



Published in final edited form as:

Ethn Health. 2021 August ; 26(6): 827–844. doi:10.1080/13557858.2018.1562051.

Contextual Influences on Latino Men’s Sexual and Substance Use Behaviors Following Immigration to the Midwestern United States

Laura R. Glasman¹, Julia Dickson-Gomez², A. Michelle Corbett³, Noel A. Rosado¹, Carol L. Galletly¹, José Salazar⁴

Julia Dickson-Gomez: jdickson@mcw.edu; A. Michelle Corbett: Angela.Corbett@aurora.org; Noel A. Rosado: anrosado@mcw.edu; Carol L. Galletly: cgallett@mcw.edu; José Salazar: jose.salazar@sschc.org

¹Center for AIDS Intervention Research, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin, United States

²Institute for Health and Equity, Medical College of Wisconsin, Milwaukee, Wisconsin, United States

³Center for Urban Population Health, University of Wisconsin School of Medicine & Public Health, Milwaukee, Wisconsin, United States

⁴Sixteenth Street Community Health Centers, Milwaukee, Wisconsin, United States

Abstract

Objectives: Latinos in the United States experience a disproportionate number of HIV and other sexually transmitted infections (STIs) and higher use of alcohol and illegal drugs, which has been attributed to increases in risk behaviors following immigration. Whereas substantial research documents these behavioral changes, little is known about how immigrants increase their risk or why some immigrants increase their risk and other immigrants do not. This study explored how the social and normative context affects sexual and substance use behaviors among Latino immigrant men in a midsized Midwestern city of the United States.

Methods: We interviewed 64 Latino immigrant men recruited from community sites in Milwaukee, Wisconsin (mean age = 32.6 years). Participants reported the social and normative contexts preceding and following immigration, including social networks and support, perceptions of the law, and familiar and peer normative influences.

Results: Immigrants attributed changes in their sexual and substance use behaviors to their immigration goals, social support, peer and familial normative influences, and restrictions related to their immigrant status. Immigration for economic and personal advancement was generally protective from behaviors that would interfere with those goals as were extended familial networks that could provide support, resources, and normative control. The need to stay under the radar of authorities, the proportion of Latinos in the community, the social and normative changes associated with immigrants’ age, and the higher perceptions of risk for HIV in the United States

2071 N Summit Ave., Milwaukee, WI 53202, Telephone 414 955-7770, lglasman@mcw.edu.

Declaration of interest statement

The authors have no conflict of interests to declare.

compared with their home countries also influenced immigrants' sexual and substance use behaviors.

Conclusions: Changes in risk behavior after immigration to the United States reflect a combination of social and normative factors and personal goals. Interventions and policies aiming to prevent HIV and substance use among Latino immigrants should understand the contextual conditions that decrease or increase their risk behaviors in the United States.

Keywords

Latinos; immigrants; substance use; sexual risk behavior; HIV; contextual factors; Midwest; United States

Introduction

Latinos in the United States have disproportionately high rates of HIV and other sexually transmitted infections and greater use of alcohol and illegal drugs. These disparities can be understood in the context of behavioral changes following immigration. Many Latinos emigrate from rural areas with low HIV prevalence and conservative values, and they often report less risky behaviors at arrival than after some time in the United States. Studies have suggested that the proportion of Latino immigrant men who have sex with sex workers, sex with other men, and sex under the influence of drugs or alcohol nearly doubles during the first five years after immigration (Sanchez et al. 2012). Limited access to health care and social services compounds Latinos' risk-taking, as these services are entry points to effective HIV preventive care (Glasman, Weinhardt, and Hackl 2011).

Although evidence shows that, overall, recent Latino immigrants are healthier than more established immigrants and American natives, there is heterogeneity in whether and how immigrants change their risk-taking behavior in the United States (Lara et al. 2005). Studies have observed increases and decreases in sexual risk among women and men after a few years of living in the country (Sastre, Sanchez, and De La Rosa 2015) and that men and women experience different trajectories in substance use, with more consistent increases observed among women (Lopez-Gonzalez, Aravena, and Hummer 2005). Notably, because immigrants may restrict their risk behaviors while they adapt to the U.S. context, lower behavioral risk may in fact reflect temporary reductions from pre-immigration levels (De La Rosa et al. 2012). From this point of view, riskier behaviors among longer-term immigrants may be a return to previous behavioral patterns rather than changes in response to the immigration process (Lara et al. 2005).

Influences on behavior change following immigration to the United States

The apparent heterogeneity of immigrants' risk trajectories has led researchers to examine the reasons for their behavioral changes (Lara et al. 2005). First, differences in behavioral risks among Latino immigrants have been attributed to personal responses to the immigration process. Repeated exposure to prejudice and discrimination and isolation from familial networks can impair self-regulation and hinder behavioral control (Richman and Lattanner 2014). Immigrants who report more experiences of discrimination report more alcohol intake and risky sexual behaviors than those who experience less discrimination

(Otiniano et al. 2014; Otiniano and Gee 2012). Stigma and discrimination also may prevent immigrants from accessing preventive services, which may not be perceived as safe or culturally appropriate (Glasman, Weinhardt, and Hackl 2011).

Differences in risk behavior among immigrants have also been attributed to the process of acculturation to the United States. Compared with U.S.-born Latinos and Whites, foreign-born Latinos tend to endorse more conservative values and to emphasize familial relationships and group norms over individual and seemingly indulgent activities (Brodie et al. 2002). As they acculturate, foreign-born Latinos progressively adopt the host country's more liberal values along with the associated risk behaviors (De La Rosa et al. 2012; Gil, Wagner, and Vega 2000).

More recently, researchers have explored how the immediate context facilitates or restricts immigrants' behavioral risks rather than focusing on intrapersonal processes. From this point of view, immigrants' risk behaviors have been related to a set of community characteristics, such as population density (e.g., urban vs. rural), Latino presence (i.e., proportion of Latinos in the community), and local sex and substance use norms. For example, gay immigrants in New York City attributed their higher numbers of sexual encounters in the United States to the freedoms afforded by the anonymity of living in an area with a large gay population (Bianchi et al. 2010). In turn, gay immigrants to U.S. rural areas felt that their sexual choices were restricted by a lack of social networking opportunities and the need to hide their sexual orientation, given norms that conflate masculinity with heterosexual behavior (Daniel-Ulloa, Sun, and Rhodes 2017; Rhodes et al. 2007). Community characteristics have also influenced the behaviors of Latino immigrant youth, for whom residence in zip codes with large numbers of Latinos and high poverty levels were associated with increased substance use (Frank, Cerda, and Rendon 2007).

