BILOVE IN THE TIMES OF CHOLERA:
FROM EMOTIONS AROUND BISEX TO THE IMPACTS OF FAMILY AND STRUCTURAL STRESSORS AMONG LATINO BISEXUAL YOUNG AND ADULT MEN

A PRESENTATION SPONSORED BY THE CENTER FOR SEXUAL HEALTH PROMOTION, INDIANA UNIVERSITY

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Bisexual Health IU Seminar Series
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Men’s trajectories offer the opportunity to reconfigure masculinity

“Oye... crecer duele” (Hey, growing up is painful), Pirulo said after leaving the carrizal (plantation)

Why studying young and adult men?

René Marqués (1919–1979)

La Víspera del Hombre (novel, 1959).

Also author of the plays: “Juan Bobo and the Lady of the Occident;” “La Carreta” (The Oxcart)
Why studying young and adult men?:
the public health problem

High, excess:
- Injuries and traffic accidents
- Diabetes and cardiac disease
- Alcohol abuse problems
- Drug abuse (cocaine, heroin)
- Untreated STIs, Hepatitis C
- Late AIDS diagnosis
- Homicide, suicide
- Early mortality
Why studying bisexuality?
because of Unfair (Unequal) Gaps in Knowledge

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs</th>
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<tbody>
<tr>
<td>Epidemic panic frameworks</td>
<td>→ bi/minority people as contagion</td>
</tr>
<tr>
<td>Medicalization of women’s bodies</td>
<td>→ sexual objectification</td>
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<td></td>
<td>→ feminization of health</td>
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<tr>
<td>Remedicalization/commodification of human experience</td>
<td>→ dehumanization of the sexual experience</td>
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<tr>
<td>Structural sexual silence</td>
<td>→ bi people don’t exist</td>
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<tr>
<td>Resistance to sexual fluidity</td>
<td>→ bi people can’t exist</td>
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Objectives:
By the end of this presentation, I want you to be able to:

1. To have a basic understanding of the diversity and patterns of sexuality of Latino bisexual men.
2. To identify at least one contextual-cultural factor influencing the sexuality and well-being of Latino bisexual men.
3. To identify at least one strengths and stressors in Latino men’s social environments.
Methods

Field team at Columbia University (2009-2012)

J. Garcia, PhD (Analyst, 2011-2013); D. Hernandez, PhD (Field researcher, 2009-2011); J. Hirch, PhD (Co-investigator, 2009-2012); A. Perry (P. Director and Data Manager, 2009-2011); R. Parker, PhD (Co-investigator, 2009-2013); E. Rivera-Colon, PhD (Field researcher, 2009-2011); K. Siegel, PhD (Co-investigator, 2009-2010); R. Smith, PhD (Dissemination, 2012-2013); P. Wilson, PhD (Co-investigator, 2009-2013)

Field team at Temple University (2012-2014)

Primary research questions

- What are the characteristics of sexual markets of bisexual men?
- What are the gender and labor determinants of bisexual men’s health risks?

The above RQs are grounded on the following bodies of literature:
- Subordinate masculinities (Connell, 2000)
- Sex market theory (Laumman et. al., 2001)
sex market theory
Eligibility criteria

- **Latino ancestry** (Birthplace Latin America; or, Parents birthplace, at least one parent; or, Grandparents (at least one set))
- **Bisexual history** (matrix according to age)
- **Bisexually active** (at least one sexual encounter of any type leading to sexual release of self with a biological female and biological male in the past 8 weeks)
- Age: 18 to 49
- HIV negative or unknown
- Non-injecting drug users
- Biological male and not in the process of gender transition
- Resident of one of the target neighborhoods
- Able to consent

- **Non-requirements:**
  - Language (English, Spanish, Portuguese)
  - Bisexual identity
Screening interview domains: 

*Latino men’s health study*

- Frequency of health and risk behaviors in the past 2 months (e.g., Fruit/vegetable intake, Exercise, Meditation, Alcohol use, Tobacco smoking, Sexual activity and general sexual function)

- Check list of health conditions (Have a doctor or a health provider told you that you had... e.g., asthma, back problems, prostate cancer, Hep C, HIV)

- Background demographic factors
Recruitment strategies

1. We designed a recruitment card with our phone number, electronic mail, and website contact information. (The card was intended to recruit both self-identified and non-self-identified bisexual Latino men to participate on a study on male sexuality.)

