

Love, passion and rebellion: ideologies of HIV risk among Latino gay men in the USA

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In this paper, we analyse the focus group discussions of approximately 300 Latino gay men, when asked to explain the high rates of unprotected anal intercourse in their communities. Men's responses and discussions were mapped into three different categories, representing different ideologies of sexual risk: (1) ideologies about situations, circumstances and male characteristics that converge in a loss of sexual control; (2) ideologies about a basic incompatibility between safer sex and interpersonal trust, intimacy and love; and (3) fatalistic ideologies about the inevitability of HIV infection, where the fatalism evokes responses ranging from resignation to rebellion. The ideologies presented here should not be interpreted simplistically as 'causes' for unprotected sex; rather, they are windows offering views of socially-shared meaning that can help us understand the subjective experience of those who struggle with safer sex in the Latino gay community.

Introduction

Studies of Latino gay men in the United States have reported high rates of unprotected anal intercourse, where much of it occurs in contexts and situations that pose a risk for HIV transmission. Based on conservative self-reports of anal intercourse with 'casual' and non-monogamous sexual partners, studies converge on the finding that, within a one-year period, about 50% of Latino gay men engage in sexual behaviour that is potentially risky for the transmission of HIV (Díaz 1998). Moreover, in five different studies that have compared samples of gay men from different ethnic/racial groups in the USA, men of Latin American ancestry report the highest rates of sexual risk (Richwald *et al.* 1988, Doll *et al.* 1991, Fairbank *et al.* 1991, NTFAP 1993, Lemp *et al.* 1994). Of great concern is the fact that unsafe sexual practices occur in the presence of high levels of knowledge about modes of transmission and means of prevention, in the presence of relatively strong personal intentions to practice safer sex and quite often with individuals' full awareness of the risks involved.

The dominant perception in the USA, shared by researchers and practitioners alike, is that HIV risk is the direct outcome of individual/psychological deficits in 'risky' or 'risk-taking' individuals. In this

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perspective—clearly mirrored by the set of cognitive-behavioural models of behaviour change that guide both practice and research—unprotected anal intercourse is typically understood as resulting from individuals' deficits in knowledge, perceptions of risk, motivation, intentions and/or skills (see e.g. Fishbein *et al.* 1991, DiClemente and Peterson 1994, Fisher *et al.* 1994). Other theorists, still within a personal deficit perspective, have postulated psychological variables such as low self-esteem, sexual identity problems, or general sexual impulsivity. Individual deficit perspectives in general and cognitive-behavioural theories in particular, have disregarded the subjective experiences of men who practice (so-called) 'risky' behaviour and systematically have failed to recognize the importance of social, interpersonal, and cultural factors, that shape and regulate to a large extent individuals' sexual practices and behaviour.

Three lines of empirical evidence have challenged the validity of individual deficit models of HIV risk. First, HIV risk does not occur at random among individuals within given populations; rather, the epidemic is shaped by important social, structural and cultural oppressive factors, such as poverty, racism, homophobia and gender inequality. HIV breeds within cultural and social contexts that undermine individuals' power for choice and self-determination in sexual activity. Second, as suggested above, a great deal of 'risky' sexual behaviour occurs in the presence of knowledge, motivation, personal intentions and skills for safer sex. And third, when study participants have been asked to explain their sexual risk behaviour, they seldom refer to matters of personal deficiency, or lack of knowledge, motivation or skills. More often than not, and when not expected to recite the prevalent discourse of prevention practices, men who struggle with safer sex explain sexual risk in terms of contextual and situational factors, where the practice of safer sex is extremely difficult or where unprotected sexual practices are seen as meaningful, logical and naturally expected outcomes, given the cultural context and specific circumstances (Prieur 1990, Kelly *et al.* 1991).

As prevention programmes attempt to be less didactic and authoritarian and become more collaborative and participatory in nature, there is an urgent need to honour the subjective experiences of gay men. Specifically, there is a need to understand and respect the sexual realities gay men face within which gay men must make choices, negotiate complex situations, reconcile day to day pressures and manage the risks for HIV infection. In order to become truly collaborative and participatory, prevention programmes must tune in to the cultural meaning, rather than personal deficiency or pathology, of unsafe sexual behaviour among gay men. Only then can a genuine collaborative relation between prevention professionals and clients at risk can be possible.

The study of subjective 'reasons' for unprotected intercourse among gay men is not new (see e.g. Lowry and Ross 1994, Ames *et al.* 1995). However, research studies inspired by deficit models far outnumber research studies that attempt to understand meaning and subjective experience. It is troubling that at times this latter line of research has conspired with deficit models, for example, by treating men's meaningful explanations as instances of 'self-justifications' (Gold and Rosenthal 1998). Treating men's explanations as cognitive self-justifications not only

implies a non-warranted value judgment that undermines respect and the possibility of professional collaboration, but prevents a deeper examination of cultural meaning these explanations may convey. At other times, men's explanations of sexual risk are simply reported as 'grocery lists' of reasons, rather than considered within the larger and more organized world views, implicit theories, and ideologies that shape individuals' and groups' perceptions of sexuality and that pattern sexual behaviour.