Other studies have identified differences in risk behaviors in terms of the size and composition of immigrants' social networks and availability of resources or instrumental support, which were also contingent on immigrants' legal statuses. Among undocumented immigrants, larger social networks and greater Latino presence in their neighborhoods were associated with lower behavioral risk (Cyrus et al. 2015). However, among documented immigrants, greater non-familial support and access to financial opportunities were related to increased substance use, suggesting that expanded non-familial social networks may facilitate risk among those who are less restricted by the need to avoid authorities, abide by familial normative pressure, or compensate for limited resources (Cyrus et al. 2015; Eitle, Wahl, and Aranda 2009).

Finally, studies have suggested that immigration to the United States may involve changes in gender roles and perceptions of sexual and substance use norms, which can affect risk of HIV (Martinez-Donate et al. 2004). For example, immigrant men often engage in stereotypically feminine activities such as housekeeping and childcare when they immigrate alone or their spouses enter the job market (Shedlin, Decena, and Oliver-Velez 2005). These challenges to stereotypical gender roles may prompt men to increase their behavioral risk to assert their masculinity (Rhodes, Hergenrather, et al. 2011). Moreover, more permissive sexual norms together with an increase in economic resources in the United States may

interact to facilitate risk behaviors, especially among immigrants who are young or immigrate alone (Shedlin, Decena, and Oliver-Velez 2005).

The present study

Despite evidence that sexual and substance use behaviors are regulated by social and normative opportunities and constraints that develop or recede following immigration, many gaps exist in our understanding of how these factors affect immigrants' HIV risk. Studies that have examined these influences have been conducted with gay populations in traditional gay destination cities (Bianchi et al. 2007) or rural areas (Rhodes et al. 2007) or have not specified differential effects of the social context on health behavior change (Viruell-Fuentes 2007). Moreover, minimal information is available about the contextual factors that may explain why recent immigrants exhibit lower risk behaviors than more established immigrants and U.S. natives or have heterogeneous risk trajectories following immigration. Qualitative research can help understand the complexity of the relationship between immigration and the social and normative environment that may affect behavioral changes among Latino immigrants. In this study, we sought to identify how these social and normative conditions promote or hinder sexual and substance use behaviors among Latino immigrant men in a midsized Midwestern city with a significant Latino population. We explored the influence of the contexts of participants' immigration decisions and the contexts that followed immigration in terms of (a) social networks (e.g., size, stability, and activities); (b) instrumental support or availability of material assistance (e.g., housing, services, and information; Heaney and Israel 2008); and (c) emotional support, including social acceptance and sense of belonging (Langford et al. 1997). We also explored the normative context in terms of (d) perceptions of the law and experiences with the police; (e) perceptions of local sexual and substance use norms; and (f) peer and familial normative influences. Although immigrant women may also increase their behavioral risk in the United States, a focus on immigrant Latino men's behaviors was selected for two reasons. First, Latino men are more likely than Latinas to immigrate alone and, thus, experience contextual conditions that may increase behavioral risks in larger numbers (Woods-Guillen 2013). Second, immigrant men remain detached from the health care and prevention systems to a greater extent than immigrant women and, thus, are less likely to receive the prevention services that may reduce exposure to HIV (Nandi et al. 2008). A less traditional destination (i.e., a mid-sized Midwestern U.S. city) provided the necessary contrasts in the pre- and post-immigration contexts, which can be attenuated in regions with greater Latino presence and availability of culturally-appropriate services.

Method

We conducted in-depth interviews with 64 Mexican and Central American immigrants in the city of Milwaukee, Wisconsin. All research procedures were approved by the Institutional Review Board at the first author's institution.

Recruitment and participants

Participants were recruited in community sites frequented by different groups of immigrants, including Latino supermarkets, English as a second language classes, bars targeting Latino

populations, community organizations, churches, community clinics, and outreach HIV prevention programs. In each site, study staff approached Spanish-speaking men and invited them to answer a questionnaire to determine their eligibility for a study about foreign-born Latino men's health. Staff also recruited participants through referrals by other men and organizations that work with immigrants. Potential participants were informed that the study was confidential and that no identifying information would be associated with the data. Men were eligible if they were between 18 and 45 years of age, had been born in Mexico or Central America (i.e., El Salvador, Guatemala, Nicaragua, Honduras, or Costa Rica), and had lived in the United States for less than 10 years. These eligibility criteria increased the likelihood that men's experiences were relatively recent and that they did not immigrate as infants or toddlers. Given that Mexicans and Central Americans share cultural, immigration, and risk characteristics that set them apart from other Latinos (Zsembik and Fennell 2005), study eligibility criteria also sought to reduce confounding cultural influences or variability in the sample. Eligible men were scheduled for an interview at a community health center or at their residences. Men were compensated \$40 for their time at the end of the interview.

Procedures

Following informed consent, men responded to questions about the social contexts that preceded and followed immigration, including (a) size, composition, and activities of their social networks and (b) their familial and non-familial instrumental and emotional support. Questions also explored immigrants' normative contexts, including (c) perceptions of the law and interactions with law enforcement; (d) local norms about substance use and sexual behaviors; and (e) peer and familiar normative control. Final questions involved participants' sexual and substance use behaviors in the preceding six months.

Data analyses

Interviews were transcribed verbatim by a professional transcriber of Mexican descent whose first language is Spanish and entered into Atlas.ti qualitative software for analysis. We used a constant comparison strategy in which data collection and analyses were conducted simultaneously (Glaser and Strauss 1967). The first 25 interviews were coded deductively according to central study constructs (e.g., social networks and sexual norms) and inductively by identifying sub-codes within the main study constructs (e.g., familial and peer norms) and emerging content areas that were not anticipated (e.g., transient social networks and homophily), which were included in the interview guide for further exploration in 39 further interviews.

Interviews were coded in Spanish by the first author and a graduate student research assistant, both of whom are bilingual in English and Spanish. Coders first developed and refined a codebook by coding 12 interviews jointly to establish criteria for codes and to explore nuances in emergent themes, which were included in the codebook. Given that complex coding schemes in which the same excerpt involves overlapping themes tend to result in decreased intercoder reliability indices (Campbell et al. 2013), we used a negotiated reliability approach in which coders identified and discussed units of meaning from additional interviews until they reached consensus on nearly all of the codes (Garrison et al.

2006). The remaining interviews were coded separately with weekly meetings to discuss the coded content.

During analysis, coders summarized study domains and observed relationships among constructs within and across participants' narratives. First, they extracted excerpts involving the study's constructs and emergent themes to observe overlaps (e.g., alcohol use and social networks or perceptions of law enforcement and alcohol use) which were used to establish primary hypotheses about the relationship of risk behaviors and contextual factors. This procedure was complemented by comparing quotes across participants reporting different normative and social contexts to observe differences in their sexual and substance use behaviors (Garrison et al. 2006). Illustrative quotes used in this paper were translated into English by the second author (whose primary language is English) and reviewed by the first author (whose primary language is Spanish) to ensure that they accurately reflected their original meaning.