2. The card was distributed to all individuals present in recruitment sites, with permission from the establishments or agencies, with mini-posters and cards left for potential participants.
Recruitment strategies (2)

3. A version of the card was posted on two types of Internet sites: those geared towards Latino men cruising for sex with other men and those oriented towards self-identifying bisexual Latino men.

4. Interested participants had the option of calling via phone, emailing the study recruiter, or visiting the recruitment Internet page of the study.
Data collection methods

- Component 1: Bisexual sex markets
  - Key informant interviews (n=20)
  - Field observations of bars and nightclubs
  - Latino
  - Gay, bisexual
  - Analysis of sexual partnering stories (Component 2)

- Component 2: Bisexual histories
  - First sex
  - Sexual trajectories
  - Family
  - Participation in labor force
  - Participation in sexual markers
  - Sexual partnering stories
  - Risk management
### Data collection methods (2):
#### Component 3: Computer-based questionnaire

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<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Labor Market Participation</td>
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<tr>
<td>2</td>
<td>Familism</td>
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<td>3</td>
<td>Machismo/Hypermasculinity</td>
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<td>4</td>
<td>Adult Romantic Attachment</td>
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<td>5</td>
<td>Men’s Coping Strategies</td>
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<td></td>
<td>(Adapted Brief COPE scale)</td>
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<td>6</td>
<td>Sexual Risk</td>
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<td>7</td>
<td>STI History</td>
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<td>8</td>
<td>Pregnancy History</td>
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<td>Pregnancy Intentions</td>
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<td>Childhood Sexual Experiences</td>
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<td>Sexual Partner Characteristics</td>
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<td>Condom Self-Efficacy</td>
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<td>13</td>
<td>Sexual Sensation Seeking</td>
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<td>14</td>
<td>Gender Ideology</td>
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<td>15</td>
<td>Homosexual Comfort</td>
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<td>16</td>
<td>Views about Sexuality &amp;</td>
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<td></td>
<td>Homosexuality</td>
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<td>17</td>
<td>Negative Experiences</td>
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<td>18</td>
<td>Brief Symptom Inventory</td>
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<td>19</td>
<td>Perceived Stress Scale</td>
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<td>20</td>
<td>AMORE</td>
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<td>21</td>
<td>UCLA Loneliness Scale</td>
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<tr>
<td>22</td>
<td>Acculturation (SASHA Brief Scale)</td>
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<tr>
<td>23</td>
<td>Drug History</td>
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<tr>
<td>24</td>
<td>Santa Clara’s Strength of Religious Faith Scale</td>
</tr>
</tbody>
</table>
Analytical strategies for this presentation

- Descriptive statistics:
  - Distributions and frequencies (Percent, Means, SD)
  - Histograms (Raw distributions)
  - Logarithm of distributions (Illustrate trends)
  - Hierarchical mean scores (Order priorities)

- Bivariate or multivariate analyses:
  - Pearson correlations (r)
  - Logistic regression modeling adjusting for age (Adjusted Odds Ratios, AOR, 95% Confidence Interval*)

* For logistic regression modeling the outcome variable is dichotomous (e.g., having or not smoke last night; whether or not the person met girlfriend for the first time in his neighborhood)

* If an AOR confidence interval crosses “1.0,” the finding is likely due to chance, thus not statistically significant
RESULTS
Demographics and Social-Cultural Context
Demographic indicators

- Age (Average): 32.9
- PR or foreign born (%): 65.5
- Education: HS/GED or 1-4 yrs college (%): 66.5
- Self-bisexual identity: 72
- Employed past 4 months (%): 89.2
- Income: < USD 14,999 (%): 53.1
- Health insurance coverage (%): 37.7
Think of this ladder as representing where people stand in the United States.

