Risk Across Borders

Sexual Contexts and HIV Prevention Challenges among Mexican Gay and Bisexual Immigrant Men

FINDINGS AND RECOMMENDATIONS FROM THE TRAYECTOS STUDY

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# Table of Contents

1. Introduction  
2. The Trayectos Study  
3. HIV Prevention for Gay and Bisexual Men and Individual Behavior  
4. The Importance of Context  
5. HIV Risk among Mexican Immigrant Gay and Bisexual Men  
6. Why leave Mexico? Sexual Migration  
7. Sexual Lives before Migration  
8. Finding Hillcrest and Gay Life in San Diego  
9. New Contexts, Different Assumptions  
10. Protecting Others  
11. The Meaning of HIV Infection  
12. Casual Sex and HIV Risk  
13. Trust, Intimacy, Love, and HIV Risk  
14. Next Steps: Addressing Contextual Challenges  
15. References  
16. The Authors
This is the voice of Crispín,* a young man in his early twenties who grew up in a working-class suburb of Mexico City. Knowing that he was gay, Crispín decided to move to San Diego, California.

The existence of men like Crispín has mostly escaped the attention of immigration scholars and remains under-studied in the HIV prevention literature. Yet such men, upon crossing the border between Mexico and the United States, find themselves confronting new challenges when it comes to staying free of HIV infection or protecting their sexual partners. This monograph moves their concerns to center stage.

**Introduction**

In current political debates about immigration in the United States, immigrants typically are portrayed in the media as working-class, Mexican men who cross the U.S. border seeking jobs in order to be able to send money home. Although we all know that new immigrants are more diverse than just this one group—in terms of gender, national origin, and the reasons for moving to the United States—Mexican immigrant men have become the archetypal representation of contemporary U.S. immigration. As such, these men also are typically assumed to be heterosexual. But not all of them are.

The purpose of this monograph is to highlight the experiences and HIV prevention needs of Mexican immigrant men who self-identify as gay or bisexual.

We direct our findings at several groups: immigrants and gay men, health educators, activists, and policy makers. We base our conclusions on data from the *Trayectos** Study, a large ethnographic study of sexuality and HIV risk that Dr. Héctor Carrillo and his research team conducted in San Diego, California. The *Trayectos* Study was funded by the National Institute of Child Health and Human Development (NICHD) at the U.S. National Institutes of Health.

Our study is motivated by serious concerns about the spread of HIV in Latino/a communities. More than 185,000 cases of AIDS have been reported among Latinos/as in the United States. Most Latino/a AIDS cases have affected men (approximately 149,000). Among Latino men with AIDS, more than half are men who have sex with men (MSM), many of them immigrants. Among estimated recent cases of AIDS (2001-2005) affecting Mexican-born immigrants, 58% were cases of MSM. These numbers suggest that Mexican gay and bisexual immigrant men merit study as a group that is threatened by HIV.

We have created this monograph with several goals in mind. **First and foremost**, we seek to help gay and bisexual immigrant men reflect on their sexual lives and the contexts and situations that put them at risk for HIV transmission. (By **contexts** we mean the social spaces

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* In order to protect their confidentiality, we refer to all participants in the Trayectos Study with pseudonyms or false names.
** *Trayectos* is a Spanish word that means trajectories or paths.

Because of my sexuality . . . I feel that in part that’s why I am here . . . in the United States. Because when I was in Mexico they didn’t really accept me as I am . . . Not that I had told them, but they kind of suspected. They could tell, but they pretended they didn’t. More my mom; she could tell but did not get herself to say “he is gay.” When I told her, I didn’t tell her in person . . . I was already here.
that people find themselves in and the cultural meanings that become attached to those spaces.3-10) Second, we aim at providing information to health educators that may assist them in creating more effective programs to reduce the risk for HIV and other sexually transmitted infections among gay immigrant populations. We highlight the importance of going beyond approaches that focus solely on individual behaviors, and we insist that HIV prevention must take into account the contexts in which HIV risk takes place in order to be effective. Third, we draw attention to the potential effects of policy changes in promoting sexual health in immigrant populations and the role of policy makers in supporting HIV prevention work. Finally, we wish to promote greater awareness about sexual diversity within immigrant populations, as well as a better understanding of the links among sexuality, migration, and health.

The Trayectos Study

The Trayectos Study is based on in-depth interviews with 150 self-identified gay and bisexual men in San Diego, California, as well as observations in a variety of places where Mexican gay and bisexual immigrant men socialize.3 (Three of the study participants self-identified as gay and also as transgender.) Seventy seven of the men who participated in interviews were born in Mexico.** Nearly all of them were living in the San Diego metropolitan area. The remaining few lived on the Mexican side of the border but crossed into the United States on a regular basis.

The rest of the men interviewed for the study were born and/or raised in the United States. Thirty nine were Latinos (mostly Mexican Americans), and thirty four were U.S.-born men of other ethnic/racial origins (white, African American, Asian) who had sexual or romantic relations with Mexican/Latino men during the previous year.*** We included these two additional groups in the study in order to compare immigrant men with U.S.-born Latino men and in order to analyze the dynamics of relationships between immigrant and U.S.-born men.

We stayed in touch with participants for 12 months after their interviews, at which point we invited them to a second interview. One hundred fifteen of the men returned for a second interview, which allowed us to talk with them about what had happened to them during the year and about the changes they perceived had taken place in their lives.

The interviews were conducted in Spanish or English, as chosen by the participants themselves. The excerpts of interviews in Spanish included in this monograph have been translated into English, and vice versa.

Our sample included men from many walks of life. We spoke with documented and undocumented immigrants. We also included men who were HIV negative, positive, and of unknown status. All were at least 18 years old. While most were younger than 40 years old, several were 50 or older. The men in the study were quite varied in terms of their social class, level of education, and the size of their places of origin in Mexico.****

Among many other topics, in the interviews for our study immigrant men talked extensively about their lives in Mexico, their experiences of migration to the United States, and their lives upon arrival. The men in the study also told us in detail their recollections of their sexual histories, how they learned about sex and homosexuality, and their perceptions of how they came to identify as gay or bisexual. They discussed how they learned about HIV and HIV prevention and described in detail recent sexual encounters, both protected and unprotected. Men who

* We collected data for this study between April 2003 and July 2005.
** Two of these men were raised in the United States. Among the U.S.-born Latino men there were five of Mexican origin who were brought to live in Mexico at a very early age, and these men had been raised in Mexico. In total 80 men in the study were raised in Mexico.
*** Two in this group of non-Latino men had been born abroad (one in the Philippines and one in England), but had been raised in the United States since childhood.
**** Ours is a qualitative study and our goal was to achieve maximum variation in terms of the lived experiences of the study participants. By design our sample is not random, and it does not intend to be statistically representative of gay and bisexual immigrant men, U.S.-born Latino men, or U.S.-born male sexual/romantic partners of Mexican/Latino men.
were HIV positive also talked with us about the complexities of living with HIV and about their sexual lives after diagnosis.

