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# The Relationship Between Hispanics/Latino Men Who Have Sex with Men and Women Cultural Beliefs, Risk Behaviors and Self-Disclosure

Donnalee Maria Lawson-Williams  
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# Walden University

College of Health Sciences

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Donnalee M. Lawson-Williams

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Abstract

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Women Cultural Beliefs, Risk Behaviors and Self-Disclosure

by

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MS, Georgia State University, 2001

BA, Agnes Scott College, 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

May 2017

## Abstract

The purpose of this study was to investigate the relationships among cultural/spiritual beliefs, risk behaviors, and disclosure among Hispanic/Latino men who have sex with men and women (MSMW). Minority men who have sex with men are disproportionately affected by HIV, in particular MSM who are Hispanic/Latino or African American. Limited research is available on the link between Hispanic/Latino MSMW, their cultural/spiritual beliefs, risk behavior, and disclosure about risk behaviors to friends and family. The data were obtained from the SJS Project, which used survey methods to gather data on participants from all 50 states and Puerto Rico. Among the participants in this project, 354 indicated that Hispanic/Latino was their only race/ethnicity, 264 identified as gay (MSM), 23 identified as bisexual (MSMW), and 67 identified as some other sexuality, and thus were not included in the analysis. Chi-square analysis and multiple linear regression were used to analyze the data and test the hypotheses. Among those who identified as bisexual, the results showed no relationship between the independent variable, cultural/spiritual beliefs, and the dependent variable, disclosure. Among those who identified as gay, the results showed a moderate relationship on one item of the independent variable, cultural/spiritual belief, and one item of the dependent variable, self-disclosure. These findings suggest that, among individuals identifying as gay, a relationship exists between disclosing to friends, family, and the neighborhood and feeling supported by family. These findings may inform public health practitioners who have an interest in creating and implementing HIV prevention programs for Hispanic/Latino members of the LGBT community.

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## Dedication

This dissertation is dedicated to the millions for men women and children who are affected by the HIV and to those who are afraid to have an open dialogue on the topic or get tested because of fear of being “outed” or stigmatized. This my opus is dedicated to my four children, Mayim, Rainbow, River and Watts who pushes me each and every day to do more. Thank you for putting up with quick exits from birthday parties, holiday dinners and for recognizing that an education is the most precious gift you can give yourselves. I love you and believe that you too can achieve anything you set out to do.

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## Chapter 1: Introduction to the Study

### **Introduction**

Although great strides have been made in the fight against Human Immunodeficiency Virus (HIV) over the past three decades, HIV still disproportionately affects certain segments of the population. Among those are (a) minority women and (b) men who have sex with men (MSM, Centers for Disease Control and Prevention ([CDC], 2015). Women and MSM in minority communities, particularly Blacks and Hispanics/Latinos, are most affected by HIVHispanics/Latinos (CDC, 2015). The majority of new HIV infections in women result from heterosexual sex (Beaulaurier, Craig, & De La Rosa, 2009). One out of four people living with HIV in the United States is a woman (CDC, 2015). Women are at a greater risk of getting HIV if they engage in unprotected vaginal and anal sex than men are who engage in unprotected sex (CDC, 2015; Beaulaurier, Craig, & De La Rosa, 2009). However, based on the CDC's 2012 transmission category report, about 64% of all diagnosed HIV infections were through male-to-male sexual contact (CDC, 2012). Lieb et al. (2011) reported that, in general, the number of HIV-positive status of Hispanic/Latino women is attributed to unprotected sex with a HI man. It is important to recognize that HI men could include those men who may self-identify as heterosexual but are behaviorally bisexual, engaging in sex with both men and women. HI Hispanic/Latino men who have sex with men and women (MSMW) prefer not to be classified on the basis of engaging in sex with other men; they believe that engaging in same sex behaviors does not define their identities and that their sexual



identify is not as significant as their gender identity (Martinez-Donate et al., 2009). Men who have sex with men have the highest HIV infection rate when compared to other segments of the U.S. population (CDC, 2015; Hoyt et al., 2012). In the United States, 1 in 14 MSM are currently living with HIV (Lieb et al., 2011). In the year 2011, 78.2% of new HIV infection cases were attributed to MSM; MSMW accounted for 26.4% of that number (Singh et al., 2014, p. 5).

The term MSM (MSM) includes gay, bisexual and men who have sex with both men and women (MSMW). Among the MSM population Hispanic /Latino men and Black men are disproportionately affected by HIV and continue to have the highest incidence rate of HIV among MSM (Prejean et al., 2011). Hispanics/Latinos have an HIV infection rate that is 3 times the infection rate of Whites (Singh, Hu, Wheeler, & Hall, 2014). The majority of new HIV infection cases among Hispanics/Latinos are attributed to men and among infected men the majority of new infections come from sexual contact with another man (CDC, 2015). Hispanic/Latino men have the second highest HIV prevalence rate of all ethnic minority groups in the United States (Lieb et al., 2011).

The fact that there is no single Hispanic/Latino culture adds to the challenge of controlling HIV infection in the Hispanic/Latino community overall. What is known is that Black and Hispanic/Latino MSMW are less likely to inform their female partners of their sexual activities with other men and those who identify as heterosexual are less likely to disclose having a male partner (Shearer, Khosropour, Stephenson, & Sullivan, 2012). Another factor contributing to the challenges of controlling HIV in the

Hispanic/Latino community is the fact that, in addition to migrant workers who enter and leave the United States, there are undocumented immigrants who enter the country on a daily basis. For various reasons, it is common for migrant workers and undocumented immigrants to perform high-risk sexual behaviors. One form includes male-on-male contact (Persichino & Ibarra, 2012). It is possible that mobility and immigration can be thought of as a driving source behind HIV (Goldenberg, Strathdee, Perez-Rosales, & Sued, 2012).

In addition to male-on-male sexual contact, other modes of HIV transmission include intravenous drug (IV) drug use and sexual contact with an IV drug user (Bowers, Branson, Fletcher, & Reback, 2012). There are gaps in the literature on the link between the sexual behaviors of Hispanic/Latino MSM and HIV infection among women. This study will address some of the gaps by a looking at the risk behaviors of Hispanic/Latino MSM, and the culture and belief system of Hispanic/Latino MSM about HIV.

### **Statement of the Problem**

The research problem is the association between Hispanic/Latino MSM and HIV among women. Hispanic/Latino MSM are disproportionately affected by HIV (CDC, 2013a) and that they account for 81% of new HIV infection cases amongst all Latino men diagnosed in 2009 (CDC, 2016). Of all newly diagnosed HIV cases among MSM, Hispanic/Latino MSM account for 20% (CDC, 2016). Hispanic/Latino women are also reported to have an HIV incidence rate that is four times that of their White counterpart (CDC, 2013a). Van Gemert et al. (2013) found that men who are behaviorally bisexual

reported engaging in more risky sexual behaviors than men who are behaviorally homosexual and heterosexual. The authors also found that all three categories of men are interlinked and concluded that behaviorally bisexual men may be the primary drivers of HIV epidemics. MSMW were found to have the second highest prevalence of HIV only after MSM (Gorbach et al., 2009). There is a gap in the knowledge on the connection between HIV among women and Hispanic/Latino men who have sex with both men and women. Sandfort and Dodge (2008) noted there is a need for understanding the cultural dynamics of the fairly high rates of male bisexuality in the Hispanic/Latino community and the comparatively low rates of self-disclosure by these men to their female partners.

### **Purpose of the Study**

The purpose of this research was to help public health professionals gain a better understanding of the sexual dynamics of Hispanic/Latino MSMW). I investigated how the risky behaviors of Hispanic/Latino MSMW are connected with their cultural beliefs and their rate of self-disclosure. The study looked at participants' risk behaviors, responses to cultural beliefs pertaining to homosexuality and self-disclosure.

### **Research Questions and Hypotheses**

This study was based on the following two research questions:

*Research Question 1:* What is the relationship between Hispanic/Latino men who have sex with men and (MSMW), their cultural/spiritual beliefs, risk behavior and self-disclosure “coming out” to friends, family and neighborhood?

*H<sub>0</sub>1*: There is no relationship between Hispanic/Latino MSMW cultural/spiritual beliefs, risk behavior and self-disclosure/ “coming out” to friends, family and the neighborhood.

*H<sub>a</sub>1*: There is a relationship between Hispanic/Latino MSMW cultural/spiritual beliefs, risk behavior and self-disclosure / “coming out” to friends, family and the neighborhood.

*Research Question 2*: Does cultural belief influence Hispanic/Latino MSMW self-disclosing information on risk behavior to friends, family and the neighborhood?

*H<sub>0</sub>2*: Cultural belief does not play a role in Hispanic/Latino MSMW self-disclosing risk behavior to friends, family and neighborhood.

*H<sub>a</sub>2*: Cultural belief does influence Hispanic/Latino MSMW self-disclose of risk behavior to friends, family and neighborhood.

### **Nature of the Study**

In this quantitative study, , the potential link between the sexual-risk behaviors of Hispanic/Latino MSMW, their cultural beliefs, and self-disclosure will be examined through the use of nationally representative secondary survey data to understand how women contract HIV . This quantitative analysis should help isolate the bridge between the two groups. In Chapter 3 I provide an in-depth discussion of other methods that could have been used in studying this population. Data from the SJS Project were evaluated to answer the question about the relationship between Hispanic/Latino MSMW cultural belief, sexual risk behaviors and self-disclosure. Chi-square was used to look at the

relationship between the variables; multiple linear regression analysis was used to analyze the relationship between the risk behaviors of Hispanic/Latino MSMW and self-disclosure, while adjusting for age.

### **Terminology**

For the purpose of this research, the terms *behaviorally bisexual*, *bisexual men*, and *MSMW* include men who have sex with both men and women regardless of self-identification, including identifying as heterosexual but engaging in sexual intercourse with men. The term *Hispanic/Latino* is used in this study to include participants who identified as being from, or having origins in, any Spanish speaking country in North American, South America, Central America and the Caribbean, regardless of race.

### **Scope**

The study used a cross-sectional design to examine the relationships among the risky behaviors of Hispanic/Latino MSMW, cultural beliefs, and self-disclosure. Various factors could contribute to the relationship between Hispanic/Latino MSMW and HIV transmission to women, but risk behaviors, cultural belief and self-disclosure to female sex partners seem to be the most important components of the association. Since information on the risk of HIV for women who are the partners of Latino MSMW is very difficult to acquire, this study focused only on the indirect factors that could be associated with HIV risk among women. The generalizability of this study is not only to Hispanic/Latino MSMW in the United States but could be also to Hispanic/Latino men who have sex with men in other countries as well.

### **Assumptions**

This study was based on several assumptions: (a) The sample collected was representative of the population of Hispanic/Latino MSMW. (b) The respondents answered the questions truthfully. (c) The data were not tainted or corrupted (d) The data were collected in an ethical manner and did not cause any harm to participants. (e) The instrument used to record the data was accurate.

The assumptions that are present in this study will be carefully considered during the data analysis. Consequently, I can only assume that the answer given were truthful. It was appropriate to assume that given that data were collected anonymously, participants would be more likely to be open and honest with their answers.

### **Limitations and Delimitations**

One limitation of this study is that I use secondary data and do not have control over the specific questions that participants were asked. Given the topic and subject of the research and the fact that there is really no way to get an accurate count of the number of Hispanic/Latino MSMW in the United States the sample may not be representative of the all Hispanic/Latino MSMW in the United States. Since some Hispanic/Latino MSMW may not be open with there sexuality or some may be undocumented immigrants, or migrant workers it would be impossible to get an accurate count of all possible subjects. With that being said, that limitation is not particularly critical. Another limitation is the methodology use to investigate the relationship between the variables. A primarily collected dataset by the author could have proven to give a more first hand

account of participants experiences, but as mentioned earlier there may have been some difficulties obtaining sufficient participants given the population an subject matter.

The subject of the study was Hispanic/Latino MSMW rather than MSMW of all races. MSMW may be a bridge between low-risk individuals and high-risk individuals (Van Gemert et al., 2013) meaning that MSMW could be the connection between an individual who would have been otherwise considered to be at low risk of contracting HIV and an individual who is considered to be at a high risk of contracting HIV. Hispanic/Latino MSM have a very high HIV infection rate (CDC, 2015), but very little is known about the infection rate of the subpopulation of Hispanic/Latino MSMW.

### **Significance**

This project is unique because it addresses a population that is in need of more research to address issues of HIV and STDs (Ruiz & Briones-Chavez, 2010). The results of this study could provide information that is lacking on the impact of HIV/AIDS on Hispanic/Latino community. The results of this study could also add to the understanding of the relationship between the sexual behaviors of Hispanic/Latino MSMW and how women might have contracted HIV from them. Information from this study could be used to develop and implement interventions and prevention programs that can help educate the Latino men and women in the community. This could lead to a reduction in new HIV infections in the Hispanic/Latino community and it could lower the HIV infection rate among women.

### **Summary and Transition**

Hispanics/Latinos MSM) are disproportionately affected by HIV and have the second highest HIV prevalence in the United States (CDC, 2015). Women are also greatly affected by HIV 1 out of 4 individuals living in the United States is a woman (CDC, 2015). Women get HIV primarily through heterosexual sexual contact with a HI male (HI). There is a subpopulation of MSM who also engage in sex with women (men who have sex with both men and women, MSMW). This group of men may not self-identify as bisexual or gay. The current literature is deficient on the sexual dynamics between MSMW and their female sex partners. Further investigation was needed on a more profound level because understanding of this MSMW subpopulation can advance public health programs geared toward prevention and control of HIV among Hispanic/Latino MSM and women in general.

In this study I sought to examine whether there is any relationship between the risk behavior of Hispanic/Latino MSMW, their cultural beliefs, and their self-disclosure. Since the incidence rate of HIV infection in female partners of Hispanic/Latino MSMW cannot be obtained, this study focused on risk behaviors, cultural/spiritual beliefs, and self-disclosure to friends and family. The findings from this research can help to improve current public health programs aimed at HIV prevention and care in the Hispanic/Latino community as a whole and among MSMW of all races as well. The finding of this research could also aid in the implementation of programs that are specifically geared toward Hispanic/Latino men who have sex with both men and women.



Chapter 2 encompasses an in-depth look at the current literature on the risk behaviors of Hispanic/Latino MSMW, self-disclosure, and Hispanic culture and beliefs as they pertain to homosexuality. Subsequently, Chapter 3, I delineate the methodology of the study, specifics of the variables and the intended analysis. Chapter 4 consists of the results of the research and the interpretation, and Chapter 5 presents the study's conclusion and discussion.

## Chapter 2: Literature Review

### **Introduction**

The purpose of this study was to examine any potential relationship between the behaviors of Hispanic/Latino MSMW, their cultural/spiritual beliefs and their self-disclosure. The goal of the research was to examine the risk behaviors shaped by cultural/spiritual beliefs and self-disclosure to friends, family and neighborhood of Hispanic/ Latino MSMW.

In this chapter I cover the following topics in the literature review: additional background information on HIV among MSM) and HIV among women; risk behaviors of Hispanic/Latino MSM) and the subset of men who have sex with both men and women (MSMW), self-disclosure to sex partners; cultural and personal factors of self-disclosure; the theory of planned behavior (TPB) and the consequence theory of HIV, as they relate to this population; the epidemiology of HIV and the incidence rate of HIV in Hispanic/Latino men; the HIV incidence rate of women in the United States.

### **Method for Literature Search**

In this study, I used the following databases to gather data between 2009 and 2014: (a) Academic Search Complete, (b) MEDLINE with Full text, (c) CINAHL Plus with Full Text, (d) Health and Medical Complete,(e) ProQuest Nursing & Allied Health Source, (f) Science Direct and, (g) CINAHL and MEDLINE Simultaneous Search, and (h) Google Scholar.

Outside of these databases, the websites of the American Public Health Association were also used to locate articles; the CDC was used to obtain information on the epidemiology of HIV among Hispanic/ Latino men and HIV among women in the United States. Studies were chosen based on how they related to the topics of HIV among *Hispanics/Latinos, HIV and MSM, HIV and drug use, and HIV and women; MSM's perception of HIV, MSM's cultural beliefs on HIV and bisexuality; research on drug use among MSM population and female partners of MSMW). Research on MSMW from specific regions of the United States; research conducted in foreign countries on the topic.*

In searching these databases I used the following keywords: *MSM, Hispanic/Latino, Hispanic MSMW, HIV, sexually transmitted infections, female, theory of planned behavior, condom use, culture and homosexuality and bisexuality, behaviorally bisexual men, risk behavior.* A later search was on key words self-disclosure and HIV theories of self-disclosure. Only articles published in English were included. There was some literature on drug use and HIV and a limited amount of literature on HIV among Black MSMW. Most of the articles included were focused on Hispanic/Latino MSMW, however many of the studies included were significant to the understanding of the how MSMW may be a source of HIV infection for women.

## **Background of the Study**

### **HIV among MSMW**

The term Hispanic/Latino refers to an individual of any race living in the United States whose family originates or an individual who was born in any Spanish speaking

country of South America, Central America, Mexico and the Caribbean including Cuban, Puerto Rico, and the Dominican Republic (<http://www.merriam-webster.com/dictionary/latino>).

Hispanic/Latino MSM are disproportionately affected by HIV (CDC, 2013a) and accounted for 81% of new HIV infection cases amongst all Latino men diagnosed in 2009 (CDC, 2013b, ppt.slide#4). Among all newly diagnosed HIV cases of MSM, Hispanic/ Latino MSM accounts for 20% (CDC, 2013b, ppt.slide#6). Latino/Hispanic women are also reported to have a HIV incidence rate that is four times that of their White counterpart (CDC, 2013a). van Gemert et al (2013) found that men who are behaviorally bisexual reported engaging in more risky sexual behaviors than men who are behaviorally homosexual and heterosexual, but they also found that all three categories of men are interlinked. They concluded that behaviorally bisexual men are possibly the primary drivers of HIV epidemics. MSMW were found to have the second highest prevalence of HIV, with 16.3% of all persons diagnosed with HIV in the year 2011 were MSMW (Gorbach, Murphy, Weiss, Hucks-Ortiz, & Shoptow, 2009). The age range 20-29 had the highest percentage of HIV among MSM. Hispanic/Latino MSMW accounts for 18.2% of all. According to the Center for Disease Control and Prevention (2015) in 2011 Hispanic/Latino and Black MSWM had greater rates of HIV infection when compared to their White counterparts. MSMW also reports higher numbers of AIDS diagnosis within one year of their HIV diagnosis. This was true across age groups, race

and ethnicity. In the year 2011 in the United States MSM accounted for 78.2 % of new HIV infection, of that number MSMW accounted for 26.4%.

There is very little in the literature on the connection between the HIV infection rate of women and HIV risk behaviors of Hispanic/Latino men who have sex with both men and women. Sandfort and Dodge (2008) noted there is a need for understanding the cultural dynamics of the fairly high rates of male bisexuality in the Hispanic/Latino community and the comparatively low rates of self-disclosure to female partners.