At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please place a large “X” on the rung where you think you stand at this time in your life, relative to other people in the United States.
SES difference between Parents and Self (SES latter steps)
Reproductive health profile

- 60.8% had impregnated at least one woman (n=90)
- 10.8% are currently married to a woman

- 29.1% currently have children in (or outside) their household
- Average # of children: 2.02 (Range: 1 to 5; Mode: 1)
Reproductive health profile (2)

In the past 4 months period, men (or partners) have used at some point:

- 87.9% condoms to prevent pregnancy
- 39.5% female oral contraceptive pills or other contraceptive method
- 28.7% withdrew (ejaculated outside vagina)
- 30.3% nothing (female not in any contraceptive method)
- 16.9% nothing/didn’t know whether partner was using contraceptives
Cultural context: Acculturation
Cultural Context:
Hypermasculinity, Familism & Religiosity
(standardized scale distributions)
Negative experiences because of race/ethnicity  
("Only those with highest score = Many times")

As an adult, how often have you been harassed by police because of your race or ethnicity?  
13.7%

How often have you been turned down for a job because of your race or ethnicity?  
14.6%

How often have you been made to feel uncomfortable in a white bar or club because of your race or ethnicity?  
16.1%

As you were growing up, how often were you made fun of or called names because of your race or ethnicity?  
27.7%

As an adult, how often have you been treated rudely or unfairly because of your race or ethnicity?  
28.4%

In sexual relationships, how often do you find that men pay more attention to your race or ethnicity than to who you are as a person?  
39.6%
As you were growing up, how often did you hear that homosexuals or bisexuals are not normal?

As an adult, how often have you had to pretend that you’re straight in order to be accepted?

As you were growing up, how often did you feel that you sexuality with other men hurt and embarrassed your family?

As you were growing up, how often did you hear that homosexuals/bisexuals will be alone when they grow old?

As you were growing up, how often were you made fun of or called names for being bisexual or effeminate?

As an adult, how often have you been made fun of or called names for being bisexual or effeminate?

As an adult, how often have you had to move away from friends or family because of your sexuality?
Sex
Sexual Partner Configurations

- Non trans partners in sexual network past 6 months (%): 69.1%
- Transgendered (MTF; FTM) within sexual network as casual or steady partners (%): 30.9%
- Only casual partners (%): 11.3%
- Two steady partners (cis man + cis woman) (%): 23.9%
- One steady partner plus casual (%): 64.8%
Contrary to our hypothesis

<table>
<thead>
<tr>
<th>Within Neighborhood</th>
<th>Outside neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referent: Steady female partner</td>
<td>• Transgendered partners</td>
</tr>
<tr>
<td>• Steady male partners</td>
<td></td>
</tr>
<tr>
<td>• Casual male partners</td>
<td></td>
</tr>
<tr>
<td>• Casual female partners</td>
<td></td>
</tr>
<tr>
<td>AOR = 5.57, 95% CI 1.61-18.46</td>
<td></td>
</tr>
</tbody>
</table>

But remember the population in one of our research participant neighborhood is equivalent to the size of cities:

• Neighborhood 1 – Population: 204,900 (compare to Salt Lake City 191,180)
• Neighborhood 2 – Population: 227,479 (compare to Des Moines 207,510)
• Bronx borough – Population: 1,419,000 (compare to the combined populations of San Francisco + New Orleans + Cincinnati)
Four regression models

1. Equation 1: Likelihood of meeting partners in a formal space
2. Equation 2: Likelihood of meeting partners online (not introduced by someone)
3. Equation 3: Likelihood of meeting partners through their kinship and friendship social networks
4. Equation 4: Likelihood of their last sexual encounter (within the past two months) to be outside the home of the participant or sexual partner.
Four regression models

1. The likelihood of meeting gender-specific partners in a formal space (workplace, school/university, and/or church);
2. The likelihood of meeting gender-specific partners online (not introduced by someone, but through website chatting or online dating);
3. The likelihood of meeting gender-specific partners through their kinship and friendship social networks; and
4. The likelihood of their last sexual encounter (in the past two months) to be outside the home of the participant or sexual partner (e.g., bar, park, bathroom, car, hotel).