In addition to the interviews, our team conducted observations in a variety of places were gay men socialize in San Diego.* We went to gay bars and dance clubs, as well as to LGBT** events and community-based organizations, particularly those that provide services to Latino gay and bisexual men or attract a large Latino/a audience.

AIDS EDUCATORS HAVE LEARNED THAT INFORMATION, SKILLS, AWARENESS, AND PERSUASION ARE NOT SUFFICIENT TO GENERATE SUSTAINED BEHAVIORAL CHANGE.

The text of our 265 interviews and our field notes constitutes the data for the study. Altogether, our data collection resulted in more than 12,000 pages of text. We analyzed this text systematically, using an elaborate set of steps to identify patterns of experience among the men who participated in the study.***

HIV Prevention for Gay and Bisexual Men and Individual Behavior

Analyzing our data and thinking about the lives of these men caused us to reflect critically on the logic of HIV prevention. HIV prevention efforts in the United States and many other countries have focused squarely on individuals and individual behaviors. AIDS educators realized early on that individuals needed to take actions to reduce their risk for the disease. As common sense would dictate, they saw a need for individual people to be well informed about the measures that may help reduce their risk and, once HIV was identified, about how the virus is transmitted. In order to achieve the task of educating gay men, AIDS educators typically have relied on methodological tools provided by psychology and by this discipline’s theories and models of behavioral modification. Taking action against the spread of the disease implied modifying individual sexual behaviors in order for individuals to effectively integrate protective measures.

Information and individual awareness have been considered basic ingredients to protect oneself and one’s sexual partners against HIV. Furthermore, according to the behavioral models, individuals must feel susceptible to the disease and strongly motivated to avoid it. They must believe that they are capable of preventing HIV transmission, possess the skills to implement risk reduction measures, and learn how to do so from their own incremental successes. The models also suggest that individuals become persuaded that safer sex is a new social norm in their communities and social groups—that they realize that others around them also are implementing the same protective measures. The combination of these behavioral strategies has resulted in a dominant focus in HIV prevention work on information provision, skills building, role modeling, and media-based persuasion. AIDS educators in many places set out to teach safer sex and other prevention skills, model how those measures can be implemented, and persuade their target populations that safer sex is normative in their communities and groups.

Unfortunately, as the epidemic has progressed, AIDS educators have learned that information, skills, awareness, and persuasion in many cases simply are not sufficient to generate sustained behavioral change. During the 1990s, many commentators began to worry about gay men who were reverting to risky sexual behaviors (so-called relapse), about new generations of younger gay men who were not adopting safer sexual

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* We conducted 51 sessions of what anthropologists call "ethnographic participant observation." After each of these sessions, our ethnographers took detailed field notes.

** Lesbian, gay, bisexual, and transgender.

*** Our analysis involved careful reading and summarizing of all the text, detailed coding of all interview transcripts, and thematic searches utilizing a software package for the analysis of large volumes of qualitative data. During the course of the study, we also held periodic analytical team meetings, quarterly meetings with a community advisory group, and a yearly analytical retreat that involved our team and our academic consultants.
measures or seeing them as socially normative, and about older gay men who had never adopted the protective measures that HIV prevention programs promoted. More recently, great concern has been expressed in the United States and other rich countries about increases in HIV risk tied to the emergence of “barebacking,”* Internet sex,** and “treatment optimism.”

Furthermore, scholars and educators have also been attentive to the use of harm reduction strategies involving serosorting,* negotiated safety,** and strategic positioning.* (Serosorting refers to having sex with men of the same self-reported HIV status; negotiated safety to agreements regarding condom use within and outside relationships; and strategic positioning to taking insertive or receptive roles in anal and oral sex depending on HIV status.) Harm reduction strategies have been seen as having possibly beneficial but also potentially unanticipated consequences. Although these harm reduction strategies seem to reduce the risk for HIV at a group level, they also leave individual men vulnerable. First, HIV negative men who penetrate HIV positive men still have some risk for acquiring HIV. Second, serosorting works well among partners who are HIV positive, but less so among men who report being HIV negative. A man may think that he is HIV negative, but may not be so as a result of a recent exposure to HIV. And finally, serosorting and negotiated safety involve some level of trust between sexual partners, and trust may sometimes be betrayed for complicated and very human reasons.

The Importance of Context

A number of scholars who have studied sexuality and AIDS, particularly within the fields of anthropology and sociology, have questioned whether focusing exclusively on individuals and individual behavior is an adequate strategy to curb the epidemic. They have pointed out that the sexual behaviors that may lead to HIV transmission are not practiced by isolated individuals. Those behaviors take place in the context of interpersonal relations and are heavily affected by relational dynamics and power differentials between sexual partners. Moreover, sexual behavior does not occur in a social vacuum. What people do sexually is influenced by the situations and contexts in which people have sex, as well as by the sexual cultures that inform what any given sexual behavior may mean within those situations and contexts. Furthermore, the social structure and conditions of social inequality often shape sexual encounters in powerful ways.

All in all, as the AIDS epidemic among gay men and in other communities has unfolded, we have learned that in order to understand why well-informed and highly skillful individuals fail to protect themselves and their sexual partners against HIV transmission we need to look beyond individual behaviors. This means attending to the contexts of HIV risk—to the interpersonal, situational, cultural, and structural factors that may influence sexual behaviors and HIV risk. In the case of Mexican immigrant gay and bisexual men, for example, our study revealed that the social context matters enormously in affecting whether or how men reduce the risk for HIV transmission.

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* “Barebacking” refers to a subcultural movement, closely tied to the Internet, of gay men who consciously seek to have unprotected anal sex. In the scholarly literature, barebacking is defined in various ways: from deliberate unprotected sex with partners who report having the same HIV serostatus, to unprotected sex with partners of unknown HIV status, to men who actively seek HIV infection (a phenomenon also labeled “bug chasing,” which the literature considers to be infrequent).

** “Treatment optimism” refers to the idea that, due to the availability of medications against HIV, some gay men now see HIV disease as a manageable and chronic condition, which may decrease concern about acquiring the virus.
HIV Risk among Mexican Immigrant Gay and Bisexual Men

The immigrant Mexican men who participated in Trayectos want to avoid acquiring HIV or transmitting it to sexual partners. They have the skills necessary to use condoms and are quite well informed about HIV, although a few gaps in information remain. For example, several believe that during anal sex the partner who penetrates (the top or *activo*) has a lower risk than the one who is penetrated (the bottom or *pasivo*), and they rely on this knowledge in making decisions intended to reduce their risk. But as part of this strategy they also assume, incorrectly, that if they penetrate a man without a condom they can reduce their own risk for HIV by not ejaculating. Although not ejaculating certainly would protect their sexual partners, ejaculating or not ejaculating does not make a difference for the man who is playing the insertive role. So thoroughly have they assimilated the messages about the need to avoid ejaculation inside the body that they believe that, if they are the top, they can protect themselves by not ejaculating inside a sexual partner’s body.

