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Experiences of homonegativity and sexual risk behaviour in a sample of Latino gay and bisexual men

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Abstract

This study examines the relationship between homonegativity, racism, and poverty on HIV risk related behaviour with an internet-based sample of 226 Latino gay and bisexual men. Participants had a median level of education at “graduate school level or higher” and a median monthly income in the \$1600–\$2400 range. Income and education in this sample are higher than participants in most other studies of Latino gay and bisexual men, providing information about HIV risk in a previously understudied segment of the population. Three negative binomial regressions were employed to predict unprotected receptive anal intercourse, unprotected insertive anal intercourse and unprotected sex under the influence of drugs in the past 30 days, with education, Latino acculturation, income, experiences of racism, and homonegativity as predictors. Greater experiences of homonegativity, fewer experiences of racism, lower income, and higher Latino acculturation predicted unprotected receptive anal intercourse. Only lower Latino acculturation predicted unprotected insertive anal intercourse. Greater experiences of homonegativity, higher income, and higher Latino acculturation predicted unprotected sex under the influence of drugs. This suggests that experiences of homonegativity have a detrimental impact on health behaviours. Future research should aim to further understand the relationship between experiencing homonegativity and engaging in risky sexual behaviour.

Keywords

Sexual risk; men who have sex with men; drug use; homonegativity

Introduction

HIV rates among Latinos in the United States are three times higher than those of non-Hispanic whites (CDC, 2008). Of the new HIV/AIDS diagnoses among Latino men, 61% are gay and bisexual men (CDC, 2007). About 48% of Latino men who have sex with men report engaging in unprotected anal intercourse (UAI), one of the riskiest behaviours for HIV transmission, within the past six to twelve months (Fernandez *et al.* 2004; Poppen, Reisen, Zea, Bianchi & Echeverry, 2004). In a more recent study of 482 Latino gay and bisexual immigrant men of mixed serostatus, 45% of the participants reported UAI at least once in the previous three months (Zea, Reisen, Poppen, & Bianchi, 2008). Díaz (1998)

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postulated that there seem to be competing factors that weaken Latino gay and bisexual men's intentions of practicing safer sex, including experiences of racism, homonegativity, and poverty; this paper is based on his model.

While the number of studies that look quantitatively at the predictors of HIV risk behaviours among Latino gay and bisexual men are limited, they suggest that social oppression (Díaz, Ayala, & Bein, 2004; Jarama, Kennamer, Poppen, Hendricks, & Bradford, 2005) and substance use (Poppen, Reisen, Zea, Bianchi, & Echeverry, 2004) may be factors. Díaz and colleagues (2004) examined social oppression in the forms of homonegativity, racism and poverty, as predictors of unprotected anal sex with a casual sexual partner or with a lover/boyfriend with whom there was no monogamous arrangement. They found that social oppression was a strong predictor of psychological distress, which included depression, anxiety, and suicidality. In addition, psychological distress and experiences of racism and homonegativity, but not poverty, significantly predicted participation in difficult sexual situations. Sex in difficult sexual situations was measured by a 10-item scale with contexts, situations, and settings that according to focus group participants made it difficult to practice safer sex (e.g., sex in public sex environments, sex under the influence of drugs and alcohol, sex to escape negative emotions). Participation in difficult sexual situations mediated the relationship of experiences of racism and homonegativity, and psychological distress on HIV risk. Jarama and colleagues (2005) examined a sample of predominantly Spanish speaking, primarily Central and South American men who have sex with men (MSM) in Virginia and found that experiences of discrimination for being gay significantly predicted higher rates of anal sex without condoms. They also found that less exclusive sexual attraction to men and more experiences of discrimination for being gay were associated with UAI. Low levels of communication about HIV and endorsing machismo beliefs were significantly related to having more sexual partners. In a study of 155 HIV-positive self-identified gay and bisexual men from Washington, DC and New York City, Poppen and colleagues (2004) found that participants reported more unprotected insertive and receptive sexual partners if they had sex under the influence of drugs or alcohol. However, Zea et al., (2008) did not find an association between drug use and UAI during sex, but only 19% of the participants had used drugs in the two to three hours preceding their last sexual encounter.

Homonegativity

Lesbian, gay, and bisexual (LGB) individuals face prejudice due to their sexual orientation (Meyer, 2003) and are exposed to homonegativity, which has been described as “perceived stigma of sexual minority status” (David & Knight, 2008, p. 62). They also often experience internalised homonegativity, in which they internalise anti-gay attitudes and experience “negative views of self” (Weber, 2008, p. 32).

