however, we found that the topic surfaced repeatedly.

#### Results

Two main themes emerged relevant to sex between gay or bisexually identified men and heterosexually identified men. The first theme concerned the types of relationships that occur in such partnering. The second theme concerned the construction of sexual orientation identity.

Our participants reported that they or other gay-identified men often had sexual encounters with non-gay-identified men. Such encounters occurred in the context of anonymous sex and casual or committed relationships. A Colombian participant in an in-depth interview ("Rodolfo") described a common situation in which straight men go to gay venues looking for casual or anonymous sex:

Because many a man who is married, has a family, goes there, he goes precisely for somebody to give him a blow job, to see who he can penetrate or who will penetrate him. The same way that somebody will give him a blow job or that he can blow and. . . he leaves and gets lost.

Although this participant was talking about encounters arising in gay bars, the pattern also occurs in parks and other public sex settings. Frequently, partners in these encounters neither know each other's names nor have expectations for continued contact.

Another type of relationship that participants discussed was casual, but involved repeated encounters. An example of an ongoing casual relationship was given by a Brazilian participant ("Bruno"), who described his partner and their relationship this way:

... he isn't "gay." He doesn't live that way. So he sometimes phones me at night and says: "I'm horny as hell, don't you want to come here to the house?" Then I say: "O.K., I'm on my way." I go and then he says, "Come to the house because I'm alone." If he is able or if I feel like it, it happens. It's sort of a convenience thing. If I'm alone and horny and he is also horny, it happens....

As in this particular case, the purpose of such casual relationships is often solely sexual.

In contrast, there are ongoing relationships between gay-identified and heterosexually identified men that involve some intimacy. For example, an HIV positive Colombian ("Luis") reported an ongoing relationship with a married, HIV negative, Dominican man, in which there was some self-disclosure, including general discussion about the partner's family and life. Moreover, the participant displayed affection and concern about his partner's vulnerability to HIV. He reported always using "the most durable condom on the market so that there are no accidents, poor fellow. I don't want anything ever to happen to him."

An example of a more committed relationship was portrayed by a Colombian man ("Luciano") in a five-year relationship with an African American, married man. He explained that this straight-identified man was his most frequent sexual partner and that there was a level of exclusivity involved.

He is very honest with me. He told me, from the first day he told me, "look, I'm married, etc. If I wanted to, I could be with many men or with the ones I want, but I would like to be only with you. With my wife and you."

The trust and commitment in this relationship was also evident in the arrangements that the couple made concerning condom use. The married man, who has sex only with his wife and our participant, does not use a condom. Our participant, however, by agreement, uses condoms when he has sex with other men.

An HIV positive, Dominican participant ("Samuel") also reported an ongoing, nonexclusive relationship with a masculine-looking, HIV positive, heterosexually identified Puerto Rican man who has sex with women and has two children. These men were companions in many ways—watching television, listening to music, talking about their lives, and taking walks. In addition to their shared sexual life, they sometimes went out together and picked up other men for sex for a threesome. At the time of the interview, the straight-identified man was considering the possibility of moving in with our participant.

The second major theme relevant to non-gay-identified men concerned the construction of sexual orientation identity. Participants reported a belief among some Latinos that sexual role determines sexual orientation identity, such that a man who penetrates his sexual partner is heterosexual, regardless of the gender of his partner. The male receptive partner, however, is considered gay. Luis explained that in his small Colombian town, those who took the insertive role in anal intercourse were able to maintain their heterosexual identities.

In Colombia, in the region where I live, there is the belief that the man who penetrates is not homosexual. In short, I had many adventures, many, beyond number, with men who remain 'straight', to put it that way, socially, married men, men (with) females who, nevertheless, played with gays.

We also found an instance in which there was a confluence of sexual role, gender perception, and sexual orientation identity. Luciano, whose description of his committed relationship is given above, reported that his straight lover was always the top and was very affectionate, treating him like a woman. He explained, "In fact, he refers to me as a woman. He doesn't say 'Papi', but it's 'Mami.' "Thus, in this case, the heterosexually identified man assumed the insertive role and assigned a female gender to the receptive partner.

