Published in final edited form as:

AIDS Care. 2012 September ; 24(9): 1087–1091. doi:10.1080/09540121.2012.690507.

Testing Comprehensive Models of Disclosure of Sexual Orientation in HIV-Positive Latino Men Who Have Sex with Men (MSM)

Luis I. García,

Center for AIDS Intervention Research, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 2071 N Summit Avenue, Milwaukee, WI 53202, (414) 955-7782 (phone), (414) 287-4206 (fax)

Julia Lechuga, and

Center for AIDS Intervention Research, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 2071 N Summit Avenue, Milwaukee, WI 53202, (414) 955-7782 (phone), (414) 287-4206 (fax)

María Cecilia Zea

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

Luis I. García: lugarica@mcw.edu

Abstract

Individuals who disclose their sexual orientation are more likely to also disclose their HIV status. Disclosure of HIV-serostatus is associated with better health outcomes. The goal of this study was to build and test comprehensive models of sexual orientation that included 8 theory-informed predictors of disclosure to mothers, fathers, and closest friends in a sample of HIV-positive Latino gay and bisexual men. US acculturation, gender non-conformity to hegemonic masculinity in self-presentation, comfort with sexual orientation, gay community involvement, satisfaction with social support, sexual orientation and gender of the closest friend emerged as significant predictors of disclosure of sexual orientation.

Keywords

sexual orientation disclosure; Latino MSM; HIV-positive; acculturation

Background

Significant factors affecting disclosure of HIV-serostatus among HIV-positive Latino MSM have been identified (Padilla et al., 2008; Zea, Reisen, Poppen, Bianchi, & Echeverry, 2007). However, our understanding of factors that influence disclosure of sexual orientation has lagged behind (García, 2004). Understanding factors that influence the latter is important because HIV-positive Latino MSM who disclose their sexual orientation are also more likely to disclose their HIV status (Marks et al., 1992). Moreover, disclosure of HIV-serostatus is associated with better health outcomes (Ullrich, Lutgendorf, & Stapleton, 2002).

Factors related to gay identification, such as comfort with sexual orientation (Kertzner, Meyer, Frost, & Stirratt, 2009), involvement in the gay community (Zea et al., 2007), and gay-related victimization (Lasser, & Tharinger, 2003) are associated to disclosure of sexual orientation. Rosario, Schrimshaw, and Hunter (2008) found positive associations among comfort with sexual orientation, involvement in lesbian, gay, bisexual, and transgender (LGBT)-related social activities, and disclosure of sexual orientation among youth. However, experiences of gay-related victimization can negatively impact disclosure of sexual orientation (Day & Schoenrade, 2000). Garnets, Herek, and Levy (2003) suggest that LGBT individuals who have been victimized face double disclosure, being gay and a victim, which can push some back into the closet. While comfort with sexual orientation and involvement in the gay community may foster disclosure of sexual orientation, gay-related victimization may preclude it.

Cultural features (e.g., language, gender norms) may also influence disclosure of sexual orientation. Some Latino men with more hegemonic masculinity and who engage in insertive anal sex with other men may not even identify as gay (Carballo-Diéguez, & Dolezal, 1994), making disclosure of sexual orientation irrelevant. Thus, Latino notions of masculinity may preclude disclosure of sexual orientation. Conversely, affiliation with U.S. culture provides a new language, social context, and more flexible gender norms that foster disclosure of sexual orientation (García, 2004).

Characteristics of the targets of disclosure may also influence disclosure of sexual orientation. For instance, Beals, Peplau, and Gable (2009) found that gay and lesbian individuals disclose to a female friend before than to any other target. Gay friends are the most frequent target of disclosure, followed by heterosexual friends, and family members.

The purpose of this study was to examine factors associated with disclosure of sexual orientation to mothers, fathers, and friends among HIV positive Latino gay and bisexual men (GBM). In addition to the five factors previously discussed, time since HIV diagnosis (Zea et al., 2007), quality of life (Butler et al., 2009), and satisfaction with social support (Wohl et al., 2011; Zea, Reisen, Poppen, Bianchi, & Echeverry, 2005) were included in the analyses because they also predict disclosure of HIV status; a total of eight theory-informed predictors were considered.