### **Background on HIV among Women**

Black and Hispanic/Latino women are disproportionately affected by HIV in the United States. According to the CDC (2014) in the United States one in four people affected by HIV are women. Half of the women diagnosed with HIV do not have any type of treatment and even less have the virus suppressed. In the year 2011 the number of new HIV diagnosis in women declined from previous years but still accounts for 21% of all reported diagnosis (CDC, 2014). Women are at risk of HIV when they do not know the HIV risk factors of their male partners and engage in sex without using a condom. Other risk factors for women include intravenous drug use and sex work (CDC, 2014; Harawa et al., 2013). Women in minority communities acquire HIV primarily by way of heterosexual contact (Zule, Bobashev, & Wechsberg, 2009). 71% of Hispanic women, 76% of Black women and 65% of White women acquire HIV by way of sexual contact with a male that was high risk (CDC, 2009).

Harawa, McCuller, Chavers, & Janson, (2013) conducted a study using bivariate analyses and reported a link between women who reported having a male partner who also engages in sex with men and homelessness, transactional sex, large number of sex partners, receptive anal sex and IV drug use, and other drugs labeled as party drugs (such as ecstasy and GHB, crack or powder cocaine, amphetamine)s, getting tested based on high risk behaviors and having a sex partner that used IV drugs, and have a unknown HIV status or sells sex.

### **Risk Behaviors of Hispanic/Latino MSMW**

The two most common way men contract HIV is by having unprotected anal intercourse with other men and unprotected vaginal intercourse with high risk females such as sex workers (Persichino & Ibarra, 2012). There is an important degree of difference in sexual identity when looking at risk behaviors of the MSM population. Men who have sex with men only (MSMO), men who have sex with both men and women (MSMW) and Trans-gender Males (TGM) all have distinctive sexual risk behaviors. These distinctive behaviors affect the way they acquire and transmit HIV (Bowersa, Branson, Fletcher, & Reback, 2011). When comparing MSMO, MSMW and TGM, MSMWs are found to be less educated and less aware of their HIV status when compared to MSMO. MSMW are also reported to have a greater rate of homelessness, be less educated, have a higher rate of alcohol, marijuana, methamphetamine, cocaine, crack cocaine, GHB and other illegal drugs use when compared to other MSM groups (Bowersa et al., 2011; Zule et al., 2009; Gorbach et al., 2009; Zellner et al., 2009). In

order to be seen as being a real man, MSMW may engage in sexual relationships with a higher number of female partners (Zule et al., 2009). Zule et al (2009) conducted a study in which a quarter of the MSMW participants who identified as heterosexual indicated they had a minimum of one female partner who had no knowledge they had sex with other men. They also found that about 25% of the sample in the study reported insertive anal sex with other men; and an equal number of participants reported engaging in receptive anal intercourse. The same study found that MSMW who were less likely to use protection with male partners were also more likely to have unprotected sex with female partners (Zule et al., 2009). MSMW who have a main female partner are more likely to engage in sex while high on drugs. They are also more likely to have transactional sex where sex is exchanged for money or drugs (Gorbach et al., 2009). MSMW are also more likely to than MSMO to ever inject drugs (Maulsby, Sifakis, German, Flynn, & Holtgrave, 2013). In a study by Zellner et al., (2009) a large number of HI MSMW reported being under the influence of alcohol and illegal drugs including injection drugs, during sex within the past 60 days before being in the study. Although sexual contact is the primary mode of getting HIV for MSM, drug use was noted as the main source of contracting HIV for MSMW (Nakamura, Semple, Strathdee, & Patterson, 2011). These findings support the argument that there is a link between high HIV prevalence and hard drug use such as heroin and crack (Ramirez-Valles, Garcia, Campbell, Diaz, & Heckathorn, 2008).

As stated earlier, Hispanics/Latinos are unequally affected by HIV (CDC, 2013a), 87% of all projected new HIV infections among Hispanics/Latinos in the United States were males. Of this number 79% of all new HIV infection cases were due to male-on-male sexual contact. This high number of cases can be attributed to the lack of complete information about HIV and STDs among Hispanic/Latino MSM, MSM who identify as heterosexual and MSMS who uses the internet to find sex partners (Rhodes et al., 2011). One explanation given for this lack of knowledge is that being a man is verified through sex and in the Latino/Hispanic community men who have sex with other men are frequently viewed as weak and effeminate, causing them to stay away from information that could enlighten about the risk of HIV (Rhodes et al., 2011; Rhodes et al., 2010). In the Hispanic/ Latino MSM population, MSM who identify as heterosexual are maybe overlooked in HIV prevention aimed at MSM population in general (Rhodes et al., 2011). Cultural belief and background is the determining factor for behavior (Reback & Larkins, 2013). Hispanic/Latino from other country may not have had information available to them before entering the United States, thus also adding to the lack of HIV knowledge (Rhodes et al., 2011). A study investigating sexual risk behavior and substance use in Hispanic/Latino gay, bisexual and transgender person in Chicago and San Francisco, concluded that HIV prevalence was higher among Latinos born outside the United States in Chicago even though the opposite was true for those who migrated to San Francisco (Ramirez-Valles et al., 2008). Hispanic/Latino men born outside of the United States often reports engaging in high risk sexual behaviors, such as anal sex without condoms,



using drugs during sex, contact with bodily fluids (De Santis, 2012). The pressures of trying to fit in to American society and being away from family can lead to foreign born Hispanic/Latino engaging in high risk behaviors such as using drugs, high alcohol consumption and multiple sex partners (Gonzalez-Guarda et al., 2010; Martinez et al., 2011).

Hispanic men were identified as being more sexual than their White counterparts; this included a more profound interest in sex, multiple sexual partners and sexual activities, being unfaithful and seeking prostitution, less likely to use condoms even when they know they have an STI including HIV (Gonzalez-Guarda et al., 2010; Nakamura & Zea, 2010). Reisen et al., (2010) found that there is some evidence of a Latino mind-set that sexual orientation defines sexual roles. The researchers found that gay-identified men in their study had regular sex with men who did not identify as gay. Latino/Hispanic MSMW view being married or being a father as their identity to heterosexuality. This study found that a large number of homosexual participants indicated they had an on going relationship with heterosexual-identified Latino/ Hispanic men. Participants also reported unprotected anal intercourse with heterosexual men. Based on these findings they determine that sexual contact between Latino/Hispanic MSM who identify as gay and HI MSM occur often. Reisen et al., (2010) states that HI men also have long term relationships with gay identified MSM. Racial and ethnic minority groups have a vast representation of bisexual men (Jeffries IV, 2011) and Hispanic/Latino men appear to engage in bisexual behavior more than they identify as being bisexual (Zule et al., 2009).

Research has shown that female partners of HI bisexual men typically have no knowledge of sexual activities of their partners (Reisen et al., 2010). Dodge et al., (2013) looked at several experiences of bisexual males in the Midwestern United States and found that sex with female partner maybe a way to avoid stigma associated with anal sex with males. The more sexual partners an individual has the greater their risk of getting HIV especially if they have concurrent partners or partners within a short time span (Jeffries IV, 2011). When compared to both behaviorally heterosexual and homosexual males behaviorally bisexual males reported having 3.2 more partners within a year (Jeffries IV, 2011; Gorbach et al., 2009). Investigating the sexual network of behaviorally bisexual men in Vientiane, Lao, van Gemert et al., (2013) found that behaviorally bisexual men reported having more sexual partners than heterosexual men and Kathoey (transgender) although these men's bisexual behavior shows that they self identify as heterosexual and show sexual attraction mainly or only to women they still have sex with both men and women. This suggests that perhaps this behavior is true across culture. As with the studies on Hispanic/Latino participants sexual behaviors does not always relate to sexual orientation (van Gemert et al., 2013).

### **Female Partners of MSM**

The literature is limited on the characteristics of women who engage in sexual relationships with bisexual men. Women who have both male and female sex partners have a high probability of having had sex with a bisexual man (Voetsch et al., 2010) Women are more likely to have unprotected anal sex with a MSMW if they have had a

male partner who uses hard drugs such as crack and heroin, party drugs that includes GHB and ecstasy, got tested due to high risk behaviors and having a sex partner who sells sex, used IV drugs and have an unknown HIV status (Harawa et al., 2013). A study looking at women in the United States who contracted HIV through sex with a bisexual man showed that 35,000 contracted HIV through high risk heterosexual sex in the years between 2000 and 2004, of this number 4.4% of the women indicated they had sex with a bisexual man (Satcher, Durant, Hu, & Dean, 2007, p. 27). Among women who contracted HIV from sexual contact with a bisexual male non-Hispanic White women accounted for 6.3%, non-Hispanic black women accounted for 4% and Hispanic women accounted for 4.4%, from this data researcher found that the percentage of women with AIDS that was linked to sex with a bisexual man increased with age group, up to age 39 (Satcher et al., 2007, p. 27).

In a study investigating female drug users and anal sex it was reported that 15% of the sample indicated anal sex with one or more partner and of that group 80% did not use a condom (Mackesy-Amiti, McKirnan, & Ouellet, 2010, p. 4). Engaging in anal intercourse increases the likelihood of a women getting HIV (Mackesy-Amiti et al., 2010). Women are also at greater risk of contracting HIV if they engage in sex with a male partner whose HIV status is unknown. In a study looking at sexual practices of on a college campus 3% of the participants reported having sex with a bisexual man who was HIV positive and 18% reported having sex with a man whose HIV status she did not know (Voetsch et al., 2010). WSMW who have unprotected anal sex with other men are

also more likely to have unprotected vaginal sex with a female partner putting her at a greater risk of getting HIV (Shearer, Khosropour, Stephenson, & Sullivan, 2012).

Although studies have indicated that female partners of bisexual men engage in high risk behavior this may depend on where these individual meet. At study examining sexual risk behaviors with male and female partners met in different venues of HIHI MSMW found that most of the men in the study met their female partners through work, friend or in their neighborhoods (Schrimshaw, Siegel, & Downing Jr, 2010).

### **Culture and HIV**

Machismo is recognized as the source of many of the social problems within the Hispanic/Latino community (Gonzalez-Guarda, Ortega, Vasquez, & De Santis, 2010). Black and Hispanic/Latino MSMW are less likely to tell their female partners about their sexual activities with other men and within these groups MSMW who identify as heterosexual are also less likely to disclose male partner (Shearer et al., 2012). Behavior is influenced by cultural values and background (Reback & Larkins, 2013), for many HI MSMW fear of stigma and the lost of social support from family and friends may drive the need to remain silent about sexual activities with other men (CDC, 2015; (Wohl et al., 2010). Fear of being stigmatized can also lead to the need for self expression as in the case of bisexual migrant workers who may view being away from home and in the United States as a form of freedom to be themselves and show their sexuality as being bisexual (Martinez et al., 2011). Some migrant workers have been known to sell sex while in the United States as a means to send money back home for their families and

will hide bisexual activities upon their return home (Persichino & Ibarra, 2012).

Indicating that HI MSMW as a mode of HIV transmission maybe underestimated as a driving force in the HIV epidemic (Zellner et al., 2009). As MSMW are 3 times more likely than men who have sex with women only (MSW) to have unprotected anal intercourse (UAI) with female partners (Zule et al., 2009), they could be a possible bridge; bridging exposes a low risk individual to a person who is more likely to have been exposed to a sexually transmitted infection (Gorbach et al., 2009). However, given that heterosexual women are just as likely to have engaged in sexual relation with a IV drug user (a high risk population), or may herself be a IV drug user, MSMW may not create a greater risk to women than would a heterosexual male partner (Friedman et al., 2014). This could suggest that women are no more likely to get HIV from MSMW than from a man who has sex with women only (Friedman et al., 2014).

Cultural belief can also dictate the use of condoms in many minority communities (CDC, 2015; Persichino & Ibarra, 2012; Rhodes et al., 2010; Van Gemert et al., 2013). There is a common accord that Hispanic/Latino men do not like to use condoms and prefer to not use condoms during anal sex (De Santis, Gonzalez-Guarda, Provencio-Vazquez, & Deleon, 2014). Cultural belief can also be a barrier to getting tested for HIV among Hispanic/Latino males, some MSM may see testing as a way of “outing themselves” (Parent, Torrey, & Michaels, 2012). MSMW will avoid getting tested for HIV because of fear of being identified as gay or being stigmatized (Solorio, Forehand, & Simoni, 2013). The belief is that getting tested for HIV is not masculine but gay is a

common theme among Hispanic/Latino MSMW and that “only gay men get HIV (Solorio et al., 2013, p. 3). Other beliefs attributed to not getting tested is feelings of high anxiety, the perception of feeling healthy, self view of feeling healthy because they only have sex with other men once in a while and the belief that they are low risk because they only engage in oral or insertive sex with other men (Solorio et al., 2013).

Culture can also be a barrier to getting and maintaining care, social network is important to maintain care, but many Hispanic /Latino will lose the support of friends and family when identified as being gay or HIV positive (Wohl et al., 2011; Wohl et al., 2010). Hispanic/Latino MSM who discloses their HIV status who reported a high fear of stigma are less likely to continue HIV care (Wohl et al., 2011). This fear can lead to a number of psycho-social problems for this population (Parsons, Grov, & Golub, 2012). Herrick et al., (2013) found a link between life events and syndemics in MSM. They found that MSM are more likely to have a greater number of syndemic conditions if they have been victimized in childhood or see himself as not meeting masculine standards during childhood. There is a link between HIV status and psychosocial issues such as depression (Parsons et al., 2012). There is evidence in the literature that MSM also suffer more adverse health outcomes if they have suffered discrimination (Herrick et al., 2013).

### **Self-Disclosure**

Obermeyer, Baijal, & Pegurri, (2011) defines self-disclosure as the course of action in revealing an individual's HIV status without regard to it being positive or negative. The topic of self-disclosure is complex and important to the prevention and

spread of HIV. There are concerns that HIV positive MSMW are not disclosing to female partners putting them at increase risk for HIV (Mckay & Matchler, 2011; Reback, Kaplan, & Larkins, 2015). Arnold, Rice, Flannery, & Rotheram-Borus (2008) concluded that self-disclosure closely connected to the way communities acknowledges HIV and the way in which an individual sees themselves, their role in that community and their perception of their identities.

In a study looking at reasons relating to self-disclosure of sexual orientation to both parents and friends among HIV-positive Hispanic/Latino MSM found that among Hispanic/Latino MSMW self-disclosure is related to being comfortable with sexual orientation, being involved in the gay community and being satisfied with one's social support Garcia, Lechuga, & Zea (2012). The association between HIV and being homosexual is a noted deterrent to self-disclosure in Hispanic/Latin culture (Zea, Reisen, Poppen, Echeverry, & Bianchi, 2004). There is evidence in the literature that indicates high level of high risk sexual activities and high prevalence of nonself-disclosure among Hispanic/Latino bisexual males (Marks, Richardson, & Maldonado, 1991). Nonself-disclosure by Hispanic /Latino could stem from various factors including fear of discrimination, family shame, cultural values and fear of abandonment and preserving primary heterosexual relationship (Zea, Reisen, Poppen, Biamchi, & Echeverry, 2007; Reback, Kaplan, & Larkins, 2015). Among MSWM more sexual partners decreases the changes of self-disclosure, but individuals are more likely to disclose to a partner who is also HIV positive (Marks et al.) Mckay & Matchler (2011) found that the probability of

self-disclosure is significantly affected by partner type. The literature shows that there are conflicting results as to whether MSMW disclose to both male and female partners equally (Marks et al, 1991; McKay & Matchler, 2011).

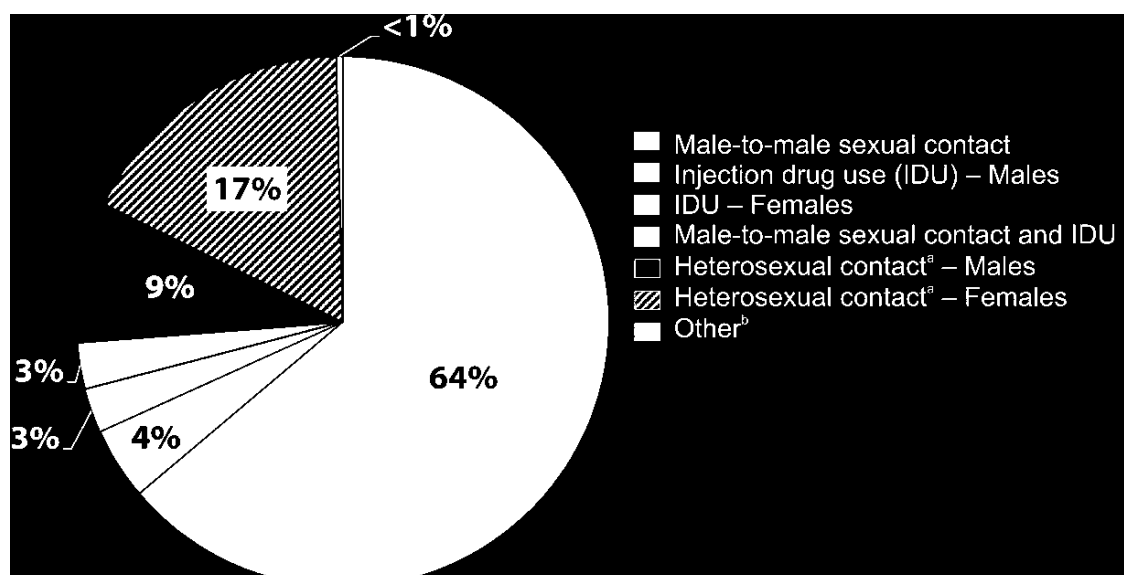
### **Epidemiology of HIV**

There is no population in the developed world or the developing world that is not affected by the Human Immunodeficiency Virus or HIV as it is commonly known. HIV weakens the immune system by damaging the cells that the body requires to combat infections and diseases (AIDS.gov, 2012). It lives and reproduces in blood and other fluids of the body (AIDS.gov, 2012). HIV is transmitted through sexual contact, pregnancy, childbirth, breastfeeding, IV drug use, occupational exposure, organ transplant and blood transfusion (AIDS.gov, 2012; CDC, 2012).

Over the past 30 years the epidemiology of HIV in the United states has drastically changed from a disease know to afflict young White middle class MSM in major cities to a disease that crosses over all demographics that affect all races, ages, genders, and class and includes several risk behavior that contributes to transmission (Moore, 2011). Moore (2011) points out that it is important to understand the epidemiologic diversity to target intervention aimed at slowing the spread of the virus. According to the CDC the percentage of adults and adolescent that were infected with the HIV virus has increased by 9% between the years 2008 and 2012 (CDC, 2015). In 2012, about 48,651 adults and adolescents were diagnosed with HIV infection men accounted for 80% the new cases, while women accounted for 20% (CDC, 2015). In 2012, male-to-



male sexual contact accounted for 80% of adult and adolescent males diagnosed with HIV in the United States, 11% of cases were attributed to heterosexual contact, injection drug use accounted for 6%, 4% was attributed to male-to-male sexual contact and injection drug use, and about less than 1% to other transmission categories that included, blood transfusion, hemophilia, blood transfusion, perinatal exposure, and unreported risk factor or unknown risk factor (CDC, 2015).



**Figure 11 Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2012**

Figure 2. Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2012

Figure 1. Diagnoses of HIV infection among adults and adolescents by transmission category, 2012—United States and six dependent Areas,  $N = 48,651$ . Source. Center for Disease Control and Prevention (2015).

Of diagnosed HIV infections among adult and adolescence females 85% were accredited to heterosexual contact, and injection drug use and other transmission categories accounted for 13% and 1% respectively.