There were other reports that conflicted with the construction of sexual orientation identity based on sexual role. For example, a Brazilian participant ("Francisco") noted that it is not uncommon for a man to have sex with men but retain his straight identity, regardless of his sexual role as an insertive or receptive partner. He said:

It had to be that so-called hetero Latino man who sometimes has a fling, but he isn't homosexual. And when the thing is over, he continues to be hetero and only you are the homosexual. And it doesn't matter what happened. It could have been. . . everybody did everything, you understand, nobody was active or passive, both were passive and both were active, both did everything, and then, when it is all over, he goes back to being hetero.

This quote illustrates that engaging in same-sex behavior, but construing the behavior as temporary, enables some individuals to retain their heterosexual identity. Luciano also reported a conversation in which his married partner said "that he was heterosexual, but from time to time, he has a fling." It is interesting to note this self-perception in the non-gay-identified partner, despite a five-year, intimate relationship with a man.

There were other characteristics that also allowed MSM to maintain their identities as heterosexual. Being married or having children were structural factors that sometimes were seen as conveying heterosexuality. For example, a Dominican gay man told us that his former lover impregnated two women during the course of their long-term relationship in order to promote his tough, heterosexual image in the community. In addition, Samuel, whose relationship with his Puerto Rican partner is described above, noted that this man considered himself straight because of his children and his sex with women, "but, for me. . ., he is gay, but I allow him his idea."

Several of our participants in the in-depth interviews indicated that they did not like to have sex with heterosexually identified men. A Dominican participant ("Fabio") noted that he believed that he had only been with other men who were gay-identified. He said that he objected to MSM who consider themselves straight because they "are confused; they don't know what they are." A Colombian participant ("Eduardo") explained his reasons for not having sex with "straight" men:

I don't like to have sex with people who are not gay-identified, who do not have the same interests as mine. . . . I don't want to sound prejudiced, but it seems denigrating to me. . . the way that they see you, not as a person, but as someone who only wants to have sex with them. . . . I prefer to have sex with people who have the same interests as I do.

# PHASE 2

The findings in the qualitative phase raised issues that we wanted to pursue with a larger sample, and therefore we included questions about sex and relationships with non-gay-identified men in a quantitative survey. As was the case in the qualitative phase, this survey was administered as part of a larger study on the context of sexual risk behavior among Latino MSM.

# Method

**Participants**—The sample of 120 participants for the quantitative survey included 40 Brazilian, 40 Colombian, and 40 Dominican immigrant MSM living in New York City. The mean age was 38.4 years, with a range from 19 to 63. The national origin groups differed in age, with the Dominican group younger than the other two groups (F(2,117) = 5.82, p < .01; M = 39.9 for Brazilians, M = 41.0 for Colombians, and M = 34.2 for Dominicans). In addition, Dominicans came to the United States at a younger age (F(2,117) = 12.95, P < .0001; M = 26.2 for Brazilians, M = 24.5 for Colombians, and M = 15.2 for Dominicans).

There were no other differences among national origin groups on demographic variables, and therefore, we report these characteristics in aggregate form. Participants were given a

range of options concerning employment and were instructed to mark all that applied. With this possibility of multiple responses, 42% reported full-time employment, 13% part-time employment, 18% unemployment, 17% odd jobs, and 19% disability. Forty-eight percent of participants were HIV positive, and 8% did not know their serostatus. Of those who were HIV positive, about one half were diagnosed in 1995 or earlier.

Four individuals were currently married, and 23% had been married at some time. Participants could indicate any of several options for describing their own sexual orientation, therefore, the following categories add to more than 100%. Almost all participants (96%) chose the terms gay (87%) or MSM (9%). In addition, 18% described themselves as bisexual, and 2% described themselves as on the down low. The individuals who indicated that they were on the down low also referred to themselves as bisexual. None of the participants labeled his sexual orientation as straight.

Table 1 shows the distribution of education and income levels in the sample. The participants reported higher levels of education than typically found in studies on Latinos in the United States. The income levels, however, were very low: nearly one half the sample earned \$800 or less per month.

**Procedure**—Recruitment procedures included advertisements in Latino gay media, flyers, and word of mouth. Interested participants called the project representative in New York City, who determined eligibility. Eligibility criteria included being an immigrant from Brazil, Colombia, or the Dominican Republic, residing in the New York City metropolitan area, being at least 18 years of age, having had sex in the last three months, and having had sex with men.