Methods

We recruited 300 HIV-positive Latino GBM in New York City (66 %), Washington, DC (25%), and Boston (9%) from HIV/AIDS services, community organizations, hospitals, and from organizations that offered HIV testing; average time HIV+ was 7.6 years. To minimize researcher influence, participants completed the survey on a touch-screen laptop equipped with Audio-Computer Assisted Self-Interview technology (ACASI). The majority (81%) took the survey in Spanish. Inclusion criteria were being Latino/Hispanic, 18 years or older, HIV – positive, biologically male, and gay or bisexual. Participants were compensated \$50 for their time. The George Washington University IRB approved the study.

Participants mean age was 40 years ($SD = 8.8$), range 22 to 62 years. Self-reported sexual orientation was 68% gay, 15% bisexual, 3% straight, and 3% transgender/transsexual. Table 1 includes additional demographic information.

Measures

Table 2 presents mean scale scores, response options ranges, and internal consistency reliabilities of measures used in final models.

Acculturation was measured with an adapted 20-item version of the Abbreviated Multidimensional Acculturation Scales (AMAS) (Zea, Asner-Self, Birman, & Buki, 2003). The scale has two subscales, which assess U.S. and Latino acculturation.

Gender non-conformity in self-presentation was measured with a four-item scale of gender non-conformity to hegemonic masculinity in self-presentation (Reisen, Brooks, Zea, Poppen, & Bianchi, 2011) developed for the current study.

Comfort with sexual orientation was measured having participants choose an orientation from a list, then rate their comfort with it on a five-point Likert scale.

Gay community involvement was assessed with a seven-item scale that included items developed for the study and items based on Luhtanen and Crocker's (1992) collective self-esteem scale, modified for gay males.

Gay discrimination was assessed with a seven-item scale (Díaz, Ayala, Bein, Henne, & Marín, 2001) that includes experiences of victimization due to sexual orientation.

Time since HIV diagnosis was calculated by subtracting date of HIV diagnosis from survey administration date.

Quality of life was assessed with an eleven-item scale with items adapted from the HIV/AIDS-Targeted Quality of Life (HAT-QoL) (Holmes, & Shea, 1993).

Satisfaction with social support was assessed with the quality of social support scale (QSSS) (Goodenow, Reisine, & Grady, 1990), a nine-item scale that assesses perceived support from members of the social network.

Gender and sexual orientation of closest friend included gender of closest friend and sexual orientation of the closest male friend. Closest friends were classified as "gay male," "heterosexual male" or "female" friends.

Disclosure of sexual orientation was assessed with two questions per target of disclosure (i.e., father, mother, closest friend): "Does your (e.g., father) know that you have sex with other men?" Response options were 'yes' and 'no'. Participants who answered 'yes' were asked a second question: "who told your (e.g., father) you have sex with men?" Response options "I told him" and "someone else told him with my permission" were assigned to the "disclosure" group. "No" responses to the first question and all other responses to the second (i.e., "someone else told him without my permission", "someone else told him anonymously", "he found out some other way") were assigned to the "no disclosure" group.

Data Analysis

Statistical models for each target were tested using proc GLMSELECT set to a standard stepwise selection with "entry" and "removal" criteria set at $p < .15$ (Cohen, 2006). All models contained the same variables, except for the one to closest friends which also included the friend's gender-sexual orientation variable. The resulting models were tested with multiple logistic regressions (see Table 3).

Findings

Most participants disclosed to closest friend (74%), followed by mother (28%) and father (15%), $\chi^2 = 28.4$, $p < .0001$. Men who disclosed to their mothers were more likely to disclose to their fathers, $p < .0001$.

Higher levels of U.S. acculturation, gender non-conformity to hegemonic masculinity in self-presentation, comfort with sexual orientation, and satisfaction with social support were associated with disclosure of sexual orientation to mother and father.

