

Cult Health Sex. Author manuscript: available in PMC 2012 October 10.

Published in final edited form as:

Cult Health Sex. 2007; 9(5): 505-518. doi:10.1080/13691050701243547.

The sexual experiences of Latino men who have sex with men who migrated to a gay epicentre in the USA

Fernanda T. Bianchi¹, Carol A. Reisen¹, Maria Cecilia Zea¹, Paul J. Poppen¹, Michele G. Shedlin², and Marcelo M. Penha³

¹The George Washington University, Washington, DC

²University of Texas, El Paso, TX

³New York University, NY, USA

Abstract

Key informant interviews, in-depth interviews and focus groups were conducted to examine ways in which social context influenced the behavior of Brazilian, Colombian and Dominican men who have sex with men. First, we investigated how the social context in the home country affected motivation for migration. Findings suggest that Latino men who have sex with men frequently reported coming to the USA to escape homo-negativity and to achieve greater sexual freedom. The study also examined how the social context encountered in the early years after migration shaped sexual behavior and risk. A majority of the participants reported easy access to sex partners and frequent sexual encounters. The anonymity of living in a gay epicentre such as New York City, often without social connections from the past, was experienced as liberating and conducive to sexual exploration. Moreover, sex in public venues, such as parks and sex cabins, was readily available to those who do not speak English. The tendency to engage in high levels of sexual activity during the early period after arrival in New York City was particularly evident among younger men. Implications for future programme development are discussed alongside prevention efforts targeting migrants during this critical period.

Keywords

USA; Latino; men who have sex with men; sexual migration; sexual risk

Introduction

Understanding the sexual behavior of immigrant Latino men who have sex with men (MSM) is important as a way not only of exploring the social construction of sexuality but also of gaining insight into a group at special risk for HIV. Latino MSM in the USA represent two vulnerable groups: Latinos and MSM. Men who have sex with men are disproportionately affected by HIV/AIDS; they constitute an estimated 5–7% of the population but account for 54% of diagnosed cases of AIDS (CDC 2006a). Latinos are also over-represented among AIDS cases, accounting for 14% of the population but 19% of AIDS diagnoses (CDC 2006b). Although new diagnoses of AIDS have declined among white MSM, the number has increased among Latino MSM (Henry J. Kaiser Family Foundation 2005). Moreover, Latino MSM in the USA continue to have high rates of unprotected anal intercourse, with

^{© 2007} Taylor & Francis

nearly half reporting at least one instance of unprotected anal intercourse in the last month (Chng and Géliga-Vargas 2000).

Sexuality and migration

This paper focuses on immigrant Latino MSM and examines ways in which social context in the home country may be related to migration, as well as ways in which the social context in the gay epicentre of New York City may be related to sexual behavior and sexual risk. Structural factors in the home country, such as poverty, socioeconomic class, political instability and limited educational opportunities, frequently provide the impetus to emigrate. Like other Latinos, gay Latino migrants have reported coming to the USA to improve their financial situation, provide monetary support to their families, advance their education or escape from political turmoil (Shedlin *et al.* 2006).

The concept of sexual migration has recently been developed to refer to 'international relocation that is motivated, directly or indirectly, by the sexuality of those who migrate' (Carrillo 2004: 59) and both male and female migrants to the USA have reported experiencing less restrictive gender expectations and greater sexual freedom (Hondagneu-Sotelo 1994, Carrillo 2004). Men who have sex with men often migrate to gay epicentres in order to find greater opportunities for sexual expression, a more open gay community and refuge from the prejudice and discrimination that may be experienced in the home country (Weston 1995, Huang and Akhtar 2005). Latino MSM have reported coming to the USA for a variety of reasons related to sexual orientation, including to escape family rejection or gay discrimination, to have greater access to potential sexual partners and to live a more open life as a gay man (Parker 1997, Díaz 1998).

To date, little research has addressed the impact of migration on the health of MSM. Although being a gay immigrant *per se* is not seen as a risk factor for HIV, it has been argued that the circumstances encountered by immigrants may lead to greater vulnerability to risk behavior and disease exposure (Colon 2001, Chng *et al.* 2003). Changes in sexual behavior that pose a risk for HIV infection have been observed among Mexican migrant men who reported having multiple sexual partners, sex with other men and increased use of female sex workers after migrating to Los Angeles (Bronfman 1998). Latino MSM coming to the US have often been assumed to be at high risk of contracting HIV due to a number of factors related to migration, including poverty, social isolation, limited knowledge of sexually transmitted diseases and opportunities arising in a freer sexual environment (Carrillo 2004). Empirical evidence has been mixed, however, and lower levels of risk have sometimes been found among immigrants than among those who are more assimilated into US culture (e.g. Chng and Géliga-Vargas 2000).