Table 1

*Diagnosed HIV Infections* Attributed to Male-to-Male Sexual Contact and Injection Drug Use, by Race/Ethnicity, 2012— United States and 6 Dependent Areas

Race/Ethnicity	No	%
American Indian/Alaska Native	132	0.4
Asian	710	2.3
Black/Black	11,959	38.5
Latino/Hispanic (any race)	7,405	23.9
Native Hawaiian/other Pacific Islander	59	0.2
White	10,072	32.4
Multiple races	711	2.3
Total	31,049	100.0

*Note.* A reproduction of the CDC (2015) table on race/ethnicity and diagnosed HIV infections attributed to male-to-male sexual contact ([www.cdc.gov](http://www.cdc.gov))

Over all the HIV epidemic in the United States has not declined and an estimated 50,000 new HIV infection will be added each year. Although MSM remain the a significant risk factor for HIV transmission, contraction by way of heterosexual contact has increased and the poor, women and minority ethnic groups are among the majority afflicted by the infection (Moore, 2011).

### **HIV Among Hispanics/Latinos in the United States**

The literature has shown that HIV is a significant threat to the Hispanic/Latino community as a whole and that this segment of the population is disproportionately

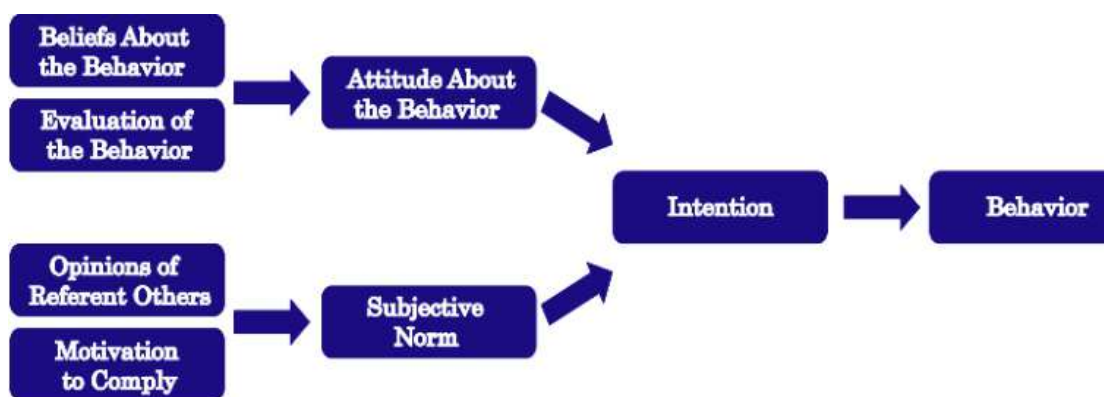
affected by HIV (CDC, 2015; Rhodes et al., 2010). In the United States Hispanics/Latinos account for 20% of the population, but they are responsible for 20% of those living with HIV and account for 21% of new cases annually. The CDC reports that 1 in 50 Hispanics/Latinos will have contracted the HIV virus. As stated in the literature men are responsible for a significant portion (87%) of all new infections in this population (Nakamura & Zea, 2010; (Reback & Larkins, 2010; Rhodes et al., 2011; Zule et al., 2009). The risks behavior for HIV among Hispanics/Latinos born outside the United States is very different for those of Hispanics/Latinos born in the United States (CDC, 2015). Ramirez-Valles et al. (2008) found higher prevalent rate among Hispanics/Latinos born outside the United States. Martinez et al., (2011) conclude that Hispanic/Latino may turn to high risk behavior because of feelings of isolation attributed to being away from family, while other may view being away from home as freedom to flaunt their bisexuality. Stress from acculturation can also lead to high risk behaviors for this segment of the Hispanic/Latino community (De Santis et al., 2014). Migrant workers may engage in selling sex to support their families back home (Persichino & Ibarra, 2012). These types of risk behavior can also be conditioned by where the individuals live or originate from. Puerto Rican born Hispanics/Latinos are more likely to have contracted HIV by IV drug use or high risk heterosexual sex, while Hispanics/Latinos born in Mexico or the United States are more likely to contract HIV through male-on-male sex (CDC, 2015). The issue present for this population is that cultural values can be a hindrance to prevention and care. Many men fear being “outed” as gay or bisexual and so they will avoid important

information and HIV prevention (CDC, 2015; Solorio et al., 2013; Wohl et al., 2011; Rhodes et al., 2010; Wohl et al., 2010). Hispanic/Latino women have an infection rate that is 4 times that of White women, most contract the virus through heterosexual contact. The burden of HIV among Hispanic/Latino is vastly different based on where they live in the United States. The Northeast is estimated to have the highest rate of Hispanics/Latinos infected with HIV and these individuals are more likely to have infected by IV drug use, on the other hand Hispanic /Latinos infected with HIV in the Southern United States are more likely to have contracted the virus by sex with another male (CDC, 2015).

### **Theoretical Framework**

There are three theoretical frameworks that can be applied to this topic, the theory of reasoned action (TRA) and the theory of planned behavior (TPB) and the consequence theory of HIV. The theories provide explanations as to why individuals may choose to engage in certain behavior even when the risks are known and why an individual may or may not disclose. They have been used to explain an extensive range of health behaviors and intentions (Glanz, Rimer & Viswanath, 2008; Serovich, 2001). Current research has offered explanations on the role the Theory of Planned Behavior plays in the decision making process of HIV testing among women (Mirkuzie, Sisay, Moland, & Astrom, 2011). The theory of reasoned action and the theory of planned behavior are used successfully to predict health behaviors and intentions like drug and alcohol use, condom use and HIV protection, sexual beliefs and behavior (Hutchinson et al, 2011; Ortega,

Huang, Parado, 2012, Armitage & Christian, 2004). A meta-analysis of the predictive power of both TPB and TRA concluded that both theories were extremely successful in predicting condom use (Albarracin, Johnson, Fishbein, & Muellerleile, 2001). The theories provide explanations as to why individuals may choose to engage in certain behavior even when the risks are known. TRA and TPB relate to this research because of the subject of risks behaviors in MSMW and the investigation of the relationship between the behaviors of Hispanic Latino MSMW and the HIV infection rate of women. The theories may be applied to the explanation of condom use and cultural beliefs and custom in Hispanic/Latino MSM.



**Figure 3**The theory of reasoned action

Figure 2. The theory of reasoned action. Source: Ajen, I., Fishbein, M., 1980,

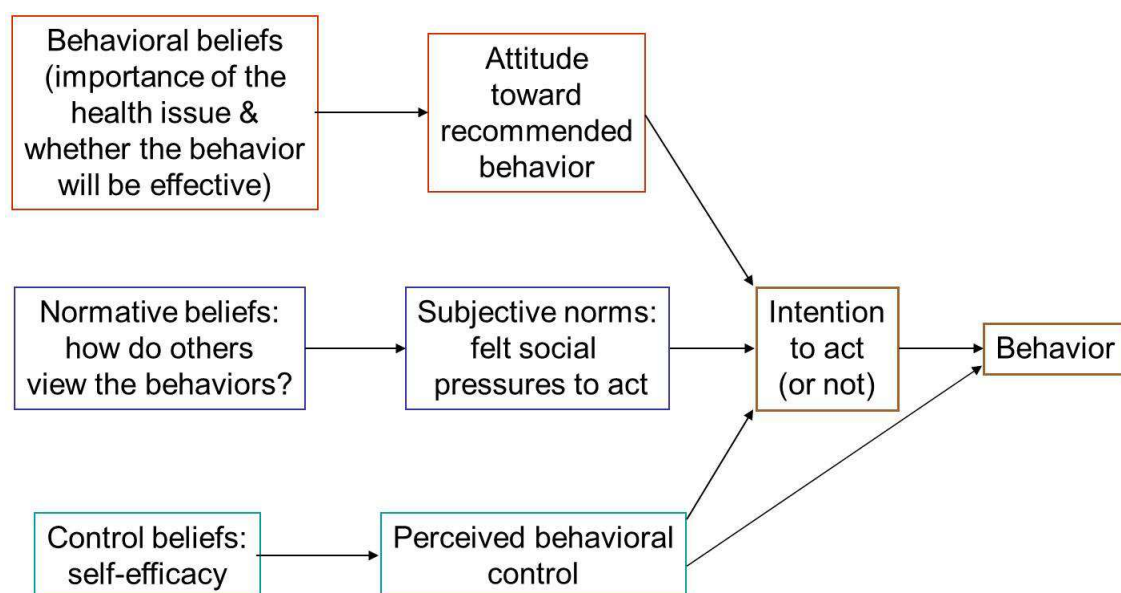
Understanding attitudes and predicting social behavior. New Jersey: Prentice-Hall, Inc.

The theory of reason action posits that an individual's intention to execute a behavior determines if he or she performs that behavior and that intention is in turn a function of that person's attitude toward the behavior and that person's subjective norms

or social pressures (Glanz, Rimer, & Viswanath, 2008; Armitage & Christian, 2004).

TRA states that behavioral intention is the most important determinant of behavior

(Glanz, Rimer, & Viswanath, 2008).



**Figure 4**The theory of planned behavior

Figure 3. The theory of planned behavior. Source. Boston University School of Public Health, 2013. Retrieved from <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/SB721-Models3.html>

The theory of planned behavior expands the theory of reasoned action by adding behavioral control as a determinant of both behavioral intention and behavior (Armitage & Christian, 2004). The theory's basis is that perceived behavioral control and behavioral intention can be used as predictors of behavioral achievement (Ajzen, 1991). Based on the tenets of the theory of planned behavior, performing a behavior is a combined task of intentions and perceived behavioral control (Ajzen, 1991). These two theories are very closely related in that TPB is an extension of TRA and it helps to

explained behaviors that TRA does not take into account. Both are pragmatic theories that are concerned with explaining human behavior and the connection between behavior and attitude (Manstead, 2011). Both have been used in numerous studies to explain and predict health behaviors (Hutchinson et al, 2011; Ortega, Huang, Parado, 2012). Both theories have the assumption that behavioral intent is the best predictor of behavior, and the attitudes towards the behavior and perception of the social norms help to form that intent (Ajzen, 1991).

The consequence theory of HIV has been used to explain predictors of HIV self-disclosure among Hispanic/Latino gay men (Zea et al., 2007). The Consequence Theory of HIV posits that as HIV infected person's disease progresses, stress builds up which leads to that individual weighing the consequences of disclosing (Serovich, 2001). The theory states that HIV positive individuals will inform persons that are important to them and sexual partners when the rewards of disclosing is greater than the cost associated with disclosing (Serovich, 2001).

### **Summary**

This chapter presents a review of the literature relevant to HIV and Hispanic/Latino MSMW. Before reviewing the variables that are to be tested in this research study, the literature provided back ground on Hispanics/Latinos, and HIV among women in the United States .The review discussed the epidemiology of HIV, HIV among Hispanic /Latinos in the United States and the study's theoretical frameworks. Research has identified a need to investigate Hispanic/Latino MSMW's HIV risk

behaviors, self-disclosure among Hispanic/Latino MSMW and the association of their culture and HIV.

Chapter 3 describes the methodology that will be employed in this study, the appropriateness of the study, research design, setting and participants, instrumentation, procedure, data processing and analysis, ethical concerns, and internal and external validity.



## Chapter 3: Research Method

### **Introduction**

The purpose of this quantitative study was to evaluate the relationship between the HIV risk behaviors, cultural beliefs, and self-disclosure of Hispanic/Latino MSMW and HIV among women. Research has shown that bisexual males are possible bridges or the connection between individuals who are at high risk for contacting HIV and individuals who are otherwise at low risk for HIV (Ramirez-Valles et al., 2008). In this chapter, I cover the following topics: the research design and methodology of the current study and its rationale, the setting and characteristic of the sample and the means by which the dataset was obtained, the plan for analyzing the data and addressing the ethical protection of the study participants.

### **Research Design and Approach**

To examine the potential relationship between the HIV risk behaviors of Hispanic/Latino MSMW and HIV among women I employed the quantitative research method. To minimize cost and time, I elect to use a secondary dataset and analyze the variables from the dataset to answer my research questions. The variables of interest for my study include cultural beliefs, self-disclosure, and risk behaviors. The data were retrieved directly from the Inter-University Consortium for Political and Social Research (ICPSR). The data used to measure the variables was originally collected for use in the following study: Latino MSM Community Involvement: HIV Protective Effects (ICPSR, 2014).

### **Data Set for the Study**

The SJS is a national survey that collected information on Blacks, Latinas/Latinos, Asian and Pacific Islanders, and multiracial individuals who self-identified as lesbian, gay, bisexual, and transgender (Institute for Social Research University of Michigan, Inter-university Consortium for Political and Social Research [ICPSR], n.d.; Battle, Pastrana, & Daniels, 2010). It is a knowledge-based study that examined the sociopolitical incidents of LGBT people of color across five themes: (a) mental health and physical health, (b) religion and spirituality, (c) civic duties and community involvement, (d) sexual identity and racial identity, (e) formation of families and family dynamics (ICPSR, n.d.; Battle et al., 2010).

Data was collected by employing survey research. Survey research has been noted as the best way for conducting social research when gathering data for the purpose of describing population too large to be directly observed (Babbie, 2007). Survey research is also an optimal tool for measuring attitudes and orientations in large populations (Babbie, 2013). Additionally, it is one of the best methods for asking a sample of people about themselves and to learn about behaviors and situations (Fowler, 2014). The use of quantitative method to evaluate the relationship between Hispanic/Latino MSMW's risk behavior and the HIV risk of women will fill a gap in the literature. Most studies conducted to evaluate the relationship between the variables risk related to behaviors and HIV infection rates are qualitative in nature (Malebranche, Arriola, Jenkins, Dauria, & Pate, 2010; Kendall, Herrera, Caballer, & Campero, 2007; Munoz-Laboy et al., 2009).

Quantitative method is also ideal for investigating large group of people, and is suitable for generalizing findings as well (Creswell, 2009). This study did not employ qualitative research because that method is suitable for studying a limited number of cases in depth and does not lend to testing hypotheses and theories with population pools that are large (University of South Alabama, n.d.).

### **Sample and Setting**

As mentioned above, the SJS Project data were collected using the survey method. Data were collected over a 12 month period from January 2010 to December 2010. Data were collected by way of mailed questionnaire, on-site questionnaire and web-based survey (ICPSR). Any distinguishable variables that could have been used to identify individuals were redacted or documented on the public use file to protect the confidentiality of respondents (ICPS R). Convenient sampling was used to gather data for its original purpose. Census data were used to map out areas where lesbian, gay, bisexual and transgender people (LGBT) and people of color lived. Researchers then went to the areas and surveyed the population of interest (ICPSR; Battle, Daniels, Pastrana, Tuner, & Espinoza, 2013). To get access to the desired data for my research, I visited the ICPSR website and entered the words Hispanic, Latino and MSMW as my search criteria. This search resulted in 3 datasets that pertained to my research subject. Upon careful examination of the datasets, the SJSProject: 2010 National Survey, including Puerto Rico was deemed most appropriate for my research to measure the variables listed above.

**Participants**

The original sample has over 5,000 respondents from all 50 states. It also has respondents from Washington, DC, and Puerto Rico. The sample respondents lived in rural areas, large urban areas and suburban areas. Respondents varied in ages, sexual identities, gender identities, sexual orientations and ethnic identities (ICPSR, n.d.). Participants for the original study were adult men and women who identified as gay, bisexual, transgender (LGBT) and lesbian. Participants identified as being Black or Black, Hispanic/Latino, Asian, Pacific Islander and multicultural. For this research only those respondents that are Hispanic/Latino males who self-identified as bisexual or homosexual were looked at ( $n = 354$ ).

**Sample size**

The appropriate sample size was determined by conducting an a priori analysis using G\*Power version 3.1.7 statistical software. The power analysis is based on a standard alpha (0.05), power level .95 and a medium size effect of 0.3. Based on the results of the analysis, 111 participants were the minimum number of subject needed for this study to yield significant results. Inclusion in the study was based on the following: Hispanic/Latino men who self-identified as being bisexual; self-identified as being heterosexual but engage in male-on-male sex; and being over 18 years of age.

**Recruitment Strategy**

The SJS Project sample was collected by ways of various methods that included the internet, response driven sampling, venue-based sampling at strategic events, and

snowball sampling. The targeted population for the original research was recruited voluntarily and all data collection was approved by the CUNY-Graduate Center Institutional Review Board. Participants' information was collected by mail questionnaires, web-based questionnaires and on-site questionnaires. These methods resulted in a 99.06% response rate (ICPSR, n.d.).

### **Instrument and Materials**

Before being used in the field the surveys were approved by IRB to be for human subjects, and tested and retested prior to being used in the field January to December of 2010. Originally the survey consisted of 105 items and was given to about 5,000 individuals. In August of 2010, the original researchers then administered an addendum to roughly 600 more people at the Gay Men's Health Crisis (GMHC) House of Latex Ball in New York City (ICPSR, n.p.). The supplement survey incorporated 10 added items regarding contact with the police, the House and Ball community (an underground subculture of the gay community that is made up of mostly Black and Latino/Hispanic individuals who are mostly transgender who compete for prizes in drag balls (Monforte, 2010) ), and questions on the use of mobile technology (ICPSR, n.p.). The survey includes questions that inquired about respondents' opinion on topics and experiences that are specific to LGBT communities and people of color (ICPSR, n.p.). Example questions include: "Do you have a mobile device such as a cell phone, a Blackberry, iPhone, or other device, that allows you to connect to the internet?" "Do you use your mobile device to go online?" Are you a member of the House and Ball community?

(Battle, Pastrana, & Daniels, 2010, p. 2). The survey is 24 pages and is made up of a combination of Likert type scales and semantic differential scales. The survey consists of 4 sections. Section I titled Civic engagement and LGBT Communities have 9 questions inquiring about individual's involvement in LGBT activities in their community. Examples of questions measuring civic commitment include: "How often do you attend a racial or ethnic LGBT Pride festival?" Section II of the survey is titled Spirituality and Religion and inquires about participants' religious faith and religion practiced. Example questions include: In what religious tradition were you raised? Section III is titled Sexual, Racial, and Ethnic Identity and investigates the importance of respondents' sexual identity and openness about being LGBT. Example question for this section: How many people within the following community are you "out" to? Section IV of the survey is titled "Demographics." Sample questions in this section include: What is your current gender identity? Do you have a regular doctor or healthcare provider?", "What is your citizenship status"? answers for this question include, a) U. S. citizen, b) Naturalized citizen and c) other (Battle et al., p. 7).

#### **Data access and collection process**

The dataset used for the purpose of this research will be available from ICPSR after the conclusion of this research. Data were downloaded using IBM SPSS Statistics version 21. I created an account with ICPSR which then gave me access and permission to download the datasets after agreeing to abide by the guidelines for using the data.

## **Study Variables**

### **Demographic Variables**

Demographic variables include: gender identity, sexual orientation, race and ethnicity, age, education, location, employment status, religious affiliation, political affiliation, weight, height, birthplace, household income nationality, health insurance and healthcare provider information (ICPSR, n.d.).