Results

Description of the Sample

Participants were 64 foreign-born Latino men (92% Mexicans) with a mean age of 32.6 years (range 19–45). No participant had immigrated to the United States before 15 or after 37 years of age, suggesting that they had lived in their birth countries for a significant amount of time before immigration but were still young when they arrived in the United States. Table 1 describes the study sample in demographics, social and neighborhood contexts, and risk behaviors. Unless otherwise indicated, the quotes described in the next sections belong to participants who were Mexican and self-identified as heterosexual.

Contextual effects on immigrants' risk behavior

Pre-immigration contexts and reasons for immigration—Overall, immigrants expected to find better economic opportunities in the United States. However, economic advancement was not the only immigration motivation for a significant proportion. For example, seven men indicated that they had left their home countries because they worried about toxic relationships, community violence, or dysfunctional family interactions. These men were aware of how context affected their behaviors, citing the need to improve themselves or start a 'new life' away from circumstances that they perceived as unhealthy. A young immigrant (age 24) reported having left Mexico to avoid unsatisfying relationships with family members that triggered his risky alcohol use:

It was just a really fast decision, that's it. Because in Mexico I had a lot of problems. I had problems with alcohol...and in Mexico, it was like I found a refuge in alcohol because I felt alone. I didn't feel that I had an open communication with my parents, and so this was why I turned to alcohol a lot. I left everything...my work, my studies, everything. Friends too.

Three participants recounted having immigrated to abandon dysfunctional behaviors they attributed to traumatic experiences. Escaping from a hostile environment in which he felt discriminated against because of his family situation, José (age 32) was one of the few

participants who emigrated from Mexico without having a referent person in the United States:

I didn't fit in anywhere. In Mexico, there's a lot of discrimination. In Mexico, if your dad is in jail or your mom died, you aren't anyone. People point at you even if you are only nine years old. So, that labels you and affects your life. That was what turned me to drugs more than anything, to crime. I came to the point that I wanted to leave everything, just flee. I tried to kill myself. The idea of dying comforted me, ending my suffering. To escape from myself, escape society. I wanted to start a new life in a new place. Feel accepted.

Men's reasons for immigration and the context associated with those reasons affected their behaviors in multiple ways. Seven of the men who reported self-improvement as their primary motive for immigration indicated that, in the United States, they did not typically engage in harmful substance use or risky sex. Instead, they described focusing on working, studying, and saving money and/or forming partnerships. For example, José (age 32) believed that his role as husband and father helped him to sustain behavioral improvements he developed in the United States:

In spite of my past, I don't have a record in the US. My record in the United States is clean, I mean, I have never been in jail or anything like that. And they have never taken me in drunk. I straightened out and now I have a wife and children to keep me in line.

Similarly, men who immigrated primarily to pursue economic goals such as saving money or supporting their families in their home countries tended to feel that risk-related activities conflicted with their goals. For example, Armando (age 22) planned to save money and return to Mexico:

We don't go out, I think the fear, one, that we don't know English well and the other because when you come from Mexico, sometimes you come with the idea of doing something back in Mexico [like start a business] and because of that, no, I am going to save all my money.

Young gay men who experienced discrimination and/or discomfort with their sexuality in their home communities saw immigration as a way to express their sexuality and socialize in a more accepting context. For example, Rafael (age 26), a Mexican gay immigrant, commented on how the social context in the United States helped him to come to terms with his sexuality:

I started to get to know the gay clubs when I left and that's how I discovered myself completely. My friends, the ones I lived with, talked about that. There were times that we would go there and they said, 'Look, that's a gay club.' So, from that I began getting the idea and I said, 'Well,' and the day I decided to go out I went to a gay club. And from that I said, 'Okay, well, I am this and I am not going to hide it from anyone.' That helped me because when I went to the gay club I saw a lot of people. And I said, 'But I am like this so why am I hiding?'

Contrary to expectations, gay participants who immigrated with the goal of openly expressing their sexuality did not necessarily increase their sexual risk behaviors. Five of our

12 gay or bisexual participants reported that they quickly formed relationships, sexual and nonsexual, with more established Latino immigrants who helped them to navigate the U.S. context in general, and the gay community in particular. For example, Rafael described receiving information on HIV risk reduction from a more seasoned gay Latino man at the same gay bar in which he came to terms with his sexuality, which shows that social environments accepting of homosexuality can be protective from the risk of HIV.

When I came out, I always protected myself because I met a friend who told me, ‘Look, you just came out.’ I met him when I came out of the closet. At the club where I went that same night, I said to him, ‘Look. Excuse me. Do you come here a lot?’ He said, ‘Yes, why?’ So then I told him, ‘Look, it’s my first time here. I don’t know anyone.’ He says to me, ‘Look. Don’t worry. It’s really noisy here... Let’s go into the bathroom.’ He took me to the bathroom, we talked, I told him all about my history and everything. And he said to me, ‘Don’t worry. Lots of people come here. I don’t know if you are sure about what you want or what. But, if you need anything, I am going to help you.’ And he began to talk a lot about what could happen with infections, the problems and all that.

Of note, some young gay immigrants, though motivated by a goal of improving their economic circumstances, eventually became involved in relationships that did increase their HIV risk. For example, three gay participants described how some young gay Latino men are “brought” to the United States by White Americans they meet in Latin American beach resorts. Unlike those who avoided engagement in risk behaviors in their efforts to advance economically or stabilize socially, these young immigrants reportedly relied on their sexual partners for financial support and were in a vulnerable position to set or negotiate safer sexual arrangements.

Network contexts and support—Except for those who had stable partners in the United States or who joined extended family members or a network of immigrants from their hometowns (see Table 1), participants typically described highly circumstantial social relationships, which they attributed to their high mobility and busy lifestyles. Nearly all participants reported working long hours, having more than one job, or working and studying. Almost half changed jobs frequently and did not know their coworkers’ real names or where they lived; telephone numbers and addresses changed regularly. Given these circumstances, men often found it difficult to find common spaces and times to connect with each other, as described by Angel (age 27):

So, we can’t find a mutual time to go out. No, well, you are going out but not me because I work today, I am going to work tomorrow, and I don’t want to stay out late. And, you know, our times never match. We just get together when it is a holiday here in the US, Thanksgiving or Merry Christmas, New Year’s, only like that.