But leaving aside some informational gaps such as this one, the real challenge in terms of HIV prevention among Mexican immigrant gay and bisexual men stems from the fact that many of them are encountering sexual cultures that they did not know before migrating. As a result they sometimes find themselves in situations and contexts in which neither their knowledge, nor their motivations and intentions to practice safer sex, keeps them from exposure to risk in their sexual encounters. Thus their risk is largely situational and contextual.

As could be expected, in our study there are a considerable number of men—HIV negative and HIV positive alike—who consistently used condoms for anal sex. The good news is that roughly half of the immigrant men in Trayectos regularly protect themselves and their sexual partners. But this means that the other half have recently participated in sexual encounters that involved the risk of HIV transmission. Among this second group, however, we have found considerable variation in relation to their HIV risk: some men protect themselves regularly but engage in occasional instances of unprotected anal sex, while others are inconsistent and unable to sustain regular condom use.

Because ours is not a random sample meant to be statistically representative, it is important not to read these data as reflecting the HIV risk in the larger population of Mexican gay and bisexual immigrant men. Our goal in presenting the data is to suggest that the study included both immigrant men who consistently practiced safer sex and those who did not.

Another piece of good news is that most of the men in the study who have sexual HIV risk are not actively seeking to engage in unprotected sexual encounters. Unprotected sex among these men typically happens in situations in which they find themselves unable to stay protected, or in contexts that are new or unfamiliar to them. In this regard, Mexican gay and bisexual immigrants are not so different from others, such as other gay men in the United States. What is different about Mexican immigrant gay and bisexual men is not the fact that their risk is situational but, rather, the specific situations that they confront.

We have found that in order to understand how situations and contexts influence the HIV risk of Mexican immigrant gay and bisexual men, we need to pay attention to their broader lives, both in the United States and in Mexico. Among other issues, the following influence these men’s sexual encounters in the United States:

- Their motivations to leave Mexico and what they imagine their life could be like upon arrival in the United States.
- Their sexual lives and sexual experiences with men or women in Mexico before migration.
- The paths that they follow in finding other gay or bisexual men in the United States.
The particular kinds of gay men in the United States that they meet and gay circles in which they participate.

The dynamics of their relationships with men in the United States and cultural and power differences that emerge in the context of those relationships.

In the sections that follow, we discuss these various aspects of the lives of Mexican gay and bisexual men and explore the various contexts of risk that are relevant for them. We also use our study to exemplify the importance of paying attention to the contexts in which immigrants live and interact sexually—both in their home countries and upon arrival in the U.S.—and to the sexual diversity that exists within immigrant communities. In this sense, we consider it crucial to dispel the myth that ethnic and immigrant communities are homogenous in terms of their sexual cultures, sexualities, or HIV risk. As part of our analysis we link the particular contexts in which Mexican immigrant gay men participate in the United States with their understandings of sexuality, their geographical origins in Mexico, and the ways in which they find, and become incorporated into, gay communities in San Diego. As we will see, all of these are relevant in understanding the diversity of experiences of sex and HIV risk that Mexican immigrant gay and bisexual men have.

Why leave Mexico?
Sexual Migration

It is well understood that Mexican immigrants typically decide to leave Mexico for economic reasons, in search of better work opportunities. A second, commonly cited reason, which seems more prominently represented among women and children, is family reunification. In regions in Mexico where migration is high, a culture of migration has emerged: In those regions the expectation that migration will be part of one’s life is widespread, and young people, particularly men, grow up knowing that at some point in their life they are likely to migrate to the United States.47

Mexicans who belong to groups that are socially oppressed and stigmatized due to their sexuality or sexual identity sometimes leave Mexico for sexual reasons as well.48 This form of migration, which Dr. Carrillo and other scholars call “sexual migration,” is “motivated, fully or in part, by the sexualities of those who migrate.”49 Such men may feel that their situations in Mexico do not allow them to be openly gay. Hernán, one of our study participants in Trayectos (a 32-year-old from Tijuana), spoke about his motivations to leave Mexico:

I could not come out of the closet because I come from a family that is traditionally Evangelist. And I always lived a life that wasn’t mine ... I couldn’t be gay. ... I wanted to move, I didn’t want to be there. ... That wasn’t for me. I didn’t want to be living something that is not me. And now that I am here, I feel like I have more freedom. I want to feel the way I was born: Free. I don’t want to feel oppressed.

Sexual migration among these men, however, cannot be interpreted as meaning that they leave simply because they cannot be gay in Mexico—an assumption that seems common in the United States when thinking about gay or bisexual men who migrate from poorer countries. Although some men like Hernán certainly feel that they have to leave because they are unable to be gay in their places of origin, for most the story is more complicated.
More often than not, gay and bisexual immigrant men such as the ones in Trayectos lead open or semi-open gay or bisexual lives in Mexico. That was the case of Teodoro, a 36-year-old from Guadalajara who lived a semi-open gay life in Mexico but by moving to the United States sought greater freedom to be openly gay: “the freedom to live homosexuality without having to give any explanations, without having to lie, without having to be careful about making mistakes or that someone would see me.” And although these men imagine that gay life in U.S. cities is more open than in Mexico, they are also aware that Mexican cities, particularly the larger ones, offer options for LGBT people. Teodoro, for instance, added:

For many guys coming here implies improving everything ... their quality of life, their economy, their stability, their lifestyle. And for me coming here wasn’t ... Of course I am well economically speaking. Wow! I am super good, and more by working here, but that was not the change for me. ... For me coming here meant leaving my family home, freedom. But it would’ve been the same if I moved from my home town, Guadalajara, to Mexico City or to Monterrey had I had the opportunity.

For Teodoro economic reasons were not his main motivation to leave. But for many Mexican gay immigrants, sexual migration implies a combination of sexuality-related and economic motivations. These men see leaving Mexico as providing the advantage of both economic opportunity and the opportunity to live a more open gay or bisexual life in a place where they can be anonymous, where their families would not be affected by their being open about their sexual orientation. This is the case even when the men’s families clearly know that they are gay. Sometimes it is their family members who encourage them to leave, in part to protect them from stigma, and in part to protect themselves.