### **Dependent Variable**

#### **Self-disclosure.**

The variable “self-disclosure” is whether Hispanic/Latino MSMW informs or reveals risk behavior activities to friends, family and neighborhood will be evaluated by the question “*How many people in the following communities are you out to?*” The scale generates nominal measurements that include: a) family, b) friends, c) religious community, d) co-workers, e) people in your neighborhood, f) people online (Battle et al., 2010) ( see Appendix A). The self-disclosure variable will be coded as 1 if at least some people in one of the above categories are aware of respondents’ same sex activity and zero if the respondent answers none to all. This is an ordinal variable.

### **Independent Variable:**

#### **Cultural/Spiritual beliefs.**

The variable “cultural beliefs” was measured by questions taken from both Section I “Civic engagement and LGBT Communities” and Section II “Spirituality and Religion” of the SJS Project survey. This section had questions about religion and faith.

For the purpose of this dissertation, spiritual belief and cultural belief were merged as one independent variable that was measured by questions about feeling supported by family, homophobia in community, faith and decisions. Example questions are: Homophobia is a problem with in my racial/ ethnic community. Other questions pertained to feeling supported by family and faith. Here are two examples: How many people are you out to in your family? My faith impacts many of my decisions (Battle et al., 2010, p. 7). (see Appendix A).

The questions were measured with a Likert scale with answers ranging from *strongly disagree to strongly agree*. In scoring these items *strongly disagree* and *agree* would be coded as 1 and *strongly disagree* and *disagree* will be coded as 2.

### **Risk Behaviors**

Risk behavior was assessed by a two question on using the internet as a tool to meet sexual partner or dates. Questions used to measure risk behavior are: have you ever met someone for a date that you first met online? and how many times have you met someone online in the last 6 months? Garofalo, Herrick, Mustanski, & Donenberg (2007) found that using the Internet to meet sexual partners was high risk across-the-board for MSM. They also noted that young Hispanic/Latino males were more likely to use the internet to find sexual partners (Garafalo et al., 2007). In scoring these items, *yes* will be coded as 1 and *no* will be coded as 2. The question “*how many times within the past 6 months?*” will be scored as follows: *never* will be coded a zero, 1-5 times =1, 6-9 times = 2, 10-15 times = 3, 16-20 times = 4 and more than 21 times = 5.



**Data Collection and Analysis**

The questions that directed the data collection process allowed for the congregation of information that will optimistically aid in the development and implementation of programs to stop the spread of HIV among women and provide clearer understanding of the role played by Hispanic/Latino MSMW contracting the HIV virus. The following question lead to the data collection process:

1. What is the relationship between Hispanic/Latino men who have sex with men and (MSMW), their cultural/spiritual beliefs, risk behavior and self-disclosure/ “coming out” to friend, family and the neighborhood? (as measured by the Social Justice Project)?
2. Does cultural belief influence Hispanic/Latino MSMW disclosing information on risk behavior to friends, family and the neighborhood?

**Data Analysis**

The data for the variables were collected by self-administered questionnaire. Threats to validity may include instrumentation and selection bias. Descriptive statistics will be used to provide the standard deviations, means, ranges and frequencies of demographic variables including gender, ethnicity and sexual orientation. I performed chi-square analysis to establish the relationship between, belief of homophobia in respondent’s racial and ethnic community, self-disclosure or “outness” to friend, family and neighborhood and risk behavior (measure by use of cell phone for dating and meet someone on line) and look at the “Gay” group and the “Bisexual group”. Chi-square analysis was used to determine relationship between variables and test hypotheses while

controlling for participants' demographic variables. Chi-square was the appropriate test chosen as the data were not of normal distribution. Data were analyzed using IBM SPSS version 21.

*Hypothesis 1:* There is no relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to friends, family and the neighborhood.

*Alternative Hypothesis:* There is a relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to friends, family and the neighborhood.

*Data Analysis 1:* Chi-square analysis was done to predict the relationship between cultural and spiritual beliefs of Hispanic/Latino MSMW and self-disclosure or coming out to friends and family, the neighborhood and to look at the differences between the two groups “Bisexual” and “Gay”.

*Hypothesis 2:* Bisexual Hispanic/Latino MSMW will be less likely to disclose male-on-male sexual habits to friend and family, than gay (MSM) Hispanics/Latinos.

*Alternative Hypothesis:* There is no difference in self-disclosure between Hispanic/Latino MSMW and gay (MSM) disclosing male-on-male sexual habits to friends and family.

*Data Analysis 2:* Chi-square analysis was conducted to determine if there is a difference between MSMW and MSM self-disclosure to friends, family and the neighborhood.

*Hypothesis 3:* The origin or type of Hispanic/Latino culture (Cuban, Mexican, Puerto Rican, South American, Central American) of MSMW is related to them disclosing to friends and family.

*Data Analysis 3:* Chi-square analysis was conducted to determine the relationship between origin or type of Hispanic/ Latino and self-disclosure of bisexual orientation.

*Data Analysis 4:* Multiple linear regression was calculated to predict the association between the dependent variable “self-disclosure to neighborhood and the independent variable cultural/spiritual belief.

### **Protection of Participants**

Every effort was made to protect the rights and anonymity of the participants that were in the original studies from which the data were drawn. The original researchers informed participants of their rights and consent forms were signed. The original researchers took measures to guarantee confidentiality and protection of any information revealed by all the participants in the study. The SJSProjects collapsed any data that could possibly be used to identify or compromise respondents' confidentiality. Additionally, ICPSR restricted data deemed to be sensitive and potentially harmful to participants. IRB approval was granted by the CUNY-Graduate Center for the SJSProject. Although secondary data were used it is the continued responsibility for the present researcher to ensure confidentiality, and prevention of harm to participants. It is also the responsibility of the present researcher to reciprocate to any feedback of results by participants (IOE London, n.p.).

The study is fully secondary data analysis. IRB approval was needed before the data could be looked at or analyzed. An IRB application was submitted, along with a National Institute of Health Office of Extramural Research (NIH) certificate indicating the completion of a web-based course in protecting human research participants, to the Walden University Institutional Review Board in April of 2016. IRB approval was granted on May 20, 2016. IRB approval number 05-20-16-0309356.

## Chapter 4: Results

### Introduction

The goal this study was to help public health professionals better understand the sexual dynamics of Hispanic/Latino men who have sex with both men and women (MSMW). This study investigated how risk behaviors, cultural beliefs, and self-disclosure of Hispanic/Latino MSMW were connected. The study looked at participants' past sexual activities or dating practices with men and women, responses to cultural beliefs about to HIV and homosexuality and characteristics of HIV self-disclosure. This study was guided by two research questions.

1. What is the relationship between Hispanic/Latino men who have sex with men and women (MSMW), their cultural/spiritual beliefs, risk behavior and self-disclosure/ “coming out” to friend, family and neighborhood?
2. Does cultural belief influence Hispanic/Latino MSMW disclosing information on male-on-male sexual habits to friends and family?

The chapter also presents.

In this chapter I cover the following topics; (a) the hypotheses pertaining to the relationships of variables and the results of test of the hypotheses (b) descriptive statistics (percentages and frequencies) for the demographic characteristics of the sample. (c) the frequencies and percentages for the dependent variable, Self-disclosure, as measured by three questions (out to family, out to friends, and out to neighborhood), and the independent variable cultural beliefs – measured by the following questions (homophobia

is a problem in my neighborhood, comfort in neighborhood being LGBT, family support); spirituality”- as measured by the following questions (my faith impacts my life); and risk behaviors – measured by the following questions (using cell phone for dating and number of times meeting someone on line). (See Appendix A, B, C.)

Frequencies and percentages are also presented for the variable “Type of” or “origin” of Hispanic/Latino. Inferential statistics, chi-square ( $\chi^2$ ) testing was done to analyze the relationship between the variables and to test the hypotheses developed from the two research questions. This chapter ends with a discussion of the analyses and findings.

### **Demographic Characteristics of the Sample**

For this study, only the number of Hispanic/Latino males in the original sample was observed. There were 354 males in the sample who self-identified Hispanic as their only race. About 74.6% ( $n = 264$ ) men who identified as gay and Hispanic as only race in the sample and 6.5% ( $n = 23$ ) men in the study who self-identified as being bisexual and Hispanic as only race. The remaining 18.9% self-identified as follows: 0.8% ( $n = 3$ ) self-identified as two-spirited, 0.8% ( $n = 3$ ) self-identified as lesbian, 3.7% self-identified as queer, 2.3% self-identified as same gender loving, 3.7 ( $n = 13$ ) percent identified as heterosexual/straight, 0.6% ( $n = 2$ ) self-identified as macha/o, 0.3% ( $n = 1$ ) self-identified as pasiva/o, 3.4% ( $n = 12$ ) self-identified as other. About 3.4% ( $n = 12$ ) of the responses were missing. These above groups are not included in my analysis.

Most of the respondents, 32% ( $n = 57$ ) identified as Puerto Rican, 4.2% ( $n = 15$ ) identified as having descended from the Dominican Republic, 1.7% ( $n = 6$ ) of respondent

indicated being of Cuban descent, 4.2% ( $n=15$ ) of respondents are of South American descent, 3.7% of the respondents identified as being Central American and 32.0% ( $n = 54$ ) of respondents are of Mexican descent. A large number of respondents, 52.3% ( $n = 185$ ) did not report Hispanic origin. All respondents in the sample were age 18 or older. A moderate number of the Hispanic subjects (25.1%) were between the ages of 18 and 24 years of age, while the majority (65.3 %) was between the ages of 25 and 49 years of age and the remaining (6.8%) were age 50 and older. Table 2 displays the frequencies and percentages of the participants' demographic characteristics.

Table 2

*Demographic Characteristics of Hispanic/Latino Participants (N = 354)*

Characteristics	Frequency ( <i>f</i> )	%
Age		
14-24	89	25.1
24-49	231	65.3
50+	24	6.80
Sexual Identity		
Gay	264	74.6
Bisexual	23	6.50
Two-Spirited	3	.8
Queer	13	3.7
Same Gender Loving	8	2.3
Heterosexual/Straight	13	3.7
Macha/o	2	.6
Pasiva/o	1	.3
Other	12	.4
Lesbian	3	.8
No Response	12	3.4
Type of Hispanic		
Puerto Rican	57	16.1
Dominican Republic	15	4.2
Cuban	6	1.7
South American	15	4.2
Mexican	54	15.3
Central American	13	3.7
Did Not Identify	185	52.3

**Self-disclosure to Family, Friends and Neighborhood of Study Participants**

The frequencies and percentage of the responses to how many people are you out to in your family, how many of your friends are you out to and how many people are you out to in your neighborhood are out lined in Tables 3, 4 and 5. The individual tables present the findings in a manner that allows for understanding of each of the variable being studied.



Table 3 present the summary of the frequencies and percentages of the respondents that are out to family members. The results are present to examine the responses of the two groups gay and bisexual. The results indicate that 8.0% ( $n=21$ ) of respondents are not out to any family member, 17.8% ( $n=47$ ) are out to some family members, 6.8% ( $n=18$ ) are out to about half of their family members, 16.6% ( $n=49$ ) are out to most family members, while the majority of gay respondents 47.0% ( $n=124$ ) are out to all family members. The results show that among self-identified bisexual men an equal amount, 26.1% ( $n = 6$ ) are not out any family member and out to some family members.

**Table 1** Frequencies, and Percentages for How Many Family Members Out to  
**Table 3**  
*Frequencies, and Percentages for How Many Family Members Out to ( $N = 287$ )*

Characteristic	Frequency ( $f$ )	%
How many family members are you out to? (Gay)		
Some	47	17.8
About Half	18	6.8
Most	49	8.6
All	124	47.0
How many family members are you out to? (Bisexual)		
None	6	26.1
Some	6	26.1
About Half	2	8.7
Most	3	13.0
All	5	21.7

Note:  $f$  may or may not be equal to  $N = 287$  since there are missing data.

Table 4 presents the summary of the frequencies and percentages of the respondents that are out to friends. The results are present to compare the responses of the

two groups gay and bisexual. The results indicate that 2.7% ( $n=7$ ) of respondents who self-identify as gay are not out to any friends, 6.4% ( $n=17$ ) are out to some friends, 7.6% ( $n=20$ ) are out to about half of their friends, 18.6% ( $n=49$ ) are out to most friends, while most (62.5%;  $n=165$ ) respondents who self-identified as gay are out to all friends. The majority of men who self-identify as bisexual are out to some friends (47.8%;  $n=11$ ), 4.3% ( $n=1$ ) is out to about half of their friends, and 13.0% ( $n=3$ ) are out to most friends, while 30.4% ( $n=7$ ) are out to all friends.

**Table 2** Frequencies and Percentages for How Many Friends Out to  
**Table 4**

*Frequencies and Percentages for How Many Friends Out to (N = 287)*

Characteristic	Frequency ( <i>f</i> )	Percentage (%)
How many friends are you out to? (Gay)		
None	7	2.7
Some	17	6.4
About Half	20	7.6
Most	49	18.6
All	165	62.5
How many friends are you out to? (Bisexual)		
None	1	4.3
Some	11	47.8
About Half	1	4.3
Most	3	13.0
All	7	30.4

Note: *f* may or may not be equal to N = 287 since there is missing data.

Table 5 present the summary of the frequencies and percentages of the respondents that are out to people in the neighborhood. The results are presented to compare the responses of the two groups gay and bisexual. All format indicates that 16.7% ( $n = 44$ ) of respondents who self-identified as gay are not out to anyone in the neighborhood, 23.5% ( $n = 62$ ) are out to some people in the neighborhood. Only (5.3%;  $n = 14$ ) are out to about half of the people in the neighborhood, 13.6% ( $n = 36$ ) are out to most people in the neighborhood, and the majority of self-identified gay respondents 36.0% ( $n = 95$ ) are out to all people in the neighborhood. Among men who self-identified as bisexual, 26.1% ( $n = 6$ ) is not out to anyone in the neighborhood, 39.1% ( $n = 9$ ) is out to some people in the neighborhood, 8.7% (2) is out to about half of the people in the

neighborhood, and 8.7% ( $n = 2$ ) are out most people in the neighborhood and about 13.0% ( $n = 3$ ) are out to all in the neighborhood.

**Table 3 Frequencies and Percentages for How Many People Out to in Neighborhood  
Table 5**

*Frequencies and Percentages for How Many People Out to in Neighborhood (N = 287)*

Characteristic	Frequency ( <i>f</i> )	Percentage (%)
How many people are you out to in your neighborhood? (Gay)		
None	44	16.7
Some	62	23.5
About Half	14	5.3
Most	36	13.6
All	95	36.0
How many people are you out to in your neighborhood? (Bisexual)		
None	6	26.1
Some	9	39.1
About Half	2	8.7
Most	2	8.7
All	3	13.0

Note: *f* may or may not be equal to N= 287 since there is missing data.

### **Cultural/Spiritual Beliefs and Risk Behavior**

Tables 6 and 7 displays the frequencies and percentages of the responses for cultural and spiritual beliefs measured by the following questions: 1) homophobia is a problem within my racial or ethnic community, 2) how often have you felt uncomfortable in your ethnic or racial community because of your sexual identity, as a member of the LGBT community, 3) how much do you now feel supported by your family, 4) my faith impacts many of my decisions; and risk behavior measured by: 1) how often do you use cell phone for dating and 2) ever met someone online. The individual tables present the findings in a manner to compare the responses of the two groups being examined and allows for understanding of the variables being studied.

Table 6 presents the frequencies and percentages of gay and bisexual Hispanic/Latino men cultural and spiritual belief about homosexuality. The responses indicate that there is a strong belief that homophobia is a problem within Hispanic/Latino communities. Approximately 43.2% ( $n = 114$ ) of the gay respondents strongly agree that homophobia is a problem in their racial/ethnic community, with only 6.4% ( $n = 17$ ) respondents who strongly disagree that homophobia is a problem in their racial/ethnic community. Among the bisexual group 34.8% ( $n = 8$ ) strongly agree that homophobia is a problem in their racial/ethnic community. While only 8.7% ( $n = 2$ ) strongly disagree that homophobia is a problem in their racial/ethnic community.

22.0% ( $n = 58$ ) of gay respondents have never felt uncomfortable in their racial/ethnic community because of their sexual identify, whereas 9.5% ( $n = 25$ ) have always felt uncomfortable in their racial/ethnic community because of their sexual identity. Less than half of the bisexual respondents (30.4%;  $n = 7$ ) have never felt uncomfortable in their racial/ethnic community because of their sexuality and 4.3% ( $n = 1$ ) have always felt uncomfortable in his racial/ethnic community because of sexuality.

The responses show that 39.8% ( $n = 105$ ) of gay participants in the sample felt completely supported by their family as a member of the LBGT community, while very few 6.8% ( $n = 18$ ) felt not supported by their family. Similarly, very few (6.8%;  $n = 1$ ) bisexual men responded as not feeling supported by their family as a member of the LGBT community. While 21.7% ( $n = 1$ ) felt completely supported by their family as a member of the LGBT community.

The responses show that 28.8% ( $n = 76$ ) of gay men in the sample strongly disagree that my faith impacts many of my decisions, 17.8% ( $n = 47$ ) disagree. While 26.9% ( $n = 71$ ) agree that my faith impacts many of my decisions and 23.5% ( $n = 62$ ) strongly agrees my faith impacts many of my decisions. Among the bisexual participants the response for strongly disagree and disagree faith impact many of my decisions were equal (17.4%;  $n = 4$ ). Majority (43.5%;  $n = 10$ ) of the participants in the bisexual group agree faith impacts many of my decisions and 17.4% ( $n = 4$ ) strongly agree my faith impacts many of my decisions. These results could indicate that self-identified bisexual Hispanic/Latino MSMW are more religiously oriented which could be a possible explanation for not identifying as gay or homosexual.

**Table 6**

*Frequencies, percentages, and percentages of gay and bisexual Hispanic/Latino men's cultural and spiritual belief about homosexuality (N = 287)*

Characteristic	Frequency ( $f$ )	%
<b>Homophobia is a problem in my racial/ethnic neighborhood (gay)</b>		
Strongly Disagree	17	6.4
Disagree	15	5.7
Moderately Disagree	37	14.0
Moderately Agree	32	12.1
Agree	48	18.2
Strongly Agree	114	43.2
<b>Homophobia is a problem in my racial/ethnic neighborhood (bisexual)</b>		
Strongly Disagree	2	8.7
Disagree	5	21.7
Moderately Disagree	0	0.0
Moderately Agree	4	17.4
Agree	3	13.0
Strongly Agree	8	34.8

How often have you felt uncomfortable in your racial/ethnic community because of your sexual identity? (gay)

Always	25	9.5
Frequently	41	15.5
Sometimes	63	23.9
A Few Times	45	17.0
Rarely	31	11.7
Never	58	22.0

How often have you felt uncomfortable in your racial/ethnic community because of your sexual identity? (bisexual)

Always	1	4.3
Frequently	1	4.3
Sometimes	2	8.7
A Few Times	7	30.4
Rarely	5	21.7
Never	7	30.4

As a LGBT person, how much do you now feel supported by your family? (gay)

Not Supported At All	18	6.8
Very Little Support	23	8.7
Moderate Support	42	15.9
Some Supported	47	17.8
Supported	105	39.8
Completely Supported		

As a LGBT person, how much do you now feel supported by your family? (bisexual)

Not Supported At All	1	4.3
Very Little Support	3	13.0
Moderate Support	3	13.0
Some Supported	4	17.4
Supported	5	21.7
Completely Supported		

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My faith impacts many of my decision (gay)		
Strongly Disagree	76	28.8
Disagree	47	17.8
Agree	71	23.5
Strongly Agree	62	23.5
My faith impacts many of my decision (bisexual)		
Strongly Disagree	4	17.4
Disagree	4	17.4%
Agree	10	43.5%
Strongly Agree	4	17.4%

*(tables continues)*

Note:  $f$  may or may not be equal to  $N = 287$  because of missing data. Percentages may or may not add up to 100% because of missing data.

