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Characteristics of Latino MSM who have Sex in Public Settings

Carol A Reisen, Ph.D., Maria Cecilia Zea, Ph.D., Fernanda T. Bianchi, Ph.D., and Paul J. Poppen, Ph.D.

George Washington University

Abstract

Many men who have sex with men (MSM) have sexual encounters in public places, and some data suggest that this behavior is more common among Latino than non-Hispanic white MSM in the U.S. In a sample of 482 Latino MSM born in Brazil, Colombia, and the Dominican Republic, and living in the New York City metropolitan area, we examined how demographic and psychosocial characteristics are related to having sex in public venues. Logistic regression was performed with the dichotomous outcome of sex in a public place in the previous six months. Demographic variables included education, HIV-positive serostatus, unknown HIV serostatus, and having immigrated to the U.S. within the previous five years; psychosocial variables included self-efficacy for safer sex, depression, and gay community involvement. Results indicated that those individuals with unknown serostatus were more likely than those with HIV-negative serostatus to have had sex in a public setting, as were men with lower self-efficacy for safer sex. These findings suggest that the partner pool in public sex venues may pose substantial risk, and therefore they underscore the importance of low risk sexual practices and condom use in such settings. Contrary to expectations, higher education was related to sex in public settings, but neither depression nor recent immigration was. Greater involvement in the gay community was also associated with having sex in public places, which may reflect the larger social function served by gay venues such as bathhouses and bars.

Keywords

MSM; Latino; public sex; HIV

A recent study published in this journal examined differences in sexual behavior in public and private settings, as well as in various types of public sex venues, among immigrant Latino men who have sex with men (MSM) (Reisen, Iracheta, Zea, Poppen, & Bianchi, in press). Using the same sample, this brief report describes demographic and psychosocial characteristics of Latino MSM who have sex in public venues.

As many as half of MSM report having at least one sexual encounter in a public place during the previous year (Binson et al., 2001; Frankis & Flowers, 2005). Although there are conflicting findings (e.g., Parson & Halkitis, 2002), evidence that Latino MSM may be more likely to have sex in public places than white MSM was obtained with a probability sample (Binson et al., 2001). Furthermore, in a qualitative study, some Latino migrant MSM reported frequenting public cruising areas in the early period after arriving in the U.S., because in these settings they did not have to speak English, engage in culturally unfamiliar social interactions, or spend money in order to find partners (Bianchi et al., 2007).

Accordingly, we hypothesized that recent Latino immigrants would be more likely to report sex in public settings than those who had been in the U.S. for longer periods.

The risk posed in public sex settings depends in part on characteristics of the partner pool encountered there. The perception that men who go to public cruising areas and gay bathhouses are more likely to be HIV-positive than partners found in other settings has been expressed in several qualitative studies (Elwood, Green, & Carter, 2003; Parsons & Vicioso, 2005). Data from the Urban Men's Health Study indicated that HIV-positive MSM were more likely than HIV-negative MSM to have gone to a public sex venue in the previous year (Binson et al., 2001). In addition, there may be a substantial number of men with unrecognized HIV infection in public sex settings. The National HIV Behavioral Surveillance system identified public cruising areas in Los Angeles and adult bookstores in San Francisco as recruitment venues that were most likely to yield MSM who were unaware of their HIV infection (Raymond, Bingham & McFarland, 2008). Therefore, we hypothesized greater likelihood of attendance in public sex venues by Latino MSM who were HIV-positive or of unknown serostatus.

Other research has compared behavioral and psychosocial characteristics of MSM who did and did not go to public sex venues. Data from the Seropositive Urban Men's Study indicated that HIV-positive MSM who went to bathhouses were more likely to report sexual risk behaviors and drug use than men who did not (Parsons & Halkitis, 2002). Furthermore, higher levels of depression and sexual sensation-seeking, but lower perceived responsibility for partner protection, were found among MSM who went to bathhouses, while greater sexual compulsivity was noted among those who went to public cruising areas. Therefore, we hypothesized that Latino MSM who were more depressed would be more likely to report having sex in a public venue. We also hypothesized a link between use of public venues and lower self-efficacy for safer sex. We based this hypothesis on a presumed association of lower self-efficacy with both greater sexual compulsivity and sensation-seeking. In addition, we explored whether involvement in the gay community would be related to having public sex.

Methods

The data for this report came from a larger project concerning contextual influences on sexual risk behavior among Brazilian, Colombian, and Dominican immigrant MSM in the New York City metropolitan area (N=482). Description of the sample, procedures, the A-CASI survey, and measures were presented in a previous paper (see Zea, Reisen, Poppen, & Bianchi, 2009). The following measures were used for the analysis in this brief report. The outcome variable was an indicator of whether the participant reported having had a sexual encounter in a public setting during the previous six months. (Details of the specific questions used to derive that indicator were presented in Reisen et al., in press). Demographic information included education (ranging from 1=grammar/primary school to 8=graduate degree), recent immigration (dichotomized as 0=longer than five years ago vs. 1=within the previous five years), and HIV serostatus coded in two dummy variables: HIV positive (1) vs. unknown or negative (0); and unknown serostatus (1) vs. HIV positive or negative (0). Thus, HIV-negative was the reference group for comparisons. Three psychosocial measures were used. The five-item measure of self-efficacy for safe sex (Cronbach's alpha=.84) and the seven-item measure of depression (Cronbach's alpha=.87) were described previously (Zea et al., 2009). A four-item scale assessing gay community involvement covered preferences for gay friends and neighborhoods, as well as involvement in and a sense of belonging to the gay community (Cronbach's alpha=.79). Table 1 provides descriptive data for these and demographic variables broken down by country of birth; Table 2 shows percentages of participants who attended different types of public sex venues.