Social context of sexual behavior

Although theoretical approaches to HIV-related risk have historically focused on individual characteristics, such as knowledge or skills, risk perception and personality variables (e.g. Fishbein and Ajzen 1975, DiClemente and Peterson 1994), recent approaches have emphasized the social construction of sexuality and, therefore, the importance of the social context in which sexual risk can occur (Parker 1994, Chng *et al.* 2003). The social context sometimes refers to the circumstances of the sexual encounter itself, as is the case in research that examines the effects of event characteristics such as the relationship between partners (e.g. Poppen *et al.* 2004), the physical setting of the encounter (e.g. Kelly and Muñoz-Laboy 2005) and the presence of drugs or alcohol during the encounter (e.g. Dolezal *et al.* 2000). In other cases, the social context is interpreted in a broader sense to refer to the social and structural environment in which individuals live.

Structural factors arising from social, physical and macroeconomic conditions in the environment contribute to the context and may influence sexual behavior and risk (Organista, Carrillo and Ayala 2004). For example, unaccompanied Latino migrant men in the US have reported more contact with sex workers than men who were accompanied by spouses (Parrado, Flippen and McQuiston 2004). In addition, recent ethnographic research has demonstrated how physical changes in a New York City public park altered the social and sexual behavior of MSM who engaged in casual sexual encounters there (Kelly and Muñoz-Laboy 2005). Similarly, issues such as living situation, access to transportation and lack of money can have an impact on practices related to seeking and finding sexual partners, as well as on the physical setting of sexual encounters and the behaviors enacted.

Cultural factors also influence sexual behavior and risk. Parker (1994: S309) noted that 'sexual activity is shaped and constituted' within social and cultural contexts and that sexual socialisation influences individuals' desires, feelings, roles and practices. Technology and the media have disseminated images from western popular culture all over the world and these images shape perceptions and attitudes of gender and sexuality globally (Connell 2005), including in Latin America. Moreover, popular portrayals of gay epicentres, such as New York City and San Francisco, present a social environment of gay-oriented urban spaces that facilitate the development of gay relationships, cultures and lifestyles (Chauncey 1995). Exposure to these depictions can influence not only the expectations of migrants coming to the US, but also the attitudes, practices and even imagined possibilities of people living in the US and other countries (Weston 1995, Sánchez-Eppler and Patton 2000, Carrillo 2004).

Thus, the process of encountering and adapting to a new country upon arriving in the US differs for migrants, depending on their experiences prior to migration (Hunt, Schneider and Comer 2004). Men who have sex with men who have lived in cosmopolitan, urban areas in their countries of origin are much more likely to enter the USA with knowledge of US culture. Moreover, they have experienced life in a city, which tends to provide greater anonymity and freedom from social restrictions than do smaller communities such as towns or villages (Valentine and Skelton 2003). In addition, many MSM coming from urban areas have been exposed to a sizable gay community.

Current study

The current study is part of a larger research project examining the role of contextual factors in affecting the sexual risk behavior of Brazilian, Colombian and Dominican MSM who have immigrated to the New York metropolitan area. These three nationalities were chosen because they represent relatively understudied Latino groups. Dominicans and Colombians are sometimes considered 'New Latino Groups,' who have received much less research attention than the more established Latino population (e.g. those of Mexican, Puerto Rican and Cuban origin) in the USA (Logan 2001). Brazilians have frequently been excluded from research on Latinos in the USA because they are not Spanish speakers. Immigration from these three countries has increased substantially in recent decades (Logan 2001, Luiz 2005).

In this paper, we focus on several related topics, including sexual migration, sexual contexts in New York City, settings for sexual encounters and new sexual practices. We examined how the social context in the home country affected both the decision to migrate and the experience after migration. We were also concerned with the social and sexual context that recently arrived Latino migrant MSM encounter in New York and how this context shapes sexual behavior and HIV risk.

Methods

Participants and procedure

Data for this paper came from the first phase of a research project on contextual influences of sexual risk behavior among immigrant Brazilian, Colombian and Dominican MSM in the greater New York City area. Data sources included key informant interviews, focus groups and in-depth interviews. The research was carried out in the New York City metropolitan area (Manhattan, Queens, Newark) and participants were recruited between autumn 2004 and spring 2005. Recruitment methods for the focus groups and in-depth interviews included snowball sampling, advertisements in gay publications and on internet websites, flyers and health and prevention referrals from programmes serving the Latino gay community.

Key informant interviews—Individuals knowledgeable about Brazilian, Colombian or Dominican MSM in New York were identified as potential key informants. Eleven key informant interviews were conducted with community workers, gay activists and Latino leaders. The interviews focused on experiences of migrant MSM from the three home countries and, specifically, social and sexual attitudes, norms and practices in the home and host environments. Key informant interviews lasted from one to two hours and were conducted in English, Spanish or Portuguese, depending on the preference of the person being interviewed. Key informants were not paid for their participation.