Table 7 present the frequencies and percentages of Hispanic/Latino gay and bisexual men's use of cell phone for dating and meeting someone online. The responses indicate that both gay men and bisexual men use the cell phone for dating. The responses show that 3.4% ( $n=9$ ) of participants who self-identify as gay have never use the cell phone for dating, 2.7% (7) have used the cell for dating less than a week, 0.4% ( $n=1$ ) have used the cell phone for dating at least once a week, 0.8% ( $n=2$ ) have used the cell phone several times a week for dating and 3.2% ( $n=8$ ) uses the cell phone every day for dating. Very few (4.3%;  $n=1$ ) participants who self-identified as bisexual have never used the cell phone for dating. The majority (8.7%;  $n=2$ ) of the participants have used the cell phone for date less than a week and an equal amount (8.7%;  $n=5$ ) have used the cell phone everyday for dating. The responses indicated that no participants among the bisexual group used the cell phone for dating at least once a week or several times a week ( $n=0$ ). The results show that among both groups there was a large amount of missing data

for this item. The gay group had 89.8% ( $n = 237$ ) missing responses and the bisexual group had 87.0% ( $n = 20$ ) responses missing.

The responses show that 7.2% ( $n=19$ ) participant who self-identified as gay have met someone online and 3.0% ( $n=8$ ) have never met someone online. Only 4.3% ( $n=1$ ) of the participants who self-identified as bisexual have met someone online and 8.7% ( $n=2$ ) have never met someone online. Similar to above, the results show that among both groups there was a large amount of missing data for this item. The gay group had 89.8% ( $n = 237$ ) missing responses and bisexual group had 87.0% ( $n = 20$ ) responses missing.

**Table 7**

*Frequencies and Percentages of How Often Have You Used A Cell Phone for Dating and Ever Met Someone Online (N=287)*

Characteristic	Frequency ( <i>f</i> )	Percentage (%)
How often have you used a cell phone for dating? (Gay)		
Never	9	3.4
Less than a week	7	2.7
At least once a week	1	0.4
Several time a week	2	0.8
Everyday	8	3.2
Missing Values	236	89.4
How often have you used a cell phone for dating? (Bisexual)		
Never	1	4.3
Less than a week	2	8.7
At least once a week	0	----0
Several time a week	0	----0
Everyday	2	8.7
Missing Values	20	87.0
Have you ever met someone online? (Gay)		
No	8	3.0
Yes	19	7.2
Missing Values	236	89.4
Have you ever met someone online? (Bisexual)		
No	2	8.7
Yes	1	4.3
Missing Values	20	87.0

Note: *f* may or may not be equal to N= 287 because of missing data. Percentages may or may not add up to 100% because of missing data.

### **Results for Chi-Square Analysis for Research Question 1**

#### **Cultural/Spiritual Beliefs, Risk and How Many Family Members Are You Out To**

Chi-square analysis was performed to investigate whether independent variables Cultural and spiritual belief, risk behavior was related to self-disclosure to family, self-disclosure to friends and self-disclosure to neighborhood. Chi-square tests of association were done on each of the items that measured the independent variables and each dependent variable. Before conducting the analyses, the data were split by cases in SPSS to compare the results of gay respondents and bisexual respondents. I assessed cultural and spiritual beliefs by the items “homophobia is a problem within my racial or ethnic community”, “my faith impacts many of my decisions”, “as a LGBT person, how much do you now feel supported by your family”, and “how often have you felt uncomfortable in your racial or ethnic community because of your sexuality”. Risk behavior is assessed by the items “how often do you use cell phone for dating” and “ever met someone online”. An individual chi-square analysis was done between each item and each dependent variable to investigate a relationship. The results are described below.

For the association between my faith impacts my life and how many people are you out to in your family the chi-square value is 10.601,  $\alpha = .05$ ,  $df = 12$ , the critical value is .563 ( $\chi^2 = 10.601$ ,  $\alpha = .05$ ,  $df = 12$ ), this indicates there is no statistical association between my faith impacts my life and how many people are you out to in your family among the gay group. For the association between my faith impacts my life and how many people are you out to in your family the chi-square value is 8.720,  $\alpha = .05$ ,  $df = 12$ , the critical value is .727 ( $\chi^2 = 8.720$ ,  $\alpha = .05$ ,  $df = 12$ ), indicating no statistical association

between “my faith impacts my life” and “how many people are you out to in your family” among the bisexual group.

For the association between as a LGBT person, “how much do you now feel supported by your family” and “how many people are you out to in your family for the gay group,” the chi-square value is 19.773,  $\alpha = .05$ ,  $df = 1$ , the critical value is  $p < .001$  indicating there is a statistical association between as a LGBT person, how much do you now feel supported by your family and how many people are you out to in your family for the gay group. Cramer’s V is .384 indicating there is a strong association between the two variables. For the association between a LGBT person, how much do you now feel supported by your family and how many people are you out to in your family, the chi-square values is 3.337,  $\alpha = .05$ ,  $df = 1$ , the critical value is .068. This indicate there was no statistical association found between as a LGBT person, how much do you now feel supported by your family and how many people are you out to in your family among the bisexual group.

For the association between homophobia is a problem within my racial or ethnic community and how many people are you out to in your family the chi-square value is 2.112,  $\alpha = .05$ ,  $df = 1$ , critical value is .146, indicating no statistical association between homophobia is a problem within my racial or ethnic community and how many people are you out to in your family for the gay group. For the association between homophobia is a problem within my racial or ethnic community and how many people are you out to in your family among the bisexual group, the chi-square value is .842,  $\alpha = .05$ ,  $df = 1$ , the

critical value is .359. This indicates no statistical relationship between homophobia is a problem within my racial or ethnic community and how many people are you out to in your family for the bisexual group.

For the association between the questions, how often have you felt uncomfortable in your racial or ethnic community? and how many people are you out to in your family?, the chi-square value is 3.372,  $\alpha = .05$ ,  $df = 1$ , the critical value is .066. This indicates there is no statistical association between how often have you felt uncomfortable in your racial or ethnic community because of your sexual identity and how many people are you out to in your family for the gay group. For the association between how often have you felt uncomfortable in your racial or ethnic community because of your sexual identity and how many people are you out to in your family among the bisexual group, the chi-square value is .009,  $\alpha = .05$ ,  $df = 1$ , the critical value is .927, indicating no statistical relationship between how often have you felt uncomfortable in your racial or ethnic community because of your sexuality and how many people are you out to in your family.

For the association between the questions “have you used cell phone for dating” and “how many people are you out to in your family”, the chi-square value is 6.008,  $\alpha = .05$ ,  $df = 4$ , the p-value is .199, indicating no statistical association between how many times cell phone is used for dating and how many family members are you out to for the gay group. For the association between the questions “have you used cell phone for dating” and “how many people are you out to in your family”, the chi-square value is

1.046,  $\alpha = .05$ ,  $df = 1$ , the p-value is .306, indicating no statistical association between how many times have you use cell phone for dating and how many family members are you out to for the bisexual group.

For the association between have you ever met someone online and how many people are you out to in your family, the chi-square value is 6.895,  $\alpha = .05$ ,  $df = 4$ , the p-value is .142, indicating no statistical relationship between have you ever met someone online and how many people are you out to in your family for the gay group. For the association between have you ever met someone online and how many family members are you out to, the Chi-square value is 1.046,  $\alpha = .05$ ,  $df = 1$ , p-value is .306, indicating no statistical relationship between ever met someone online and how many people are you out to in your family for the bisexual group. Table 8 summarizes the results of the chi-square test of association for research question 1, What is the relationship between Hispanic/Latino MSM and (MSMW), their cultural/spiritual beliefs and self-disclosure/“coming out” to friend and family?

**Table 4 Cultural/Spiritual Beliefs, Risk Behavior and Self-disclosure to Family by**

**Sexual Identity**

**Table 8**

*Cultural/Spiritual Beliefs, Risk Behavior and Self-disclosure to Family by Sexual Identity*

(N = 287)

Items	How many people are you out to in your family					N
	Sexual Identity	$\chi^2$	DF	P-Value	Cramer's V	
1- My faith impacts many of my decisions	Gay	10.601	12	.563		287
	Bisexual	8.720	12	.727		
2- As a LGBT person, how much do you now feel supported by your family?	Gay	19.773	1	.000	.384*	287
	Bisexual	3.337	1	.068		
3- Homophobia is a problem in my racial/ethnic neighborhood	Gay	2.112	1	.146		287
	Bisexual	.842	1	.359		
4- How often have you felt uncomfortable in your racial/ethnic community because of your sexual identity?	Gay	3.372	1	.066		287
	Bisexual	.009	1	9.27		
5- How often have you used a cell phone for dating?	Gay	6.008	4	.199		287
	Bisexual	1.046	1	.306		
6- Ever met someone online?	Gay	6.895	4	.142		287
	Bisexual	1.046	1	.306		

\*Cramer's V is reported for significant relationship  $p < .05$



For the association between the questions “my faith impacts my life” and “how many friends are you out to”, the chi-square value is 1.175,  $\alpha = .05$ ,  $df = 1$ , the p-value is .278, this indicates there is no statistical association between my faith impacts my life and how many friends are you out to among the gay group. For the association between my faith impacts my life and how many friends are you out to among the bisexual group, the chi-square value is .931,  $\alpha = .05$ ,  $df = 1$ , the p-value is .335, this indicates there is no statistical association between my faith impacts my life and how many friends are you out to among the bisexual group.

For the association between as a LGBT person, how much do you now feel supported by your family and how many friends are you out to for the gay group, the chi-square value is 58.463,  $\alpha = .05$ ,  $df = 20$ , the p-value,  $p < .001$  indicating there is a statistical association between as a LGBT person, how much do you now feel supported by your family and how many friends are you out to for the gay group. Cramer’s V is .243 indicating there is a moderate association. For the association between as a LGBT person, how much do you now feel supported by your family and how many friends are you out to among the bisexual group the chi-square values is 9.896,  $\alpha = .05$ ,  $df = 15$ , the p-value is .826. This indicates there was no statistical association found between as a LGBT person, how much do you now feel supported by your family and how many friends are you out to for the bisexual group.

For the association between homophobia is a problem within my racial or ethnic community and how many friends are you out to the chi-square value is 18.187,  $\alpha = .05$ ,

df = 20, p-value is .536, indicating no statistical association between homophobia is a problem within my racial or ethnic community and how many friends are you out to for the gay group. For the association between homophobia is a problem within my racial or ethnic community and how many friends are you out to the chi-square value is .16.008,  $\alpha = .05$ , df = 12, the p-value is .191, indicating no statistical relationship between homophobia is a problem within my racial or ethnic community and how many friends are you out to for the bisexual group.

For the association between how often have you felt uncomfortable in your racial or ethnic community because of your sexual identity and how many friends are you out to, the chi-square value is 39.429,  $\alpha = .05$ , df = 20, the p-value is .006, indicating a statistical association between how often have you felt uncomfortable in your racial or ethnic community because of your sexual identity and how many friends are you out to for the gay group. Cramer's V is .192 indicating a weak association for how often have you felt uncomfortable in your racial or ethnic community because of your sexuality and how many friends are you out to for the gay group. For the association between how often have you felt uncomfortable in your racial or ethnic community because of your sexual identity and how many friends are you out to, the chi-square value is .17.930,  $\alpha = .05$ , df = 20, the p-value is .592, indicating no statistical relationship between how often have you felt uncomfortable in your racial or ethnic community because of your sexuality and how many friends are you out to for the bisexual group.

For the association how many time have you used cell phone for dating and how many friends are you out to for the gay group, the chi-square value is 12.350,  $\alpha = .05$ ,  $df = 16$ , the p- value is .720. The results indicate no statistical relationship between how many times have you used cell phone for dating and how many friends are you out to for the gay group. For the association how many time have you used cell phone for dating and how many friends are you out to the chi-square value is 1.046,  $\alpha = .05$ ,  $df = 1$ , the p-value is .306, indicating no statistical association between how many times have you used cell phone for dating and how many friends you out to for the bisexual group.

For the association between ever met someone online and how many friends are you out to the chi-square value is 15.283,  $\alpha = .05$ ,  $df = 4$ , the p-value is .004, indicating a statistical association between ever met someone online and how many friends are you out to for the gay group. Cramer's V is .739 indicating a strong relationship between ever met someone online and how many friends are you out to for the gay group. For the association between ever met someone online and how many friends are you out to for the bisexual group, the chi-square value is 1.046,  $\alpha = .05$ ,  $df = 1$ , the p-value is .306, indicating no statistical association between ever met someone online and how many people are you out to in your neighborhood. Table 9 summarizes the results of the chi-square test of association for research question 1, What is the relationship between Hispanic/Latino MSM and (MSMW), their cultural/spiritual beliefs and self-disclosure/ "coming out" to friend and family?

**Table 5 Cultural/Spiritual Beliefs, Risk Behavior and Self-disclosure to Friends by Sexual Identity**  
**Table 9**

*Cultural/Spiritual Beliefs, Risk Behavior and Self-disclosure to Friends by Sexual*

*Identity (N = 287)*

Items	How many friends are you out to					N
	Sexual Identity	$\chi^2$	DF	P-Value	Cramer's V	
1- My faith impacts many of my decisions	Gay	1.175	1	.278		287
	Bisexual	.931	1	.335		
2- As a LGBT person, how much do you now feel supported by your family?	Gay	58.463	20	.000	.284*	287
	Bisexual	9.896	15	.826		
3- Homophobia is a problem in my racial/ethnic neighborhood	Gay	18.787	20	.536		287
	Bisexual	16.008	12	.191		
4- How often have you felt uncomfortable in your racial/ethnic community because of your sexual identity?	Gay	39.429	20	.066	.192*	287
	Bisexual	17.390	20	.592		
5- How often have you used a cell phone for dating?	Gay	12.350	16	.720		287
	Bisexual	1.046	1	.306		
6- Ever met someone online?	Gay	15.283	4	.004	.739*	287
	Bisexual	1.046	1	.306		

\*Cramer's V is reported for significant relationship  $p < .05$

### **Cultural/Spiritual Beliefs, Risk and How Many People Are You Out in The Neighborhood**

For the association between the questions “my faith impacts my life” and “how many people are you out to in the neighborhood”, the chi-square value is .190,  $\alpha = .05$ ,  $df = 1$ , the p-value is .663. The results indicate there is no statistical association between my faith impacts my life and how many people are you out to in the neighborhood for the gay group. For the association between my faith impacts my life and how many people are you out to in the neighborhood the chi-square value is .1.018,  $\alpha = .05$ ,  $df = 1$ , the p-value is .613, this indicates no statistical association between my faith impacts my life and how many people are you out to in the neighborhood for the bisexual group.

For the association between as a LGBT person, how much do you now feel supported by your family and how many friends are you out to the chi-square value is 55.928,  $\alpha = .05$ ,  $df = 20$ , the p-value  $p < .001$  indicating there is an association between as a LGBT person, how much do you now feel supported by your family and how many friends are you out to for the gay group. Cramer’s V is .241 indicating there is a moderate association. For the association between as a LGBT person, how much do you now feel supported by your family and how many friends are you out to, the chi-square values is 22.660,  $\alpha = .05$ ,  $df = 20$ , the p-value is .306. The results indicate there was no statistical association found between as a LGBT person, how much do you now feel supported by your family and how many friends are you out to for the bisexual group.

For the association between homophobia is a problem within my racial or ethnic community and how many people are you out to in the neighborhood, the chi-square

value is 1.755,  $\alpha = .05$ ,  $df = 1$ , p-value is .185, indicating no statistical association between homophobia is a problem within my racial or ethnic community and how many people are you out to in the neighborhood for the gay group. For association between homophobia is a problem within my racial or ethnic community and how many people are you out to in the neighborhood, the chi-square value is 1.154,  $\alpha = .05$ ,  $df = 1$ , the p-value is .283, indicating no statistical relationship between homophobia is a problem within my racial or ethnic community for the bisexual group.

For the association between how often have you felt uncomfortable in your racial or ethnic community because of your sexual identity and how many people are you out to in your neighborhood, the chi-square value is 19.900,  $\alpha = .05$ ,  $df = 20$ , the p-value is .464. This indicates there is no statistical association between how often have you felt uncomfortable in your racial or ethnic community because of your sexual identity and how many people are you out to in your neighborhood for the gay group. For the association between how often have you felt uncomfortable in your racial or ethnic community because of your sexual identity and how many people are you out to in your neighborhood, the chi-square value is .16.708,  $\alpha = .05$ ,  $df = 20$ , the p-value is .672, indicating no statistical relationship between how often have you felt uncomfortable in your racial or ethnic community because of your sexual identity and how many people are you out to in your neighborhood for the bisexual group.

For the association between how often have you used cell phone for dating and how many people are you out to in your neighborhood, the chi-square value is 15.221,  $\alpha$

= .05,  $df = 16$ , the p-value is .503, indicating no statistical association between how often have you used cell phone for dating and how many people are you out to in your neighborhood for the gay group. For the association between how often have you used cell phone for dating and how many people are you out to in your neighborhood, the chi-square value is 3.819,  $\alpha = .05$ ,  $df = 2$ , the p-value is .148, indicating no statistical association between use cell phone for dating and how many people are you out to in your neighborhood for the bisexual group.

For the association between ever met someone online and how many people are you out to in your neighborhood, the chi-square value is 5.093,  $\alpha = .05$ ,  $df = 4$ , the p-value is .278, indicating no statistical association between ever met someone online and how many people are you out to in your neighborhood for the gay group. For the association between ever met someone online and how many people are you out to in your neighborhood for the gay group, the chi-square value is 3.819,  $\alpha = .05$ ,  $df = 2$ , the p-value is .148, indicating no statistical association between ever met someone online and how many people are you out to in your neighborhood for the gay group. Table 10 summarizes the results of the chi-square test of association for research question 1, What is the relationship between Hispanic/Latino MSM and (MSMW), their cultural/spiritual beliefs and self-disclosure/ “coming out” to friend and family?