The concept of ideologies, in the context of this paper, is used as an analytical tool. By ideologies we mean a set of ideas that are collectively constructed to explain some phenomenon about the world. The construction of ideologies is a deeply social and dynamic process, one rooted in social interaction and one that can tentatively show itself during focus group exercises, like the one conducted for the purposes of this study. Ideologies are particularly useful as analytical tools because they can be viewed as the link between structural/cultural (macro) forces and individual behaviour (micro forces). Ideologies both shape and are shaped by culture. Ideologies also govern and are governed by human behaviour. Ideologies can become hegemonic, moving them from the realm of ideas to the realm of power. This is accomplished when certain accounts of the world acquire a greater degree of authority as dictated by institutional forces 'which both bring into being specific landscapes of power and mould individual subjectivities that feel at home in those landscapes' (Crehan 1997).

Prevention practitioners and researchers can benefit enormously by looking deeper into ideologies and cultural beliefs that give meaning to (so-called) risky sexual behaviour. Furthermore, it is important to articulate these ideologies and implicit theories of risk, as a way of challenging hegemonic theories of individual deficit and develop more finely tuned models of prevention that respect the subjective experience and cultural perspectives of those who are most at risk. In that spirit, the present paper examines some of the ideologies and world views that contribute to the organization of Latino gay men's subjective understanding of risky sexual behaviour. In particular, we examine men's views and explanations when they were asked to face, consider and explain the discrepancy that exists between intention and action in the practice of safer sex among Latino gay men. As expected, the analysis revealed not simply a list of isolated 'reasons,' but rather well-organized and culturally meaningful ideologies that are drawn upon and used by men to interpret, explain and give meaning to the occurrence of HIV risk in their own and their friends' sexual lives. We share these ideologies not only as a promising window to understand the social and cultural factors that shape sexuality and maybe promote risk, but also as points of departure to develop and conduct more meaningful and truly collaborative prevention programmes.

Method

Sampling and recruitment procedures

Between December 1996 and March 1997, a total of 397 men were recruited in 24 Latino-identified gay bars in the cities of New York, Los Angeles and Miami. Guided by a brief screening questionnaire administered at the bar, men were invited to participate in the study only if they identified as Latino/Hispanic and

as other than heterosexual. As required by the study design, approximately half of the men recruited were under the age of 30 ('younger men') and the other half were 30 or above ('older men'); also, because half of the focus groups were conducted in Spanish, half of the sample had to indicate both dominance and preference in the Spanish language, as assessed by the screening instrument. Our recruitment strategies were aimed at obtaining a sample of self-identified Latino gay/bisexual men who vary in age, acculturation and geographical location. By recruiting study participants in the context of Latino-identified gay bars, we aimed to include men who for reasons of language, race and class tend to feel uncomfortable and do not participate in venues and activities associated with the mainstream (mostly white and middle class) gay community. Men were assigned to 24 different focus groups, with two groups within each of the 12 cells created by the 3 (Miami-New York-Los Angeles) x 2 (Older-Younger) x 2 (Spanish-English) design.

Interview procedures

Men recruited at the bars were invited to participate in a two-hour focus group discussion for Latino gay/bisexual men about issues related to HIV. Based on answers to screening questions, men were assigned and scheduled to participate in the appropriate age (younger Vs older) and language (English Vs Spanish) groups. Focus group interviews, ranging from 4-15 participants, took place in marketing research facilities that were easily accessible to men in each city. The focus group interviews were audio taped and later transcribed for qualitative analysis. Focus group questions centred on issues of gay life, sexuality, impact of AIDS and reasons for unprotected sex for Latinos in their respective cities. In addition, men were asked about their participation in HIV prevention programmes, HIV testing and about their awareness and understanding of new treatments for HIV positive individuals. Immediately following the focus group discussion, participants were asked to fill out a short (four-page), individual, self-administered questionnaire that took about 15 minutes to complete. The individual questionnaire asked questions on demographics, history of HIV testing, HIV status, sexual behaviour and substance use for the past two months, as well as a number attitudinal questions about new HIV treatments. After the short survey, men were thanked and given \$50 each, in compensation for their participation.

Study participants

Of the 397 men recruited for the study, 293 men participated in the focus group interviews, for a participation rate of 74%. The overwhelming majority of the sample (86%) self-identified as gay or homosexual. Measures of acculturation, based on language use and length of residence in the USA, show that the sample falls mostly on the lower end of the acculturation scale. The majority (75%) of the sample are immigrants, with 39% having been in the USA ten years or less, and 83% reporting substantial use of the Spanish language with peers. Thus, as originally intended by recruitment in Latino-identified gay bars,

we were successful in obtaining a sample that self-identifies as homosexual but remains close to the Latino community and culture. Unlike the highly acculturated gay Latinos that are typically recruited in mainstream gay venues, this sample can give us the perspective of homosexual men who also suffer the social and economic marginalization of ethnic minority groups in the USA. Even though this is a relatively young (84% between 20-40 years of age) and highly educated group of men (69% reported some college or more), only 54% of the sample was employed full time at the time of the study, with a reported unemployment rate of 27%.