Sexual migration among Mexican gay and bisexual men may also encompass other, related motivations, such as the desire to get away from an ex-lover or partner, or the desire to pursue a relationship with a U.S.-born man, including a tourist or visitor that they met in Mexican cities and resorts. When romance is part of the motivation to move to the United States, we confront a major inequality between heterosexual and gay couples. The single largest path toward permanent residency and citizenship among immigrants to the United States involves heterosexual marriage. But marriage between U.S.-born LGBT people and their foreign partners is not recognized by the U.S. federal government. For that reason, LGBT people in the United States cannot petition the government to bring their same-sex partners legally into the country and binational gay and lesbian couples do not enjoy the same rights as heterosexual couples.

This form of social inequality suggests the need for policy changes that would not only provide equal rights to LGBT people in the United States but would also likely have a broader effect on the health and well-being of the immigrants and their U.S.-born sexual/romantic partners.

Sexual Lives before Migration

Immigrant gay men grow up in a wide variety of places in Mexico, from large cities such as Mexico City (19.2 million people), Guadalajara (4.1 million), and Monterrey (3.7 million), to small cities and towns and even isolated rancherias in rural areas of Mexico. Some of them live in their places of origin up to the point that they decide to migrate to the United States, but others engage in complicated paths of internal migration within Mexico itself before leaving to the United States.
The sexual lives that these men have in Mexico are equally varied and are strongly flavored by the social contexts within Mexico where they take place. The region in Mexico where each man grew up, the size of their particular locations, and their social class and education all seem to influence how these men understand and integrate same-sex sexual attraction into their lives. The importance of the social contexts in which these men grow up and live in Mexico is evident as men narrate their recollections of their sexual initiations, sexual and romantic encounters, sexual behaviors and roles, and the kinds of partners that they had.

Depending on their social contexts in Mexico, some of these men gain access to Mexican gay communities in urban areas soon after realizing that they are sexually attracted to other men. For example, Marcelo, a 34-year-old who grew up in Mexico City, discovered that men sought each other out aboard the city’s public transportation. He began to interact sexually and socially with gay men, which eventually gave him entry into Mexico City’s gay communities and the world of gay activism. Speaking of entering this world, Marcelo referred to the man who invited him to participate:

One of them, who surely realized right away that I was gay ... invited me to a cultural activity, to the 1988 [gay] march. And I agreed to go for the first time and then I accepted the invitation to attend a gay group in Mexico City. … I was eager to liberate myself in a different way. I wasn’t suffering, but I didn’t like it so much living a double life, and I really needed to meet gay people and socialize with them, not just hook up with them [for sex].

Other men discover sex with men during interactions with neighborhood friends and relatives, sometimes in the context of forced sex, but other times while engaging consensually in mutual explorations. Typically these explorations take place in the absence of a sense of a gay identity or specific expectations of sexual roles.

And some men, particularly but not exclusively those who come from small towns or rural areas, sometimes participate in sexual interactions that involve strongly defined gender roles. This happens most typically in sexual encounters where masculine older boys or young men (who often identify as hombres normales, meaning heterosexual) identify them as maricones or jotos (derogatory words that refer to effeminate men in Mexico) and request sex.

In those encounters, the more masculine sexual partners frequently assume that the man deemed to be more effeminate will perform oral sex or allow himself to be penetrated. For instance Gerardo, who was 32 years old, describes being approached by non-gay-identified men for sex ever since he was an adolescent. One of these men, a co-worker, approached him in a bathroom and asked him for sex by saying “I’ve been told that you like it.” Gerardo agreed to have sex, but offered to penetrate the partner, who in turn refused by saying “No, because I am the man.” Gerardo explains that this kind of men manage their sense of manhood by not allowing male sexual partners to penetrate them, kiss them, or touch other parts of their body. Gerardo was allowed only to interact physically with the man’s penis. As Gerardo and others put it, these men usually want simply to obtain sexual satisfaction by receiving oral sex from or penetrating a male partner, with no strings attached, although some men manage to initiate romantic relations with non-gay identified masculine men. Sometimes they even convince the masculine partners to be the ones who are anally penetrated.
This pattern is consistent with the notion of pasivo/activo roles that several scholars have related to Mexican/Latino male homosexualities, and which some people outside of Mexico even assume define all Mexican male homosexuality. However, the great variety of same-sex behaviors that the men in Trayectos had while living in Mexico strongly challenges the assumption that only the pasivo/activo model is available there, or that what people understand in the United States as “gay” does not exist in Mexico. Such an assumption would negate the existence of contemporary Mexican understandings of homosexuality and gayness—understandings in which all men who are sexually attracted exclusively to other men are deemed to be homosexual or gay, and those who are attracted to both men and women are considered bisexual. A majority of the immigrant men in Trayectos self-identified as gay or bisexual before leaving Mexico and many had found their way into gay communities in large Mexican cities and also in smaller places. In Mexico, as in other countries, including the United States, these contemporary understandings of homosexuality co-exist with older gendered models such as the activo/pasivo model.

The variety of Mexican immigrants’ experiences of homosexuality in Mexico and the diversity of contexts in which their sexual lives took place there are very important to understand their sexual lives and HIV risk after migration. As we will see, where these men started in Mexico influences their sexual experiences and their HIV risk upon arrival in the United States.

Finding Hillcrest and Gay Life in San Diego

To begin with, the degree to which gay and bisexual men in Mexico had contact with gay communities there has an effect on how they find gay men after arriving in the United States. For instance, Isidro, a 23-year-old from Sinaloa, arrived in San Diego without knowing of the existence of Hillcrest, the neighborhood that is widely regarded as the central gay neighborhood of San Diego. When asked how he had discovered Hillcrest, Isidro said that he had found out from a friend who came regularly.

I didn't know that this place existed. I didn't know that it is a gay neighborhood, for homosexual and bisexual people ... I didn't. But I learned. I learned from my friend.

Like Isidro, before moving to the United States, some other Mexican immigrant men are unaware of the concept of gay neighborhoods in U.S. cities. In his hometown in Sinaloa, Isidro had not had contact with a local gay community. His sexual life there had never gone past having oral sex with non-gay identified friends or with men who made sexual advances; he had never pursued sexual encounters himself.

After arriving in San Diego’s metropolitan area, such men sometimes stumble upon Hillcrest or are told by others of its existence. For instance, Norberto (21 years old, born in Michoacán, raised in Guadalajara), overheard a classmate in school talking about how there were many jotos** near his place of work. He later inquired where the classmate worked, and then ended up walking forty long blocks to find Hillcrest.

* Hillcrest is regarded as being mostly middle-class and white, although several of the bars and dance clubs located in this neighborhood host weekly “Latino nights.” In addition to Hillcrest, there are other surrounding neighborhoods that have a considerable presence of gay men, both white men and men of color. A considerable number of the participants in Trayectos live in North Park, or attend Latino gay groups and a dance club that are located in that area.

** Joto is a Mexican derogatory word for effeminate or homosexual men.
I walked all the way here and I said to myself “I don’t see anything.” And I got to the [Hillcrest] sign and I didn’t see anything. ... But on my way back I saw to guys embracing and I thought “OK, it is here.”