Focus groups—*S*eparate, single focus groups were conducted for participants from the three countries of origin in the native language of the participants (i.e. Spanish or Portuguese). Facilitators of the groups included at least one native speaker and at least one gay man, at times represented by the same person. Focus group guides were used to structure the conversation in a manner that ensured relevant issues were covered but that facilitated spontaneous discussion and inclusion of unanticipated topics. Topics addressed sexual identity, norms, beliefs and behaviors of MSM in the country of origin and in New York, as well as experiences of migration common to those from the specific country. Focus groups lasted approximately two hours. Participants were reimbursed \$50 for their time and given \$5 to cover the cost of transportation.

Inclusion criteria were having been born in Brazil, Colombia or the Dominican Republic, being 18 years of age or older and having had sex with a man in the last three months. The Brazilian focus group had nine participants, the Colombian group had eleven and the Dominican group had five. The ages of focus group participants ranged from 20–57 years, with a mean of 37 years. The average length of time in the USA was approximately ten years, with a range of four months to 24 years. About 60% of the participants in focus groups reported that they were in a relationship with a primary male partner.

In-depth interviews—Semi-structured in-depth interviews were conducted in Spanish, Portuguese or English, depending on the preference of the participant. Interviewers were native speakers of Spanish or Portuguese but also fluent speakers of English. Interview guides were developed to loosely structure the conversations and to address a variety of topics, including migration and experiences as MSM in the home and host countries. The major portion of in-depth interviews focused on details of recent sexual encounters. Questions were sufficiently open-ended to allow unanticipated topics and themes to emerge and be discussed. Interviews lasted approximately 90 minutes and participants received \$65 in reimbursement for time and transportation costs.

Participants in in-depth interviews included 14 Colombian, 12 Dominican and 10 Brazilian men. Three Dominican participants were later eliminated because they failed to meet the inclusion criterion of being an immigrant from one of the three designated countries: during

the course of the interviews, it became clear that these three men had in fact been born in the USA. The resulting sample consisted of 33 interviewees (see Table I for descriptive information on the participants). The names that appear in the table and the text below are not the real names of participants. Inclusion criteria were identical to those for participation in the focus groups.

The average age of those interviewed was 35 years, with a range from 18–58 years. The median length of time in the USA for interview participants was ten years, with a range from 1–26 years. About 40% of the participants reported having a primary partner at the time of the interview. The Dominican participants differed from the Colombian and Brazilian participants in that they were slightly younger and less educated.

All focus groups and interviews were tape-recorded and data were transcribed for analysis using Atlas.ti 5.0. Interviews were coded in the original languages by a team of four researchers, three of whom were native speakers of Portuguese or Spanish. There were at least two coders for each interview, one of whom was a native speaker of the language of the interview. The coding of the first four interviews was done simultaneously by three coders in order to establish criteria for coding. Thereafter, the majority of interviews were coded by two coders. Discrepancies in coding were resolved through discussion and consensus. The analysis of the data was guided by the principles of grounded theory (Glaser 1992), such that themes and relationships were identified and then modified, accepted or rejected as additional information and insight emerged over the course of the analysis. Open coding and memos were used to allow for continued revision of the categories.

Results and discussion

Our initial interest lay in applying grounded theory (Glaser 1992) to the analysis of data collected within the context of a larger study on contextual factors of sexual risk¹. Although we asked about migration history and motivations in all interviews, initially we did not question participants in a systematic way about the other theme addressed in this paper: sexual experiences in the early period after arrival in the USA. Rather, this theme emerged as we began to analyse the data. It was discussed first by a key informant then and arose without probing in two of the three focus groups. In addition, the topic came up spontaneously in seven of 27 interviews. In order to obtain more information on the topic, we conducted six additional interviews (four Colombians and two Dominicans) that included probes designed to obtain descriptions of the participants' experiences and perceptions about sexual activity after migration and later.

The lack of information from all participants on this topic is a limitation of this study and restricted our ability to explore fully how patterns of behavior differed within subgroups of the sample. In addition, because the sample was not restricted to men who had migrated to New York in very recent times, much of what we describe in this paper comes from retrospective reports or perceptions of the behavior of others.

Motivations for migration

Like many other immigrants, common motivations to come to the USA among participants included: to improve economic situation, to further education, to join family members and to escape political instability in the country of origin. Some of the participants, however, reported that they came for reasons arising from their sexuality.

¹This ongoing, five-year study is examining the context of sexual encounters of Brazilian, Colombian, and Dominican men who have sex with men in New York City. Both qualitative and quantitative approaches are being used to identify aspects of the context that lead to various forms of protected and unprotected sex (NICHD- R01 HD 046258; M.C. Zea, P.I.).