Results

Using logistic regression, we examined associations of demographic and psychosocial variables with having had sex in a public place in the previous six months. Independent variables were education, HIV-positive serostatus, unknown HIV serostatus, having immigrated to the U.S. within the previous five years, self-efficacy for safe sex, depression, and gay community involvement.

Results can be seen in Table 3. Unknown HIV-serostatus, higher education, greater gay community involvement, and lower self-efficacy for safer sex were associated with greater likelihood of having had sex in a public place in the previous six months. Two variables approached significance: depression ($p = .06$) and HIV-positive status ($p = .07$).

Because we expected that a link between recent immigration and public sex might be evident only for sex in public cruising places, but not for sex in commercial establishments such as bathhouses or gay book stores, we tested the same model with sex in a public cruising area (park or public bathroom) in the last six months as the outcome. Again, we failed to find an effect of recent immigration.

Discussion

We found several differences in the characteristics of Latino MSM who had had sex in a public setting during the previous six months and those who had not. There was a greater likelihood of unknown serostatus among those going to public venues, with a similar trend for positive serostatus. This finding is congruent with the perception that MSM who go to public sex venues are riskier partners than MSM met in other settings (Elwood et al., 2003; Parsons & Vicioso, 2005). Results also indicated lower self-efficacy for safer sex among men who went to public sex venues; thus, partners found in these settings tend to be less confident that they can perform behaviors such as insisting on condom use or stopping a risky sexual situation.

We found greater involvement with the gay community among MSM who went to public sex venues. Previous research has shown that the vast majority of MSM who frequent public cruising areas see themselves as having a gay sexual orientation (Frankis & Flowers, 2005), but our finding suggests that greater participation in and identification with the gay community are also related to use of public settings. This link may be due to both the sexual and social functions served by venues such as bathhouses, which have been described as central to gay culture in urban areas (Tewksbury, 2002).

Although previous research has noted connections between use of public sex settings and depression (Parsons & Halkitis, 2002), our results indicated only a trend in this direction. Some MSM may indeed seek sex in public venues when feeling depressed and lonely, but others may do so for a festive, social experience. It is also possible, however, that measurement issues made a link with depressed mood less apparent, because depression was assessed in reference to the previous seven days, whereas sex in a public venue was examined for the previous six months.

We had expected that recent immigration would be associated with likelihood of sex in public places. We failed to find this relationship, however, in comparisons of men who had been in the U.S. for fewer than five years versus five years or more. It is possible that the five-year span was too long to detect the effect, but analysis of more recent immigrants was not viable due to insufficient numbers of more recently arrived men.

A limitation of the current study arises from the failure to distinguish among different types of public sex venues, as well as among immigrants from different countries. Aggregating data was crucial to achieving sufficient power for the logistic regression; however, this approach limited our ability to address cultural and socioeconomic characteristics of both people and sex venues. Despite the limitations, this study on Latino MSM corroborates other research suggesting greater risk posed by the partner pool encountered in public sex settings. Findings imply that HIV-testing programs would be appropriate in public sex venues, due to the greater attendance by men of unknown serostatus. Moreover, they underscore the importance of low risk sexual practices, condom use, and condom distribution programs in such settings.

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Table 1

Percentages and means of Brazilian, Colombian, and Dominican participants on demographic and other characteristics (N=482).

Characteristic	Brazilian (N = 146)	Colombian (N = 169)	Dominican (N = 167)
Percent			
Recent public sex	39.0	38.5	35.9
HIV-positive	22.6	32.0	25.2
HIV-status unknown	12.2	12.4	9.6
Recent immigration *	27.4	23.1	15.6
Income > \$2400 per month ***	25.3	9.5	15.0
Completed college or more	42.5	45.6	34.1
Characteristic (range)	Mean		
Age in years (20 – 70) ***	37.50	38.20	33.60
Depression (0 – 3)	0.72	0.65	0.66
Self-efficacy for safer sex (0 – 4)	3.07	3.03	3.13
Gay social groups (0 – 4) ***	1.77	2.15	2.11

* = $p < .05$;

** = $p < .01$;

*** = $p < .001$

Table 2

Percentages of Brazilian, Colombian, and Dominican participants who reported sex in different types of public venues within the previous six months.

Venue type	Brazilian (N = 146)	Colombian (N = 169)	Dominican (N = 167)	Total Sample (N=482)
Percent				
Sauna	13.0	16.0	9.0	12.7
Bar	8.2	3.6	4.2	5.2
Park	8.9	7.1	12.0	9.3
Bathroom	3.4	4.7	6.6	5.0
Movies	5.5	7.1	4.2	5.6

Note: The denominator used to calculate the percents in this table was the number of participants for each of the groups as given in the column heading.

Table 3

Logistic regression of participation at a public sex venue during the previous 6 months (n = 482)

Final Model	Coefficient	Wald χ^2	Odds Ratio	95% C.I.
Intercept	-0.84	2.57		
Education	0.12	4.75*	1.13	1.01 – 1.25
Positive serostatus	0.42	3.18	1.52	0.96 – 2.40
Unknown serostatus	0.91	8.34**	2.48	1.34 – 4.58
Recent immigration	0.18	0.56	1.20	0.75 – 1.91
Depression	0.28	3.53	1.33	0.99 – 1.79
Safer sex self-efficacy	-0.42	12.01***	0.66	0.52 – 0.84
Gay community involvement	0.28	5.82*	1.32	1.05 – 1.66

*
 $p < .05$;**
 $p < .01$;***
 $p < .001$