And Julián, a 25-year-old man who was living in Tijuana, first found an adult bookstore not far from the Mexico/U.S. border, and there he learned that if he went further north he would find an area of San Diego that was known for the presence of gay people. Julián said:

And I, being such a closed-off gay man, didn’t know where to go, didn’t know there were gay bars. But he came out [of the bookstore] and he wanted to know my name, and he wanted to see me again and that’s how it started ... He told me that this place existed and that I could go. He was the one who showed me Hillcrest and everything here and I could not believe it! I didn’t even want to come to Hillcrest. It terrified me.

The experience was quite different for immigrant men who, while in Mexico, had been more attuned to global gay cultures. Some of these men, because of their middle-class status and higher education, had had previous opportunities to travel and see for themselves gay communities in Mexican, U.S. or European cities. For example, Valentín, who was 27 years old, had participated in gay life in Mexican cities and had met an American partner in Cancún. With this partner, he came to Tijuana, and then crossed the border into San Diego. “Well, when I arrived we obviously [went out] to see all the places. ... He already knew them all, and he took me to see them and now ... we go together.” Men like Valentín may meet foreign gay tourists in Mexican resort towns and cities that cater to tourists (including Tijuana). Others have friends in San Diego or other U.S. cities, or have access to information about U.S. gay life via gay publications or the Internet.

In sharp contrast with the immigrant men who arrive without knowing about Hillcrest, and for whom encountering San Diego’s gay life sometimes takes months or even years, men like Valentín also arrive into Hillcrest soon after relocating to San Diego and rapidly become incorporated into LGBT life. For some, knowledge of English and identification with Mexican urban gay and global gay cultures facilitates their participation into so-called mainstream gay communities. Others, whose English skills are poor or nonexistent, participate more readily in Latino-specific gay groups and venues. But, despite language limitations, they also manage to meet English-speaking sexual and romantic partners in San Diego and other U.S. cities.

Here again, we see an interesting pattern that is important in thinking about immigrant gay men’s HIV risk: The contexts in which these men participate upon arriving in the United States, as well as how they participate, are linked to their starting points in Mexico. And the types of challenges that they encounter in relation to HIV risk in the United States are closely connected to their experiences both in Mexico and after their arrival. In other words, these men’s social contexts in Mexico influence their participation in U.S. gay life; and the kinds of gay life that they access in the United States, in turn, influence whether and how they experience HIV risk. Indeed, the diversity of experiences of gay and bisexual men in Mexico prior to migrating and upon arrival in the United States leads to enormous variation in terms of the challenges that these men encounter in relation to HIV prevention while living in the United States.
New Contexts, Different Assumptions

As we mentioned before, not all immigrant men in Trayectos have recently engaged in unprotected sex. Nor are these men actively seeking to engage in unprotected sexual encounters. All of them are well informed about HIV transmission and prevention.

Unprotected encounters in which Mexican gay and bisexual immigrant men participate typically happen in situations in which unforeseen circumstances and contexts that are new or unfamiliar to them curtail the men’s ability to stay protected. Upon migration their lives change dramatically, and they often enter new contexts in which the “rules of the game” may be quite different from those that applied when they interacted sexually in Mexico. As we will see, these contexts include both places where they gain access to casual sex and also romantic or steady relationships. As we will explain, in each of these two situations Mexican immigrant men’s expectations about sexual encounters inadvertently place them at risk.

Protecting Others

In general terms, Mexican gay and bisexual immigrants come from contexts that they perceive as being less individualistic than those that they encounter in U.S. society.60 In relation to HIV, a more collectivist orientation influences their attitudes about the responsibility toward protecting other men during sex. With few exceptions, immigrant men, both HIV positive and negative, talk about feeling a strong sense of responsibility toward protecting their sexual partners. For instance, Rogelio, a 37-year-old Mexican immigrant from Mexico City who is HIV positive, said: “When I have sex with them, I really take care of them. They are negative. That’s what they say, although I can’t really know.” When asked what made him doubt that these men were negative, he added that, “They feel so safe, that they are not scared. They are not concerned. They have lots of information.” Rogelio then concludes: “I say: ‘I have to take care of you. If you don’t take care of yourself, I take care of you.’”

One must protect all sexual partners; all of them.” For Rogelio, it was extremely important to not transmit HIV to someone else.

Justo, age 32, who came from a small city in Jalisco, talked about sex that he had in Guadalajara, where men always took care of protecting him. In his home town, men were not using condoms. But Guadalajara, being a much larger city, also has considerably more cases of AIDS. Justo said: “I had sex with two or three men. But it was they who took care of me. That is what caught my attention.” And Román, who is HIV positive, talked about the importance of mutual protection and then added:

“It scares me to infect someone else, because I know how it feels and I wish someone had told me everything. I feel like I would be taking advantage of the person ... I could change his life due to a careless moment and I don’t know if I could live having done that. It is too much responsibility ... I am afraid of telling people [that I am HIV positive] because I don’t know how they will react. I don’t know if he will say “how disgusting.”

Among those men in Trayectos who were born in the United States, many agree with Rogelio, Justo, and Román. But in this latter group there are several men who feel that HIV prevention is purely an individual responsibility, and this pattern has also been documented in the literature on gay men in the United States.14, 61-65 For example, the comments above stand in stark contrast to the views of Evan (a 32-year-old, U.S.-born man of mixed white/Latino background from Houston) who was also HIV positive. Evan did not seek to transmit HIV to sexual partners, but he also believed that every man must take responsibility for his own risk. Evan put it in the following terms:

If they ask, then I’ll disclose. But if they don’t ask, then I assume that they know what they are getting into. Because they’re over 18, they know what they’re doing, they’re throwing their butt up in the air.
You know, people should know how to protect themselves, people aren’t stupid. I think people have the right to know if they ask, but if they don’t ask it’s not my obligation to disclose my medical history with somebody.

Similarly, Jesse (a white, 37-year old man from Ohio), discussing how he became HIV positive, said:

If you go into that act of sex with somebody with no protection, without requiring protection, you’re 100 percent accountable … because what … leads your ass into [it] is a 100 percent you. It’s not that guy there, just ‘cause he withheld, he may have forgot. Any attorney or anybody that does things on a legal basis will go, well maybe he forgot, maybe blah, blah…. Well, you are 100 percent responsible for what your body does. So, hey, no crying now, you just got yourself HIV. He didn’t give it to you. You don’t know how he gave it to you. You weren’t raped; you weren’t forced to have it. Nobody, nobody can blame the partner. You can say the partner could have been more responsible, could have been more honest, could have told me.