Data coding and analysis

All 24 focus group discussions were transcribed from the audio tapes and then coded using a coding scheme comprised of eight general categories and 35 subcategories. After studying a subset of transcripts, the eight-code category was created to be exhaustive, allowing us to code all of the transcribed discourse. The codes, however, were not mutually exclusive and thus we coded text under multiple categories whenever appropriate, that is, when the particular transcribed portion of text reflected topics/ideas that fell under multiple or different coding categories.

For the purpose of this analysis, we included all text coded under the general category 'safer sex' including all its five subcategories: (1) Perceptions and assessments of HIV risk; (2) Reasons given by participants for unprotected intercourse; (3) Reasons given by participants for protected intercourse; (4) Strategies and/or rules for avoiding HIV infection; and (5) General attitudes toward safer sex, including attitudes toward condoms. Text coded under the 'safer sex' general category constituted between 21-41% of the transcribed focus group discourse indicating the fact that, by design, we spent a substantive amount of group time talking about issues related to safer sex.

Most of the text coded under the 'safer sex' category, was elicited in response to questions posed by the moderators (Díaz and Ayala) about risky sex in the Latino gay community. Questions were formulated at different levels of complexity and elaboration, as in the following examples taken verbatim from the transcribed focus group discussions:

Example question 1

Moderator: Let's talk a little more about safe sex and unsafe sex. I'm interested in finding out why it's hard for guys to practice safer sex. Why is it hard for guys to use condoms?

Example question 2

Moderator: The knowledge is out there, but the fact is that guys are still not protecting themselves, guys still not using condoms. And I'm confused about that. I'm really trying to figure out why is and I was hoping you guys could give me some clue about what goes on in sexual situations that keeps guys from using condoms.

Example question 3

Moderator: A lot of us know what to do. We know all the 'shoulds', right? We have information but still, you know, even with all the information that we carry to sexual situations, there are times when we slip. Those slips are important to understand and that's why I'm asking . . . what happens when all those 'shoulds' go away and we have that slip?

Example question 4

Moderator: Why don't you guys think about, personally, an experience that you may have had where you didn't use a condom when you knew you should have. Or where you used a condom but it was really, really hard for you to use a condom. What was going on in your head? What were your feelings? What was going on in that situation that made it so hard to use a condom.

Findings

Men's explanations for the high rates of unprotected sexual intercourse in the Latino gay community can be organized into four distinct types of ideologies of risk: (1) Ideologies about situations, circumstances and male characteristics that converge in a loss of sexual control; (2) Ideologies about a basic incompatibility between safer sex and interpersonal trust, intimacy and love; (3) Fatalistic ideologies about the inevitability of HIV infection, where the fatalism evokes responses ranging from resignation to rebellion; and (4) A category of explanations we refer to as 'assessments of risk' where perceptions of risk are informed by ideologies related to race, class, age, sexual orientation and sexual practices. The net result of these assessments of risk is a lowered perception of risk possibly leading to unsafe sexual behaviour. This fourth and rather large category of assessments of risk was not included in our present analysis because it explains unsafe behaviour as a function of the organizing influences that race, class, age and sexual orientation have on sexual practice, the topic of a separate paper (Ayala and Diaz in press). Our main interest for the present paper was to search for implicit theories and ideologies that explain the occurrence of risk behaviour in full awareness of the risks involved. Nonetheless, it should be noted that perceptions of risk appear as important contributors to men's understanding of HIV transmission and, as such, should be further investigated and studied carefully as a relevant subject on its own accord.

Loss of control

The first and perhaps most prevalent set of explanations for sexual risk behaviour in the transcripts argues for a diminished sense or actual loss of personal control under different circumstances, such as in states of high sexual arousal, being under the influence of alcohol and/or drugs and situations where self-determination is lost in the presence of more powerful partners. These situations were explained mostly by invoking cultural beliefs about the nature of masculinity (e.g. 'men can't control themselves'), by a belief in the incompatibility of sexual passion and cognitive control (e.g. 'can't think when

I'm hot'), by the perception that personal control and responsibility are seriously compromised when 'under the influence' of substances (e.g. 'you just don't care when you're stoned') and by the fact that in situations of unequal power—due to better looks, more resources, better access, etc.—the less powerful partner has little control (e.g. 'he was giving me stuff, and I was obligated'). Note that in none of these socially shared and constructed explanations there is a sense of personal deficit or individual psychological problem. Rather, the loss of control is presented as true, as the norm, as the way things are, for most if not all in the social group, and not as a problem of a deviant group of risky, out-of-control individuals.