Greater involvement in the gay community, greater satisfaction with social support, and having a gay male friend were associated with disclosure to closest friend. Having a heterosexual male friend was negatively associated with disclosure. Higher levels of U.S. acculturation were only marginally associated with more disclosure to the closest friend

Discussion

This study investigated predictors of disclosure of sexual orientation to mother, father, and closest friend among HIV-positive Latino gay and bisexual men. Comfort with sexual orientation was related to disclosure to mother and father. Fostering comfort with sexual orientation may promote disclosure to parents but disclosure to parents may also increase comfort with sexual orientation. Comfort with sexual orientation, however, was not related to disclosure to closest friend. Gender non-conformity with hegemonic masculinity was associated to disclosure to mother and father. It is possible that men with masculine presentation do not feel the need to disclose as readily as those with lower levels of gender conformity and therefore may need assistance disclosing to certain members of their social network.

Higher level of U.S. acculturation was associated to disclosure of sexual orientation to both parents, and marginally associated to disclosure to closest friends. Acculturation to the U.S. may assist disclosure of sexual orientation by providing new resources such as positive terms to refer to homosexuality and more flexible gender roles.

Satisfaction with social support was also related to disclosure of sexual orientation to all three targets. Because communication is a two-way, dialectic activity, disclosing may invite provision of social support and facilitate further disclosure, whereas concealment of sexual orientation may preclude others from providing support. Involvement in the gay community only predicted disclosure to the closest friend, perhaps because this is a domain-specific factor; i.e., other gay men are involved with the gay community but parents are not. Participants were more likely to disclose to gay male friends than to female friends, but more to female friends than to heterosexual male friends. Gay male friends may be uniquely positioned to obtain and provide important health information about HIV that increases quality of life for those living with HIV and that can help prevent new infections.

The cross-sectional design is a limitation of the study. Another limitation was the way questions about disclosure of sexual orientation were formulated, e.g., intentional indirect disclosure was not considered. Future research using longitudinal design could further explore directionality and ascertain the order in which disclosure happened relative to variables such as satisfaction with social support.

Acknowledgments

The data for the current study was originally collected for R01 MH60545 (1999–2003), “Disclosure of HIV status among Latino gay and bisexual men,” M. C. Zea, principal investigator, P. J. Poppen, and C. A. Reisen, co-investigators. Preparation of this manuscript was supported, in part, by center grant P30-MH52776 from the National Institute of Mental Health and by NRSA postdoctoral training grant T32-MH19985 and F31 MH 078826 to Luis Garcia.