**Table 6 Cultural/Spiritual Beliefs, Risk Behavior and Self-disclosure to Neighborhood by Sexual Identity****Table 10**

*Cultural/Spiritual Beliefs, Risk Behavior and Self-disclosure to Neighborhood by Sexual Identity (N = 287)*

Items	How many people are you out to in your neighborhood					N
	Sexual Identity	$\chi^2$	DF	P-Value	Cramer's V	
1- My faith impacts many of my decisions	Gay	.190	1	.663		287
	Bisexual	1.018	1	.613		
2- As a LGBT person, how much do you now feel supported by your family?	Gay	55.928	20	.000	.241*	287
	Bisexual	22.660	20	.306		
3- Homophobia is a problem in my racial/ethnic neighborhood	Gay	1.775	1	.185		287
	Bisexual	1.154	1	.283		
4- How often have you felt uncomfortable in your racial/ethnic community because of your sexual identity?	Gay	19.900	20	.464		287
	Bisexual	16.708	20	.672		
5- How often have you used a cell phone for dating?	Gay	15.221	16	.503		287
	Bisexual	3.819	2	.148		
6- Ever met someone online?	Gay	5.093	4	.278		287
	Bisexual	3.817	2	.148		

\* Cramer's V is reported for significant relationship  $p < .05$



### **Results for Chi-Square Analysis for Research Question 2**

Chi-square analysis was performed to investigate whether independent variables cultural belief influence Hispanic/Latino MSMW disclosing information on risk behavior to friends and family. None of the items used to measure cultural belief had alpha levels lower than .05, indicating no significant relationship or influence between the cultural beliefs and self-disclosure to family and friends for bisexual Hispanic/Latino MSMW. Table 11 and 12 displays the result of the findings.

To determine if cultural beliefs had any influence on self-disclosure to family among Hispanic/Latino MSMW. For the item my faith impacts many of my decisions, the chi-square value is 8.720,  $\alpha = .05$ ,  $df = 12$ , the critical value is .727. The results show that faith does not influence self-disclosure to family. For the item, as a LGBT person, how much do you feel supported by your family? The chi-square value is 3.337,  $\alpha = .05$ ,  $df = 1$ , the p-value is .068. The results indicate that family support does not influence self-disclosure to family among Hispanic/Latino MSMW. For the item homophobia is a problem in my racial/ethnic neighborhood, the Chi-square value is .842,  $\alpha = .05$ ,  $df = 1$ , the p-value is .359. Indicating homophobia is a problem in my racial/ethnic neighborhood does not influence self-disclosure to family among Hispanic/Latino MSMW. For the item how often have you felt uncomfortable in your racial/ethnic community because of your sexual identity? The chi-square value is .009,  $\alpha = .05$ ,  $df = 1$ , the p-value is .927. This shows that how often have you felt uncomfortable in your racial/ethnic community because of your sexual identity does not influence self-disclosure to family. Overall, the

results indicate that cultural belief has no influence on self-disclosure to family among Hispanic/Latino MSMW.

**Table 7 Cultural Beliefs' influence on bisexual Hispanic/Latino self-disclosure to family**  
**Table 11**

*Cultural Beliefs' influence on bisexual Hispanic/Latino self-disclosure to family*

Items	Out to family			
	$\chi^2$	DF	P-Value	N
1- My faith impacts many of my life decisions	8.720	12	.727	23
2- As a LGBT person, how much do you now feel supported by your family?	3.337	1	.068	23
3- Homophobia is a problem in my racial/ethnic neighborhood	.842	1	.359	23
4- How often have you felt uncomfortable in your racial/ethnic community because of your sexual identity?	.009	1	.927	23

To determine if cultural beliefs had any influence on self-disclosure to friends among Hispanic/Latino MSMW. For the item my faith impacts many of my decisions, the chi-square value is .931,  $\alpha = .05$ ,  $df = 1$ , the p-value is .335. The results show that faith does not influence self-disclosure to friends. For the item, as a LGBT person, how much do you feel supported by your family? The chi-square value is 9.896,  $\alpha = .05$ ,  $df = 1$ , the p-value is .335. The results indicate that family support does not influence self-disclosure to friends among Hispanic/Latino MSMW. For the item homophobia is a

problem in my racial/ethnic neighborhood, the Chi-square value is 16.008,  $\alpha = .05$ ,  $df = 12$ , the p-value is .191. Indicating homophobia is a problem in my racial/ethnic neighborhood does not influence self-disclosure to friends among Hispanic/Latino MSMW. For the item how often have you felt uncomfortable in your racial/ethnic community because of your sexual identity? The chi-square value is 17.930,  $\alpha = .05$ ,  $df = 20$ , the p-value is .592. This shows that how often have you felt uncomfortable in your racial/ethnic community because of your sexual identity does not influence self-disclosure to friends. Overall, the results indicate that cultural belief has no influence on self-disclosure to friends among Hispanic/Latino MSMW.

**Table 8 Cultural Beliefs' influence on bisexual Hispanic/Latino self-disclosure to friends**  
**Table 12**

*Cultural Beliefs' influence on bisexual Hispanic/Latino self-disclosure to friends*

Items	Out to friends			
	$\chi^2$	DF	P-Value	N
1- My faith impacts many of my life decisions	.931	1	.335	23
2- As a LGBT person, how much do you now feel supported by your family?	9.896	1	.335	23
3- Homophobia is a problem in my racial/ethnic neighborhood	16.008	12	.191	23
4- How often have you felt uncomfortable in your racial/ethnic community because of your sexual identity?	17.930	20	.592	23

## **Test of Hypotheses**

### **Hypothesis 1**

Hypotheses 1 stated there is a relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to friends and family and the null hypothesis states there is no relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to friends and family.

This hypothesis was tested by performing a chi-square analysis using IBM SPSS version 21 between the variable self-disclosure and Cultural and spiritual beliefs (measured by 3 items on the SJSQuestionnaire). All items showed no statistically significant relationship with self-disclosure to family. Results are displayed in tables 13 and 14. The results of the chi-square analysis displayed in table 13 shows there was no statistically significant relationship between cultural and spiritual beliefs and self-disclosure or “coming out” to family, all items had  $P > .05$ . Therefore, the researcher fails to reject the null hypothesis.

**Table 9 Relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to family**  
**Table 13**

*Relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to family*

Items	Out to family		
	No Statistic	Yes	
1- My faith impacts many of my life decisions	No	2 (28.6%)	$\chi^2 = .000$ , DF = 1, P-Value = 1.00, N = 23
	Yes	4 (28.6%)	
2- How often have you felt uncomfortable in your racial/ethnic community because of your sexual identity?	Never	2 (28.6%)	$\chi^2 = .009$ , DF = 1, P-Value = .926, N = 23
	Yes	4 (26.7%)	
3- Homophobia is a problem in my racial/ethnic neighborhood	Disagree	1 (50.0%)	$\chi^2 = .842$ , DF = 1, P-Value = .359, N = 23
	Agree	2 (18.2%)	
4-As a LGBT person, how much do you now feel supported by your family?	Not Supported	1 (37.5%)	$\chi^2 = 2.270$ , DF = 1, P-Value = .132, N = 23
	Supported	1 (9.1%)	

Note: N may or may not add up to 23 due to missing data

The results of the chi-square analysis displayed in table 14 shows there was no statistically significant relationship between cultural and spiritual beliefs and self-

disclosure or “coming out” to friends, all items had  $P > .05$ . Therefore, the researcher fails to reject the null hypothesis.

**Table 10 Relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to friends**

**Table 14**

*Relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to friends*

Items	Out to friends		
	No	Yes	
1- My faith impacts many of my life decisions	No	0 (0.0%)	$\chi^2 = .931$ , DF = 1, P-Value = .335, N = 23
	Yes	1 (1.1%)	
2- How often have you felt uncomfortable in your racial/ethnic community because of your sexual identity?	Never	0 (0.0%)	$\chi^2 = .746$ , DF = 1, P-Value = .388, N = 23
	Yes	1 (6.3%)	
3- Homophobia is a problem in my racial/ethnic neighborhood	Disagree	0 (0.0%)	No Chi-square results were displayed because out to friends was a constant*
	Agree	0(0.0%)	
4-As a LGBT person, how much do you now feel supported by your family?	Not Supported	0 (0.0%)	No Chi-square results were displayed because out to friends was a constant*
	Supported	0 (0.0%)	

Note: *N* may or may not add up to 23 because of missing data.

\* No chi-square statistic reported due no variance in the variable out to friends.

## **Hypothesis 2**

Hypothesis 2 states that cultural belief plays a role in Hispanic/Latino MSMW disclosing male-on-male sexual habits to friend and family. Null Hypothesis: Cultural belief does not influence Hispanic/Latino MSMW disclosing male-on-male sexual habits to friends and family. This hypothesis was also tested by running individual chi-square analysis using IBM SPSS version 21 on all items between the variables self-disclosure and Cultural belief. Chi-Squared statistic results displayed in tables 11, 12, 13, 14, 15 and 16 shows there was no statistically significant association between cultural belief and disclosing to friends and family, indicating that cultural belief does not influence self-disclosure. One item, have you ever felt uncomfortable in your racial/ ethnic neighborhood because of your sexual identity has a p-value that is equal to .050,  $P = .050$ , base on the fact that the sample size was much smaller ( $n=23$ ) than that which was indicated in the G\* Power sample analysis to obtain a statistically significant result, the researcher used discretion and deemed the association not statistically significant. One explanation for the small sample size of bisexual men could be that some MSMW self-identified as heterosexual in the original sample. The SJSP collected data on minorities in the LGBT community from all 50 states and Puerto Rico. For my analysis I selected those cases that were only Hispanic/Latino gay and bisexual males, yet 3.7% self-identified as heterosexual/straight, .8% self-identified as two-spirited, 3.7 self-identified as queer, 2.3% self-identified as same gender loving, .3% as pasiva/o, .8% as lesbian, .4 % as other and 3.4 % did not respond to the question of which sexual identify best

describes you. I believe that based on these responses some men may be MSMW but self-identify as something other than bisexual. This may have led to the small number of bisexuals in the sample. As all items have non-statistically significant values the researcher fails to reject the null hypothesis. These tables only show results for the bisexual groups as the hypothesis was only predicting self-disclosure for MSWM.

**Table 11 Influence of Cultural beliefs on Self-disclosure**  
**Table 15**

Table 15 displays the results for homophobia is a problem in my ethnic/racial community and how many friends are you out to.

*Influence of Cultural beliefs on Self-disclosure*

Item	How many people 'out' to...Friends				Statistics
	How many people 'out' to...Friends				
	Some	Most	All		
Homophobia is a problem in ethnic/racial community	disagree	2	0	0	$\chi^2 = 3.107$ , DF = 2, P-Value = .211, N = 23
	agree	5	3	4	

Table 16 displays the results for as a member of the LGBT community, how supported do you feel by your family and how many friends are you out to.



**Table 12 Results for feel supported by Friends****Table 16**

Item		How many people 'out' to...Friends				Statistic
		Some	About half	Most	All	
Feel supported by family	no	1	0	0	0	$\chi^2 = 1.662$ , DF = 3, P-Value = .645, N = 23
	yes	8	1	3	7	

Table 17 displays the results for have you ever felt uncomfortable in your racial/ethnic community because of your sexual identity and how many friends are you out to.

**Table 13 results for uncomfortable in racial/ethnic community-Friends****Table 17**

Item		How many people 'out' to...Friends					Statistic
		None	Some	About half	Most	All	
Uncomfortable in racial/ethnic community because of your sexual identity?	never	0	3	0	1	3	$\chi^2 = 1.996$ , DF = 3, P-Value = .736, N = 23
	yes	1	8	1	2	4	

Table 18 displays the results for the have you ever felt uncomfortable in your racial/ethnic community because of your sexual identity and how many people are you out to in your family.

**Table 14 results for uncomfort in racial/ethnic community--Family  
Table 18**

Item		How many people 'out' to...Family					Statistics
		How many people 'out' to...Family					
		None	Some	About half	Most	All	
Uncomfortable in racial/ethnic community because of sexual identity?	never	2	1	0	3	1	$\chi^2 = 9.473$ , DF = 4, P- Value = .050*, N = 23
	yes	4	5	2	0	4	

\*P is determined not statistically significant because of small sample size, N = 23

Table 19 displays the results for as a member of the LGBT community, how supported do you feel by your family

**Table 15 supported by Family  
Table 19**

Item		How many people 'out' to...Family					Statistic
		How many people are you 'out' to...family					
		None	Some	About half	Most	All	
Feel supported by Family	no	1	0	0	0	0	$\chi^2 = 3.337$ , DF = 4, P-Value = .503, N = 23
	yes	3	5	2	3	5	

Table 20 displays the results for homophobia is a problem in my ethnic/racial community and how many people are you out to in your family.

**Table 16 Homophobia is a problem in my racial/ethnic community  
Table 20**

Item		How many people 'out' to...Family					Statistic
		How many people 'out' to...Family					

		None	Some	About half	Most	$\chi^2 = 7.343$ , DF = 4, P-Value =.119, N = 23
Homophobia is a problem in racial/ethnic community	disagree	1	0	1	0	
	agree	2	3	0	2	

### Results for regression analysis

#### Self-disclosure to neighborhood based on cultural/spiritual beliefs

A multiple linear regression was calculated to predict the association between the dependent variable “self-disclosure to neighborhood” and the several independent variables. The independent variables are based on the following questions: “homophobia is a problem in my ethnic/racial community”, “as a member of the LGBT community how much do you feel supported by your family”, “have you ever felt uncomfortable in your ethnic/racial community because of your sexual identity” (cultural beliefs), and “my faith impacts my life decisions” (spiritual beliefs). A significant regression equation was found among the gay group ( $F(4, 131) = 4.808$ ,  $p < .001$ ), with an  $R^2$  of .128. Participants predicted self-disclosure to family is equal to  $.767 - .028$  (have you ever felt uncomfortable in your racial/ethnic community because of your sexual identity)  $+ .441$  (As member of the LGBT community, do you feel supported by your family)  $+ .115$  (homophobia is a problem in my racial/ethnic community)  $+ .055$  (my faith impacts my life decisions), where have you ever felt uncomfortable in your racial/ethnic community because of your sexual identity was coded as 1 = never and 2 = always. As a member of the LGBT community, do you feel supported by your family was coded as 1 = no and 2 = yes.

Homophobia is a problem in my racial/ethnic community was coded as 1= disagree and 2 = agree. My faith impacts my life decisions was coded as 1 = no and 2 = yes.

**Table 17**

**Self-disclosure to neighborhood based on cultural/spiritual beliefs**

Variable	Gay				Bisexual			
	<i>B</i>	$\beta$	<i>T</i>	<i>P</i>	<i>B</i>	$\beta$	<i>T</i>	<i>P</i>
Constant	.767		2.849	.005	1.846		1.532	.164
My faith impact my life decisions	.005	.080	.981	.328	.273	.297	.839	.425
Homophobia is a problem in my racial/ethnic community	.155	.109	1.260	.210	-.136	-.117	-.351	.735
As A member of the LGBT community how much do you feel supported by your family	.441	.323	3.893	.000*				
How often do you feel uncomfortable in your racial/ethnic community because of your sexual identity	-.028	-.037	-.419	.676	-.182			
<b>R<sup>2</sup></b>	.128				.212			
<b>F</b>	4.808				.718			

\* indicates statistical significance

### **Self-disclosure to family based on cultural/spiritual beliefs**

A multiple linear regression was calculated to predict the association between the dependent variable “self-disclosure to family” and the several independent variables. The independent variables are based on the following questions: “homophobia is a problem in my ethnic/racial community”, “as a member of the LGBT community how much do you feel supported by your family”, “have you ever felt uncomfortable in your ethnic/racial community because of your sexual identity” (cultural beliefs), and “my faith impacts my life decisions” (spiritual beliefs). A significant regression equation was found among the gay group ( $F(4, 136) = 12.438, p < .000$ ), with an  $R^2$  of .269. Participants predicted self-disclosure to family is equal to  $.908 + .048$  (have you ever felt uncomfortable in your racial/ethnic community because of your sexual identity)  $+ .396$  (As member of the LGBT community, do you feel supported by your family)  $+ .106$  (homophobia is a problem in my racial/ethnic community)  $- .055$  (my faith impacts my life decisions), where have you ever felt uncomfortable in your racial/ethnic community because of your sexual identity was coded as 1 = never and 2 = always. As a member of the LGBT community, do you feel supported by your family was coded as 1 = no and 2 = yes, homophobia is a problem in my racial/ethnic community was coded as 1 = disagree and 2 = agree. My faith impacts my life decisions was coded as 1 = no and 2 = yes.

Table 22 Self-disclosure to family based on cultural/spiritual beliefs

**Table 22**

Variable	Gay				Bisexual			
	<i>B</i>	$\beta$	T	P	<i>B</i>	$\beta$	<i>T</i>	P
Constant	.908		5.764	.000	1.048		.887	.401
My faith impact my life decisions	-.005	-.011	-1.152	.879	.081	.088	.244	.813
Homophobia is a problem in my racial/ethnic community	.106	.155	1.989	.049	.339	.292	.807	.443
As A member of the LGBT community how much do you feel supported by your family	.396	.445	5.967	.000*				
How often do you feel uncomfortable in your racial/ethnic community because of your sexual identity	.048	.100	1.269	.207	-.032	-.035	-.102	.922
R <sup>2</sup>	.269				.217			
F	12.438				.075			

\* indicates statistical significance

### **Self-disclosure to friends based on cultural/spiritual beliefs**

A multiple linear regression was calculated to predict the association between the dependent variable “self-disclosure to friends” and the several independent variables. The independent variables are based on the following questions: “homophobia is a problem in my ethnic/racial community”, “as a member of the LGBT community how much do you feel supported by your family”, have you ever felt uncomfortable in your ethnic/racial community because of your sexual identity” (cultural beliefs) and “my faith impacts my life decisions” (spiritual beliefs). A significant regression equation was found among the gay group ( $F(4, 135) = 6.231, p < .000$ ), with an  $R^2$  of .156. Participants predicted self-disclosure to family is equal to  $1.520 + .065$  (have you ever felt uncomfortable in your racial/ethnic community because of your sexual identity)  $+ .177$  (As member of the LGBT community, do you feel supported by your family)  $- .006$  (homophobia is a problem in my racial/ethnic community)  $+ .011$  (my faith impacts my life decisions), where have you ever felt uncomfortable in your racial/ethnic community because of your sexual identity is coded as 1 = never, 2 = always, as member of the LGBT community, do you feel supported by your family is coded as 1 = no, 2 = yes, homophobia is a problem in my racial/ethnic community is coded as 1 = disagree, 2 = agree, and my faith impacts my life decisions is coded as 1 = no, 2 = yes.

Table 23 Self-disclosure to friends based on cultural/spiritual beliefs

**Table 23**

Predictor	B	$\beta$	T	P
Constant	1.520		14.098	.000
As A member of the LGBT community how much do you feel supported by your family	.177	.315	3.913	.000*
How often do you feel uncomfortable in your racial/ethnic community because of your sexual identity	.065	.201	2.402	.018
My faith impact my life decisions	.011	.038	.487	.633
Homophobia is a problem in my racial/ethnic community	-.006	-.013	-.158	.874
F	6.231			
R <sup>2</sup>	.156			

\* indicates statistical significance

A multiple linear regression was also done to predict the self-disclosure to family, friends and the neighborhood based on risk behaviors of Hispanic/ Latino gay and bisexual men. No significant regression equations were found.



### Summary

I evaluated the relationships between cultural and spiritual beliefs, risk behavior and self-disclosure among Hispanic/Latino MSMW MSMW. I also assessed the same variables for Hispanic/Latino men who self-identify as gay. The data presented in this chapter using chi-square statistics was based on a sample of 354 participants who self-identified as being bisexual (MSMW) (n = 23) and gay (n= 264) using survey questionnaire by the SJSProject. For research question one, no relationship was found between the independent variables of cultural/ spiritual beliefs and risk behavior and the dependent variable self-disclosure, measured by out to friends and family and out to people in the neighborhood.