When participants arrived at the research setting, they were given an information sheet and consent form in Spanish or Portuguese, and English about the study. Participants demonstrated their informed consent by marking a master form, rather than by signing their full names, in order to preserve anonymity. After indicating their consent, participants were seated in front of laptop computers and began the survey. All procedures were approved by George Washington University's Institutional Review Board.

We used computer assisted self-interview technology with audio enhancement (A-CASI) and touchscreen responding to administer a survey in Portuguese, Spanish, or English, depending on the preference of the participant. In addition, the audio enhancement enabled participants to listen to questions and responses, thereby providing an accommodation for those with limited reading abilities. Participants received reimbursement of \$50 and a \$15 stipend to cover transportation costs. Completion of the survey typically took between 45 and 90 minutes.

**Measures**—All questions and measures were translated from English into Spanish and Portuguese, and back-translated into English, either for this study or in our previous research. In addition, measures were reviewed by experts from different Spanish-speaking countries to ensure universality of the Spanish used. The main focus of the survey was on specific sexual encounters and the characteristics associated with those encounters (e.g., relationship between partners, physical location, sexual behaviors). Other questions concerned demographic information, sexual behavior over the previous three months, HIV and other sexually transmitted infections, and scales addressed issues such as acculturation, depression, and discrimination.

Pertinent questions for this study came from two portions of the survey. One portion involved questions addressing ongoing relationships with men who identified as

heterosexual or straight. The other portion concerned specific sexual encounters. Participants were asked about a set of encounters, including the most recent, as well as the most recent encounters that met several criteria (e.g. anal intercourse, alcohol or drug use, public setting).

#### Results

More than two thirds of the quantitative survey respondents reported that they had had sex at some time with a man who identified as heterosexual. There were no differences among the Brazilian, Colombian, and Dominican groups in either reports of having sex with straight men or the number of straight partners. About one half of those participants who had had sex with a straight-identified man reported the relationship was sustained for a period of time. Nearly three quarters of the partners with whom our participants reported having had an ongoing relationship were also Latino. Moreover, the majority of partners reported in the specific sexual encounters were also Latino. Thus, for the most part, these sexual encounters and relationships occurred within a Latino cultural context.

**Ongoing relationships with straight men**—Table 2 provides data on a variety of characteristics reported by participants about an ongoing relationship with a heterosexually identified man. Of the 40 men who had such a relationship, 73% reported that the relationship lasted a year or more. Although these ongoing relationships varied greatly, 87% of participants described the relationship as close. Moreover, three-fifths of our participants reported that the straight man was their main sexual partner during the time of the ongoing relationship.

We asked our participants whether their heterosexually identified partners were having sex with other men during the period of their ongoing relationship with the respondent. Half of the survey participants who had relationships with straight men did not know, and 20% knew that their partners were having sex with other men. In contrast, 63% of these participants knew that their partners were having sex with women during the time of their relationship. Although our participants had limited knowledge concerning the relationships of their partners with women, the majority who could report on this issue said that the women did not know that their partners were having sex with a man.

As can be seen in Table 2, fewer than one half of the participants who had ongoing relationships with heterosexually identified men reported that they knew their partner's HIV serostatus. Specifically, 5% knew that their partners were HIV positive, and 38% knew that their partners were HIV negative. About 28% reported that they did not know, and a similar percentage thought they knew but were not sure of the serostatus of their partners. In addition, 38% of participants in the survey reported that their heterosexual partner knew the participant's serostatus. Of those participants who were HIV positive, 31% had disclosed this information to the partner.

Anal intercourse was reported by more than four fifths of the men in ongoing relationships with straight men, and in about a quarter of these cases, condoms were never used. Among those whose sexual practices included anal intercourse in the ongoing relationship with a straight man, about one half reported that there was no sexual role division. Rather, both partners were versatile and assumed the roles of top and bottom.