In fact, contact among immigrants was often interrupted as soon they stopped sharing common social or physical spaces, such as when they changed jobs or moved, even within the same mid-sized city. Angel also described the difficulty of establishing new lasting relationships in the United States:

If they go, they move, they change houses and...it's not a big city but you lose sight of people and the people that you know, every day you know different people. At work people come and go all the time. They leave; the salary, they don't pay you well, they complain, they go and change jobs.

Notably, unstable social networks were also described by men with a few family members in the country (see Table 1), who often felt overburdened by immigrants' settlement needs, disapproved of their sexual orientation (e.g., in the case of gay immigrants), or had different goals or life focuses (e.g., in the case of single immigrants with married relatives in the United States). Andrés (age 26), a Mexican gay man who immigrated with the help of his married sister, explained:

I see my sister but not very often because she is a little bit religious. Umm, and when you come out as a gay person, they understand you because you are a blood relation, you are their family, but it's not so easy to understand if you have a relationship with, or with a brother that has a [male] partner.

Men who had family and children in Mexico or Central America often described the U.S. social context as secondary to their 'real' lives in their home countries. Seven of these immigrants reported that they distrusted and felt detached from their contacts in the United States and expressed a lack of interest in the social activities available within their networks. Sergio, a 30-year-old Mexican immigrant who rented a house with other immigrant men, described his disinterest in his social opportunities:

I am used to working like everyone...coming back home, cooking, eating, having a shower, sleeping, the same the day after, then during the weekend, the first thing you do is the laundry. When I came back home my friends were already drinking. I would follow them with two beers. I felt out of place in that environment and I'd better leave.

Expectedly, participants described how social networks at the time of immigration affected their lifestyles in multiple domains, including their access to resources, emotional states, social lives, and normative expectations. For example, six participants associated their substance use with the need to overcome feelings of isolation and boredom given their weak support systems. Horacio (age 23), a Mexican immigrant with three years in the country, recounted:

I drank a lot because of the isolation of being in your house: you don't have anything else to do, you don't know what else to do. You go to the store and get some beer, listen to music and get drunk. It's a stupid way of remembering things in Mexico and your isolation from not knowing people.

Moreover, 15 single men who had small or no familial networks in the United States described having had limited housing options and experiencing social pressure to engage in risk behaviors, including substance use and casual sex, from roommates, which sometimes was difficult to avoid given the limited alternative resources. Luis, a 35-year-old participant who immigrated to the United States with the help of a friend, described his experiences in the months after his arrival in the country:

He drank already in Mexico and I used to drink with him. We would drink together and we became good friends there and when I came here, I came because of the friendship that we had there, him and me, but when I arrived I found out that he was already taking drugs. In Mexico no, neither one of us, and when I came here he was taking drugs and he was with a friend that sold drugs and the two of them used occasionally, him less than the other guy. I came and I was living with him a year, more or less a year. I was single and later I left because strange things were happening there, well, he sold drugs and...just the three of us were in the house, alone in the house. I was with them like a year, with the drinking and the women, every two weeks they used drugs and they sold drugs and some other things too.

Unlike Luis, men with stronger and larger support networks, mostly involving extended family members well established in the United States, tended to report multiple potential sources of instrumental support and, expectedly, were less likely to experience such pressures. Notably, in some cases, these men were the ones who set behavioral conditions for others in more need as described by Jorge (age 22), a young Mexican participant with extended family in the United States:

Well, my cousin drinks. Since he came to live with us, he stopped drinking, because in the house, the four of us who live there, none of us drinks. Or, there were three of us living there who didn't drink. And my other cousin is the same age as me and my brother and we never drank like that. Well he, since he moved, we talked with him and said, here in the house we don't want him to drink, because, well, none of us drink. And he accepted that. He came to live with us with that condition, to stop drinking.

Of note, taken together, Luis' and Jorge's descriptions illustrate how the need for instrumental support can hinder or promote behavioral risks depending on the norms of the group that provides the resources. Also interestingly, Jorge described how, by allowing men to establish rules about risk behaviors, familial support systems influenced men's external networks and further reinforced the adopted behaviors.

So, now he has stopped drinking for six months. And, well, there is something funny that when you stop drinking your friends that you see now don't invite you out anymore.

Alcohol use was often described as a regulator of immigrants' social relationships, with men using or not using alcohol to connect with social groups or, conversely, avoiding social groups in order to limit interactions involving excessive alcohol use. Fabian (age 36) explained that he had immigrated with the help of some immigrants from his hometown but avoided engaging in social activities with them because of their alcohol use:

The truth is I don't hang out because almost all the people I know drink a lot. They drink a lot. They invite me out but just to drink, they don't invite you to do anything else but just drink, and I don't like that kind of lifestyle.

Finally, six men who had immigrated as adolescents or youths and married in the United States explained that the reductions in risk behaviors that are common after transition to adulthood were, in their cases, reinforced by the demands of supporting their families with

few social resources. In this regard, Carlos (age 35) complained about how maintaining family cohesion and leisure activities was not easy in the United States:

It's like, life is very, here it's all about work. The majority of Mexicans that have a wife here, the wives work, the husband works, and they don't see their children. They have to leave the children with the babysitter. So, the wife comes, at best she sees them two hours, they go to sleep and the other day... That's the life routine here. But no, it's a punishing life. I say, "No." In Mexico, people spend time together. They work on work days, and women are with the children. And when they have their rest days, they go out and spent time together.

Thus, from participants' narratives, the characteristics of immigrants' peer and familial networks interacted in complex ways with their age at immigration, prevalent group norms, and access to resources to influence whether they increased, decreased, or sustained substance use and sexual risk after immigration.

Normative contexts

The law and the police. Overall, participants reported perceiving greater enforcement of the law in the United States than in their home countries. A 38-year-old married man with three years in the country expressed:

Well, here we have to behave because if not, we will go to jail. In Mexico, you know, if the police stop you, I mean, 'look I have something to pay...', and you give money to the police, how do you say that? You know you give the police 'la mordida,' (literally a bite, or a taste i.e., a bribe.)

However, they were also aware that they were especially targeted by law enforcement. A more established Mexican immigrant (age 42) joked about his experiences with the police:

I was going to get my wife from her work....It was summer and I was wearing a tank top. A police officer stopped me from behind, and I always drive the same, normal. I had been followed a thousand times. This time he put on the light and I stopped and asked him why he had stopped me!? He told me because I was wearing a tank top!... He gave me a ticket for not having a license and something else, he gave me, and I paid it. But then next time I went back that way, he had another person stopped there, same as where he had stopped me; they were all Mexican, all Latinos and I said 'this police officer is crooked, looking for excuses to stop us.'