One theme that emerged was the motivation to escape homo-negativity, the stigma associated with HIV or both. For example, one Dominican participant in a focus group described the difficulties of being gay and dealing with homo-negativity in his rural town:

'Look, I could tell you that I never, in my village, in my little countryside...openly (said) that I was homosexual. That is, only the guy I was with knew it, nobody else. But I never opened up to say: "I am gay". There were those who suspected it and told me and I denied it. But I denied it not because I was ashamed of it but because I saw how those who did dare to say it were criticized...mistreated, humiliated, insulted even by their own family.' (Ramón, Dominican)²

Similarly, a participant from a conservative state in northeast Brazil reported being threatened and harassed by others in his town due to his homosexuality and the visibility of his HIV infection:

'I was already not well, I had already been ill, and I received threatening telephone calls, I was afraid...' (João, Brazilian, 34)

In both these cases, it is evident that the social context of the home country was an important factor creating the motivation for sexual migration. Furthermore, desire to migrate to the USA to escape a hostile social environment for gay people was more prevalent among participants who came from rural or conservative areas of the home countries.

For some Latino MSM, homo-negativity came not only from society at large but also from the family. A participant reported leaving Colombia because he could not meet his father's expectation that he would lead a heterosexual life:

'I never took a girlfriend home, nothing like that. I was young, they teased me a lot, I knew that life was going to be chaotic for me, it already was. And I said, "The only way I can solve this problem is to get out of here".' (Edgar, Colombian, 45)

Sexual migration also stemmed from positive motivations, and some of our participants reported coming to the USA in order to achieve a fuller expression of themselves as gay men. A Dominican participant described his migration at age 17 as motivated by a desire to discover himself and live his homosexuality. The vision of the gay epicentre as a place of sexual freedom drew some men to New York. A Colombian focus group participant described this attraction: '

...and there is something that, I think, moves all gay people...the image of New York, New York as the centre...the capital of the world. We've always had lots of information about the United States; it has constantly invaded us; they have shown us a gay life; they have shown us how one lives here if one is gay.' (Alejandro, Colombian)

A complex combination of cultural forces is evident here: the image attracted gay men to New York and the resulting growth of the gay population in turn supported and enhanced gay life in the city.

New sexual practices

As a result of entering new social and sexual contexts in the USA, some migrant Latino MSM reported exposure to sexual practices that they had not encountered in their countries of origin. Such practices were added to the sexual repertoire of the participants. During the

 $^{^{2}}$ Age and country-of-birth are reported for the participants quoted, except for focus group participants, for whom we did not record age.

Brazilian focus group, a participant described learning the practice of stimulating a partner's nipples:

'Americans in general idolize, this is the country of 'breasts' and Brazilians idolize 'butts', that is my analysis. Because of such idolizing of breasts, even gay people absorbed this (obsession). Because they love when you squeeze their nipples, it gives pleasure. I came to know this pleasure here (in the USA); I did not know it in Brazil. Brazilians, when you go to bed with a Brazilian, he does not have this habit of squeezing your nipples and you squeezing his...he could maybe suck them, but even so it would be very gently.' (Haroldo, Brazilian)

The new sexual practice of attending to nipples added variety and posed no additional vulnerability to HIV for the men. Another learned sexual practice, 'deep throat' oral sex, however, may carry some increased risk for HIV or other sexually transmitted diseases. During a Brazilian focus group this practice was talked about by a participant:

'Brazilians, they suck (the penis)...they do oral sex with affection...Americans, here No, here they go deep in what they call the 'deep throat'. You put it in until you gag...(laughter). And they want you to come right inside...it causes a more intense ejaculation, by the way...(laughter). I am talking about the sexual things I learned in New York that I did not see on a regular basis (in Brazil)...' (José, Brazilian)

Sexual context encountered by new immigrants

A major research question concerned the social and sexual contexts encountered by immigrant men and the implications of those contexts for sexual risk behavior. One theme frequently recounted by our participants was the extensive sexual freedom and opportunity found in New York. A key informant used the term 'playground' to describe the situation for newly arrived Latino MSM:

'You come to New York City, I think it happens to all of us. It's like a playground: if you want to have sex every night, you can have sex every night. And sometimes I do think that it's so available and the drugs, the parties, all that stuff, that if you come from a culture where you were so in the closet or didn't want to talk about your sexuality, your whole family was against it, religion was against it. You come here and nobody knows what you're doing and it more, like, it opens up for you.' (Nicolás, Colombian)

The anonymity afforded by the urban environment contributed to the sense of freedom experienced by our participants; there was no need to 'hide out', as one of the men put it.