Not true for male or trans partners.
Likelihood of meeting female partners through formal spaces (e.g. work) or kinship/close social networks (e.g., friends, family) vs. informal spaces (e.g., bars) or dating sites

Logistic regression adjusted odds ratios, AOR, 95% Confidence Intervals (n=148)
### Place of last sex of any kind

<table>
<thead>
<tr>
<th>Home (self or partner’s)</th>
<th>Informal spaces (park, hotels, …)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Steady partners/Casual partners</td>
<td>• Male/Female/Trans</td>
</tr>
<tr>
<td>• Male/Female/Trans</td>
<td></td>
</tr>
</tbody>
</table>

AOR = 1.27, 95% CI 1.04-3.38

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Our bi men are heteronormative with women but not with men or trans partners
Sexual behaviors prior 2 months
(PP = primary sex partner; CP = casual partners)

- Oral sex active with PP: 89.9%
- Oral sex receptive with PP: 91.9%
- Oral sex (active/receptive) with CP: 87.2%
- Vaginal intercourse with PP: 81.8%
- Vaginal intercourse with CP: 70.2%
- Anal intercourse (insertive/receptive) with CP: 84.3%
- Anal intercourse receptive with PP: 90.1%
- Anal intercourse insertive with PP: 90.1%
- Anal intercourse (insertive/receptive) with CP: 91.9%
- Oral sex active with PP: 89.9%
Sexual health indicators past 2 months (%)

- Anal intercourse receptive with male partner: 48.6%
- Anal intercourse insertive with male partner: 43.2%
- Vaginal/anal intercourse with female partner: 53.4%
- Drinking alcohol + anal sexual encounters with male partners: 37.2%
- Drug use + anal sexual encounters with male partners: 44.6%
- Drinking alcohol + sexual encounters with male partners: 40.5%
- Drug use + sexual encounters with male partners: 43.9%
- Drug use + sexual encounters with female partners: 14.9%

Legend:
- Red: At least one unprotected sexual encounter
- Blue: Always consistent condom use
Graph 2. Likelihood of sexual risk exposure while drinking alcohol right before sex in the past 30 days among men (MSMW), formerly incarcerated Latino men (FILM), Latino migrant workers (MWORK), Adjusted Odds Ratios (AOR), 95% Confidence Intervals
MOTIVATIONS

• Total scoring of subscales (e.g., procreation, pleasure); CA > .83 for each subscale
• Examples of items for each subscale with the % of who scored the highest per item

For each statement, indicate how true or characteristic each statement is for you, personally (1 = not true at all; 5 = completely true)

Example: I find it extremely exciting to be playful when I express myself sexually
Procreation (Rank: 7th)
Often while I am engaging in sex or fantasy, the idea that children might result from our sexual behavior is extremely arousing.

I especially enjoy sex when my partner and I are trying to have a baby.

One of the main reasons I am interested in sex is for the purpose of having children.
Procreation (Rank: 7th)

Experiencing Man's Power (Rank: 6th)

Experiencing Woman's Power (Rank: 5th)
Sexual activities and fantasies are most stimulating when my ______ partner seems extremely self assured and demanding during sex.

I find it very exciting when my ______ partner becomes very demanding and urgent during sex and sexual fantasy, as if he or she needs to possess me completely.

I often find it a real turn-on when my _____ partner takes charge and becomes authoritative during sexual activity or fantasy.
Relief from Stress (Rank: 4th)
Experiencing Woman’s Power (Rank: 5th)
Experiencing Man's Power (Rank: 6th)
Procreation (Rank: 7th)
Thinking about sex or engaging in sexual behavior can frequently be a source of relief from stress and pressure for me. 50.7%

I often feel like fantasizing about sex or expressing myself sexually when life isn’t going very well and I want to feel better about myself. 35.4%

Many times when I am feeling unhappy or depressed, thinking about sex or engaging in sexual activity will make me feel better. 54.2%
Power Enhancement (Rank: 3rd)

Relief from Stress (Rank: 4th)

Experiencing Woman's Power (Rank: 5th)

Experiencing Man's Power (Rank: 6th)

Procreation (Rank: 7th)
Often the sense of power that I have over my sexual partner can be extremely exhilarating. 45.1%

Expressing myself sexually generally makes me feel personally strong and in control of things. 45.2%

One of the most exciting aspects of sex is the sense of power I feel in controlling the sexual pleasure and stimulation my partner experiences. 49.3%
Often when my partner is feeling down on life or is unhappy about something, I like to try to make him or her feel better by sharing intimacy together sexually.

I enjoy having sex most intensely when I know that it will lift my partner’s spirits and improve his or her outlook on life.