Partners for specific sexual encounters—Participants in the quantitative survey responded to questions concerning several sexual encounters. Encounters with straight or bisexual partners were much less common than those with gay-identified partners. In order to create groups of participants with straight, bisexual, and gay partners, we organized the data in the following manner. Of the 120 participants, we first selected those for whom one

of the reported encounters was with a straight-identified partner (N= 14), and we sampled the most recent such encounter. Next, of the remaining participants, we selected those who reported at least one encounter with a bisexually identified partner (N= 38), and we sampled the most recent such encounter. Finally, we selected the remaining participants who reported at least one encounter with a gay-identified partner (N= 61), and we sampled the most recent such encounter. Those participants who did not report any encounters in which they knew the sexual orientation of the partner were dropped from the encounter-specific analysis (N= 7). In this manner, we derived one encounter per participant, but maximized the number of encounters with non-gay-identified partners.

In these sexual encounters, emotional involvement was less common than in the ongoing relationships reported above. In one half of the encounters with straight partners, the men had met that day, in contrast to about a quarter with bisexual partners and a third with gay partners. About one fifth of those with straight partners and one half of those with gay partners described their relationship as close.

Data relevant to sexual risk in the encounters with straight, bisexual, and gay partners is shown in Table 3. Anal intercourse occurred in slightly over two-thirds of the encounters, and was reported by about one half of the participants with straight partners, but about 70% of those with gay or bisexual partners. The proportion who reported unprotected anal sex was much lower (11% to 16%). Moreover, the sexual orientation of the partner was not significantly related to the likelihood of having unprotected anal intercourse.

Table 3 also provides information about HIV communication. Although knowledge of HIV status did not differ significantly depending on the sexual orientation of the partner (p = .08), only 14% of participants knew their straight partners' status, in contrast to 44% and 32% who knew their gay and bisexual partners' status. Slightly larger and less disparate proportions reported that their partners were aware of the participants' status.

The comparison of data from sexual encounters indicated that the sexual orientation identity of the partner was related to certain behaviors and roles (see Table 3). Participants reporting on encounters with gay partners were significantly more likely to have been in the insertive role for anal intercourse than those reporting on behavior with straight partners ( $\chi^2(2, N=113)=6.09$ . p<.05). Moreover, the proportion taking the insertive role with bisexual partners fell between the proportions found in encounters with straight and gay partners. A similar pattern was found for oral sex. The percentage of encounters in which our participants received oral sex from gay partners was much higher than from straight partners, with bisexual partners at an intermediate percentage ( $\chi^2(2, N=113)=12.82$ . p<.01).

# DISCUSSION

This study contributes to knowledge concerning MSM who identify as straight, a hidden population that rarely participates in research on sexual behavior. There are several limitations to the current study. First, the topic was not the focus of the original study, but rather emerged from the descriptions of sexual liaisons with married or heterosexually identified MSM given by some participants in our ethnographic research. We did not specifically ask all the participants in in-depth interviews about sex with straight men and, therefore, we have limited qualitative data on this issue. After the topic surfaced, however, we incorporated questions into the quantitative survey, so we were able to obtain further information, albeit with a relatively small sample. Another limitation stemmed from the use of a nonrepresentative sample, although it is difficult to obtain a representative sample from

the population of Latino MSM, many of whom may be motivated to remain unidentified due to their sexual orientation, HIV status, or immigration status.

This study provided information on heterosexually identified men through the eyes of their male sex partners, who shared varying degrees of intimacy with these men. We believe that the use of the sex partners as informants was both a strength and a weakness of this study. It was a strength because the approach enabled us to obtain information about a hard-to-reach population. In addition, because the heterosexually identified men were not the informants, their self-presentation bias did not color the data. The participants were able to provide information about their straight partners' behavior with the participants themselves and, to a lesser degree, with female partners, while preserving the anonymity of these men. The participants, however, were limited in their ability to report some attitudes and behaviors of the heterosexually identified men, particularly with female partners. Moreover, as informants, their own biases and feelings may have influenced their reports concerning the partner.

The findings of this exploratory study suggest that sexual encounters between Latino MSM who identify as gay with those who identify as straight are fairly common, clearly demonstrating the potential discrepancy between self-identity and behavior. Moreover, in some cases, straight-identified men engaged in ongoing relationships with gay men which lasted for an extended period of time. Despite the sustained duration, we heard of several instances in which the heterosexually identified men labeled the contact as a fling, thereby minimizing its importance and, perhaps, relevance to sexual orientation identity.