A strong belief in males' generalized lack of sexual control was ever present as a major ingredient in explanations of loss of control. In other words, the inability to control one's sexual urges is linked to biological essentialist ideas about maleness. In explaining the risk behaviour of gay men, males were often portrayed as promiscuous by nature, wanting to fuck anything that moves and unable to stop once they pass a certain threshold of sexual excitement. One participant, for example, argued (with apparent approval and agreement from virtually everyone in the room) that the reason why gay men are at such high risk for HIV is because gay men have sex with other men and thus have no women to help them control their uncontrollable sex drive:

Participant: Your sex drive. Like I talk to heterosexual colleagues and they tell me that women usually, that it's usually the female who will say no or put a stop to it. And I hear that we have it made because there isn't anyone there to put a stop to it. Except for this virtuous group. But out in the world you get two guys together and it's just like let's do it. Whereas the heterosexual, generally I'm not saying all the time, but usually the woman will put a stop to it, say no . . .

Note that, in this passage, sexual control is seen as the exception among males; the characteristic of a small group that is actually put down and considered deviant: 'the virtuous group'.

The perceived lack of sexual control in males was often reinforced by the belief that sexual arousal is basically incompatible with cognitions of responsibility and control. Phrases such as 'couldn't stop in the heat of the moment', 'couldn't think, I was too horny' and 'love can't be planned' were often articulated with group agreement as examples of such incompatibility. Sexual arousal was seen as a distraction away from condom use and conversely, condom use was seen as a distraction from arousal, with the possible loss of erection and the sexual opportunity:

Participant: Well, you get distracted;
 Moderator: Distracted? By what?
 Participant: About using condoms. Some of the people I talked about, they get distracted. They just lose concentration with what they are doing. They have a lot of things to think at the time. They're not enjoying whatever they are doing at the time, so they try and be conscious about wearing a condom . . . they just get distracted. They just get a hard on . . . and no way . . .
 Moderator: So they get a hard on and they get distracted, or they . . .
 Participant: They get distracted because I mean, the excitement . . . if they use a condom then they actually . . .
 Moderator: Lose the excitement?
 Participant: Um Hmm.

The belief that sexual arousal and concerns for protection cannot co-exist or function in synchrony was nowhere more evident than in the comments quoted below, where safer sex concerns are experienced as being pushed to the ‘back of the mind’ in the heat of sexual passion. The most impressive aspect of the following quote and the idea it represents, is that it was uttered not by one but by three different participants who collaboratively completed the thought, marking its acceptability as a socially shared perception in the culture:

Participant 1: It’s like the heat of the moment, you get lost in that, you just want to do it all right there and then. And the last thing, in the back of your mind, it’s like you need to be safe. It’s just so . . .

Participant 2: It’s not the last thing, you know it but it kind of gets pushed . . .

Participant 3: To the back burner . . .

A major and most prevalent explanation for loss of control was being under the influence of alcohol and/or drugs. On numerous occasions, participants equated ‘under the influence’ with not thinking, not caring anymore, feeling invulnerable, not responsible, out of your head and being somewhere else (paraphrases), to name a few. In fact, substances were seen to reinforce and maintain the split between arousal and cognition; under the influence, condom thoughts could be kept in the ‘back burner’ with greater ease. In the context of a struggle between arousal and condom use, substances supported a sense of ‘not being there’, allowing participants to function as spectators that have little control of the situation:

Participant 1: We were like having anal sex and stuff. And while it was happening, and I was like ‘okay, I need to stop because we’re having unprotected sex’. And meanwhile I was enjoying it. But then, besides, there were mixed feelings going around in my head, like ‘okay, why don’t you stop?’ and ‘oh, it feels good’, what’s going to happen to you later?’. jumping back and forth. Different feelings, different things. And I’m like . . .

Participant 2: Plus the fact that you were under the influence;

Participant 1: Yes, the part that you’re there is telling you to stop. And the part that you’re not there is telling you, you know, good-bye! . . . If you’re under the influence anything can happen.

Many focus group participants articulated the belief that safer sex is a shared event that becomes very difficult when the sexual partner does not want to co-operate and use condoms. Moreover, in situations where some power differential exists between sexual partners, control over sexual choices and activities is seemingly impossible. For example, control is more possible for individuals who are highly valued (e.g. ‘nice looks’, ‘big dick’):

Moderator: Do you feel that you can say no when you want to say no?

Participant: Yeah, you can especially if you have the right stuff. The right stuff meaning a nice dick, a nice appearance, you start using the things that they told you was good. So you start using those for your advantage.

However, control is much less possible, if you are on the receiving end of things, like receiving material goods—money, housing, clothes—not necessarily in overt sex work, but in more subtle power exchanges that tend to occur in relationships of unequal power, such as in the case of a young unemployed Latino man living with a more powerful affluent and older white gay man:

Participant: When you’re getting stuff, you feel like you’re obligated to give back.