These may be extreme expressions of individualism. Other U.S.-born men hold less radically individual perspectives on this issue. Nathan, another HIV positive white man (age 33, from Wisconsin), who preferred to not use condoms, said:

I don’t want to think that that [there] could be a possibility that I would … spread this to somebody else. I mean, I realize that as … each human being has a responsibility to … make those decisions, and … take care of themselves. But at the same time I don’t want to … put something more out there than the risks that they’re already taking...

However, Evan’s and Jesse’s perspectives raise questions about the possible health consequences of sexual encounters in which an immigrant man (or a U.S.-born man who believes in mutual protection) may be thinking, “He would not do something to harm me,” while his sexual partner may be thinking “If he’s not asking for protection it’s his own responsibility” or “he must be HIV positive.” What makes these matters more complicated is that sexual encounters—particularly, but not only, in settings where men are having casual sex—often happen in the absence of disclosure of HIV status or knowledge about a sexual partner’s previous risk for HIV.63, 66-70 Sound decisions in the moment of sex may be jeopardized by a combination of shaky assumptions about sexual partners’ HIV status and risk and dissonant expectations about mutual versus individual responsibility toward protection.14, 64

Finally, it is important to note that among Mexican gay and bisexual immigrant men the expectation of mutual protection does not always translate into the use of protection. Even the best of intentions to use protection and protect others sometimes break down in the moment of sex for reasons that have to do with the situation, the partner, and other issues, as we will see below.

The Meaning of HIV Infection

Another important issue that may affect decisions about the use of protection during sex relates to the level of concern about HIV infection. Perhaps because of the limited availability of HIV-associated treatments in Mexico, HIV-negative Mexican immigrant gay and bisexual men generally express much more concern about the consequences of acquiring the virus than their U.S.-born counterparts. For instance, Valentín (age 27, from Tabasco) had a steady partner in San Diego, but was tempted to have sex with a man he met on the street when he was coming back from a dance club, where his boyfriend had left him. Valentin said:

But fortunately we didn’t do anything, mostly because of my fear … I’ve seen the statistics of sick people in San Diego, they’re high. And not just with HIV, but with a never-ending list of diseases... So, because of my fear, and respect for my [boyfriend], I ended up telling him no, telling him to
get away. And the next day I talked to my [boyfriend]. I told him he should stay with me when I have drunk alcohol; that he should not leave me alone when I could fail.

Among Mexican immigrant men, such expressions of concern and fear about HIV are common. They use expressions such as “I was afraid of HIV,” and “I am scared of AIDS.” However, when they were living in Mexico, some of them chose to distance themselves from this fear of AIDS by rationalizing that the disease could not happen to them. They did so by thinking that AIDS affected only men who were different from them in terms of social class, degree of effeminacy, or ethnic features.*

In richer countries such as the United States, the literature on gay men has detected a decreasing concern about AIDS and has related it to notions of what scholars have called “treatment optimism.” This term relates to the idea that because treatments are more readily available in richer countries, many gay men now see AIDS as a chronic, manageable condition. This reduced sense of concern about HIV infection is expressed here by Keith (a U.S.-born, Latino man from California, age 34), who is HIV negative:

I know that it’s a manageable disease, it’s no longer a terminal disease, it’s not a death sentence. It’s still not a health condition you want, but if you do end up getting it, life is a little more manageable.

Other HIV-negative, U.S.-born men talk about not being afraid of acquiring HIV, or about accepting the possibility of infection. In one case, Dustin even spoke about being the only one in his social circle who did not have HIV. Dustin (age 43, from California) said:

I guess I didn’t care if I got it or not. I just wanted to know if I did [in order] to start my medications. ... I probably [was] trying to become part of the group.

Dustin later explained that his partner and most of his partner’s friends were HIV positive. “I was one of the few that didn’t have it. It’s kind of, I don’t know if this was my thinking but I probably didn’t care if I got it, ’cause then I’d be one of the in-crowd, or one of the crowd.”

Not all HIV-negative, U.S.-born men in Trayectos agreed, however. Some report becoming scared after specific sexual encounters, after having sex with a man who turned out to be HIV positive, or while awaiting HIV test results. Their concern emerged after possibly being exposed to HIV.

But certainly some are concerned more generally about acquiring HIV. Both HIV-negative Mexican immigrant men and some of the U.S.-born men who are generally concerned about HIV talk about using protection consistently in order to alleviate their concern. Other U.S.-born men, however, also use a strategy that does not emerge among Mexican immigrant men. For them the solution is to make sure that they do not have sex with any HIV-positive men, which leads them into placing a stronger emphasis on serosorting.

Finally, some Mexican immigrant men such as Valentín, quoted above, express a level of fear about HIV that might become paralyzing and thus also counterproductive in terms of one’s sexual life. Nevertheless, they rely on this concern about HIV to remind themselves that they must bring to sexual encounters a strong awareness about the need for protection. The difficulty is that, upon arrival in the United States, Mexican immigrant men are

* Some of these men tended to assume that men who were darker skin or who looked more “indigenous” were the ones susceptible to HIV infection.
also entering contexts in which sexual partners may be thinking differently about the severity of the risk of HIV transmission. This disparity, compounded by ideas about individual responsibility that we discussed before, may create vulnerabilities for immigrant men in the new contexts in which they are interacting sexually with men in the United States. Their participation in such contexts that may be new or unfamiliar to them is the topic of the next sections.

Casual Sex and HIV Risk

In addition to differences in expectations such as the ones described in the previous sections, upon arrival in the United States, Mexican gay and bisexual immigrant men often enter sexual contexts and situations that are new to them. For instance, many of them are not aware of the existence of gay bathhouses. Gay bathhouses constitute socially-safe spaces where casual sexual encounters among men are greatly facilitated. In Mexico the closest equivalent are certain steam baths that gay men know to tolerate underground sexual activity between men (although there are some venues equivalent to the gay bathhouses in the large cities). There is a strong qualitative difference between these two kinds of spaces, however, particularly in relation to the institutional sanctioning of gay sexuality.

Immigrant men talk about the allure of these gay bathhouses and their experiences about discovering them. But, in discussing unprotected sexual encounters that take place within them, their narratives suggest that their ability to use protection is sometimes compromised by a combination of intensified desire, lack of understanding of the rules of the game in the space, and absence of an ability to make safer sex measures consistent with the etiquette that governs interactions in that space.

For some Mexican immigrant men, the boldness, openness, and highly impersonal nature of the sex that takes place in American gay bathhouses is very surprising. For example, Hernán, a 32-year-old from Tijuana who is HIV positive, spoke of a sexual encounter that took place one of the first times that he went to a bathhouse. He strongly suspects that it was during this encounter that he acquired syphilis. He had drunk alcohol that night, and in the bathhouse he had the opportunity to have sex with a white American man whom he found extremely attractive. Hernán felt that the partner’s attractiveness, and the fact that the place was very dark, contributed to his not realizing until later that during sex that the partner was not using a condom. Feeling that they had reached a point of no return, he didn’t stop the interaction. Hernán said:

“He looked good. He was handsome. After I gave him oral sex he penetrated me. He didn’t put on a condom. I didn’t say anything. I thought it was fine; that he was fine ... He came inside of me. ...”