U.S. laws and the penalties for driving while intoxicated were cited as influences on substance use in public as well as limitations to traveling to and from entertainment venues. More than a quarter of the participants described restricting their movements out of fear of endangering their precarious immigration status. Similarly, immigrants reported that they would avoid public sites like bars or social gatherings to meet sexual partners. In fact, many of the social activities involving substance use occurred in private spaces where immigrants would bring food and beverages to save costs and avoid public scrutiny. As stated by a 42-year-old Mexican man:

Well, like all Mexicans, the Mexican tradition is to meet up in the yard, have a carne asada, drink beer, spend time with people. We dance and it's, what do you

call it, that's the Mexican routine. And it's where we come together, cousins, brothers, sisters, aunts, uncles and everything.

Lack of access to a driver's license was cited as a deterrent to social activities and behavioral risk. This was particularly experienced among four immigrants living in areas with low Latino presence who did not speak English and had to travel across the city to find Spanish-language services. A young Mexican participant (age 25) residing in a neighborhood with a low proportion of Latinos reported:

Well, the police are stopping us, all the time. I mean, you can't drive, you can't drive a car. So, I try not to go out of my house, only to work. I mean, it is for safety, to not get in trouble with the police; either you live right here [in the predominantly Mexican neighborhood] or you get in trouble.

In fact, nearly three quarters of the participants described alcohol-related interactions with the police or the legal system experienced personally or by close others, which they often associated with changes in attitudes about using alcohol or other substances in public sites. Carlos (age 37) described how the penalties for driving while intoxicated prompted him to change his behavior:

I lost jobs because I was drinking then. I drank a lot. I hadn't even been here a year [in the United States] when the police picked me up drunk. When the police picked me up I lost my first job because I was in jail three days and it cost me a lot actually. But thanks to this, I stopped drinking because they sent me to Alcoholics Anonymous. That was what...I want to believe that was what helped me really.

Most of the 15 men who had immigrated under the age of 21 reported that being underage affected their opportunities to socialize given the higher legal drinking age and stricter enforcement of drinking laws in the United States than in their home countries. However, these limitations were not necessarily protective because some young immigrants used false identifications or asked others to buy alcohol. Oscar, a 19-year-old immigrant who used a borrowed identification to buy alcohol, stated that he had spent three days in a hospital after drinking and taking 'blue pills' to enhance his sexual performance. He reported that he was unaware of the pills' recommended dose or side effects and did not request the information to avoid appearing inexperienced and exposing that he was underage.

In sum, immigrants' perceptions of the U.S. laws and interactions with the police were often deterrents to engaging in risk behaviors that could draw the attention of the authorities. In at least one case, however, these factors also prevented that they accessed information about the potential negative consequences of taking behavioral risks.

Sexual and drinking norms.: Men reported perceiving more liberal sexual attitudes, less HIV stigma and homophobia, and greater societal acceptance of women's substance use in the United States compared with their home countries. However, several single young men (8) suggested that perceptions of more flexible sexual and drinking norms tended to increase their fear of sexually transmitted infections rather than encouraging them to have more sexual encounters. For example, Antonio (age 23) described his perception that having sex was more "dangerous" in the United States than in his hometown in Mexico:

Um, ...it is easier, um, more dangerous to have sex with girls here....because, well, you see, fewer young people have so much sex there. In the United States there are people who like messing around, and talk to you and then go to the bar and those types of things. So, the girls more open, do you understand me? They talk more with men, and they get along very well!

In addition to normative differences, young immigrants attributed their sexual and substance use behaviors to the degree to which they experienced familial normative control in their receiving communities. For example, men who had immigrated during adolescence reported having had restricted opportunities to use substances and seek sexual partners given a combination of familial control and higher legal drinking age in the United States compared with their home countries. However, young men over 21 years of age often immigrated without close family members and did not experience such normative restrictions to avoid risk behaviors, as stated by a recently immigrated 22-year-old man:

Life is a little bit more liberal here. Not having your parents has a lot to do with it. I mean, in Mexico when you go out to a party with friends, to the club, your parents ask when you are coming back, who you are going with. Do not drive if you drink. And here it is not...

Of note, although only six immigrants reported having had sex with persons who were not of Latino descent, most (47) did not perceive differences in sexual risk in terms of their partners' ethnicity. Rather, they attributed their tendency to have Latino partners to the ethnic composition of their social networks and preference to communicate in Spanish.

Discussion

We examined the influence of the social and normative contexts on Latino immigrants' sexual and substance use behaviors in a mid-sized Midwestern U.S. city. Overall, changes in immigrants' behaviors have been attributed to the internal processes of adoption of U.S. values or stress responses to the immigration process. This study suggests that immigrants' sexual and substance use behaviors are also shaped by the social and normative environments before and after immigration.

First, immigrants' contextual conditions influenced their reasons for immigration and thus their behaviors in the United States. Overall, immigrants who focused on economic or self-improvement goals tried to avoid risk behaviors that may hinder the accomplishment of these goals. However, men with small or no familial support systems were in many cases vulnerable to the adverse contextual conditions associated with immigration. For example, some of these men became alienated from their U.S. contacts and had to seek resources outside their familial circles. In several cases, these more isolated immigrants reported poor housing options and loneliness and appeared to be at higher risk of engaging in casual sex or substance use, most frequently alcohol, to overcome feelings of isolation or to conform to peer pressure (see also Rhodes et al. 2007). It is notable that this also occurred among some men with familial networks in the United States. As previously documented by Viruell-Fuentes (2007), most immigrants know someone who provides support in the United States, but these relationships are often strained by the demands of the settlement process.

In our study, differences in values and goals within the immigrants' families, such as religious relatives of gay immigrants or single immigrants with married relatives, also tended to push some immigrants away from their familial support in the United States. These immigrants' lack of familial support was often compounded by the difficulty in establishing longstanding extra-familial relationships beyond sharing activities or physical and social spaces, given the high mobility, job instability, distrust, and incompatibility of social activities with immigrants' goals (see Barrington et al. 2017). Thus, although our participants reported a tendency to socialize with other immigrants, live in Latino neighborhoods (see Table 1), and select Latino sexual partners, a significant portion did not feel well integrated into the local Latino community.

Immigrants' substance use and sexual risk behaviors were also influenced by social and normative factors related to their age at immigration. First, all of our participants immigrated after puberty, which reduces the likelihood that risk behaviors are driven by U.S. norms that are typically more permissive than those in Latin America (Reingle et al. 2014). Moreover, in our sample, men who had immigrated during adolescence had close family in the country and a degree of support and control, which interacted with other normative factors (e.g., legal drinking age in the United States) to affect their risk behaviors. Note that men's descriptions of the role of familial control are consistent with studies suggesting that young immigrants with larger familial networks and higher parental monitoring are less likely to engage in harmful behaviors than those who do not have these supports (Allen et al. 2008; Mogro-Wilson 2008). However, for a least one of our young immigrants, normative protections backfired by preventing him from obtaining information about the risks associated with substance use.