Homonegativity is present in Latino culture as well as in Anglo culture, with both having negative attitudes about homosexuality (Finlinson, Colon, Robles, & Soto, 2007; Lance, 2008). Carballo-Diequez and colleagues (2005) found that 86% of Latino gay and bisexual men in their sample reported experiencing anti-gay violence after the age of 16, with 58% reporting such experiences in the past year. Finlinson and colleagues (2008) conducted a qualitative study with Puerto Rican gay and transsexual adults who reflected back on their childhood experiences. They reported often facing bullying at school and from family members. They often described that within the family, their sexual orientation was something “I know they knew or suspected but we didn't talk about it.” (Finlinson, Colon, Robles, & Soto, 2008, p. 378) This experience often led participants to feel as though they were leading double lives.

Experiences of homonegativity have been related to negative mental health outcomes (Díaz, Ayala, & Bein, 2004; Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008). In a recent study of 74 bereaved gay men who were predominantly white, Hatzenbuehler and colleagues (2008) found that individual differences in minority stress, but not in bereavement related stress, were associated with depressive symptoms, HIV risk related behaviour, and substance use over time.

Racism

Ethnic and racial prejudice has been linked to negative health outcomes both as a result of institutional racism that limits opportunities for certain people based on their race or ethnicity and due to the emotional stress that experiencing racism can have, which then can impact both physical and mental health (Williams, Neighbors & Jackson, 2003). Yoshikawa and colleagues (2004) conducted a study of Asian and Pacific Islander gay men in the United States to examine the relationship between discrimination and HIV risk. They found anti-immigrant discrimination was associated with higher rates of unprotected anal sex with non-primary sexual partners. A recent study by Han (2008) also suggests that experiences of racism in the gay community may contribute to HIV-risk related behaviours in gay Asian Pacific Islander men.

Poverty

Research suggests a strong association between SES and risk for disease and mortality (Marmot, 2005). For example, in New York City, variability in mortality rates is greater in neighbourhoods characterized by socio-economic vulnerability (Galea, Ahern, & Karpati, 2005). Several studies indicate that there is a link between poverty and HIV (Colfax *et al.* 2004; Hirshfield, Remien, Humberstone, Walavalkar, & Chiasson, 2004). Hirshfield and colleagues (2004) found that men who made less than \$40,000 per year were significantly more likely to engage in UAI than men who earned more than \$40,000. Colfax and colleagues (2004) also found that participants with lower SES reported more sero-discordant unprotected anal sex.

Substance Use

Several studies have found drug and alcohol use to be related to risky sexual behaviour (Colfax *et al.* 2004; Colfax *et al.* 2005; Poppen *et al.* 2004; Smolenski *et al.* 2009; Williams *et al.* 2004). Poppen and colleagues (2004) conducted a study with gay and bisexual Latino men and found that participants reported more unprotected insertive and receptive sexual partners if they had sex under the influence of drugs or alcohol. In a more recent study, Smolenski and colleagues (2009) conducted an internet-based survey of Latino MSM and found that drug and alcohol use contributed to sexual risk behaviour. Williams and colleagues (2004) conducted a qualitative study with gay and non-gay identified HIV-positive African American and Latino MSM. Participants reported that drug and alcohol use by MSM is very prevalent, listing alcohol, crack, crystal methamphetamine, and marijuana as commonly used. Regardless of how participants self-identified, they cited intoxication as an excuse for having sex with another man or for risky behaviour.

Little research has been conducted on reasons why Latino gay men use drugs. Bauermeister (2007) conducted a qualitative study with 16 Latino drug using gay men and identified several themes. These men reported using drugs for different reasons depending upon the setting, including to cope with their sexual identity, to feel a sense of belonging in the mainstream gay community, and to reduce sexual inhibitions. Participants reported increased intentions to use drugs as they were coming out, when they attended gay social venues where they often felt out of place, when they wanted to connect with others, and to enhance sex.

Exposure to discrimination may also contribute to substance abuse problems (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008). In a study of bereaved gay men, by Hatzenbuehler and colleagues (2008), discrimination was significantly associated with frequency of drug use over time. Weber (2008) conducted a study of 824 gay, lesbian, and bisexual adults and found that those who had at least one alcohol or drug use disorder reported more experiences of homonegativity.

Acculturation

Level of acculturation is another variable that has been associated with sexual risk. Poppen and colleagues (2004) found that Latino gay and bisexual men with lower levels of Latino acculturation had more partners with whom they had receptive UAI than those with higher levels of Latino acculturation. These findings suggest that cultural norms may influence sexual behaviour and should be considered when trying to understand HIV-related behaviours.