When asked later if he thought about using a condom, he responded “No,” and explained: “He was handsome. However, I don’t stop using condoms just because a man is handsome. I always use them. That day I was careless. The truth is that I don’t know what I was thinking, because I used to use condoms even with my boyfriend.”

We collected similar narratives about participation in unprotected sex within other gay spaces that often are new to Mexican immigrant gay men, including sex arranged through the Internet, private sex parties, and sex with men who were deemed extremely attractive or exotic due to their being non-Latino. Mexican gay and bisexual
immigrant men often are attracted to other Mexican/Latino men. But some express a particularly strong attraction to white men or to African American men. And, like Hernán above, in situations in which they are having sex with a man whom they find particularly attractive—due to his race or other reasons—sometimes they find themselves unable to use condoms.

Cuauhtémoc (age 42, from Guanajuato) is a bisexual man, married to a woman in Mexico, who usually protects himself in sexual encounters with men. While in the United States, however, he has experienced HIV risk during encounters with African American men, to whom he is especially attracted. For him sex with men who are racially different from him seems to severely destabilize his ability to use protection. In one of those encounters, Cuauhtémoc, who normally was the one who penetrated, was penetrated by a young African American man without a condom. Cuauhtémoc explained: “This young guy didn’t have a condom. And I didn’t have condoms [either]. I was quite aroused with him—very beautiful body, very nice way of touching me. He penetrated me without a condom...” Cuauhtémoc had asked the partner to use a condom.

In the context of cross-cultural or interracial casual sexual encounters, Mexican immigrant gay and bisexual men like Cuauhtémoc and Hernán not only are extremely aroused due to the attraction for someone who looks different from them, but at the same time are learning the ropes of how casual sexual encounters are orchestrated within U.S. gay communities. With limited language skills, and in light of contrasting expectations about how sexual encounters are carried out, immigrant men sometimes find themselves at a disadvantage in relation to protection against HIV.

Trust, Intimacy, Love, and HIV Risk

Bathhouses and other venues that facilitate casual sexual encounters are not the only contexts that may be new to Mexican gay and bisexual immigrant men upon arrival in the United States. A number of them never had romantic or steady relationships with men while in Mexico. And many seek such experiences while in the United States. Some in fact were motivated to move to the United States in order to follow a U.S.-born man whom they had met in Mexico.

Some immigrant men report that when initiating relationships with men while in the United States they sometimes discard condoms even during the first sexual encounter and before knowing any objective information about their partner’s HIV status or previous risk for HIV. Clearly this is not the case for everyone, as several men use condoms consistently in love relationships or decide to discard condoms later, only after they have obtained the information that they need to make the decision, have made agreements about monogamy or rules regarding sex with outside partners, have been tested together for HIV, and have acquired a strong sense of trust in each other. Once condoms get discarded, however, often couples never use them again, even if situations later arise that could generate HIV risk, in part because asking for condoms in relationships where they are no longer being used appears either to signal mistrust of one’s partner or to acknowledge that one has violated the agreed-upon rules.
The connection between discarding condoms and trust has been noted in the literature for various populations. In fact, feelings of trust and intimacy seem to be at the core of why condoms are discarded in the first place, even in situations in which sexual partners have not exchanged information that would allow them to make a sound decision. The logic goes as follows: condoms come to be perceived as incompatible with the development of trust and intimacy in the relationship, but at the same time obtaining the information needed to assess the risk of discarding condoms also is seen as incompatible with trust and intimacy. This logic leaves partners in an informational void as they plow forward and decide that condoms are not needed.

Leopoldo (36, born in Mexico City and raised in Sonora) was having sex with a younger partner for the first time and they did not use condoms. Leopoldo said:

_We started doing everything and got to the point of penetration and the truth is that first I didn’t have a condom handy ... And second I didn’t think about it. I did think about it but I didn’t care in that moment. I thought, “Well, he has more risks than I do.” Because normally the one who has more risk is the one being penetrated ... And I knew him from before, several months before, and I knew more or less what was going on with his life. ... But in any case I did not ejaculate inside. Although that’s no justification, as I know all the theories._

Leopoldo adds that he would never have unprotected sex with a casual partner (so he probably was seeing this man with a relationship in mind). A couple days after the encounter, they talked and decided to go out as a couple, and Leopoldo decided to ask his partner if he typically had sex without condoms. The partner responded that this was the first time that he had been penetrated, and that previously he had penetrated two other men, one with a condom and one without.

Leopoldo managed to ask his partner for more information (although it is unclear if they discussed their HIV status), but that does not always happen. Sometimes asking for additional information on HIV status or risk is seen as incompatible with the need to establish trust within the relationship. If a man wants to believe that a partner is trustworthy, he also needs to believe that this man would not do anything harmful even when they had not discussed their HIV status or previous risk. The dangers of such perception may be compounded by the assumption that the partner’s risk must be low because he seems clean or not promiscuous (an assumption that Leopoldo also made about his young partner). Asking questions about HIV status or past sexual history could be read as a sign of mistrust.

Assumptions about a partner’s HIV status or risk can be incorrect. While living in Tijuana, Aurelio, who was 26, initiated a relationship with an U.S.-born Mexican American man who lived in San Diego. The partner had never been tested for HIV, but they did not use condoms from the beginning. Aurelio always was the receptive partner during anal sex. Two years after being together the partner became sick and was diagnosed with AIDS. Aurelio said:

_I lived two years without protection. ... And I had always taken care of myself. ... With him, because he was my partner, I never did ... and then he turned out to be positive and I thought I would be positive too. I tested and the result was negative. I tested again and I am still negative. So now we are using protection._
Although partners who initially do not disclose their HIV status tend to disclose it later in the relationship, not everyone is capable of doing so. For instance, Fabián (a 46-year-old from Veracruz), had unprotected anal sex with a new partner in San Diego the first time they had sex, but then decided he needed to ask him to use condoms, primarily because Fabián was HIV positive. His partner was a Mexican immigrant whose wife and children lived in Mexico. After their first sexual encounter, in which the partner refused to use a condom, Fabián insisted on condom use: “I explained to him. We need to use it for you and for me. We never know.” They managed successfully to shift from initial unprotected sex to condom use, but Fabián was never capable of telling him that he was HIV positive. Eventually the partner decided to go back to Mexico, and during a visit Fabián had sex with him again. In his interview Fabián admitted that to this day he wondered about his partner’s HIV status, given that they had unprotected sex that first time.