Many men spoke of finding an environment in New York that provided easy access to partners and sex in a wide variety of forms. Having many sexual partners was perceived as normative. The participants frequently reported engaging in many sexual encounters when they first arrived. Those who came from more restrictive environments noted the contrast with their former sex lives. For example, a Colombian man reported:

'Well, as I lived in a small town, the options were not many. But here, obviously, every gay man has a number of 'fuck buddies' and he always has the phone number of one of them...there are many options.' (Jairo, Colombian, 28)

Similarly, a participant from the Dominican Republic described the major shift from a quiet life with little sexual activity in Santo Domingo to an active sex life in New York. This shift may have exposed him to greater risk of HIV, as his response to the new opportunities was a willingness to try many things:

'In Santo Domingo I rarely had sex...but here, when I arrived here it became easy for me to have sex. So here I was able to play around and flirt and whatever happened to come along because then what happens is that you not only have lots of sex but also with many people, so, at least in my case, I played around and, I don't know, I got to the point that I would do one thing or another and I had a great time...going to parks, looking for people on the Internet, that was new to us, because in Santo Domingo I never did it. In Santo Domingo I lived a very quiet life.' (Pedro, Dominican, 33)

Some participants reported that their newly found sexual freedom led to an almost compulsive pursuit of sex partners and exploration of gay spaces shortly after their arrival in New York. A Brazilian participant in the focus group spoke of the quest for sexual venues and partners in NYC:

'...but it's like an animal thing, going for the chase, they (gay men) have to feed themselves, and in the case of sex, when they arrive here where do they go...They ask, "where can I go to satisfy myself", and then they go to places that are not exclusively Brazilian but that are where all gays go. Either the nightclub or the disco, or the place where gays get together (to have sex).' (Gustavo, Brazilian)

Despite the image of New York as having a vibrant gay scene, some participants expressed the opinion that sexual interactions tended to be more passionate in Latin America, a view that is in keeping with cultural stereotypes of Latinos (Díaz 1998, Guerra 1999, Castañeda 2006). Moreover, in the Colombian focus group, participants noted widespread sexual freedom in gay clubs and bars in large Colombian cities, sometimes surpassing that found in the US. Thus, for some men migrating from urban centers with active gay venues, the sexual exploration and increased activity may have stemmed from leaving home and encountering a new and foreign environment, rather than finding greater sexual freedom.

It is also possible that development factors influenced the pattern of sexual behavior affter immigration. There were 13 interviews in which the period shortly affter immigration was addressed, and of those, 11 participants reported high levels of sexual activity during that time. It is interesting to note that seven of these 11 men were under 30 yeas of age. Therefore, the phenomenon of the sexual playground may be particularly relevant for young men.

We examined the data to see if those men who reported migrating to the USA for sexual reasons (e.g. to achieve a fuller expression of gay sexuality) were engaged in especially high levels of sexual activity in the period following arrival in New York. We failed to find this effect; rather, the pattern was evident among sexual migrants, as well as men who migrated for other reasons.

Sexual risk behavior

The large numbers of partners and encounters that participants described have a potentially negative consequence — increased vulnerability for contracting sexually transmitted infections, including HIV. Several men reported taking sexual risks and not using condoms during the early period after arriving in the USA. A Brazilian participant described his situation this way:

'I did so. I arrived in the USA today, let us suppose, and the following day I was having, I was being passive, and the next day I was being passive without a condom.' (Antônio, Brazilian, 43)

A Colombian participant who recently arrived described changes in his sexual behavior in the following way:

'And since I arrived here...when I've been able to have relations with somebody I have had them and sometimes, this is the only thing that has concerned me, I have not used a condom and after that one remains worried.' (Álvaro, Colombian, 33)

In contrast, another Brazilian spoke of coming to the USA in 1985, with an awareness of how AIDS was affecting the gay community. He actively practiced self-protection as a means of avoiding HIV:

'So I was already prepared, knowing that I was not going to have sex with anybody without a condom, and it was what I did from the beginning, from the first time I had sex until today.' (Joaquim, Brazilian, 39)

Thus, it is evident that among those who engaged in extremely active sex lives after arriving in New York, individual responses to the associated health risks differed greatly.

In order to explore possible factors related to sexual risk behavior, we examined data provided in the interviews concerning unprotected anal intercourse. We looked at whether the three national groups differed in their reports of unprotected anal intercourse during the previous year. Only two of the ten Brazilians reported this behavior, in contrast to six of the nine Dominicans and seven out of the 14 Colombians. This discrepancy may perhaps stem from the national campaign mounted by the Brazilian government to educate the populace about condom use and combat the HIV epidemic (Berkman *et al.* 2005). However, as can be seen in Table I, the groups also differed in the proportion of HIV-positive participants. The greater proportion of HIV-seropositive men in the Brazilian group may have contributed to their lower rate of unprotected anal intercourse.

In addition, we used data on the most recent sexual encounter to investigate the relationship between sexual risk behavior and time since arrival in the USA. We divided the sample from the in-depth interviews between those who had been in the USA for five years or fewer compared with more than five years. The proportion who reported having unprotected anal intercourse during their most recent sexual encounter was substantially the same in both groups. Clearly, other factors, such as serostatus, relationship between partners and age, which have been noted in the literature (e.g. Poppen *et al.* 2004), are more proximal and important predictors of sexual risk behavior than time since immigration.