In this study, there was no evidence of differences in unprotected anal intercourse with straight, gay, and bisexual partners in behavior reported in recent encounters; however, consistent with previous research (Pathela et al., 2006; Pinkerton et al., 2000), we found some behavioral patterns that implied potential risk for both male and female partners of straight men. A substantial minority of our participants in ongoing relationships with straight men reported never using condoms for anal intercourse. In addition, in the majority of these relationships, the partners did not know the HIV status of the other partner. Moreover, the female partners of the heterosexually identified men were frequently unaware of their partner's sexual activity with men, a finding that is consistent with previous research indicating low levels of disclosure of same-sex behavior to female partners (CDC, 2003; Kalichman et al., 1998; Stokes et al., 1996). In addition, the male partners (i.e., the participants in this study) often did not know whether the straight man was having sex with other men and, therefore, did not have full information to assess risk. These results indicate that communication about risk factors (e.g., HIV status, number of partners) was not normative with either male or female partners.

This study provided evidence both challenging and supporting a Latino attitude that sexual role is used to define sexual orientation. Several researchers have described the perception that those who take the receptive role in anal intercourse are feminine, and therefore homosexual, whereas those who take an insertive role are masculine and, therefore, heterosexual (Carballo-Diéguez et al., 2004; Carrier, 1992; Carrillo, 2002; Díaz, 1998; Finlinson et al., 2006). There was some support for this notion in the qualitative data, with several participants reporting role division and the expectation that role assignment was related to sexual orientation. In the survey data, results were mixed. About one half the men who had ongoing relationships with straight men reported strict role division, but the others did not.

Stronger support came from the reports about behavior in recent encounters, which included both casual and regular partners. Our participants were twice as likely to take the insertive

role with gay partners than to do so with straight partners. This finding is consistent with a view that the insertive role in intercourse is perceived by some Latinos as congruent with a heterosexual identity. However, although the comparison was not significant, it should be noted that the frequency of taking the receptive role with straight partners was somewhat lower as well, perhaps due to the fact that anal intercourse itself was less likely with straight partners.

Sexual orientation identity was also related to the behavior of receiving oral sex from a partner. In the vast majority of encounters reported with gay partners, oral sex was given and received. In contrast, our participants reported a slightly greater frequency of giving oral sex to their straight partners, but a significantly lower frequency of receiving oral sex from them. Thus, the gay men were less likely to be the insertive partner in oral sex with a nongay-identified man, a finding consistent with the claim that among Latino MSM sexual role in oral sex, as well as anal sex, is associated with sexual identity (Tabet et al., 1996). An unequal power dynamic could also be responsible for this finding, as well as that concerning insertive anal intercourse. By virtue of his privileged sexual orientation, the straight partner may have supremacy, albeit subtle, over his gay partner, whose sexual orientation is stigmatized. This discrepancy in power may result in the gay partner providing sexual satisfaction to the straight partner and relegating his own sexual needs to a secondary importance. Moreover, for some gay men, straight or masculine men are highly desirable partners, which could also contribute to this dynamic. Other gay men actively avoid straight men as sexual partners, as we learned in our interviews.

The current study is a first step to explore the issue of sexual encounters and relationships between gay-identified and straight-identified MSM. Future research with larger samples and a more comprehensive investigation will provide greater insight into the issue. Furthermore, studies sampling the heterosexually identified men themselves, as well as their female and male partners, would be valuable for elucidating patterns of behavior and sexual risk.

# **Acknowledgments**

The preparation of this article was supported by a grant from the National Institutes of Health (NICHD- R01 HD 046258; M. C. Zea, Principal Investigator). The authors wish to thank the men who participated in this study.