Often the most pleasurable sex I have is when it helps my partner forget about his or her problems and enjoy life a little more.
Pleasure (Rank: 1st)
Nurturance (Rank: 2nd)
Power Enhancement (Rank: 3rd)
Relief from Stress (Rank: 4th)
Experiencing Woman’s Power (Rank: 5th)
Experiencing Man’s Power (Rank: 6th)
Procreation (Rank: 7th)
Pleasure (3 of 5 items)

The sensations of physical pleasure and release are major reasons that sexual activity and fantasy are so important to me.

In many ways, I think engaging in sex and sexual fantasy are some of the most exciting and satisfying activities I can experience.

I find it extremely exciting to be playful and to have fun when I am expressing myself sexually.
Pleasure (Rank: 1st)

Nurturance (Rank: 2nd)

Power Enhancement (Rank: 3rd)

Stress (Rank: 4th)

Procreation (Rank: 7th)

Experiencing Woman's Power (Rank: 5th)

Experiencing Man's Power (Rank: 6th)
Attraction and closeness
Attraction towards last “X” partner in the past 4 months (highest score = very attracted; %s)
Emotional closeness towards last “X” partner in the past 4 months (highest score = very close; %s)

- Female regular (last): 20.5
- Male regular (last): 9.1
- MTF regular (last): 7.7
- Male casual (last): 6.3
- Female casual (last): 4
- FTM regular (last)
- FTM casual (last)
- MTF casual (last)
Structural risk: Occupation
Influence of workplace for Latino bisexual men

- Type: Hospitality/Entertainment (ref: other types)
- Type: Retail/Sales/services (ref: other types)
- Type: Manual labor (ref: other types)

Unprotected Vaginal/Anal (male/female) prior 2 months
Table 1. Likelihood of unprotected vaginal intercourse in combination with alcohol use over the past 2 months by type of occupation among bisexual Latino men (n=148; Adjusted Odds Ratios, AOR)

<table>
<thead>
<tr>
<th>Model 1 (N=148)</th>
<th>Model 2 (N=148)</th>
<th>Model 3 (N=148)</th>
<th>Model 4 (N=148)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AOR (95% CI)</strong></td>
<td><strong>AOR (95% CI)</strong></td>
<td><strong>AOR (95% CI)</strong></td>
<td><strong>AOR (95% CI)</strong></td>
</tr>
<tr>
<td>Hospitality Industry</td>
<td><strong>2.39</strong>*</td>
<td><strong>2.46</strong>*</td>
<td>---</td>
</tr>
<tr>
<td>(Reference: Not in hospitality/informal economy)</td>
<td>(1.01-5.78)</td>
<td>(1.01-5.99)</td>
<td>---</td>
</tr>
<tr>
<td>Sales, Retail Industry</td>
<td>---</td>
<td>---</td>
<td><strong>0.32</strong>*</td>
</tr>
<tr>
<td>(Reference: Not in sales, retail industry)</td>
<td></td>
<td></td>
<td>(0.12-0.86)</td>
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<tr>
<td>Education Completed (years)</td>
<td>---</td>
<td>0.90</td>
<td>0.95</td>
</tr>
<tr>
<td>Age (years)</td>
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<td>(0.75-1.09)</td>
<td>(0.79-1.16)</td>
</tr>
<tr>
<td><strong>Model Significance</strong></td>
<td><strong>Chi-square=4.09; Nagelkerke R²=.06</strong>*</td>
<td><strong>Chi-square=5.05; Nagelkerke R²=.08</strong>*</td>
<td><strong>Chi-square=5.58; Nagelkerke R²=.08</strong>*</td>
</tr>
</tbody>
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*Significant at p < 0.05
Stressors and situational risks

- Stress and anxiety
- Family environment vs. Work environment
Table 2: Multivariate Linear Regressions of Family and Work Factors on Perceived Stress