This study examined the relationship between social oppression (in the forms of racism, homonegativity, and poverty) and UAI and unprotected sex under the influence of drugs. It is hypothesized that those who have experienced more social oppression will have higher rates of UAI and unprotected sex under the influence of drugs and those with lower rates of social oppression will have lower rates of UAI and sex under the influence of drugs.

Method

Participants

Participants for the present study were recruited via the Internet. Data were collected online from August 2006 – November 2006. Participants had to be at least 18 years old, self-identify as Latino and gay or bisexual, and live in the United States in order to be eligible for the study.

Procedure

Participants were recruited via the Internet through listservs, websites, and newsletters that target gay men. Participants who self-identified as non-heterosexual Latino men over the age of 18 were invited to participate in an online survey and were also asked to refer friends that met the recruitment criteria. After giving informed consent they were directed to the survey questions. Responses were sent anonymously to a database that was set up specifically to receive the data. When the survey was finished, participants were thanked for their participation.

Measures

Measures have been previously used in studies with Latino gay and bisexual men (Díaz *et al.* 2001, Zea *et al.* 2003). For those studies, all measures were translated into Spanish from the original English and back-translated to ensure equivalence and clarity in both languages. If the original measures were in Spanish they were translated into English and then back into Spanish. In addition, native speakers from several Spanish-speaking countries examined measures in order to ensure that all participants could understand the wording.

Predictors

Experiences of Discrimination Due to Ethnicity: This scale contained six items developed for a study of Latino gay and bisexual men (Díaz *et al.* 2001). The Likert-type scale ranged from never (1) to many times (4). Sample items include, “About how many times have you

been made fun of or called names because of your race or ethnicity?” The scale had a Cronbach’s alpha coefficient for internal consistency of .81 in this sample.

Experiences of Homonegativity: Experiences of homonegativity were measured with a 6-item scale based on one developed by Díaz and colleagues (2001). The Likert-type scale range from never (1) to many times (4). Sample items include, “About how many times have you been hit or beaten up for being homosexual or effeminate?” The scale had a Cronbach’s alpha coefficient for internal consistency of .67 in this sample.

Income: Participants were asked to identify their monthly income and could choose between seven categories: Less than \$400; between \$401–\$800; \$801–\$1600; \$1601–\$2400; \$2401–\$3200; \$3201–\$4000; and more than \$4000.

Outcomes

Unprotected Anal Intercourse: Participants were asked if they had sex with a man within the past 30 days and with how many men; whether they had insertive anal sex and with how many men; whether they had receptive anal sex and with how many men. They were also asked if they had sex with a woman in the past 30 days and with how many women. Participants were asked how many times they had each type of sex within the past 30 days and how many times they used condoms.

Unprotected Sex under the Influence of Drugs: Participants were asked if they had sex under the influence of drugs within the last 30 days and if, during those times, they had sex without a condom. Eleven types of drugs were assessed (See Table 2).

Control Variables

Education: This was assessed with a single item, “How many years of formal education have you completed?” The response format was a 7-point scale, which ranged from “Did not finish elementary school” to “Graduate school or higher.”

Latino Acculturation: This measure evaluates how much participants have retained Latino culture. Latino acculturation was assessed with 5 items that were adapted from a scale developed by Zea, Asner-Self, Birman and Buki (2003), which measured language competence, cultural identification and cultural knowledge. The response format was a 4-point Likert scale with high scores indicating greater Latino acculturation. The Cronbach’s alpha for this sample was .73.

Data Analysis Plan

An a priori power analysis was performed with the software program G•Power, International MS-DOS version, and results indicated that in order to achieve a large effect size of ($w=3$) at an alpha level of 0.05 and the power set at 0.95, a total sample size of at least 173 participants was necessary.

Since the outcome variables were count data, the association between the predictor variables and outcome variables were analysed using negative binomial regressions. Poisson regression is often used with count data, however with unequal distributions in means and variances, negative binomial regressions were more appropriate to account for the overdispersion. Three separate negative binomial regressions were run to predict unprotected insertive anal sex, unprotected receptive anal sex and unprotected sex under the influence of drugs in the past 30 days, with education, Latino acculturation, income, experiences of racism, and experiences of homonegativity as predictors.