Our results suggest that some adverse contextual conditions may deter rather than increase immigrants' risk behaviors, particularly in areas of the country that are not traditional Latino immigrant destinations. Identified factors include greater perceived enforcement of the law in the United States, need to avoid the attention of the police, and working conditions that preclude an active social life. The difficulty of obtaining a driver's license was also cited as a deterrent to social and risky activities, in particular among immigrants who lived in neighborhoods with small percentages of Latinos where they were more easily singled out by the police. Men often restricted social life to private venues where they would not be observed and where they would not have to drive after drinking alcohol as in public venues. In this regard, our data are consistent with studies suggesting that expansions in social networks are protective among undocumented immigrants but not among documented immigrants, who may have fewer contextual restrictions and more resources to engage in impulsive behaviors or may be less afraid to attract the attention of authorities (Cyrus et al. 2015).

The differences between our findings and the studies conducted in larger immigration locations are especially informative. For example, unlike our participants, gay immigrants to larger cities emphasized how large urban areas protected them from familial and public scrutiny and provided opportunities to engage in multiple sexual exchanges (Bianchi et al. 2007; Kobrak, Ponce, and Zielony 2015). Thus, the finding that the lack of normative control and public scrutiny in larger urban centers was associated with increases in risk

behaviors is consistent with our results, in which the presence of these controls was described as protective in a Midwestern sample.

Conclusions

Researchers have been puzzled about why some immigrants experience increased risk behaviors with more time in the United States and others do not. Some researchers have explained these differences in terms of meta-contingencies that reinforce or punish behaviors differently in the sending and receiving sites (Corral and Landrine 2008). Other researchers explored contexts that may influence their behaviors in rural areas (Rhodes et al. 2007; Shedlin, Decena, and Oliver-Velez 2005) or urban epicenters (Bianchi et al. 2007). Our study adds to the literature by examining the processes by which the immediate social and normative contexts affect immigrants' behavioral risks in a mid-sized city of the Midwestern United States.

Immigrants' risk behaviors were influenced by their immigration goals and their social support and normative context in the United States. Extended family networks tended to protect Latino immigrants from sexual and substance use risks if they provided options to satisfy immigrants' instrumental and social needs and normative control. However, familial support was not always available even for those who had familial ties in the United States (e.g., when immigrants and their family members had conflicting goals or values).

Another potentially protective factor was a restrictive immigration environment, which often limited immigrants' movements and willingness to socialize in public places or to engage in behaviors that may catch the attention of authorities. In some cases, this was compounded by immigrants' busy schedules, which also precluded them from having leisure time and stable social relationships. Note, however, that restrictive environments and poor social integration also increased some immigrants' behavioral risk by limiting their access to necessary information and intensifying their feelings of isolation (Becerra et al. 2013; Negi 2013).

Finally, immigrants' focus on pursuing economic or personal improvements tended to deter their engagement in behaviors that were inconsistent with those goals. From our findings, it is plausible that increases in behavioral risk among some immigrants in the United States reflect a complex combination of factors including reductions in familial normative control together with increases in non-familial network size and social opportunities to engage in risk behaviors, changes in the initial immigration goals involving personal or economic advancement, easier access to resources, and a relaxation of the actual and perceived restrictions associated with being a recent immigrant (Cyrus et al. 2015).

The qualitative design and potential recruitment bias in our study limit the possibility of drawing causal inferences. A study conducted in a mid-sized city of the Midwest may not be generalizable to other areas of the country. Similarly, changes in the immigration climate since our study was conducted may have affected the applicability of our findings. Although we explored the impact of some contextual factors related to participants' age, our study cannot speak to the multiple individual influences that may interact with the social and normative contexts of immigrants' HIV-related behaviors, including differences in country

of origin or age at immigration. Despite the limitations, our results are consistent with previous findings about immigrants' behaviors and provide an initial approach to understanding the dynamics that may influence differences in risk among this population.

Implications for interventions and future research

In view of changes in the immigration climate in many areas of the United States, it is expected that contextual conditions will remain key to understanding Latino immigrants' sexual and substance use practices and to allocating resources for prevention and treatment. One of our most important findings is the complex role of different network and normative influences on immigrants' risk behaviors. Interventions and services that consider familial and peer networks may be key to reaching immigrants in a way that they perceive as safe and culturally appropriate and also to addressing the normative and support factors that may influence their HIV-related behaviors in the United States. Recently, Rhodes developed one such intervention, in which health promoters were trained to provide prevention information to their networks of Latino immigrants (Rhodes et al. 2009; Rhodes, McCoy, et al. 2011). Other interventions based on intact friendship networks can be helpful to engage immigrants who do not have familial support or are afraid or do not want to have contact with the health care system (Amirkhanian et al. 2012; Ramos et al. 2010).

Despite the importance of our findings, much remains to be learned about the contextual influences on Latino immigrants' behaviors, including how the social and normative context interacts with individual factors like the age, gender, and country of birth. Moreover, the degree to which actual and perceived immigration policies may affect immigrants' risk behaviors as well as their access to services needs special exploration, given the multiple potential legal implications of some of the behaviors that confer HIV risk (see Lechuga et al. 2017).

Acknowledgments

This research was supported by the National Institute of Mental Health under Grant R34 MH100947; Grant R21 MH093242; and Grant P30 MH052776. The authors want to thank the Sixteenth Street Community Health Centers' staff for their invaluable input and support as well as the community sites and organizations that assisted with the study.

References

- Allen ML, Elliott MN, Fuligni AJ, Morales LS, Hambarsoomian K, and Schuster MA. 2008. "The Relationship between Spanish Language Use and Substance Use Behaviors among Latino Youth: A Social Network Approach." *Journal of Adolescent Health* 43 (4):372–9. doi: 10.1016/j.jadohealth.2008.02.016.
- Amirkhanian YA, Kelly JA, Kabakchieva E, Antonova R, Vassileva S, Difrancesco WJ, McAuliffe TL, Vassilev B, Petrova E, and Khoursine RA. 2012. "High-Risk Sexual Behavior, HIV/STD Prevalence, and Risk Predictors in the Social Networks of Young Roma (Gypsy) Men in Bulgaria." *Journal of Immigrant and Minority Health*. doi: 10.1007/s10903-012-9596-4.
- Angel R, and Angel JL. 2015. *Latinos in an Aging World: Social, Psychological, and Economic Perspectives*, Textbooks in Aging Series. New York: Routledge, Taylor & Francis Group.
- Barrington C, Gandhi A, Gill A, Villa Torres L, Brietzke MP, and Hightow-Weidman L. 2017. "Social Networks, Migration, and HIV Testing among Latinos in a New Immigrant Destination: Insights from a Qualitative Study." *Global Public Health*:1–13. doi: 10.1080/17441692.2017.1409783.