In summary, the majority of focus group participants shared the perception that control over sexual activity is limited, not only by the nature of men's sexual drive and by the way that sexuality and cognition function, but also by particular contexts and situations that do not allow a full exercise of self-determination and self-regulation of sexual activity. Unlike cognitive-behavioural conceptualisations of 'self-efficacy' or 'sexual control' as individual-difference variables, our study participants saw limitations in sexual control in the context of shared beliefs about masculinity or youth and as limited by specific contextual and situational factors. Very seldom participants made explicit comments about deficits in sexual self-regulation located within certain 'impulsive' individuals. When they did point to psychological explanatory variables, such as 'self-esteem' or 'sexual addiction,' they seemed to be repeating ready-made phrases and dogma of the prevention world, rather than talking about their own sexual experiences.

Love and intimacy

When asked to explain instances of unprotected intercourse in potentially risky situations, study participants spoke with force and conviction about a condom's potential disruption of intimacy and interpersonal connection. As detailed below, condoms' disruption of intimacy was expressed in many different forms—physically, psychologically and interpersonal. However, the most powerful underlying theme was that using condoms makes people feel that they are with a stranger, with someone who is potentially dangerous, with someone you can't trust, from whom you need to protect yourself. Condoms were thus perceived to conspire against feelings of intimacy and closeness, depersonalising sex, disrupting the magic of a potentially intimate, romantic sexual encounter.

Some men spoke about the need to feel the warmth of a boyfriend's or potential lover's body, flesh-to-flesh, in order to feel truly connected. For example, when sharing about an unprotected sexual episode with a boyfriend, one of our participants stated: 'It was my fault. I was very much in love and I wanted to feel him closer'. Another participant, in response, stated:

Condoms have been always very uncomfortable to me, because when you wear as they say, the glove, I don't feel the warmth of the other person. You feel their coldness because it is plastic; you are not going to feel that little cosy warm feeling. And when they cum, you can't feel it either. When I'm with a condom I can't feel, oh but yes, they are very hygienic . . .

For others, condoms prevented the feeling that they were having actual contact with the person they wanted to have sex with. For example, when sex was defined as close contact with another person, as a way to enjoy someone else's body, condoms were seen as preventing the real experience of sex:

Participant: If I'm having sex with somebody and I've got a condom on, it's like I'm not really having sex with them. I just don't feel that good. And most . . . I'm not just out having sex to have sex. When I'm with somebody it's because there's something about them that I like, they're really—it isn't because I have to have it, I'm not a sexually addictive person, I'm not a compulsive sex person. It's a person I meet

and there's something about them and it's like, it's to have fun, to enjoy each other. When the condom comes in, it just takes that away.

According to study participants, feeling connected to another person is a basic human need, as much as eating and sleeping. If condoms disrupt the feeling of connection, and human needs must be satisfied, unprotected sex will inevitably happen. The disruption of condoms was seen as powerful, particularly when the need for sex was defined as 'the need to feel another person's body.' In this view, unprotected sex is an expression of a natural need for love and connection, as much as eating or drinking, that sometimes, if done in excess, can lead to illness:

Participant: Sex is something ... it's a need and it's a something that is very strong. You need to eat otherwise you get weak. You need to feel loved, otherwise you feel depressed. You need to feel another person's body to feel connected and to feel compassionate and loved. I guess people sometimes may take risks or get involved in craziness that puts them at high risk, and they'll do it because it's like eating too many cookies ... you can get diabetes. But you know, you are going to eat and you are going to feel satisfied ...

Other participants discussed the difficulties of protecting yourself 'against' someone you really care about when, in the past, condoms were always used to protect against illnesses of prostitutes, of people you don't know or don't trust:

Participant 1: The difficult thing about using condoms was not so much how it felt with him, but because I said to myself: how can I ask him to wear a condom if I'm not a prostitute?

Participant 2: The reason men began to use condoms was to have sex with prostitutes, you put it on to prevent syphilis ... you are having sex and it is dangerous and you're going to get a disease or you are going to get ill ... it's like trying to eat something that is poison.

Men felt that condoms 'impersonalized' sex because condoms forced sexual partners to focus not on the beauty of one another, but on the fact that someone in the encounter might be ill and could pass on that illness to the other. As such, wanting to use a condom meant either an admission that you are sick and want to protect your partner, or that you are suspicious that the other person might be sick and want to protect yourself. In other words, bringing up the condom meant either an admission or an accusation of illness, an stigmatizing illness connected to promiscuity and sexual depravation. Not exactly how men wanted to frame their perceptions of a desirable, potentially romantic partner. It was no wonder that men felt very strongly that condoms disrupted the magic of an intimate sexual moment:

Participant: It just destroys the moment or whatever ... it sort of impersonalizes me ... I don't have a problem bringing that up in the forefront simply because I don't want to go through with the person and then go home with him and then when I pull it [the condom] up and put it on, all of a sudden you are going to say 'oh, what? are you sick? I think a lot of us have a problem bringing that up at the very beginning. You know before you get to the point when you're going to have sex ... that's why a lot of them end up having unprotected sex.