<table>
<thead>
<tr>
<th>Family Factors</th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
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</thead>
<tbody>
<tr>
<td><strong>Familism (High score = high need for family emotional and social connectedness)</strong></td>
<td>0.19 (0.21)*</td>
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<td>0.19 (0.22)*</td>
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<tr>
<td><strong>Negative coping with family problems (High score = avoidance strategies)</strong></td>
<td>0.24 (0.04)**</td>
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<td>0.24 (0.04)**</td>
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<tr>
<td><strong>Intention to have a child (1 = yes in the within the next year; 0 = no)</strong></td>
<td>0.25 (1.47)**</td>
<td>---</td>
<td>0.25 (1.48)</td>
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<tr>
<td><strong>Marital status with a woman (1 = married; 0 = single)</strong></td>
<td>0.05 (0.02)</td>
<td>---</td>
<td>0.06 (0.03)</td>
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<td><strong>Having one or more children in household (1 = 1 or more; 0 = none)</strong></td>
<td>0.18 (0.36)</td>
<td>---</td>
<td>0.18 (0.34)</td>
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## Work Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Mean</th>
<th>Std. Dev</th>
<th>p</th>
</tr>
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<tbody>
<tr>
<td>Level of commitment to workplace</td>
<td>0.28</td>
<td>0.99</td>
<td>***</td>
</tr>
<tr>
<td>(5 = high; 1 = low)</td>
<td></td>
<td></td>
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<tr>
<td>Level of dissatisfaction with workplace</td>
<td>0.21</td>
<td>0.51</td>
<td>**</td>
</tr>
<tr>
<td>(5 = very dissatisfied; 1 = very satisfied)</td>
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<tr>
<td>Level of recognition of contributions to the workplace</td>
<td>0.11</td>
<td>0.52</td>
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<tr>
<td>(5 = very dissatisfied; 1 = very satisfied)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative coping with work problems</td>
<td>0.29</td>
<td>0.27</td>
<td>***</td>
</tr>
<tr>
<td>(High score = avoidance strategies)</td>
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* p < 0.05, ** p < .01, *** p < 0.001
Graph 2. AORs for Anxiety by Perceived Stress Levels among Bisexual Latino Men (n=148)
Table 3: Multivariate Linear Regressions of Family and Individual Factors on Frequency and Severity of Anxiety Symptoms (BSI, Anxiety Subscale)

<table>
<thead>
<tr>
<th>Model</th>
<th>N</th>
<th>Perceived Stress</th>
<th>Family Factors</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>(N=142)</td>
<td>β (SE)</td>
<td>β (SE)</td>
</tr>
<tr>
<td>Model 1</td>
<td>β (SE)</td>
<td>0.37 (0.02)***</td>
<td>---</td>
</tr>
<tr>
<td>Model 2</td>
<td>β (SE)</td>
<td>---</td>
<td>0.08 (0.01)</td>
</tr>
<tr>
<td>Model 3</td>
<td>β (SE)</td>
<td>---</td>
<td>0.69 (0.01)***</td>
</tr>
</tbody>
</table>

**Family Factors**

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<tr>
<th></th>
<th>β (SE)</th>
<th>β (SE)</th>
<th>β (SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familism (High score = high need for family emotional and social connectedness)</td>
<td>---</td>
<td>0.08 (0.01)</td>
<td>0.13 (0.01)</td>
</tr>
<tr>
<td>Negative coping with family problems (High score = avoidance strategies)</td>
<td>---</td>
<td>0.69 (0.01)***</td>
<td>0.57 (0.01)**</td>
</tr>
<tr>
<td>Intention to have a child (1 = yes in the within the next year; 0 = no)</td>
<td>---</td>
<td>0.01 (0.20)</td>
<td>0.03 (0.22)</td>
</tr>
<tr>
<td>Marital status with a woman (1 = married; 0 = single)</td>
<td>---</td>
<td>0.14 (0.05)</td>
<td>0.12 (0.04)</td>
</tr>
<tr>
<td>Having one or more children in household (1 = 1 or more; 0 = none)</td>
<td>---</td>
<td>0.09 (0.15)</td>
<td>0.09 (0.13)</td>
</tr>
<tr>
<td>Work Factor</td>
<td>---</td>
<td>0.07 (0.12)</td>
<td>0.04 (0.01)</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Level of commitment to workplace</td>
<td>---</td>
<td>0.04 (0.01)</td>
<td></td>
</tr>
<tr>
<td>(5 = high; 1 = low)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of dissatisfaction in workplace</td>
<td>---</td>
<td>0.23 (0.17)*</td>
<td>0.03 (0.11)</td>
</tr>
<tr>
<td>(5 = very dissatisfied; 1 = very satisfied)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of recognition of contribution to workplace</td>
<td>---</td>
<td>0.11 (0.52)</td>
<td>0.15 (0.12)</td>
</tr>
<tr>
<td>(5 = very satisfied; 1 = very satisfied)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative coping with work problems</td>
<td>---</td>
<td>0.30 (0.01)</td>
<td>0.29 (0.02)</td>
</tr>
<tr>
<td>(High score = avoidance strategies)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < 0.05, ** p < .01, *** p < 0.001
Graph 1. AORs for Depression by Perceived Stress Levels among Bisexual Latino Men (n=148)
Table 4: Multivariate Linear Regressions of Family and Work Factors on Frequency and Severity of Depressive Symptoms (BSI, Depression Subscale)