- Bianchi FT, Reisen CA, Zea MC, Poppen PJ, Shedlin MG, and Penha MM. 2007. "The Sexual Experiences of Latino Men who Have Sex with Men who Migrated to a Gay Epicentre in the USA." *Culture, Health & Sexuality* 9 (5):505–18. doi: 780010268 [pii].
- Bianchi FT, Shedlin MG, Brooks KD, Montes Penha M, Reisen CA, Zea MC, and Poppen PJ. 2010. "Partner Selection among Latino Immigrant Men who Have Sex with Men." *Archives of Sexual Behavior* 39 (6):1321–30. doi: 10.1007/s10508-009-9510-x. [PubMed: 19688592]
- Brodie M, Steffenson A, Valdez J, and Levin R. 2002. "National Survey of Latinos, 2002: Summary of Findings."
- Campbell JL, Quincy C, Osserman J, and Pedersen OK. 2013. "Coding In-depth Semistructured Interviews: Problems of Unitization and Intercoder Reliability and Agreement." *Sociological Methods & Research* 42 (3):294–320. doi: 10.1177/0049124113500475.
- Corral I, and Landrine H. 2008. "Acculturation and Ethnic-Minority Health Behavior: A Test of the Operant Model." *Health Psychology* 27 (6):737. [PubMed: 19025269]
- Cyrus E, Trepka MJ, Kanamori M, Gollub E, Fennie K, Li T, Albatineh AN, and De La Rosa M. 2015. "Post-immigration Changes in Social Capital and Substance Use among Recent Latino Immigrants in South Florida: Differences by Documentation Status." *Journal of Immigrant and Minority Health* 17 (6):1697–704. doi: 10.1007/s10903-015-0191-3 [doi]. [PubMed: 25787351]
- Daniel-Ulloa J, Sun C, and Rhodes SD. 2017. "The Intersection between Masculinity and Health among Rural Immigrant Latino Men." *International Journal of Mens Health* 16 (1):84–95.
- De La Rosa M, Sanchez M, Dillon FR, Ruffin BA, Blackson T, and Schwartz S. 2012. "Alcohol Use among Latinos: A Comparison of Pre-Immigration, Post-Immigration, and US Born Latinos." *Journal of Immigrant and Minority Health* 14 (3):371–8. doi: 10.1007/s10903-011-9498-x [doi]. [PubMed: 21744245]
- Eitle TM, Wahl AM, and Aranda E. 2009. "Immigrant Generation, Selective Acculturation, and Alcohol Use among Latina/o Adolescents." *Social Science Research* 38 (3):732–42. [PubMed: 19856707]
- Frank R, Cerda M, and Rendon M. 2007. "Barrios and Burbs: Residential Context and Health-Risk Behaviors among Angeleno Adolescents." *Journal of Health and Social Behavior* 48 (3):283–300. [PubMed: 17982869]
- Garrison DR, Cleveland-Innes M, Koole M, and Kappelman J. 2006. "Revisiting Methodological Issues in Transcript Analysis: Negotiated Coding and Reliability." *The Internet and Higher Education* 9 (1):1–8.
- Gil AG, Wagner EF, and Vega WA. 2000. "Acculturation, Familism, and Alcohol Use among Latino Adolescent Males: Longitudinal Relations." *Journal of Community Psychology* 2000;28:443–58. Vol. 28.
- Glaser BG, and Strauss AL. 1967. *The Discovery of Grounded Theory*. Chicago: Aldine.
- Glasman LR, Weinhardt LS, and Hackl KL. 2011. "Disparities in Access To HIV Prevention among Men of Mexican Descent Living in the Midwestern United States." *J Journal of Immigrant and Minority Health* 13 (6):1125–33. doi: 10.1007/s10903-010-9373-1.
- Heaney CA, and Israel BA. 2008. "Social Networks and Social Support." *Health Behavior and Health Education: Theory, Research, and Practice* 4:189–210.
- Kobrak P, Ponce R, and Zielony R. 2015. "New arrivals to New York City: Vulnerability to HIV among Urban Migrant Young Gay Men." *Archives of Sexual Behavior* 44 (7):2041–53. doi: 10.1007/s10508-015-0494-4. [PubMed: 25896489]
- Langford C, Hinson P, Bowsher J, Maloney JP, and Lillis PP. 1997. "Social support: A Conceptual Analysis." *Journal of Advanced Nursing* 25 (1):95–100. doi: doi:10.1046/j.1365-2648.1997.025095.x. [PubMed: 9004016]
- Lara M, Gamboa C, Kahramanian MI, Morales LS, and Hayes Bautista DE. 2005. "Acculturation and Latino Health in the United States: A Review of the Literature and its Sociopolitical Context." *Annual Review of Public Health* 26:367–97.
- Lechuga J, Galletly CL, Broadus MR, Dickson-Gomez JB, Glasman LR, McAuliffe TL, Vega MY, et al. 2017. "The Development and Psychometric Properties of the Immigration Law Concerns Scale (ILCS) for HIV Testing." *Journal of Immigrant and Minority Health* doi: 10.1007/s10903-017-0665-6.