Moreover, carrying condoms, or having them available, could signal promiscuity, that the carrier is only thinking about or interested in sex, risking the possibility of being stigmatized as 'a whore':

- Participant: I carry a condom with lube in my car, People might say, what a whore, you carry your condom in your car. Call me a whore, call me what you want, but I'm protecting myself . . .

If condoms prevent a feeling of intimate connection and make people feel that they are having sex with strangers or whores, it is no surprise that, within relationships, condom use was described as extremely difficult:

- Participant: Those people that have casual sex use more condoms than people that have been in a relationship. And there's a reason for that, if you're in a relationship you trust the guy, so you don't use it. After the beginning you just don't . . .

Wanting to use condoms within relationships convey an accusation or admission of infidelity:

- Participant: In my book, when he [his lover] goes 'I want to start using condoms' It's like, 'so what? Are you starting fucking around now? Or do you want to have a three-way? Or are you having someone else?' . . .
- Participant 2: In some long-term relationships with friends of mine, you know, like they've been together for years and, all of a sudden, one of the partners says 'Oh we need to start using condoms'. It's kind of makes the other one say, 'Oh you've been cheating on me, fucking around with somebody else'.

And conversely, discarding condoms within a lover or boyfriend relationship becomes the ultimate sign of love and mutual trust:

- Moderator: How does trust play into condom use?
- Participant 1: It's your life. You're putting each other's lives in each other's hands. What's the biggest demonstration of love between a couple? 'I'll die for you, will you die for me? I trust you, will you trust me?'
- Participant 2: There are people that try to show somebody that you trust that person by being with that person without a condom.

In the context of this trust ideology, condoms need to be used because people can't be trusted:

- Participant 1: I'm still going to have safe sex, because you can't trust anybody. And if lovers continue to use condoms, it means they don't really trust on another;
- Participant 2: [Not using condoms] depends on how much you like the person and how much you trust the person. Because you could be with them for five years and still not trust them.

Finally, within this ideology, idealized notions of relationships (long term, monogamous), not condoms, serve as protection against HIV:

- Participant: It's just that you feel comfortable that it's not going to happen to you, or like I'm in a relationship now so I don't need to be safe anymore . . .

Fatalism, resignation and rebellion

While reading the focus group transcripts, we came to the troubling realization that many men in our community hold a fatalistic ideology about the inevitability of HIV infection. At times, the fatalism seemed blunt and brutal: 'If it's meant to happen, it'll happen, there's nothing you can do.' At other times, it was a bit more subtle: 'no sex is completely safe, you can never

know.’ The depth of fatalism was particularly evident in men’s descriptions of fearful reactions after an HIV test, especially when fear about the test co-occurred with consistent safer sex practices since the last HIV-negative result.

Reasons for the fatalism varied. Some men felt that condoms could not be trusted 100%. For others, the cultural association between homosexuality and HIV/AIDS was so strongly embedded in their perceptions of self, that no escape from HIV seemed possible for homosexuals. Regardless of the reasons that fuel fatalism in this community, the bottom line of our analysis is that many men in the study felt helpless in the midst of the epidemic, believing that they could not avoid becoming infected with HIV.

In this section, we want to document the voices of fatalism in our sample of Latino gay men and examine how it has promoted both resignation and rebellion with respect to safer sex practices. In particular, we want to show that men often invoke fatalism, resignation and rebellion as a coherent and well-integrated explanation of high risk practices in the community.

At times, fatalism seemed deeply woven into important aspects of men’s identities. Participants spoke, for example, of the inherent fatalism of Latinos, a group who leave crucial life outcomes in the hands of God. Men spoke of fatalism in the context of being gay, having grown up with the homophobic message that, after all is said and done, gay people are dirty and evil and will eventually be punished for their sin. Thus, the connection between being gay and death by AIDS seemed perversely predictable from childhood stories heard in the context of homophobic communities. Men also spoke of the fatalism of the poor, whose reality-based sense of doom and lack of control breeds the attitude of ‘fuck it! there’s nothing I can do’.

According to study participants, Latinos are supposed to enjoy life in a carefree manner and leave consequences in the hands of God. ‘Latinos enjoy’, so the ideology goes, ‘and hope for the best’:

Participant: You know when you see every day in Spanish television, Univision and you see the commercials and stuff like that and everybody’s enjoying life. That’s what it’s all about and leave everything else to God. You know what I’m saying? There’s hope, we have hope. We’re going to enjoy ourselves as long as we don’t hurt anybody. We’re going to leave that hope up to God and we’re going to pray to God, hoping everything is going to be okay. Because we are just expressing ourselves.

And as a gay man, your fate is clearly determined:

Participant: By the same token, you also grow up being told that being gay, you’re going to be punished for it ... it’s something dirty. And I guess being told that from when you’re little, it’s somewhere in the back of your head, that I’m going to be punished no matter what.