References

- Beals KP, Peplau LA, Gable SL. Stigma management and well-being: The role of perceived social support, emotional processing, and suppression. *Personality and Social Psychology Bulletin*. 2009; 35(7):867–879. [PubMed: 19403792]
- Butler AM, Williams PL, Howland LC, Storm D, Hutton N, Seage GR. Impact of disclosure of HIV infection on health-related quality of life among children and adolescents with HIV infection. *Pediatrics*. 2009; 123:935–943. [PubMed: 19255023]
- Carballo-Diéguez A, Dolezal C. Contrasting types of Puerto Rican men who have sex with men (MSM). *Journal of Psychology & Human Sexuality*. 1994; 6:41–67.
- Cohen, RA. Introducing the GLMPROCEDURE for model selection. The SAS Institute; 2006. retrieved on December 23, 2010, from <http://www2.sas.com/proceedings/sugi31/207-31.pdf>
- Day NE, Schoenrade P. The relationship among reported disclosure of sexual orientation, anti-discrimination policies, top management support and work attitudes of gay and lesbian employees. *Personnel Review*. 2000; 29(3):346–363.
- Díaz RM, Ayala G, Bein E, Henne J, Marín BV. The impact of homophobia, poverty, and racism on the mental health of Latino gay and bisexual men: Findings from three U.S. cities. *American Journal of Public Health*. 2001; 91:927–932. [PubMed: 11392936]
- García, LI. Unpublished Master's Thesis. University of Wisconsin-Milwaukee; Milwaukee, Wisconsin, U.S.A: 2004. The Relationship between the Acculturation of Gay, Lesbian, and Bisexual Individuals of Puerto Rican and Chicano/Mexican American Heritage and the Disclosure of Their Sexual Orientation.
- Garnets, L.; Herek, GM.; Levy, B. Violence and victimization of lesbian and gay men: Mental health consequences. In: Garnets, LD.; Kimmel, DC., editors. *Psychological perspectives on lesbian and gay male experiences*. New York, NY: Columbia University Press; 2003. p. 188–206.
- Goodenow C, Reisine ST, Grady KE. Quality of social support and associated social and psychological functioning in women with rheumatoid arthritis. *Health Psychology*. 1990; 9(3):266–284. [PubMed: 2340818]
- Holmes WC, Shea JA. Performance of a new, HIV/AIDS-targeted quality of life (HAT-QoL) instrument in asymptomatic seropositive individuals. *Quality of Life Research*. 1993; 6:561–571. [PubMed: 9330555]
- Kertzner RM, Meyer IH, Frost DM, Stirratt MJ. Social and psychological well-being in lesbians, gay men and bisexuals: The effect of race, gender, age, and sexual identity. *American Journal of Orthopsychiatry*. 2009; 79(4):500–510. [PubMed: 20099941]
- Lasser J, Tharinger D. Visibility management in school and beyond: A qualitative study of gay, lesbian, bisexual youth. *Journal of Adolescence*. 2003; 26:233–244. [PubMed: 12581729]
- Luhtanen RK, Crocker J. Alcohol use in college students: Effects of level of self-esteem, narcissism, and contingencies of self-worth. *Psychology of Addictive Behaviors*. 1992; 19(1):99–103. [PubMed: 15783284]
- Marks G, Bundek NI, Richardson JL, Ruiz MS, Maldonado N, Mason HRC. Self-disclosure of HIV infection: Preliminary results from a sample of Hispanic men. *Health Psychology*. 1992; 11(5): 300–306. [PubMed: 1425547]
- Padilla M, Castellanos D, Guilamo-Ramos V, Matiz-Reyes A, Sánchez-Marte LE, Arredondo-Soriano M. Stigma, social inequality, and HIV risk disclosure among Dominican male sex workers. *Social Science & Medicine*. 2008; 67:380–388. [PubMed: 18410986]
- Reisen CA, Brooks KD, Zea MC, Poppen PJ, Bianchi FT. Can additive measures add to an intersectional understanding? Experiences of gay and ethnic discrimination among Latino MSM. 2011 Manuscript submitted for publication.
- Rosario M, Schrimshaw EW, Hunter J. Predicting different patterns of sexual identity development over time among lesbian, gay, and bisexual youths: A cluster analytic approach. *American Journal of Community Psychology*. 2008; 42:266–282. [PubMed: 18972204]
- Ullrich PM, Lutendorf SK, Stapleton J. Social constraints and depression in HIV infection: Effects of sexual orientation and area of residence. *Journal of Social and Clinical Psychology*. 2002; 21:47–66.

- Wohl AR, Galvan FH, Myers HF, Garland W, George S, Witt M, Cadden J, Operskalski E, Jordan W, Carpio F, Lee ML. 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*. 2011; 15(6):1098–1110.
- Zea MC, Reisen CA, Poppen PJ, Bianchi FT, Echeverry JJ. Predictors of disclosure of human immunovirus-positive serostatus among Latino gay men. *Cultural Diversity and Ethnic Minority Psychology*. 2007; 13(4):304–312. [PubMed: 17967098]
- Zea MC, Reisen CA, Poppen PJ, Bianchi* FT, Echeverry JJ. Disclosure of HIV status and Psychological Well-Being among Latino Gay and Bisexual Men. *AIDS & Behavior*. 2005; 9:15–26.10.1007/s10461–005–1678-z [PubMed: 15812610]
- Zea MC, Asner-Self KK, Birman D, Buki LP. The Abbreviated Multidimensional Acculturation Scale: Empirical validation with two Latino/a samples. *Cultural Diversity and Ethnic Minority Psychology*. 2003; 9:107–126. [PubMed: 12760324]