- Lopez-Gonzalez L, Aravena VC, and Hummer RA. 2005. "Immigrant Acculturation, Gender and Health Behavior: A Research Note." *Social Forces* 84 (1):581–93.
- Martinez-Donate AP, Hovell MF, Blumberg EJ, Zellner JA, Sipan CL, Shillington AM, and Carrizosa C. 2004. "Gender differences in Condom-Related Behaviors and Attitudes among Mexican Adolescents Living on the U.S.-Mexico border." *AIDS Education and Prevention* 16 (2):172–86. [PubMed: 15134125]
- Mogro-Wilson Cristina. 2008. "The Influence of Parental Warmth and Control on Latino Adolescent Alcohol Use." *Hispanic Journal of Behavioral Sciences* 30 (1):89–105. doi: 10.1177/0739986307310881.
- Nandi A, Galea S, Lopez G, Nandi V, Strongarone S, and Ompad DC. 2008. "Access to and Use of Health Services among Undocumented Mexican Immigrants in a US Urban Area." *American Journal of Public Health* 98 (11):2011–20. [PubMed: 18172155]
- Negi NJ 2013. "Battling Discrimination and Social Isolation: Psychological Distress among Latino Day Laborers." *American Journal of Community Psychology* 51 (1–2):164–74. doi: 10.1007/s10464-012-9548-0. [PubMed: 22864958]
- Otiniano AD, and Gee GC. 2012. "Self-reported Discrimination and Health-Related Quality of Life among Whites, Blacks, Mexicans and Central Americans." *Journal of Immigrant and Minority Health* 14 (2):189–97. doi: 10.1007/s10903-011-9473-6 [doi]. [PubMed: 21562787]
- Otiniano AD, Grella CE, Amaro H, and Gee GC. 2014. "Discrimination and Substance Use Disorders among Latinos: The Role of Gender, Nativity, and Ethnicity." *American Journal of Public Health* 104 (8):1421–8. doi: 10.2105/AJPH.2014.302011 [doi]. [PubMed: 24922159]
- Ramos RL, Ferreira-Pinto JB, Rusch ML, and Ramos ME. 2010. "Pasa la Voz (Spread the Word): Using Women's Social Networks for HIV Education and Testing." *Public Health Reports* 125 (4):528–33. [PubMed: 20597452]
- Reingle JM, Caetano R, Mills BA, and Vaeth PAC. 2014. "The Role of Immigration Age on Alcohol and Drug Use among Border and Non-Border Mexican Americans." *Alcoholism, Clinical and Experimental Research* 38 (7):2080–6. doi: 10.1111/acer.12440.
- Rhodes SD, Hergenrather KC, Bloom FR, Leichter JS, and Montano J. 2009. "Outcomes from a Community-Based, Participatory Lay Health Adviser HIV/STD Prevention Intervention for Recently Arrived Immigrant Latino Men in Rural North Carolina." *AIDS Education and Prevention* 21 (5 Suppl):103–8. doi: 10.1521/aeap.2009.21.5_suppl.103. [PubMed: 19824838]
- Rhodes SD, McCoy TP, Vissman AT, DiClemente RJ, Duck S, Hergenrather KC, Foley KL, Alonzo J, Bloom FR, and Eng E. 2011. "A Randomized Controlled Trial of a Culturally Congruent Intervention to Increase Condom Use and HIV Testing among Heterosexually Active Immigrant Latino Men." *AIDS and Behavior* 15 (8):1764–75. doi: 10.1007/s10461-011-9903-4. [PubMed: 21301948]
- Rhodes SD, Eng E, Hergenrather K, Remnitz IM, Arceo R, Montaña J, and Alegria-Ortega J. 2007. "Exploring Latino Men's HIV Risk Using Community-Based Participatory Research." *American Journal of Health Behavior* 31 (2):146–58. [PubMed: 17269905]
- Rhodes SD, Hergenrather KC, Vissman AT, Stowers J, Bernard Davis A, Hannah A, Alonzo J, and Marsiglia FF. 2011. "'Boys Must be Men, and Men Must Have Sex with Women': A Qualitative CBPR Study to Explore Sexual Risk among African American, Latino, and White Gay Men and MSM." *American Journal of Men's Health* 5 (2):140–51. doi: 10.1177/1557988310366298.
- Richman LS, and Lattanner MR. 2014. "Self-Regulatory Processes Underlying Structural Stigma and Health." *Social Science & Medicine* 103:94–100. [PubMed: 24507915]
- Sanchez MA, Hernandez MT, Hanson JE, Vera A, Magis-Rodriguez C, Ruiz JD, Garza AH, Castaneda X, Aoki BK, and Lemp GF. 2012. "The Effect of Migration on HIV High-Risk Behaviors among Mexican Migrants." *Journal of Acquired Immune Deficiency Syndromes* 61 (5):610–7. doi: 10.1097/QAI.0b013e318273b651 [doi]. [PubMed: 23018375]
- Sastre F, Sanchez M, and De La Rosa M. 2015. "Changes in Pre- to Post-Immigration HIV Risk Behaviors among Recent Latino Immigrants." *AIDS Education and Prevention* 27 (1):44–57. doi: 10.1521/aeap.2015.27.1.44 [doi]. [PubMed: 25646729]

- Shedlin MG, Decena CU, and Oliver-Velez D. 2005. "Initial Acculturation and HIV Risk among New Hispanic Immigrants." *Journal of the National Medical Association* 97 (7 Suppl):32S–7S. [PubMed: 16080455]
- Viruell-Fuentes EA 2007. "Beyond Acculturation: Immigration, Discrimination, and Health Research among Mexicans in the United States." *Social Science & Medicine* 65 (7):1524–35. doi: 10.1016/j.socscimed.2007.05.010. [PubMed: 17602812]
- Viruell-Fuentes EA, and Schulz AJ. 2009. "Toward a Dynamic Conceptualization of Social Ties and Context: Implications for Understanding Immigrant and Latino Health." *American Journal of Public Health* 99 (12):2167–75. doi: 10.2105/ajph.2008.158956. [PubMed: 19833986]
- Woods-Guillen B 2013. Gender and Undocumented Immigrant Experiences. Available at <http://www.latinodecisions.com/blog/2013/05/10/gender-and-undocumented-immigrant-experiences/>. Retrieved 6/15/2018.
- Zsembik BA, and Fennell D. 2005. "Ethnic variation in health and the determinants of health among Latinos." *Social Science & Medicine* 61 (1):53–63. doi: 10.1016/j.socscimed.2004.11.040. [PubMed: 15847961]

Table 1.

Characteristics of the Interviewed Participants

	<i>M (SD)/N (%)</i>
<i>M</i> Age	32.6 (8.3)
Did not complete high school	19.0 (30.0)
Place of birth	
Mexico	59.0 (90)
El Salvador	2.0 (3.0)
Nicaragua	2.0 (3.0)
Honduras	1.0 (1.6)
<i>M</i> years in the U.S. (range 0–10)	6.2 (2.3)
<i>M</i> age at immigration (range 15–37)	25.8 (6.1)
Support network at immigration	
Partner	5.0 (8.4)
Family	36.0 (54.9)
> 2 family members	9.0 (14.0)
Friends/acquaintances from hometown	21.0 (32.8)
> 2 friends/acquaintances	6.0 (9.0)
Resides in area with high Latino presence	54.0 (83.0)
Has a main partner	
In the U.S.	22.0 (34.7)
In home country	12.0 (18.8)
Sexual orientation	
Heterosexual	52.0 (87.2)
Gay or bisexual	12.0 (18.8)
Used marijuana/cocaine in the U.S.	11.0 (17.0)
Got drunk past two weeks	26.0 (40.0)
Stopped by the police for alcohol related offences	19.0 (29.2)
Had casual partners (6 months)	27.0 (42.2)
Had unprotected casual sex (6 months)	17.0 (26.5)