Results

A total of 278 individuals responded to the survey. Of those, 227 (81.56%) completed the entire survey. Since the aim of this study was specifically to study Latino gay and bisexual men, one participant who identified as heterosexual and only reported having sex with women was dropped bringing the final participant count to 226. One hundred and seventy-three (76.5%) responded to the survey in English, while 53 (23.5%) responded in Spanish. Respondents ranged in age from 18 to 65 ($M=35$, $SD = 9.35$). Approximately half of the participants were born in the U.S. ($n=114$). Of those not born in the U.S., the majority were born in Mexico ($n=51$), followed by Puerto Rico ($n=15$), Colombia ($n=9$), El Salvador ($n=7$), Peru ($n=5$), Guatemala ($n=4$), Venezuela ($n=4$), Panama ($n=3$), Bolivia ($n=2$), Costa Rica ($n=2$), Cuba ($n=2$), and one participant each from Argentina, Brazil, Dominican Republic, Ecuador, Honduras, Nicaragua, Portugal, and Surinam. The majority identified as gay or homosexual ($n=201$), with only 13 identifying as bisexual, and the remaining 12 chose “other” indicating their preferred identification by writing it in (e.g., queer, downe, not straight). The median monthly income for this sample was in the \$1600–\$2400 range (27.4%), while 26.5% made less than \$1600 per month and 46% made more than \$2400 per month. This sample was highly educated, with 43.8% having some graduate school education or a graduate degree, 26.1% having a college degree, 25.2% with some college, and only 4.9% with a high school diploma or less. The majority of respondents worked full-time (76.5%), with 7.1% working part-time, 10.6% full time students, and 5.8% not working. Most participants reported that they were HIV-negative (72.6%), 17.3% reported to be HIV-positive, and 10.2% reported that they did not know their HIV-status.

Means, standard deviations, and ranges of the independent and dependent variables are listed in Table 1. Approximately 61% of participants ($n=137$) reported that they had not had unprotected receptive or insertive anal intercourse in the last 30 days. About 22% ($n=49$) reported engaging in one type of UAI in the last 30 days, while about 18% ($n=40$) reported that they had engaged in both types. Approximately 78% of participants ($n=177$) reported that they did not use drugs in conjunction with sex in the last 30 days, while about 22% ($n=49$) reported that they had. About 77% ($n=173$) reported that they did not have unprotected sex under the influence of drugs or alcohol in the last 30 days, while 23.5% ($n=53$) reported that they had (see Table 2).

Thirty-two percent of participants ($n= 73$) reported having unprotected insertive anal intercourse in the last 30 days. Of these, the mean number of partners was 2.4 with a range between 1 and 46 and the mean number of episodes was 6 with a range between 1–30. Twenty-five percent of participants ($n=56$) reported having unprotected receptive anal intercourse in the last 30 days. Of these, the mean number of partners was 2.7 with a range between 1 and 38 and the mean number of episodes was 6 with a range between 1–30. Only .9% ($n=2$) reported UAI with a woman in the last 30 days.

Participants reported that because of their ethnicity they had been made fun of or called names (85%), had been hit or beaten (16%), had been treated as inferior (77%), had been turned down for a job or career opportunity (31%), had been bothered by the police (42%), and had been made to feel uncomfortable in a White bar or club (47%).

They also reported that, because of their homosexuality or for being effeminate, they had been made fun or called names (85%), had been hit or beaten (26%), had been turned down for a job or career opportunity (25%), or had been bothered by the police (25%). Approximately 98% reported that they had heard that homosexuals are not normal and about 87% reported that they had pretended to be straight in order to be accepted.

The mean income was between \$1600–\$2400 and 46% had an income greater than \$2400 per month. The federal poverty guidelines for 2006 consider a gross monthly income of \$817 per month or below to be at poverty level for a single person. For a family of two, \$1,100 or below is considered at poverty and for a family of three, \$1,383 or below is considered to be at poverty (Department of Health and Human Services, 2006). Since information on the number of family members being supported with the participants' income was not obtained, there is no way to know precisely where participants fell within the poverty guidelines.

To test the hypothesis that Latino gay and bisexual men who had more experiences of social oppression will be more likely to engage in unprotected receptive anal intercourse, we ran a negative binominal regression, with unprotected receptive anal intercourse in the past 30 days as the outcome variable. More experiences of homonegativity (R.R. = 1.193), less experiences of racism (R.R. = .922), lower income (R.R. = .877), and more Latino acculturation (R.R. = 1.130) predicted more unprotected receptive anal intercourse (See Table 3).