No association was discovered between 5 of the items used to measure the variables. There was a strong statistical significant relationship between feeling supported by the family and being out to family members among the gay group (see Table 8) and a moderate statistically significant relationship between feeling supported by the family and being out to the neighborhood (see Table 10), among the gay group as well. Statistically significant relationships were found between how often have you felt uncomfortable in your ethnic/racial community because of your sexual identity and disclosing to friends among the gay group (see Table 9). There was a statistically significant relationship between feeling supported by the family and being out to friends among the gay group as well (see Table 9). There was also a statistically significant

relationship between have you ever met someone online and being out to friends among the gay group (see Table 9).

There were no significant relationships indicated on any items among the bisexual group. The results also showed no relationships or influence between cultural beliefs and self-disclosure to friends and family. Chapter 5 provides a discussion, summary of the findings, limitations of the study and recommendations for future research; it will also address the implications for social change.

Multiple linear regression analyses were done to examine self-disclosure of sexual orientation and its association with cultural/spiritual beliefs and risk behavior among Hispanic/Latino MSWM and gay men. Significant associations were found only among the gay group in predicting self-disclosure to family, friends and in the neighborhood. No significant relationships were found for the dependent variable self-disclosure and the independent variable risk behavior among neither the gay group nor the bisexual group

## Chapter 5: Summary, Conclusion and Recommendations

### Overview

This quantitative research study was conducted to examine the relationships between cultural/spiritual, risk behavior and self-disclosure of Hispanic/Latino MSMW. The purpose of this research was to determine whether the Hispanic/Latino culture influence Hispanic/Latino bisexual men (MSMW) disclosing male-on-male sexual activities to family members, friends and female partners. The study was conducted to help understand the role Hispanic/Latino MSMW in the spread of HIV among women and to contribute to the understanding of the ideologies pertaining to HIV in this specific population. (TRA), (TPB) and the consequence theory of HIV served as the theoretical framework for this study. All three theories have been used to explain an extensive range of health behaviors and intentions, including why individuals may choose to engage in certain behavior, even when the risks are known, and why an individual may or may not self-disclose (Glanz, Rimer & Viswanath, 2008; Serovich, 2001).

This study used secondary data collected by the SJS Project. Participants were Hispanic/Latino men who self-identified as gay ( $n = 264$ ) and Hispanic/ Latino men who self-identified as bisexual ( $n = 23$ ) from all 50 states and Puerto Rico. Chi-square analyses were performed to determine the relationships between the culture, risk behavior, and self-disclosure. No statistically significant relationships were found except one, a cultural item: How much do you feel supported by your family as a member of the LBGT community? and How many family members are you out to?, among gay men.

Finding a statistically significant relationship between feeling supported by family and being out to family members is consistent with the work of Garcia, Lechuga, and Zea (2012) who concluded that self-disclosure of sexual orientation and social support were related among HIV-positive gay and bisexual Latino men. No relationship was found between these items for bisexual men in this study.

### **Interpretation of the Findings**

I examined the relationship between cultural/spiritual [cultural *what?* spiritual *what?*], risk behaviors, and self-disclosure to family, friends and the neighborhood and did a comparison between the gay group and the bisexual group. The chi-square analyses revealed no relationship between any of the items in the bisexual group. This could be attributed to power limitations affecting the sample size. The chi-square analysis did demonstrate a relationship between cultural/spiritual belief and self-disclosing to friends and family among the gay group. The results also showed that disclosing to family and friends was not influenced by culture. The results *did* show, however, that there was a statistically significant relationship between feeling uncomfortable in ethnic/racial neighborhood and being out to family members among the bisexual group. However, I used discretion to determine that this relationship was not significant due to small size of the sample ( $n = 23$ ).

Two hypotheses derived from the two research questions:

**Hypothesis 1**

This null hypothesis states there is no relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to friends and family. The Alternative hypotheses states there is a relationship between Hispanic/Latino MSMW cultural and spiritual beliefs and self-disclosure or “coming out” to friends and family. There were no statistically significant relationships found by the chi-square analysis, thus the null hypothesis failed to be rejected. These findings are not consistent with those by Garcia, Lechuga, & Zea (2012). Who when looking at reasons relating to self-disclosure of sexual orientation to both parents and friends among HIV-positive Hispanic/Latino MSM found that among Hispanic/Latino MSMW self-disclosure is related to being comfortable with sexual orientation, being involved in the gay community and being satisfied with one’s social support Garcia, Lechuga, & Zea (2012). Theses findings indicated that perhaps there are varying unexplored reasons for non-self-disclosure among Hispanic/Latino MSMW.

**Hypothesis 2**

This null hypothesis stated that cultural belief does not influence Hispanic/Latino MSMW disclosing male-on-male sexual habits to friends and family. The alternative hypothesis 2 stated that cultural belief plays a role in Hispanic/Latino MSMW disclosing male-on-male sexual habits to friend and family. There were no statistically significant associations found by the chi-square analysis; thus the null hypothesis failed to be rejected. These findings were contrary to Arnold, Rice, Flannery, & Rotheram-Borus

(2008), who concluded that self-disclosure is closely connected to the way communities acknowledges HIV and the way in which an individual sees himself or herself, his or her role in that community and perception of their identities.

### **Limitations of the Study**

This study had a number of limitations which include the following:

Firstly, the use of secondary data. The use of secondary data can lead to a lack of match between what the researcher wants to ask and the questions the data may be able to answer in reality (Rudestam & Newton, 2007). By using secondary data I was presented with the challenge of not having a large enough sample size of Hispanic/Latino men who self-identified as bisexual or MSMW. I believe that this limited my results drastically because such a low number did not lend to my results be generalizable. It is important to emphasize that the findings on the bisexual group in this study can be misleading due to the small sample size. Any effect may not have been detected because of the size of the sample. Caution should be use when interpreting these results as they may be due to type II error.

Secondly, the number of bisexual men and gay men in the sample was unequal; having an equal or greater number of bisexual males in the sample could have increased the power of the study which would lessen the chance of making a type II error (Creswell, 2009; Rudestam & Newton, 2007). Having an equal number of self-identified bisexual males in the sample would have also made it possible to do a more robust comparison of the two sexual identities (Gay men and bisexual men) in the study. A

larger sample size would have also led to more reliable answers and observations about the Hispanic/ Latino bisexual population and the role that culture plays in disclosing among this group.

Thirdly, the small sample size of bisexual males limited the generalizability of the study. The sample was a national sample that collected information on all 50 states and Puerto Rico. Yet, only 23 Hispanic/Latino men self-identified as bisexual or MSMW. I don't believe this was an accurate representation of Hispanic/Latino bisexual or MSMW in all 50 states and Puerto Rico. I think because of the stigma associated with homosexuality and HIV participants may not have been truthful in answering questions on the survey, or were truthful self-identifying. This was a national sample on the LGBT community yet there were participants in the sample that self-identified as heterosexual (3.7%). I believe that some of those who self-identified as being heterosexual may actually be MSMW. There were also individuals in the sample who self-identified as other type of sexualities such as two-spirited, heterosexual, macho and pasiva. These individuals may also fit in the definition of bisexual but did not self-identify as bisexual.

Fourthly, not isolating self-disclosure to female partner as a dependent variable was a limitation to the study. This would have allowed me to investigate if MSMW are more likely to self-disclosure to female partners than they are to family and friends. Isolating the self-disclosure to female partners would have also allowed me to look at the characteristics of the female partners of Hispanic/Latino MSMW.

### **Comparison to Other Studies**

The findings in this research and the under reporting of bisexual identity is similar to results in a study by Zule et al., (2009) where they reported that Hispanic/Latino men appear to engage in bisexual behavior more than they identify as being bisexual. This study's finding of an association between self-disclosure and feeling supported by family is similar to that of Wohl et al., (2010) where they reported that for many HI MSMW fear of stigma and the lost of social support from family and friends may drive the need to remain silent about sexual activities with other men. The results of this study can also be compared to that of Reback & Larkins (2013b) where they reported a link between behavior, cultural values and background (Reback & Larkins, 2013).

### **Recommendations**

A Hispanics/Latinos bisexual male (MSMW) is one of the sub-populations in the LGBT community that has been under researched. The majority of new HIV infection cases among Hispanics/Latinos are attributed to men and among infected men the majority of new infections come from sexual contact with another man (CDC, 2015). Hispanic/Latino men have the second highest HIV prevalence rate of all ethnic minority groups in the United States (Lieb et al., 2011). From a sample of 354 that was drawn from a population of five thousand minority individuals from all fifty states and Puerto Rico, only 23 men self-identified as being bisexual and Hispanic. The only relationship found to be statistically significant was among gay Hispanic/Latino men who were more likely to disclose to family members and friends if they felt supported by their family.



It is recommended to extend this research using a larger sample of Hispanic/Latino bisexual males using primary data, and adding the risk to female partners. The fact that there is no single Hispanic/Latino culture adds to the challenge of controlling HIV infection in the Hispanic/Latino community overall. It is also recommended that culture be looked at by type of Hispanic. Such as Hispanics/Latinos of Caribbean culture verses Hispanics/Latinos of South American culture. Further research is also needed on female partners of Hispanic/Latino MSMW knowledge of HIV risk and knowledge of partners same sex activities.

### **Implication for Social Change**

Hispanics/Latinos MSM (MSM) are disproportionately affected by HIV and are considered to have the second highest HIV prevalence in the United States (CDC, 2015). Women are also greatly affected by HIV as 1 out of 4 individuals living in the United States is a woman (CDC, 2015). 87% of all projected new HIV infections among Hispanics/Latinos in the United States were males. Of this number 79% of all new HIV infection cases were due to male-on-male sexual contact. These high number of cases can be attributed to the lack of complete information about HIV and STDs among Hispanic/Latino MSM, MSM who identify as heterosexual and MSMS who uses the internet to find sex partners (Rhodes, S. D., Hergenrather, K. C., Vissman, A. T., Stowers, J., Davis, A. B., Hannah, A., ... Marsiglia, F. F., 2011). These finding may contribute to a better understanding Hispanic/Latino culture's role in the HIV epidemic. These finding could contribute to positive social change in that they can help in the

development of prevention programs that are specifically designed to target Hispanic/Latino MSMW by providing information to individuals in the community, program directors and health promotion centers. In addition, to promote positive social change, the result of this study will be presented at the local board of health community coalition meeting to promote awareness of Hispanic/Latino MSWM as an underserved population in the county and to stress the need for prevention programs that aim to promote knowledge, reduce risk behavior and improving attitudes towards HIV in the community. The findings from this research can help to improve current public health programs aimed at HIV prevention and care in the Hispanic/Latino community as a whole and among MSMW of all races as well.

### **Conclusion**

The CDC (2015) states that among those unevenly affected by HIV are minority women and MSM (MSM), in particular Black and Hispanics/Latinos (CDC, 2015). Most cases of new HIV infections in women are through heterosexual sex (Beaulaurier, Craig, & De La Rosa, 2009). One out of four people living with HIV in the United States is a woman (CDC, 2015). Women are at a greater risk of getting HIV if they engage in unprotected vaginal and anal sex than men are who engage in unprotected sex (CDC, 2015; Beaulaurier, Craig, & De La Rosa, 2009). The CDC's transmission category report 2012 states that approximately 64% of all diagnosed HIV infections were by male-to-male sexual contact (CDC, 2012). Lieb et al (2011) reported that in general the number of Hispanic/Latino women who are HIV positive are attributed to unprotected sex with a HI

man (HI). HI men could include those men who may self-identify as heterosexual but are behaviorally bisexual, engaging in sex with both men and women (MSMW).

Despite numerous studies on Hispanic/Latino gay or homosexual, this is to my knowledge the first study that assessed the relationship between cultural/spiritual, sexual risk behaviors and self-disclosure among Hispanic/ Latino MSMW and that additionally looked at the variation of the variables by comparing MSMW (bisexual) and MSM (gay).

This quantitative study was guided by two research questions using TRA, TPB and the Consequence Theory of HIV as theoretical frameworks.

Results indicated there was no relationship between cultural/spiritual, risk behaviors and self-disclosure to friends, family and the neighborhood among Hispanic/Latino bisexual men. Results also showed that culture does not influence self-disclosure to family and friends for bisexual male. The study has some limitations that must be taken into consideration and that could add to the literature. One of these limitations was the use of secondary which led to a lack of what was being asked and what the data could truly answer. Another significant limitation was the small sample size of bisexual males in the sample which limited the generalizability of the study and undoubtedly affected the power of the study. It was recommended that further studies be done using primary data and a larger sample of Hispanic/Latino males.

The results of this study can add to the literature on Hispanics/Latinos and will perhaps encourage positive social change by serving as a benchmark for additional studies on Hispanics/Latinos MSMW and other LGBT sub-populations. The DeKalb

County Board of Health and the Gwinnett County Board of Health, counties that serve a large Hispanic/Latino community may use the results of this study to generate programs aimed at increasing knowledge, changing risk behaviors that will ultimately prevent HIV infections in the Hispanic community.

## Reference

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 170-211.
- Albarracin, D., Johnson, B. T., Fishbein, M., & Muellerleile, P. A. (2001). Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. *Psychological Bulletin*, 127(1), 142-161.
- Armitage, A. J., & Christian, J. (Eds.). (2004). *Planned behavior: The relationship between human thought and action*. New Brunswick, NJ: Transaction Publishers (pp. 5-7).  
Retrieved from: <http://books@google.com>
- Arnold, E. M., Rice, E. M., Flannery, D., & Rotheram-Borus, M. J. (2008). HIV disclosure among adults living with HIV. *AIDS Care*, 20(1), 80-92.
- Babbie, E. (2013). *The practice of social research* (13th ed.). Belmont, CA: Wadsworth, Cengage Learning.
- Battle, J., Daniels, J., Pastrana, A., Tuner, C. B., & Espinoza, A. (2013). Never too old to feel good: Happiness and health among a national sample of older black gay men. *Spectrum: A Journal on Black Men*, 2(1), 1-18.
- Battle, J., Pastrana, A. J., & Daniels, J. (2010). Social Justice Project: 2010 National Survey, Including Puerto Rico [survey].. , , 1-24. University of Illinois at Chicago: Chicago.
- Beaulaurier, R. L., Craig, S. L., & De La Rosa, M. (2009). Older Latina women and HIV/AIDS: An examination of sexuality and culture as they relate to risk and protective factors.

*Journal of Gerontological Social Work*, 52, 48-63.

<http://dx.doi.org/10.1080/01634370802561950>

Bobashev, G. V., Zule, W. A., Osilla, K. C., Kline, T. L., & Wechsberg, W. M. (2009).

Transactional Sex among Men and Women in the South at High Risk for HIV and Other STIs. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 86(1), s32-s46. <http://dx.doi.org/10.1007/s11524-009-9368-1>

Bowers, J. R., Branson, C. M., Fletcher, J. B., & Reback, C. J. (2012). Predictors of HIV sexual

risk behavior among men who have sex with men, men who have sex with men and women and transgender women. *International Journal of Sexual Health*, 24, 290-302.

<http://dx.doi.org/10.1080/19317611.2012.715120>

Bowers, J. R., Branson, C. M., Fletcher, J., & Reback, C. J. (2011, June). Differences in

substance use and sexual partnering between men who have sex with men, men who have sex with men and women and transgender women. *Culture, Health & Sexuality*, 13(6), 629-642.

Centers for Disease Control and Prevention (2016). HIV surveillance by race/ethnicity.

Retrieved from <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2013-vol-25.pdf>.

Cerdeño, A. F., Martinez-Donate, A. P., Zellner, J. A., Sanudo, F., Carrillo, H., Engleberg, M., ...

Hovell, M. (2012). Marketing HIV prevention for heterosexually identified Latino men who have sex with men and women: The hombres sanos campaign. *Journal of Health*

*Communication: International Perspectives*, 17(6), 641-658.

<http://dx.doi.org/10.1080/10810730.2011.635766>

Creswell, J. (2009). *Research design: qualitative, quantitative, and mixed method approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Daskalakis, D., Silvera, R., Bernstein, K., Stein, D., Hagerty, R., Utt, R., ... Marmor, M. (2009, June 1). Implementation of HIV testing at two New York City bathhouses: From pilot to clinical service. *Clinical Infectious Diseases*, 48, 1606-1616.

<http://dx.doi.org/10.1086/598979>

De Santis, J. (2012). How do the sexual behaviors of foreign-born Hispanic man who have sex with men differ by relationship status? *American Journal of Men's Health*, 6.

<http://dx.doi.org/10.1177/1557988311403299>

De Santis, J. P., Gonzalez-Guarda, R., Provencio-Vazquez, E., & Deleon, D. A. (2014). The tangled branches (Las ramas enredadas): Sexual risk, substances abuse, and intimate partner violence among Hispanic men who have sex with men. *Journal of Transcultural Nursing*, 25(1), 23-32. <http://dx.doi.org/10.1177/1043653613504110>

Dodge, B., Schnarrs, P. W., Reece, M., Martinez, O., Goncalves, G., Malebranche, D., ...

Fortenberry, D. (2013). Sexual behaviors and experiences among behaviorally bisexual men in the Midwestern United States. *Archives of Sex and Behavior*, 42, 247-256.

<http://dx.doi.org/10.1007/s10508-011-9878-2>

Fowler, F. J. (2014). *Survey research methods* (5th ed.). Los Angeles: Sage Publication.

- Garofalo, R., Herrick, A., Mustanski, B.S., Donenberg, G.R. (2007). Tip of the iceberg: Young men who have sex with men, the Internet, and HIV risk. *American Journal of Public Health*. 97(6),1113–1117. doi: 10.2105/AJPH.2005.075630
- Institute for Social Research University of Michigan, Inter-university Consortium for Political and Social Research. (n.d.). *Sexuality Project: 2010 National Survey, including Puerto Rico* [Data file]. Available from icpsr.umich.edu: <http://www.icpsr.umich.edu/>
- Friedman, M. R., Kurtz, S. P., Buttram, M. E., Wei, C., Silvestre, A. J., & Stall, R. (2013). HIV risk among substance-using men who have sex with men and women (MSMW): Findings from South Florida. *AIDS Behavior*, 111-119. <http://dx.doi.org/10.1007/s10461-013-0495-z>
- Friedman, M. R., Wei, C., Klem, M. L., Silvestre, A. J., Markovic, N., & Stall, R. (2014). HIV infection and sexual risk among men who have sex with men and women (MSMW): A systematic review and meta-analysis. *PLoS ONE*, 9(1). <http://dx.doi.org/10.1371/journal.pone.0087139>
- Garcia, L. I., Lechuga, J., & Zea, M. C. (2012). Testing comprehensive models of disclosure of sexual orientation in HIV-positive men who have sex with men (MSM). *AIDS Care*, 24(9), 1087-1091.
- Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). *Health behavior and health education: Theory, research, and practice*. (4th ed.). San Francisco, CA: John Wiley & Sons.