# **REFERENCES**

- Agronick G, O'Donnell L, Stueve A, San Doval A, Duran R, Vargo S. Sexual behaviors and risks among bisexually- and gay-identified young Latino men. AIDS & Behavior. 2004; 8:185–197. [PubMed: 15187480]
- Atlas.ti 5.0. Qualitative data analysis software. http://www.atlast.ti.com
- Binson D, Michaels S, Stall R, Coates TJ, Gagnon JH, Catania JA. Prevalence and social distribution of men who have sex with men: United States and its urban centers. Journal of Sex Research. 1995; 32:245–254.
- Carballo-Diéguez A, Dolezal C, Nieves Rosa L, Díez F, Decena C, Balan I. Looking for a tall, dark, macho man . . . Sexual-role behaviour variations according to partner characteristics in Latino gay and bisexual men. Culture, Health, and Sexuality. 2004; 6:159–171.
- Carrier, J. Miguel: Sexual life history of a gay Mexican American. In: Herdt, G., editor. Gay culture in America: Essays from the field. Boston: Beacon Press; 1992. p. 202-224.
- Carrillo, H. The night is young: Sexuality in Mexico in the time of AIDS. Chicago: University of Chicago Press; 2002.
- Centers for Disease Control and Prevention. HIV/STD risks in young men who have sex with men who do not disclose their sexual orientation—Six U.S. cities, 1994-2000. Morbidity and Mortality Weekly Report. 2003; 52:81–85. [PubMed: 12588004]

Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 16. 2004. Retrieved November 19, 2005, from http://www.cdc.gov/hiv/STATS/ 2004SurveillanceReport.pdf

- Chant, S.; Craske, N. Gender in Latin America. New Brunswick, NJ: Rutgers University Press; 2003.
- Chu S, Peterman TA, Doll LS, Buehler JW, Curran JW. AIDS in bisexual men in the United States: Epidemiology and transmission to women. American Journal of Public Health. 1992; 82:220–224. [PubMed: 1739151]
- Courtenay WH. Constructions of masculinity and their influence on men's well-being: A theory of gender and health. Social Science and Medicine. 2000; 50:1385–1401. [PubMed: 10741575]
- De La Cancela V. A critical analysis of Puerto Rican machismo: Implications for clinical practice. Psychotherapy. 1985; 23:291–296.
- Díaz, RM. Latino gay men and HIV: Culture, sexuality, and risk behavior. New York: Routledge; 1998.
- Doll LS, Peterson LR, White CR, Johnson ES, Ward JW. The Blood Donor Study Group. Homosexuality and nonhomosexually identified men who have sex with men: A behavioral comparison. Journal of Sex Research. 1992; 29:1–14.
- Finlinson HA, Colón HM, Robles RR, Soto M. Sexual identity formation and AIDS prevention: An exploratory study of non-gay-identitifed Puerto Rican MSM from working class neighborhoods. AIDS & Behavior. 2006; 10:531–539. [PubMed: 16736111]
- Glaser, BG. Basics of grounded theory analysis: Emergence vs. forcing. Mill Valley, CA: Sociology Press; 1992.
- Goodyear RK, Newcomb MD, Allison RD. Predictors of Latino men's paternity in teen pregnancy: Test of a mediational model of childhood experiences, gender role attitudes, and behaviors. Journal of Counseling Psychology. 2000; 47:116–128.
- Gupta, GR. Vulnerability and resilience: Gender and HIV/AIDS in Latin America and the Caribbean. 2002. Retrieved September 22, 2005, from http://www.iadb.org/sds/doc/GuptaGeetaRao.pdf
- Gutmann, MC. Introduction: Discarding manly dichotomies in Latin America. In: Gurmann, M., editor. Changing men and masculinities in Latin America. Durham, NC: Duke University Press; 2003. p. 1-26.
- Gutmann, MC. The meanings of macho; Being a man in Mexico City. Berkeley: University of California Press; 1996.
- Hader SL, Smith DK, Moore JS, Holmberg SD. HIV infection in women in the United States: Status at the millennium. Journal of the American Medical Association. 2001; 285:1186–1192. [PubMed: 11231749]
- Kalichman S, Roffman RA, Picciano JF, Bolan M. Risk for HIV infection among bisexual men seeking HIV-prevention services and risks posed to their female partners. Health Psychology. 1998; 17:320–327. [PubMed: 9697941]
- Logan, JR. The new Latinos: Who they are, where they are. 2001. Retrieved January 8, 2007, from http://mumford.albany.edu/census/ HispanicPop/HspReport/page5.html
- Luiz, É. Brazilians in America: 1.3 million and growing fast. 2005 May 29. Retrieved January 8, 2007, from http://www.brazzil.com/index2.php?option= com\_content&do\_pdf=1&id=9294
- Marín BV, Gómez CA, Tschann JM, Gregorich SE. Condom use in unmarried Latino men: A test of cultural constructs. Health Psychology. 1997; 16:458–467. [PubMed: 9302543]
- Mirandé, A. Hombres y machos: Masculinity and Latino culture. Boulder, CO: Westview Press; 1997.
- Montgomery JP, Mokotoff ED, Gentry AC, Blair JM. The extent of bisexual behavior in HIV infected men and implications for transmission to their female sex partners. AIDS Care. 2003; 15(6):829–837. [PubMed: 14617504]
- National Center for Health Statistics. Health, United States, 2004 with chartbook on trends in the health of Americans. Hyattsville, MD: Author; 2004.
- Pathela P, Hajat A, Schillinger J, Blank S, Sell R, Mostashari F. Discordance between sexual behavior and self-reported sexual identity: A population-based survey of New York City men. Annals of Internal Medicine. 2006; 145:416–425. [PubMed: 16983129]