Settings for sex among newly arrived immigrants

For many men in our sample, public sex venues (e.g. parks, sex cabins) offered a place to find sexual partners and to engage in frequent casual and anonymous sex. A Colombian participant described his sexual life when he first arrived in New York City:

'So, I went to Christopher Street...I think that the first time I had sex was on Christopher Street in a bookstore with booths and such, and people go and...I had sex a million times.' (Mauricio, Colombian, 29)

An important feature attracting the newly arrived Latino MSM to public sex venues was the opportunity to encounter sex partners without having to speak English. A Brazilian participant described his early experiences having unprotected sex in public parks:

'It was a cruising place...You would get some...It was better, because nobody met anybody in nightclubs at the time and knowledge of English wasn't enough to carry on a conversation and...make an acquaintance and take him home, and so, in the park you don't need to talk, it's only sex. So, it was more because of a lack of English.' (Antônio, Brazilian, 43)

Moreover, sexual encounters in public sex venues do not require the cultural knowledge necessary to form a social relationship as a prelude to a sexual relationship. Another

Brazilian participant described going to public venues to find sex partners when he first arrived, because he 'didn't know who to talk to, how to talk' (Bruno, Brazilian, 28).

The experiences shared by these men illustrate the importance of structural factors in influencing sexual behavior. Some newly arrived immigrant men went to public sex venues because their inability to speak English, lack of familiarity with social norms or poor financial situation precluded their meeting partners in venues such as bars and nightclubs. It is possible that this limited knowledge of both language and social customs also restricted the ability of these men to negotiate safer sexual practices.

Another situation that motivated some men to seek sex in public places was their lack of knowledge of and connection to a gay community when they first arrived in the USA. Some men reported not knowing anyone and feeling isolated. One participant described wandering the streets during this time:

'Sometimes at night I would go, I would sort of sneak out and I would walk the streets because I wanted to get to know them...I took the car or the train and I would go...I had to seek, I had to know because, really, I had not established any friendships, I hadn't established anything yet...so, it was like me and the city, I have to see what there is here...soon I discovered, I don't know, saunas.' (Mauricio, Colombian, 29).

One participant identified another motivation for sex in public places. Due to concerns of homo-negativity and physical violence against gay people, he reported that he was afraid to go to private homes of casual sex partners. He claimed that public spaces offered greater possibilities for escape, if necessary. The combination of structural characteristics of public places, personal feelings of disempowerment and the potential reality of anti-gay experiences served as a motivation to have sex in public venues.

Changes over time

Many men who had been in the USA for extended periods told us that their excitement about sexual opportunities and freedoms lessened over time, while their interest and investment in building a more integrated gay life grew. It is impossible to determine from our data the extent to which this change was due to maturation, increased involvement in a gay community or acculturation into life in New York. Participants reported, however, that with greater freedom from the burdens of discrimination, their gay lives became less compartmentalised. Living in a gay epicentre provided the opportunity not only for sexual exploration and satisfaction but also fuller self-expression in relationship, in friendship, in work and in other aspects of life. The social context of gay life in New York allowed for ongoing committed relationships, which for many had been proscribed in the culture of origin. A Colombian focus group participant described his own situation this way:

'So I feel that the dream I had has come true, to be able to share my apartment, my life, with another man, free of criticism, free of any abuse and free of discrimination by our own families.' (Alejandro, Colombian)

Conclusion

The data described in this paper illustrate ways in which social context influences migration and sexual behavior. Homo-negativity in the home country and images of gay life in the US were cited as common motivations for emigration. Participants in this study often left social networks of extended family and friends, which conveyed expectations and restrictions about acceptable patterns of sexual behavior. Leaving the home country and coming to New York freed the men from such constraints and enabled them to try new things. The social

environment in the gay epicenter of New York City facilitated exploration by affording both anonymity and easy access to other men looking for sexual partners.

The importance of structural factors in shaping sexual behavior patterns was evident. Public sex venues provided opportunities for sex but did not entail spending money or speaking English. New immigrants with little money often had limited access to commercial venues for meeting potential partners or to private living quarters for sexual interactions. Thus, poverty experienced by migrants has a direct impact on social and sexual lives and potentially on sexual risk. In addition, the observed link between language abilities and public sex illustrated how the structure of the linguistic environment can influence behavior.

This research indicates that the initial years after immigration represent a period in which Latino MSM may be particularly vulnerable to contracting HIV. The findings suggest a need for prevention efforts aimed at newly arrived immigrant men in gay epicenters, with particular attention to young men who are more likely to have many sexual partners. Possible approaches could include street-based outreach activities to identify newly arrived men and social services to provide access to language programmes, jobs and educational opportunities. There are currently over 40 Latino gay organisations in New York City and community-building efforts could foster a welcoming and supportive environment for new immigrants with prospects to form relationships and meet partners. In addition, programmes in Spanish or Portuguese could teach safer sex negotiation, including nonverbal communication methods that would not require knowledge of English and could be used in public sex venues.