And as a poor person, isn’t life already doomed?:

Participant: Me for instance, I have this impeding doom. You know what I’m saying? Like the world is going to come to an end, we’re going to die ... And a lot of my friends as well, being poor, living in the South Bronx they say fuck it, it’s going to be like this ... I accept it like that, that’s the way life is ...

Fatalism is further engrained, participants told us, by a prevalent social discourse and awareness about the ‘fatal’ nature of the HIV/AIDS epidemic:

- Participant: As far as like, AIDS, it's like world-spread. They just feel like there's no escape ... if you keep hearing nothing but death, death, death, this is going to stay in your mind.

At other times, fatalism seemed to be connected to an exaggerated sense of personal risk, a perception of extreme vulnerability in sexual encounters that bordered in a sense of helplessness and resignation about what seems like an inevitable outcome:

- Moderator: Do you get a sense that you can really avoid HIV infection? Do you think it's going to happen?
- Participant 1: I think you can not avoid it.
- Participant 2: And you get tired of running away from it and when you do something in practice, safe practice, you feel scared. I feel scared. You can't avoid it. You know what I'm saying? Because one, I bite my lips a lot. Two, my cuticles are really dry. You know what I'm saying? When you are like playing around with someone, I get scared man. Even if I'm like jerking off somebody or something like that, like it comes on my hand and I do a lot of things with my hands and I get cuts on my hands, so you get scared. And then you think about it, 'oh shit, I got a cut today.' And you start looking for where you got cut. It's inevitable, I think disease is inevitable.

The perception of HIV infection as inevitable evokes two possible and logical responses—resignation and rebellion. Some men, exhausted, resign. They give up trying to be safe and opt for sexual abstinence, only to find out that abstinence in the long run may only lead to a deeper exhaustion and more risk:

- Participant 1: When you mentioned the condom, it was just a reminder of what's out there, and so I tend to go toward abstinence. It got to the point because what's out there got to me, so now I'm sort of turned off to sexuality ... gays have turned sex off for me.
- Participant 2: That's really scary because when I had unprotected sex it's been sometimes when I've been abstinent. Because you go through cycles, I'm really scared and I'm not doing anything at all and then all of a sudden, boom, that one person shows up that is really appealing and seduces you and the moment is right. All the abstinence you had backed up, it goes away. This is it. And then you go for it and afterwards you're like, 'oh oh, a relapse, I slipped. Okay what do I do now?' Then the fear and then you go run and you get tested and then you go through this again and again ...

Because the epidemic is perceived as an externally imposed fate, it is perceived as a curtail of personal freedom, rather than a challenge to be mastered. The epidemic is perceived as a set of circumstances—much like poverty and political oppression—that forces you to change and do things you really don't want to do. As an imposition, as a set of 'have-tos', rather than a challenge, the epidemic is a source of considerable frustration:

- Participant: You have to protect yourself from having sex, for yourself and for your partner. The frustration I have ... I have to have the condom, I have to put a lubricant, you know ... going through those steps, it reminds you of what's going on. That's my frustration

The frustration is particularly felt by men living with HIV:

- Participant: I want to do this [unprotected sex] like a normal person, like nothing happened in my life. Like I don't have nothing. AIDS is not in my life. That's the frustration.

Condom use is thus perceived as yet another external oppressor. In light of fatalistic perceptions, where the epidemic is seen as an oppressive imposition that curtails freedom, rebellion becomes the most proactive and effective response against feelings of helplessness:

Participant: There's no end to this, and people are humans and they have to have their good times, and they don't care about ... they can't wait until the end of this problem (HIV/AIDS) ... why should they wait so long? You know, I mean are you going to wait until you're dead already? You can't let the disease or the possibility of getting the disease stop you from living.

For younger men, faced with the threat of AIDS since coming of age, the oppression of condom use takes on an even greater and deeper sense of injustice:

Participant: A lot of resentment at having to [wear condoms] ... I went through a period when I was like you know 'all those faggots in the 70s got to have their fun ...'
 Moderator: It's almost like you've missed something;
 Participant: Yes, how come it falls on me to have to like read all these manuals? How come it falls on me to like always be prepared with a rubber, be prepared with lube, know how to use these things.? Why do I have to go to seminars? Something that should be so basic, you know like sex, sex and eating are our two most natural drives. And sleeping. You don't have to like go to safe eating seminars, or safe sleep seminars ...

Thus, it is no surprise that unsafe sex is felt as an act of freedom, a moment of liberation and personal revenge against unjust oppression:

Participant: It feels great! The sex that I've had without condoms, it's like one of the best sex I've had in my life because when I started having sex all I heard was AIDS and HIV, AIDS and HIV, condoms, condoms, condoms, condoms. So for me was like being gay, AIDS all these things were the same thing and condoms were—there was no discussion about it. So you hear all these stories, like older men talking about how fabulous it was in the 70s and all the sex they were having and fucking around without condoms. And then you want to experience some of that.