- Goldenberg, S. M., Strathdee, S. A., Perez-Rosales, M. R., & Sued, O. (2012). Mobility and HIV in Central America and Mexico: A critical review. *Journal of Immigrant Minority Health, 14*, 48-64. <http://dx.doi.org/10.1007/s10903-011-9505-2>
- Gonzalez-Guarda, R. M., Ortega, J., Vasquez, E. P., & De Santis, J. (2010). La mancha negra: Substance abuse, violence and sexual risk among Hispanic males. *Western Journal of Nursing Research, 32*, 128-148. <http://dx.doi.org/10.1177/0193945909343594>
- Gorbach, P. M., Murphy, R., Weiss, R. E., Hucks-Ortiz, C., & Shoptow, S. (2009). Bridging sexual boundaries: Men who have sex with men and women in a street-based sample in Los Angeles. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 86*(1), 64-76. <http://dx.doi.org/10.1007/s11524-009-9370-7>
- Harawa, N. T., McCuller, W. J., Chavers, C., & Janson, M. (2013, February 1). HIV risk behavior among Black/African American and Hispanic/Latina female partners of men who have sex with men and women. *AIDS Behavior, 17*, 848-855. <http://dx.doi.org/10.1007/s10461-012-01>
- Herbenick, D., Reece, M., Schick, V., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14-94. *Journal of Sexual Medicine, 7*(5), 255-265. <http://dx.doi.org/10.1111/j.1743-6109.2010.02012.x>
- Herrick, A. L., Lim, S. H., Plankey, M. W., Chmiel, J. S., Guadamuz, T. T., Kao, U., ... Stall, R. (2013, January). Adversity and syndemic production among men participating in the

multicenter AIDS cohort study: A life-course approach. *American Journal of Public Health*, 103(1), 79-85.

HIV among Latinos. (2015). Retrieved from

<https://www.cdc.gov/hiv/pdf/group/raciaethnic/hispaniclatinos/cdc-hiv-latinos.pdf>

HIV among Latinos: fact sheet. (2013). Retrieved from

<https://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

*HIV and AIDS among Latinos* [Press release]. (2015, March). Retrieved from CDC HIV Fact

Sheet: [http://www.cdc.gov/hiv/pdf/risk\\_latinos.pdf](http://www.cdc.gov/hiv/pdf/risk_latinos.pdf)

Hoyt, M. A., Rubin, L. R., Nemeroff, C. J., Lee, J., Huebner, D. M., & Proeschold-Bell, R. J.

(2012). HIV/AIDS-related institutional mistrust among multiethnic men who have sex with men: Effects of HIV testing and risk behavior. *Health Psychology*, 31(3), 269-277.

<http://dx.doi.org/10.1037/a0025953>

Hutchinson, M. K., Kahwa, E., Waldron, N., Brown, C. H., Hamilton, P. I., Hewitt, H. H., ...

Jemmott, L. S. (2011). Jamaican mothers' influences of adolescent girls' sexual beliefs and behaviors. *Journal of Nursing Scholarship*, 44(1), 27-35. [http://dx.doi.org/](http://dx.doi.org/10.1111/j.1547-5069.2011.01431.x)

[10.1111/j.1547-5069.2011.01431.x](http://dx.doi.org/10.1111/j.1547-5069.2011.01431.x)

Jeffries IV, W. L. (2011). The number of recent sex partners among bisexual men in the United States. *Perspectives on Sexual and Reproductive Health*, 43(3), 151-157.

<http://dx.doi.org/10.1363/4315111>

Jerome, R. C., Halkitis, P. N., & Siconolfi, D. E. (2009). Gender, sexual behavior, and club drug use club drug use, sexual behavior, and HIV seroconversion: A qualitative study of

motivations. *Substance Use & Misuse*, 44, 431-447.

<http://dx.doi.org/10.1080/10826080802345036>

Kendall, T., Herrera, C., Caballer, M., & Campero, L. (2007). HIV prevention and men who have sex with women and men in Mexico: Findings from a qualitative study with HIV-positive men. *Culture, Health & Sexuality*, 9(3), 459–472.

Lieb, S., Prejean, J., Thompson, D. R., Fallon, S. J., Cooper, H., Gates, G. J., ... Malow, R. M. (2011). HIV prevalence rates among men who have sex with men in the Southern United States: Population-based estimates by race/ethnicity. *AIDS Behavior*, 15, 596–606.

<http://dx.doi.org/10.1007/s10461-010-9820-y>

Mackesy-Amiti, M. E., McKirnan, D. J., & Ouellet, L. J. (2010). Relationship characteristics associated with anal sex among female drug users. *Sexually Transmitted Diseases*, 37(6), 346-351. <http://dx.doi.org/10.1097/OLQ.0b013e3181c71d61>

Malebranche, D. J., Arriola, K. J., Jenkins, T. R., Dauria, E., & Pate, S. N. (2010). Exploring the “Bisexual Bridge”: A Qualitative study of risk behavior and disclosure of same-sex behavior among black bisexual men. *American Journal of Public Health*, 100 (1)

Manstead, A. S. (2012). The benefits of a critical stance: A reflection on a past paper on the theories of reasoned action and planned behavior. *British Journal of Social Psychology*, 50, 366- 373.

Marks, G., Richardson, J. L., & Maldonado, N. (1991). Self-disclosure of HIV infection to sexual partners. *American Journal of Public Health*, 81(10), 1321-1322.

- Martinez, O., Dodge, B., Reece, M., Schnarrs, P. W., Rhodes, S. D., Goncalves, G., ... Fortenberry, J. D. (2011, October). Sexual health and life experiences:Voices from behaviorally bisexual Latino men in the Midwestern USA. *Culture, Health & Sexuality*, 13(9), 1073-1089. <http://dx.doi.org/10.1080/13691058.2011.600461>
- Martinez-Donate, A. P., Zellner, J. A., Fernandez-Cerdeno, A., Sanudo, F., Hoval, M. F., Sipan, C. L., ... Ji, M. (2009). Hombres sanos: Exposure and response to a social marketing HIV prevention campaign targeting heterosexually identified Latino men who have sex with men and women. *AIDS Education and Prevention*, 21(b), 124-136. <http://dx.doi.org>
- Maulsby, C., Sifakis, F., German, D., Flynn, C. P., & Holtgrave, D. (2013). HIV risk among men who have sex with men only (MSMO) and men who have sex with men and women (MSMW) in Baltimore. *Journal of Homosexuality*, 60, 51-68. <http://dx.doi.org/10.1080/00918369.2013.735938>
- Mckay, T., & Matchler, M. G. (2011). The effect of partner sex: Nondisclosure of HIV status to male and femal partners among men who have sex with men and women (MSMW). *AIDS Behavior*, 15, 1140-1152.
- Mirkuzie, A. H., Sisay, M. M., Moland, K. M., & Astrom, A. N. (2011). Applying the theory of planned behaviour to explain HIV testing in antenatal settings in Addis Ababa - a cohort study. *BMC Health Services Research*, 11(196). Retrieved from <http://dx.doi.org/10.1186/1472-6963-11-196>
- Monforte, I. (2010). House and Ball culture goes wide. *Gay Lesbian Review Worldwide*, 17(5), 28-30.

- Nakamura, N., Semple, S. J., Strathdee, S. A., & Patterson, T. L. (2011). HIV risk profiles among HIV-positive, methamphetamine-using men who have sex with both men and women. *Archive of Sex Behavior, 40*, 793-801. <http://dx.doi.org/10.1007/s10508-010-9713-1>
- Nakamura, N., & Zea, M. C. (2010). Experiences of homonegativity and sexual risk behaviour in a sample of Latino gay and bisexual men. *Culture Health and Sex, 12*(1), 73-85. <http://dx.doi.org/10.1080/13691050903089961>
- Obermeyer, C. M., Baijal, P., & Pegurri, E. (2011). Facilitating HIV disclosure across diverse Settings: A review. *American Journal of Public Health, 101*(6), 1011-1023.
- Ortega, J., Hauang, S., & Prado, G. (2011). Applying ecodevelopmental theory and the theory of reasoned action to understand HIV risk behaviors among Hispanic adolescents. *Hispanic Health Care International, 10*(1), 42-52.
- Parent, M. C., Torrey, C., & Michaels, M. S. (2012). "HIV testing is so gay": The role of masculine gender role conformity in HIV testing among men who have sex with men. *Journal of Counseling Psychology, 59* (3), 465-470. <http://dx.doi.org/1037/a0028067>
- Parsons, J. T., Grov, C., & Golub, S. A. (2012). Sexual compulsivity, co-occurring psychosocial health problems, and HIV risk among gay and bisexual men: Further evidence of syndemic. *American Journal of Public Health, 102*(1), 157-162. <http://dx.doi.org/10.2105/AJPH.2011.300284>
- Persichino, J., & Ibarra, L. (2012). HIV and Latino migrant workers in the USA. *Ethnic and Racial Studies, 35*(1), 120-134. <http://dx.doi.org/10.1080/01419870.2011.594167>

- Prejean, J., Song, R., Hernandez, A., Ziebell, R., Green, T., Walker, F., ... Hall, H. I. (2011). Estimated HIV incidence in the United States, 2006-2009. *PLoS ONE*, 6(8), 1-13.  
<http://dx.doi.org/10.1371/journal.pone.0017502>
- Ramirez-Valles, J. Latino MSM Community Involvement: HIV Protective Effects. ICPSR34385-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2014-04-02. Retrieved from <http://doi.org/10.3886/ICPSR34385.v2>
- Ramirez-Valles, J., Garcia, D., Campbell, R. T., Diaz, R. M., & Heckathorn, D. D. (2008, June). HIV infection, sexual risk behavior, and substance use among Latino gay and bisexual men and transgender persons. *American Journal of Public Health*, 98(6), 1036-1042.  
<http://dx.doi.org/10.2105/AJPH.2006.102624>.
- Reback, C. J., & Larkins, S. (2010). Maintaining a heterosexual identity: Sexual meanings among a sample of heterosexually identified men who have sex with men. *Archives of Sexual Behavior*, 39, 766-773. <http://dx.doi.org/10.1007/s10508-008-9437-7>
- Reback, C. J., Kaplan, R. L., & Larkins, S. (2015). Disclosure of male sexual partnering and HIV serostatus among a sample of heterosexually identified men who have sex with men and women. *AIDS Education and Prevention*, 27(3), 227-239.
- Reback, C. J., & Larkins, S. (2013). HIV risk behaviors among a sample heterosexually identified men who occasionally have sex with another male and/or a transwoman. *Journal of Sex Research*, 50(2), 151-163.  
<http://dx.doi.org/10.1080/00224499.2011.632101>

- Reisen, C. A., Zea, M. C., Bianchi, F. T., Poppen, P. J., Shedlin, M. G., & Penha, M. M. (2010). Latino gay and bisexual men's relationships with non-gay-identified men who have sex with men. *Journal of Homosexuality*, *57*, 1004-1021.  
<http://dx.doi.org/10.1080/00918369.2010.503510>
- Rhodes, S. D., Hergenrather, K. C., Aronson, R. E., Bloom, F. R., Felizzola, J., Wolfson, M., ... McGuire, J. (2010). Latino men who have sex with men and HIV in the rural south-eastern USA: findings from ethnographic in-depth interviews. *Culture, Health & Sexuality*, *12*(7), 797-812. <http://dx.doi.org/10.1080/13691058.2010.492432>
- Rhodes, S. D., Hergenrather, K. C., Vissman, A. T., Stowers, J., Davis, A. B., Hannah, A., ... Marsiglia, F. F. (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 Mens Health*, *5*(2), 140-151.  
<http://dx.doi.org/10.1177/1557988310366298>
- Rudestam, K. E., & Newton, R. R. (2007). *Surviving your dissertation: A comprehensive guide to content and process* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Ruiz, M., & Briones-Chavez, C. S. (2010). How to improve the health of undocumented Latino immigrants with HIV in New Orleans: an agenda for action. *Reverend Panam Salud Publication*, *28*(1), 66-70.
- Sandfort, T. G., & Dodge, B. (2008). "...And then there was the down low": Introduction to black and Latino male bisexualities. *Archives of Sexual Behavior*, *37*, 675-682.  
<http://dx.doi.org/10.1007/s10508-008-9359-4>.

- Satcher, A. J., Durant, T., Hu, X., & Dean, H. D. (2007). AIDS cases among women who reported sex with Bisexual man. 2000-2004-United States. *Women & Health, 46*, 2-3. [http://dx.doi.org/10.1300/J013v46n02\\_03](http://dx.doi.org/10.1300/J013v46n02_03)
- Schrimshaw, E. W., Siegel, K., & Downing Jr, M. J. (2010). Sexual risk behavior with female and male partners met in different sexual venues among non-gay-identified, nondisclosing MSMW. *International Journal of Sexual Health, 22*, 167-179. <http://dx.doi.org/10.1080/19317611003748821>
- Serovich, J. M. (2001). A test of two HIV disclosure theories. *AIDS Education and Prevention, 13*(4), 355-364.
- Sharma, M., & Kanekar, A. (2007). Theory of reasoned action & theory of planned behavior in alcohol and drug education. *Journal of Alcohol & Drug Education, 51*(1). Retrieved from <http://www.biomedsearch.com/article/Theory-reasoned-action-theory-planned/163097578.html>
- Shearer, K., Khosropour, C., Stephenson, R., & Sullivan, P. S. (2012). Do bisexual men tell their female partners about having male partners? Results from a national online HIV prevention survey in the United States. *International Journal of Sexual Health, 24*, 195-204. <http://dx.doi.org/10.1080/19317611.2012.686965>
- Singh, S., Hu, X., Wheeler, W., & Hall, H. I. (2014). HIV diagnoses among men who have sex with men and women-United States and 6 dependent areas, 2008-2011. *American Journal of Public Health, 104* (9), 1700-1706. <http://dx.doi.org/10.2105/AJPH.2014.301990>



- Solorio, R., Forehand, M., & Simoni, J. (2013). Attitudes towards and beliefs about HIV testing among Latino immigrant MSM: A comparison of testers and nontesters. *AIDS Research and Treatment*, 2013(563537), 1-10. <http://dx.doi.org/10.1155/2013/563537>
- Taylor, B. S., Chiasson, M. A., Scheinmann, R., Hiresfield, S., Humberstone, M., Remien, R. H., ... Wong, T. (2012). Results from two online surveys comparing sexual risk behaviors in Hispanic, Black, and White men who have sex with men. *AIDS Behavior*, 16, 644-652. <http://dx.doi.org/10.1007/s10461-011-9983-1>
- Ugarte Guevara, W. J., Valladares Cradoza, E., & Essen, B. (2012). Sexuality and risk behavior among men who have sex with men in León, Nicaragua: A mixed methods approach. *Journal of Sex and Medicine*, 9, 1634-1648. <http://dx.doi.org/10.1111/j.1743-6109.2012.02713.x>
- US. Department of Health and Human Services (2015). *HIV risk among adult sex workers in the United States* [Fact sheet]. Retrieved from <http://www.cdc.gov/hiv/group/sexworkers.html>
- University of South Alabama (n.d.). *Strength and weaknesses of qualitative research*. Retrieved from [http://www.southalabama.edu/coe/bset/johnson/oh\\_master/Ch14/Tab14-02.pdf](http://www.southalabama.edu/coe/bset/johnson/oh_master/Ch14/Tab14-02.pdf)
- Van Gemert, C., Vongsaiya, K., Huges, C., Jenkinson, R., Bowring, A. L., Sihavong, A., ... Hellard, M. (2013). Characteristics of a sexual network of behaviorally bisexual men in Vientiane, Laos PDR. *AIDS Education and Prevention*, 25(3), 232-243.
- Voetsch, A. C., Thomas, P. E., Johnson, A. S., Millett, G. A., Munday, L., Goode, C., ... Heffeling, J. D. (2010). Sex with bisexual men among black female students at

- historically black colleges and universities. *Journal of the National Medical Association*, *102*(12), 1198-1204.
- Wohl, A. R., Galvan, F. H., Meyers, H. F., Garland, W., George, S., Witt, M., ... Le, M. L. (2011). Do social support, stress, disclosure and stigma influence retention in HIV care for Latino and African American men who have sex with men and women? *AIDS Behavior*, *15*, 1098-1110. <http://dx.doi.org/10.1080/19317611.2012.686965>
- Wohl, A. R., Galvan, F. H., Myers, H. F., Garland, W., George, S., Witt, M., ... Carpio, F. (2010). Social support, stress and social network characteristics among HIV-positive Latino and African American women and men who have sex with men. *AIDS Behavior*, *14*, 1149-1158. <http://dx.doi.org/10.1007/s10461-010-9666-3>
- Young, S. D., Shoptaw, S., Weiss, R. E., Munjas, B., & Gorbach, P. M. (2011). Predictors of HIV sexual risk behavior among men who have sex with men, men who have sex with men and women, and transgender women. *AIDS Behavior*, *11*, 643-649. <http://dx.doi.org/10.1007/s10461-009-9653-8>
- Young, S. D., Shoptaw, S., Weiss, R. E., Munjas, B., & Gorbach, P. M. (2011). Predictors of unrecognized HIV infection among poor and ethnic men who have sex with men in Los Angeles. *AIDS Behavior*, *15*, 643-649. <http://dx.doi.org/10.1007/s10461-009-9653-8>
- Zea, M. C., Reisen, C. A., Poppen, P. J., Biamchi, F. T., & Echeverry, J. J. (2007). Predictors of disclosure of human immunovirus-positive serostatus among Latino gay men. *Cultural Diversity and Ethnic Minority Psychology*, *13*(4), 304-312.

- Zea, M. C., Reisen, C. A., Poppen, P. J., Echeverry, J. J., & Bianchi, F. T. (2004). Disclosure of HIV-positive status to Latino gay men's social networks. *American Journal of Community Psychology*, 33, 107-116.
- Zellner, J. A., Martinez-Donate, A. P., Sanudo, F., Fernandez-Cerdeno, A., Sipan, C. L., Hovell, M. F., & Carrillo, H. (2009). The interaction of sexual identity with sexual behavior and its influence on HIV risk among latino men: results of a community survey in northern San Diego County, California. *American Journal of Public Health*, 99(1), 125-132.
- Zule, W. A., Bobashev, G. V., Wechsberg, W. M., Costenbader, E. C., & Coomes, C. M. (2009). Behaviorally bisexual men and their risk behaviors with men and women. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 86(1), 48-62.
- <http://dx.doi.org/10.1007/s11524-009-9366-3>

## **Appendix A: Questions to Measure Variables**

### **Questions to measure Disclosure**

Do you feel that your sexual orientation is an important part of your identity? Yes (1), no (2)

How many people with the following communities are you "out" to? (a) Family, (b) friends, (c) religious community, (d) co-workers, (e) people in the neighborhood, (f) people on line (Facebook, etc)?

### **Questions to Measure Cultural Beliefs**

In what religious were you raised?

What religion do you currently practice?

As a LGBT person, how much do you now feel supported by your family?

Homophobia is a problem within my racial and ethnic community. (yes ) (no)

Homophobia is a problem in my neighborhood. (yes) (no)

In general homophobia is a problem with in all communities of color (agree) (disagree)

How often do you feel uncomfortable in your racial or ethnic community because of your sexual identity? Never (1) Sometimes (2) Always (3)

Thinking about your LGBT friends, how many of them are the same race as you? None (0),  
Some (1),

About half (2), Most (3), All (4)

Do you feel that your racial or ethnic status is an important part of your identity? Yes (1), No (2)

### **Questions to Measure Risk Activities**

Have you ever met someone for a date that you first met online? Yes (1), No (2)

How many times have you met someone online in the last 6 months?