Finally, in both the countries of origin and in the USA, programmes promoting antidiscrimination, greater acceptance of homosexuality and reduced stigma towards HIV could create social environments that would enable individuals to live more fully as gay men. Such programmes would permit MSM to achieve more open and realised lives, with less fear of rejection, oppression or physical harm, either in the home country or in the USA.

Acknowledgments

The preparation of this paper was supported by a grant from the National Institutes of Health: NICHD- R01 HD 046258. María Cecilia Zea, Principal Investigator, Paul J. Poppen, Carol A. Reisen and Michele G. Shedlin Co-Investigators.

References

- Berkman A, Garcia J, Muñoz-Laboy M, Paiva V, Parker R. A critical analysis of the Brazilian response to HIV/AIDS: Lessons learned for controlling and mitigating the epidemic in developing countries. American Journal of Public Health. 2005; 95:1162–1172. [PubMed: 15933232]
- Bronfman M. Mexico and Central America. International Migration. 1998; 36:609–642. [PubMed: 12295098]
- Carrillo H. Sexual migration, cross-cultural sexual encounters and sexual health. Sexuality Research and Social Policy. 2004; 1:58–70.
- Castañeda, PG. Latin lovers: Do we really exist? All from my heart. Victoria, BC: Trafford Publishing; 2006.
- Centers for Disease Control. [accessed January 8th, 2007] HIV/AIDS among men who have sex with men. 2006a. Available at: http://www.cdc.gov/hiv/resources/factsheets/msm.htm
- Centers for Disease Control. [accessed January 8th, 2007] HIV/AIDS among Hispanics. 2006b. Available at: http://www.cdc.gov/hiv/resources/factsheets/hispanic.htm
- Chauncey, G. Gay New York: The making of the gay world 1890–1940. London: Flamingo; 1995.

Chng CL, Géliga-Vargas J. Ethnic identity, gay identity, sexual sensation seeking and HIV risk taking among multiethnic men who have sex with men. AIDS Education and Prevention. 2000; 12:326–339. [PubMed: 10982122]

- Chng CL, Wong FY, Park RJ, Edberg MC, Lai DS. A model for understanding sexual health among Asian American/Pacific Islander men who have sex with men in the US. AIDS Education and Prevention. 2003; 15:21–38. [PubMed: 12630597]
- Colon E. An ethnographic study of six Latino gay and bisexual men. Journal of Gay & Lesbian Social Services. 2001; 12:77–92.
- Connell, RW. Globalization, imperialism and masculinities. In: Kimmel, MS.; Hearn, J.; Connell, RW., editors. Handbook of Studies on Men and Masculinities. Thousand Oaks, CA: Sage; 2005. p. 71-89.
- Díaz, R. Latino Gay Men and HIV: Culture, Sexuality, and Risk Behavior. Boston: Routledge Kegan Paul; 1998.
- DiClemente, RJ.; Peterson, JL., editors. Preventing Aids: Theories and Methods of Behavioral Interventions. New York, NY: Plenum Publishing Corp; 1994.
- Dolezal C, Carballo Diéguez A, Nieves Rosa L, Díaz F. Substance use and sexual risk behavior: Understanding their association among four ethnic groups of Latino men who have sex with men. Journal of Substance Abuse. 2000; 11:323–336. [PubMed: 11147230]
- Fishbein, M.; Ajzen, I. Belief, attitudes, intention and behavior: An introduction to theory and research. Reading, MA: Addison-Wesley; 1975.
- Glaser, BG. Basics of grounded theory analysis: Emergence versus forcing. Mill Valley, CA: Sociology Press; 1992.
- Guerra, E. Latin lovers: True stories of Latin men in love. New York, NY: Painted Leaf Press; 1999.
- Henry, J. Kaiser Family Foundation. [accessed May 23, 2006] HIV/AIDS policy fact sheet: Latinos and HIV/AIDS. 2005. Available at: http://www.kff.org/hivaids/upload/fact-sheet-Latinos-and-HIV-AIDS-update.pdf
- Hondagneu-Sotelo, P. Gendered Transitions: Mexican Experiences of Immigration. Berkely, CA: University of California Press; 1994.
- Huang FY, Akhtar S. Immigrant sex: The transport of affection and sensuality across cultures. The American Journal of Psychoanalysis. 2005; 65:179–188.
- Hunt LM, Schneider S, Comer B. Should 'acculturation' be a variable in health research? A critical review of research on US Hispanics. Social Science & Medicine. 2004; 59:973–986. [PubMed: 15186898]
- Kelly BC, Muñoz-Laboy MA. Sexual place, spatial change and the social organization of sexual culture. Journal of Sex Research. 2005; 42:359–366. [PubMed: 19827241]
- Logan, JR. [accessed January 8, 2007] The new Latinos: Who they are, where they are. 2001. Available at: http://mumford.albany.edu/census/HispanicPop/HspReport/page5.html
- Luiz É. Brazilians in America: 1.3 million and growing fast. 2005 Available at: http://www.brazzil.com/index2.php?option=com_content&do_pdf=1&id=9294.
- Organista KC, Carrillo H, Ayala G. HIV prevention with Mexican migrants: Review, critique and recommendations. Journal of Acquired Immune Deficiency Syndromes. 2004; 37(Suppl):S227–S239. [PubMed: 15722865]
- Parker RG. Sexual cultures, HIV transmission, and AIDS prevention. AIDS. 1994; 8:309-314.
- Parker, RG. Migration, sexual subcultures and HIV/AIDS in Brazil. In: Herdt, G., editor. Sexual Cultures and Migration in the Era of AIDS. Oxford: Clarendon Press; 1997. p. 55-69.
- Parrado EA, Flippen CA, McQuiston C. Use of commercial sex workers among Hispanic migrants in North Carolina: Implications for the spread of HIV. Perspectives on Sexual and Reproductive Health. 2004; 36:150–156. [PubMed: 15321781]
- Poppen PJ, Reisen CA, Zea MC, Bianchi FT, Echeverry JJ. Predictors of unprotected anal intercourse among HIV-positive Latino gay and bisexual men. AIDS and Behavior. 2004; 8:379–389. [PubMed: 15690111]
- Sánchez-Eppler, B.; Patton, C. Introduction: With a passport to Eden. In: Patton, C.; Sánchez-Eppler, B., editors. Queer Diasporas. Durham, NC: Duke University Press; 2000. p. 1-14.