Among immigrant men who never had romantic or steady relationships with a man while living in Mexico, gay relationships are very new, and in this new context such men easily become vulnerable to HIV risk. Some of the immigrant men who found risk in relationships in the United States had believed, while living in Mexico, that a romantic relationship between two men was impossible. Some felt that a romantic relationship with a man would make it difficult for them to conceal their homosexuality from their families or at work. Another reason is that the non-gay identified partners of some men maintain strict rules of sexual interaction. As previously mentioned, they allow no kissing, they don’t touch their partners’ bodies, and they insist on seeing their sexual encounters as just sex.

Upon arrival in the United States some Mexican gay and bisexual immigrant men thus have had no experience dealing with the complex dynamics of love relationships between men. They may find themselves learning the ropes of how to make relationships work, in a foreign country, without speaking the language, at the same time that they need to pay close attention to avoiding HIV. This may be too much to handle at once. In this context, we must also consider cultural, economic, social class, and ethnic/racial differences, as well as the frequently marginalized status of Mexican immigrants in the United States. All these issues may result in differences in power between partners and limit the ability of immigrant men to stay protected against HIV.

Next Steps: Addressing Contextual Challenges

Two main issues emerge from the data that we have presented here. The first is that the HIV risk that Mexican gay and bisexual immigrant men experience in U.S. cities such as San Diego is related to their participation in new social and sexual contexts that were previously unfamiliar to them. Contrary to what is commonly assumed about why individual people are unable to use protection against HIV transmission, the factors that come into view in Trayectos are for the most part contextual and situational.

Despite what the public health and psychological literature on HIV may suggest, these men do not have substantial deficiencies in terms of knowledge about HIV transmission, condom use skills, or attitudes and motivations to reduce their HIV risk. When talking about their experiences, mostly they also do not connect their unprotected sexual encounters to psychological issues, low self-esteem, or depression.
Their narratives of unprotected sex reveal that, frequently, combinations of the following occur. Sometimes they do not know the rules of the game that prevail in sexual contexts that are new or unfamiliar to them. Sometimes they fear rejection from an attractive partner who is not asking for a condom. Sometimes their own sexual arousal and the fragility of a sexual moment that they and their partners are carefully constructing make it hard for them to bring up the topic of condoms at the right moment. In some situations expectations of trust and intimacy appear incompatible with condoms, and in others the “heat of the moment” tramples all good intentions of using protection.

A combination of these various issues can make it hard to think about condoms or emphasize using one, even in situations in which a condom might be readily available.

If we think about it, these factors are not exclusive to immigrant gay men. Indeed, the list in the previous paragraphs reflects how sex happens for many people. In part, the verbal silences that often accompany sex are related to expectations about bodily communication, spontaneity, and surrender to the moment that makes sex for many a special form of human interaction. And therefore we must resist the temptation to address the need for HIV prevention by attempting to turn sex into a kind of rational behavior that strips it from some of the forms of communication that make sex special for many people. Rather than attempting to adapt sex to the rational expectations of public health and behavioral models, we would argue that we need to find ways of aligning public health measures to correspond with the realities of how people have sex and what sex means to them.

A second issue also becomes evident in our data. The kinds of contexts and situations in which Mexican immigrant gay men encounter HIV risk in the United States are not random. They are connected to their forms of incorporation into U.S. society and into U.S. gay communities. But such forms of incorporation depend on immigrants’ life experiences before migrating to the United States. In other words, in order to explain how HIV risk is produced among Mexican gay and bisexual immigrant men in the United States, we must pay attention to where these men started, how they experienced same-sex desires while living in Mexico, and how those experiences flavor their cultural understandings and expectations.

Although the importance of considering what immigrants experience in their lives before migrating may seem quite obvious, most of the literature on health risks among Latino/a immigrants pays attention only to immigrants’ lives in the United States. Their lives in their places of origin often do not figure in analyses of their health risks in the United States.
Based on the data that we have presented here, we offer the following specific recommendations:

1. Before we can reduce HIV risk among Mexican immigrant populations, we must first **acknowledge sexual diversity** and attend to the particular contextual issues that produce vulnerabilities to HIV among gay and bisexual immigrant men.

2. We must not assume that all immigrant men leave countries such as Mexico exclusively for economic reasons. In designing HIV prevention programs for gay and bisexual immigrant men, **sexual motivations for migration must be considered.**

3. **HIV prevention programs must conceive of individuals as embedded within the social and sexual contexts** that may result in HIV risk. We should avoid seeing individuals as detached from interpersonal, contextual, or situational influences.

4. Programs focusing on Mexican gay and bisexual immigrant men should **support their individual and collective efforts** to envision, from the ground up, strategies that may allow them to enter new sexual contexts while also using the resources they possess in order to reduce their HIV risk.

5. This work includes encouraging immigrant gay and bisexual men to reflect about their sexual lives in Mexico and the United States, and help them answer questions about **what has changed for them and what has stayed the same** after migration. It also should involve discussion about how various contexts of sex and romance between men in the United States generally work. These efforts would also benefit from direct dialogue between immigrant and non-immigrant gay and bisexual men.

6. HIV prevention programs for gay men, particularly in areas of the United States that have a large presence of Mexican immigrant men, should **consider the cultural assets** that these men may bring to gay communities—for instance, how cultural expectations about looking out for sexual partners could help counter individualistic expectations in U.S. contexts.

In other words, consideration should be given to what HIV prevention programs for gay men in general can learn from the experiences of immigrant men.75, 76

7. With a focus on individuals as embedded in sexual contexts, programs should **explore how immigrant gay and bisexual men can participate more thoroughly in redefining the sexual contexts** in which they interact (and not just be subject to the existing rules of the game in those contexts). In other words, programs should ask questions about how immigrant men can participate in the reconstruction of the sexual landscapes that they are encountering as a result of migration.

8. **There is a need for open discussion about vulnerabilities** that result from the disadvantaged position of Mexican immigrants, including Mexican LGBT immigrants, within U.S. society. This discussion may lead to addressing issues related to prejudice and discrimination according to sexual orientation, gender identity, social class, and race/ethnicity.46

9. HIV prevention programs for Mexican gay and bisexual immigrant men must aim at **linking vulnerabilities to HIV to larger policy issues**, such as the inequalities that stem from current immigration policy and laws that pertain to the rights of LGBT people in the United States.77 This may also mean promoting greater awareness about LGBT issues in the immigration rights movement and about immigrant rights in the LGBT movement.

Pioneering HIV prevention programs for Latino and immigrant men have begun to do work that is consistent to some degree with these recommendations, and our thinking has been informed by their efforts.60, 78-80 But we strongly believe that more work can be done to address the contextual and situational aspects of HIV risk among immigrant gay and bisexual men. We believe that the findings and analysis presented in this monograph can prove useful in thinking about new strategies that may help reduce the risk of HIV transmission in immigrant gay and bisexual populations.
References


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