Pinkerton SD, Abramson PR, Kalichman SC, Catz SL, Johnson- Masotti AP. Secondary HIV transmission rates in a mixedgender sample. International Journal of STD and AIDS. 2000; 11:38–44. [PubMed: 10667899]

- Ross MW, Essien EJ, Williams ML, Fernández-Esquer ME. Concordance between sexual behavior and sexual identity in street outreach samples of four racial/ethnic groups. Sexually Transmitted Diseases. 2003; 30:110–113. [PubMed: 12567166]
- Stokes JP, McKirnan DJ, Doll L, Burzette RG. Female partners of bisexual men: What they don't know might hurt them. Psychology of Women Quarterly. 1996; 20:267–284.
- Stokes JP, Vanable PA, McKirnan DJ. Ethnic differences in sexual behavior, condom use psychosocial variables among Black and White men who have sex with men. Journal of Sex Research. 1996; 33(4):373–381.
- Tabet SR, de Moya EA, Holmes KK, Krone MR, Rosado de Quinones M, Butler de Lister M, Garris I, et al. Sexual behaviors and risk factors for HIV infection among men who have sex with men in the Dominican Republic. AIDS. 1996; 10:201–206. [PubMed: 8838709]
- Wood ML, Price P. Machismo and marianismo: Implications for HIV/AIDS risk reduction and education. American Journal of Health Studies. 1997; 13:44–52.

TABLE 1

Education and Income of the Sample (N=120)

	Frequency	%
Education		
Less than a high school diploma	13	10.8
Completed high school	23	19.2
Some trade school or college	38	31.7
Completed college	34	28.3
Graduate education	12	10.0
Income per month		
Less than \$400	26	21.7
\$401 to \$800	31	25.8
\$801 to \$1600	33	27.5
\$1601 to \$2400	19	15.8
\$2401 or more	11	9.2

Survey item	%
Straight man was Latino	72.5
Straight man was a main partner	60.0
Straight man was married	67.5
Straight man knew participant's HIV status	37.5
Participant knew straight man's HIV status	42.5
Relationship with straight man was close	87.5
Had anal sex with straight man	82.5
Straight man had sex with other men prior to relationship with participant	52.5
Straight man had sex with other men during relationship with participant	20.0
Straight man had sex with women during relationship with participant	62.5

**TABLE 3**Sexual Orientation of Partners and Behavior in Sexual Encounter Data

	% reporting behavior with partner identified as:		
	Straight	Bisexual	Gay
Behavior of participant	(N = 14)	(N = 38)	(N = 61)
Anal intercourse	57.1	71.0	70.5
Unprotected Anal intercourse	14.3	10.5	16.4
Insertive role for anal intercourse	21.4	34.2	52.5*
Receptive role for anal intercourse	35.7	50.0	42.6
Gave oral sex	92.9	76.3	76.7
Received oral sex	35.7	63.2	82.0 **
Participant knew partner's HIV status	14.3	31.6	44.3
Partner knew participant's HIV status	35.7	39.5	54.1

<sup>\*</sup>p<.05;

<sup>\*\*</sup> p<.01.