Table 1**Demographic Characteristics of the Sample (N = 300)**

Characteristic	N	(%)
Educational level (N= 298)		
Did not finish grammar/elementary school	25	8.4
Less than high school degree	42	14.1
Completed high school or GED	82	27.5
Trade or vocational school	14	4.7
Some college	59	19.8
Completed college	58	19.5
Some graduate school or graduate degree	18	6.0
Monthly income (N = 298)		
Less than \$400	123	41.3
Between \$401 and \$800	88	29.5
Between \$801 and \$1600	57	19.1
Between \$1601 and \$2400	20	6.7
More than \$2400	20	6.7
Employment Status (N = 298)		
Full-time	64	21.5
Part-time	55	18.5
Unemployed	74	24.8
Disabled	84	28.2
Retired	6	2.0
Self-employed	15	5.0
Region of Origin (N = 300)		
Caribbean	94	31.3
Central America	41	13.7
Mexico	32	10.7
South America	103	34.3
Spain	3	1.0
USA	27	9.0

Table 2
Mean, standard deviation, and α -coefficient of scale for each independent variable

Subscale	N	M	SD	Range	α
U. S. acculturation	300	2.71	0.63	1 – 4	0.85
Comfort with sexual orientation	298	4.36	0.86	1 – 5	-
Gender non-conformity	300	3.55	0.90	1 – 4	0.75
Gay community involvement	300	3.71	0.81	1 – 5	0.78
Gay-related victimization	300	2.14	0.68	1 – 4	0.77
Satisfaction with social support	300	2.63	0.71	1 – 4	0.89

Table 3

Logistic regressions predicting disclosure of sexual orientation

Overall Model	-2 log L		Wald's χ^2	
	Intercept only	Intercept and covariates		
Disclosure to the mother	291.30	270.01	26.76 ^d	
Disclosure to the father	156.61	126.74	21.79 ^c	
Disclosure to the closest friend	341.72	282.44	46.58 ^d	
Parameters of the models	Odds ratio	Parameter Estimate	Wald's χ^2	95% CI
Disclosure to the mother (N = 245)				
Intercept		-6.08	19.36 ^d	
U.S. acculturation	1.94	0.66	7.09 ^b	1.19 – 3.15
Gender non-conformity	0.41	0.44	7.41 ^b	1.28 – 4.61
Comfort with sexual orientation	1.82	0.60	7.49 ^b	1.18 – 2.79
Gay-related discrimination	0.69	-0.37	2.47	0.43 – 1.10
Satisfaction with social support	1.66	0.51	5.33 ^a	1.08 – 2.56
Disclosure to the father (N = 183)				
Intercept		-10.79	21.39 ^d	
U.S. acculturation	2.26	0.82	5.24 ^a	1.12 – 4.55
Gender non-conformity	0.32	0.58	5.59 ^a	0.12 – 0.82
Comfort with sexual orientation	2.21	0.79	3.68 ^a	0.98 – 4.97
Satisfaction with social support	2.90	1.07	9.27 ^b	1.46 – 5.76
Disclosure to the closest friend (N = 300)				
Intercept		-4.76	17.25 ^d	
U.S. acculturation	1.57	0.45	3.35 ⁺	0.97 – 2.54
Gay community involvement	2.23	0.80	17.50 ^d	1.53 – 3.25
Satisfaction with social support	1.58	0.46	4.44 ^a	1.03 – 2.43
Closest Friend (CF)				
◆CF: heterosexual male vs. female	0.31	-1.09	11.59 ^c	0.11 – 0.87
◆CF: gay male vs. female	2.45	0.99	20.57 ^d	1.24 – 4.85

⁺
p < .1,^a
p < .05,^b
p < .01,^c
p < .001,^d
p < .0001