Shedlin MG, Drucker E, Decena CU, Hoffman S, Bhattacharya G, Beckford S, Barreras R. Immigration and HIV/AIDS in the New York metropolitan area. Journal of Urban Health. 2006; 83:43–58. [PubMed: 16736354]

- Valentine G, Skelton T. Finding oneself, losing oneself: The lesbian and gay 'scene' as a paradoxical space. International Journal of Urban and Regional Research. 2003; 27:849–866.
- Weston K. Get thee to a big city: Sexual imaginary and the great gay migration. GLQ: A Journal of Lesbian and Gay Studies. 1995; 2:253–277.

Bianchi et al.

Table I

Demographic characteristics of participants for in-depth interviews (n=33).

5			,	•		
Name ^I	Age	Years in USA	Education	Relationship status	HIV status	Time since last unprotected sex encounter
Brazilians						
Antônio	43	19	Some college	Widower	Positive	13 years
Jorge	52	10	College	Single	Positive	18 years
Francisco	52	23	Some college	Partnered	Positive	10 + years
João	34	5	College	Single	Positive	9 years
Gilberto	36	7	College	Single	Positive	4 months
Joaquim	39	19	College	Partnered	Unknown	Never
Guiomar	25	5	Some college	Partnered	Unknown	6 months
Bruno	28		Some college	Partnered	Unknown	Never
Edson	28	2	College	Girlfriend	Negative	Never
Oswaldo	31	∞	High school	Single	Negative	8 years
Colombians						
Rodolfo	50	16	High school	Partnered	Unknown	4 years
Edgar	45	24	Some college	Single	Unknown	1 week
Luis	58	24	Graduate School	Single	Positive	2 months
Gabriel	48	3	College	Single	Negative	Never
Eduardo	35	6	College	Partnered	Negative	10 years
Esteban	34	10	College	Single	Negative	15 days
Rubén	35	15	Some college	Partnered	Negative	3 months
Gonzalo	42	3	Graduate School	Partnered	Positive	8 years
Mario	38	7	Some college	Single	Negative	1 month
Carlos	23	15	High school	Partnered	Negative	'long time ago'
Jairo	28	10	College	Partnered	Negative	1 year
Luciano	34	6	High school	Single	Negative	6 months
Mauricio	29	16	College	Single	Negative	1 day
Álvaro	33	2	Graduate School	Single	Negative	1 + year
Dominicans						

Page 14

$Name^I$	Age	Age Years in USA Education	Education	Relationship status	HIV status	Time since last unprotected sex encounter
Fabio	45	20	High school	Single	Unknown	10 years
Guillermo	25	14	High school	Single	Unknown	2–3 months
Leopoldo	18	182	182 Some high school	Single	Negative	Unknown
Samuel	42	12	Some college	Single	Positive	Unknown
Pedro	33	4	Some college	Partnered	Unknown	<1 week
Pablo	23	9	Some college	Single	Negative	1 month
Rafael	31	26	Graduate School	Single	Unknown	5–6 months
Miguel	28	282	High School	Single	Negative	Unknown
Felix	32	16	16 Some College	Partnered	Negative	'long time ago'

 $I_{\mbox{All}}$ names in this table are fictitious.

Page 15

²Moved to New York City before 1 year of age.