To test the hypothesis that Latino gay and bisexual men who had more experiences of social oppression will be more likely to engage in unprotected insertive anal intercourse, we ran a negative binominal regression, with unprotected insertive anal sex acts in the past 30 days as the outcome variable. Only having higher Latino acculturation (R.R. = .920) predicted less unprotected insertive anal intercourse (See Table 4).

To test the hypothesis that Latino gay and bisexual men who had more experiences of social oppression will be more likely to engage in unprotected sex under the influence of drugs, we ran a negative binominal regression with unprotected sex acts under the influence of drugs in the past 30 days as the outcome variable. More experiences of homonegativity (R.R. = 1.260), higher income (R.R. = 1.163), and greater Latino acculturation (R.R. = 1.147) were significant predictors of unprotected sex under the influence of drugs (See Table 5).

Discussion

In the present study, we found that experiences of homonegativity predicted unprotected receptive anal intercourse, which is consistent with previous studies linking experiences of homonegativity and unprotected anal sex (Díaz, Ayala, & Bein, 2004; Jarama, Kenamer, Poppen, Hendricks, & Bradford, 2005). In addition, experiences of homonegativity also predicted unprotected sex under the influence of drugs. These findings suggest that experiences of homonegativity have a detrimental impact on health behaviours. There are several possible explanations for these relationships, for example, those who had more experiences of homonegativity may feel less empowered or have lower self-efficacy for safer sex. Another possibility is that those with more experiences of homonegativity use drugs to disinhibit themselves to be able to have sex with other men. It is also feasible that these men internalise negative messages about being gay and therefore, fail to protect themselves. Future research should aim to better understand the pathway between experiences of homonegativity and risky sexual behaviour.

Contrary to our hypothesis, having less experiences of racism predicted more unprotected receptive anal intercourse and was not related to unprotected insertive anal intercourse. Yoshikawa and colleagues (2004) found that anti-immigrant discrimination was associated with higher rates of unprotected anal sex with non-primary sexual partners, but they examined unprotected anal sex without separating insertive from receptive anal sex. In the present study, we examined unprotected insertive and receptive anal sex as two separate variables, but did not specifically consider anti-immigrant discrimination. In a study of

African-American gay and bisexual men, Zamboni and Crawford (2007) found that experiences of discrimination created stress, which then adversely affected sexual functioning. While experiences of racism may not be related to more unprotected sex in our study, there may be other mediating psychological factors that we did not consider. For example, Diaz and colleagues (2004) found participation in “difficult sexual situations,” (e.g., sex within interpersonal relations of unequal power) to mediate the relationship between racism, homonegativity, and psychological distress on sexual risk behaviour. Future research should consider how situational contexts may mediate the relationship between social oppression and sexual risk behaviour.

The findings on poverty in the present study were mixed. Having lower income predicted more unprotected receptive anal intercourse. However, having higher income predicted unprotected sex under the influence of drugs. Further exploration of potential moderators could help explain these contradictory findings. A suggestion for future studies is to examine these factors at the encounter level rather than at the individual level to further understand this relationship.

The relationship between risky sexual behaviour and acculturation was also mixed. On the one hand, participants with higher Latino acculturation were more likely to engage in unprotected receptive anal intercourse and were also more likely to participate in unprotected sex under the influence of drugs. On the other hand, lower levels of Latino acculturation predicted unprotected insertive anal sex. Poppen and colleagues (2004) suggest that participants who retain more Latino culture may hold more traditional views about sexual roles, which may inhibit them from participating in receptive anal sex. The opposite relationship was found in the present study. In both instances where higher Latino acculturation predicted risky sexual behaviour, more experiences of homonegativity also predicted that behaviour. In the case of unprotected sex under the influence of drugs, one possibility is that those with higher Latino acculturation may experience homonegativity from within the Latino community and may use drugs as a way to cope with negative messages about their sexual orientation. The role of acculturation, experiences of homonegativity and substance use should be further explored in future studies.