Conclusion

Condom use and unsafe sex practices cannot be understood outside the realm of sexuality and the sociocultural forces that shape and give meaning to gay men's sexual behaviour. Men's subjective and coherent understandings of unsafe sexual practices in the face of potential HIV risk—what we have labelled 'HIV risk ideologies'—provide a useful window to understand the structural, social and cultural forces that give meaning and regulate sexual practices. The ideologies presented here should not be interpreted simplistically as 'causes' for unprotected sex; rather, they are windows offering views of socially-shared meanings that can help us understand the subjective experience of those who struggle with safer sex in the Latino gay community. They are points of departure to build a genuine collaborative bridge between prevention practices and those who are at risk for HIV infection in this vulnerable community.

Prevention programmes can learn a great deal and benefit enormously, from an in-depth study and consideration of HIV risk ideologies in the populations they serve. More specifically, we believe that the ideologies presented and explored in this paper suggest new avenues for collaborative prevention

interventions that could reduce the rates of new infections among Latino gay men. For the sake of brevity and precision we present, in bullet form, a few suggestions for prevention practice that emerge from our analysis:

- Prevention professionals must listen with genuine respect to the subjective experience of those who struggle with safer sex practices. Without such respect, personal meanings will remain suppressed, silent and underground, not allowing men a deeper examination of the factors that shape, regulate and limit their sexual choices. By listening attentively and respectfully to the subjective experience and meaning-making efforts of those who struggle with condom use, prevention could become a more effective ally of the community in challenging devastating beliefs about the inevitability of HIV infection;
- Prevention practices can play a major role in challenging some of the socially shared beliefs that promote perceptions of low sexual control, such as the concept of males' uncontrollable sexual drive, or expectancy beliefs about the negative influences of substances on the self-regulation of sexual activity;
- Prevention practices must collaborate with men's search for intimacy and closeness in the context of safer sex practices. Prevention programmes have made serious attempts to help men 'eroticize' condom use. However, men are telling us that condoms' most disruptive action is not in their not being erotic, but rather in their potential to break down a sense of intimacy and closeness between sexual partners. Prevention programmes must help men deal with the sense of 'impersonalization' created by condom use and help them link protection meaningfully with their longings for intimacy, romantic relationships, and the experience of love and social connection; and
- Prevention programmes should examine how their practices may contribute to an increasing sense of fatalism. For example, many prevention programs continue to produce prevention messages as a set of external directives, as set of 'have to's', that must be complied with. Finally, facing the facts about the social shape of the epidemic—a health disaster shaped by racism, poverty, homophobia and gender discrimination, to name a few—prevention programmes cannot avoid the imminent task of working for justice and against social oppression because, ultimately, these are the most basic sources of fatalism, helplessness and risk.

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Résumé

Dans cet article nous analysons les discussions de groupe réalisées auprès d'environ 300 hommes homosexuels latino-américains auxquels nous avons demandé d'expliquer les taux élevés de pénétrations anales non protégées dans leur communauté. A partir des réponses et des discussions, 3 catégories, représentant chacune différentes "idéologies" de la prise de risques sexuels, ont été identifiées: (i) celles qui ont trait aux situations, aux circonstances aux caractéristiques masculines favorisant une perte de contrôle sexuel; (ii) celles relatives à une incompatibilité fondamentale entre les rapports à moindre risque et la confiance mutuelle, l'intimité, l'amour; (iii) les idéologies fatalistes basées sur le caractère inévitable de la contamination par le VIH, le fatalisme suscitant des réactions allant de la résignation à la rébellion.

Les idéologies présentées ici ne doivent pas être interprétées de façon simpliste comme les "causes" des rapports sexuels non protégés; elles offr-

ent plutôt des perspectives sur des significations socialement partagées qui peuvent nous aider à comprendre l'expérience subjective de ceux qui ont des difficultés à établir des rapports à moindre risque dans la communauté homosexuelle latino-américaine.

Resumen

En este artículo analizamos las opiniones de aproximadamente 300 latinos homosexuales a quienes se les pidió que explicaran por qué existe una tasa tan alta de relaciones sexuales anales sin protección en su comunidad. Las respuestas y opiniones de los hombres se clasificaron en tres categorías diferentes para representar las diversas ideologías en cuanto al riesgo sexual: (i) ideologías sobre las situaciones, las circunstancias y las características masculinas que convergen en una pérdida de control sexual; (ii) ideologías sobre la incompatibilidad básica entre relaciones sexuales más seguras y la confianza, la intimidad y el amor interpersonal; e (iii) ideologías fatalistas sobre la incapacidad de evitar la infección de HIV en las que el fatalismo evoca respuestas que van desde la resignación a la rebeldía. Las ideologías aquí presentadas no deben interpretarse de forma simplista como si fuesen 'causas' de relaciones sexuales sin protección sino más bien como puntos de vista que expresan un significado socialmente compartido y que pueden contribuir a entender la experiencia subjetiva de aquellos que se encuentran con dificultades cuando quieren tener relaciones sexuales seguras dentro de la comunidad homosexual latinoamericana.