This study is an important contribution to the literature as it provides us with information about HIV risk in an understudied segment of the population. The sample's level of education and relatively high income level might reflect selection bias by using the internet for data collection. Those with access to a computer in their home or at work might be more likely to participate in an internet-based survey. It is likely that in-person data collection, which requires more time on the part of the participant but provides a financial incentive, draws a different segment of the population than internet-based surveys, which are more convenient for participants with internet access but typically offer no financial reward. This study's findings indicate that despite higher levels of education and income, the Latino gay and bisexual men in this sample are still engaging in risky sexual behaviour. Thirty-nine percent of the sample reported that they had unprotected anal sex in the past 30 days. This reflects a higher level of unprotected anal sex compared to other studies with Latino gay and bisexual men, such as Díaz and colleagues (1999) where 28% of their sample reported engaging in unprotected anal sex in the same time period. In addition, 22% reported that they had used drugs and alcohol in conjunction with sex in the past 30 days and 14% reported that they had unprotected sex under the influence of drugs in the past 30 days. Elford and colleagues (2004) compared online and offline samples of men who have sex with men and found that HIV-negative and HIV-unknown men were more likely to report high risk sexual behaviour online than their counterparts who were surveyed offline. This may indicate that online surveys reach men who would otherwise not be recruited in more traditional settings (Elford, Bolding, Davis, Sherr, & Hart, 2004).

One limitation to this study is that the Latino men who participated in this survey were a convenience sample recruited through a snowballing technique via the Internet. As such, this was a self-selected sample and not truly representative of all Latino gay and bisexual men. Therefore, these findings are limited to highly educated Latino gay and bisexual men with moderate SES, who have Internet access and who would be willing to participate in a study without financial incentive. Another risk of gathering data online is that we had no way to verify the authenticity of the participants. That is, it is possible that participants who were not Latino or not MSM, responded to the survey.

Another limitation of this study is the way that substance use was measured. Participants were asked whether they had sex under the influence of a variety of drugs and if so, whether they had sex under the influence. The questions did not specify the type of sex that participants engaged in so this question likely encompassed a wide range of sexual acts, some of which are more risky than others. In addition, since substance use was only assessed in the context of sexual behaviour, it is not possible to know whether participants were substance users in general, or whether they specifically used substances to facilitate their comfort with sex. One conceivable explanation for this significant finding is that men who engage in one type of risky behaviour are also more likely to take other types of risks, such as drug use.

To recapitulate, more experiences of homonegativity predicted both unprotected receptive anal intercourse and unprotected sex under the influence of drugs. Our findings indicate that homonegativity is harmful to the health and well being of Latino gay and bisexual men. Because most studies of Latino gay and bisexual men do not include a wide range of educational and income levels, future studies further assessing the role of socio-economic status are warranted.

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Table 1

Means, Standard Deviations and Ranges of Independent and Dependent Variables (n=226).

Variable	Mean	Standard Deviation	Range In Sample
Experiences of racism	1.79	.60	1–4
Experiences of homonegativity	2.17	.52	1–4
Number of instances of unprotected receptive anal intercourse	1.49	4.08	0–30
Number of instances of unprotected insertive anal intercourse	1.93	4.67	0–30
Number of instances of sex under the influence of drugs	1.58	5.70	0–51

Table 2

Types of drugs used in conjunction with sex (n=53).

Variable	% unprotected sex under the influence of the following drugs
Alcohol	15.5
Marijuana	7.1
Poppers	6.2
Viagra	4.0
Cocaine	0.8
Ecstasy	1.3
K	0.4
Methamphetamine	0.4
Crack	0
Acid	0
Heroin	0

Table 3

Summary of negative binomial regression analysis predicting un protected receptive anal intercourse (n=226)

Final Model	Risk Ratio	95% Confidence Interval
Intercept	.034	
Education	1.149	.987–1.338
Latino Acculturation	.1.130 ***	.1.058–1.206
Income	.877 *	.788–.977
Experiences of Racism	.922 *	.861–.988
Experiences of Homonegativity	1.193 ***	1.109–1.1.284

*
p < 0.05;**
p < 0.01;***
p < 0.001

Table 4

Summary of negative binomial regression analysis predicting unprotected insertive anal intercourse (n =226)

Final Model	Risk Ratio	95% Confidence Interval
Intercept	2.887	
Education	1.133	.987–1.301
Latino Acculturation	.920**	.870–.973
Income	.925	.842–1.016
Experiences of Racism	1.028	.968–1.093
Experiences of Homonegativity	1.022	.954–1.094

*
p < 0.05;**
p < 0.01

Table 5

Summary of negative binomial regression analysis predicting unprotected sex under the influence of drugs (n=226)

Final Model	Risk Ratio	95% Confidence Interval
Intercept	.007	
Education	.944	.822–1.084
Latino Acculturation	1.147 ***	1.091–1.247
Income	1.163 **	1.031–1.311
Experiences of Racism	.943	.884–1.006
Experiences of Homonegativity	1.260 ***	1.169–1.359

* $p < 0.05$;

** $p < 0.01$;

*** $p < 0.001$