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N=142)</td>
<td>(N=142)</td>
<td>(N=142)</td>
</tr>
<tr>
<td>β</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(SE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Stress</td>
<td>0.29 (0.01)**</td>
<td>--</td>
<td>0.23 (0.01)*</td>
</tr>
</tbody>
</table>

**Family Factors**

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Familism (High score = high need for family emotional and social connectedness)</td>
<td>---</td>
<td>0.01 (0.01)</td>
<td>0.01 (0.01)</td>
</tr>
<tr>
<td>Negative coping with family problems (High score = avoidance strategies)</td>
<td>---</td>
<td>0.59 (0.01)***</td>
<td>0.52 (0.01)***</td>
</tr>
<tr>
<td>Intention to have a child (1 = yes in the within the next year; 0 = no)</td>
<td>---</td>
<td>0.03 (0.18)</td>
<td>0.04 (0.17)</td>
</tr>
<tr>
<td>Marital status with a woman (1 = married; 0 = single)</td>
<td>---</td>
<td>0.03 (0.04)</td>
<td>0.05 (0.04)</td>
</tr>
<tr>
<td>Having one or more children in household (1 = 1 or more; 0 = none)</td>
<td>---</td>
<td>0.02 (0.13)</td>
<td>0.01 (0.13)</td>
</tr>
<tr>
<td>Work Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>Level of commitment to workplace</td>
<td>0.20 (0.16)</td>
<td>0.17 (0.15)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5 = high; 1 = low)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of dissatisfaction with workplace</td>
<td>0.01 (0.09)</td>
<td>0.01 (0.08)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5 = very dissatisfied; 1 = satisfied)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of recognition of contributions to the workplace</td>
<td>0.17 (0.10)</td>
<td>0.16 (0.09)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5 = very dissatisfied; 1 = very satisfied)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative feelings with work problems</td>
<td>0.32 (0.01)</td>
<td>0.34 (0.17)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(High score = avoidance strategies)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < 0.05, ** p < .01, *** p < 0.001
In summary of multivariate models...

#1: Stress + Neg. Coping with Family Problems \(\rightarrow\) DEPRESSION

#2: Stress + Neg. Coping with Family Problems \(\rightarrow\) ANXIETY

#3: Neg. Coping with Family Problems + Familism* + Work stressors (Commitment* + Dissatisfaction+ Neg. Coping) \(\rightarrow\) STRESS

* = These are usually protective factors for heterosexual Latinos but not for this sample
Comparisons:
Bi Latino Men vs. Formerly Incarcerated Latino Men (FILM)

<table>
<thead>
<tr>
<th>Comparison</th>
<th>LBC</th>
<th>FILM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major anxiety (BSI, threshold)</td>
<td>36.5</td>
<td>30.5</td>
</tr>
<tr>
<td>Major depression (BSI threshold)</td>
<td>25.7</td>
<td>26.9</td>
</tr>
<tr>
<td>High loneliness (UCLA loneliness scale)</td>
<td>55.6</td>
<td>41.7</td>
</tr>
</tbody>
</table>
DISCUSSION

a.k.a. This is how the telenovela ends... for now!!
If I want to promote love and healthy relations for bi Latinos in times of challenging contexts...

One has to take a socio-economic rights approach.

*Implies: Addressing structural violence of intersecting sexual minorities, specifically:*

- This is what we know from our data (heuristic model)
- ...
Why love in the Times of Cholera?

**Masculinity**
- Pursue of ideal masculinity
- Situational-myopic risk pathway in response to immediate gains
- Hypermasculinity pathway in reaction to the stigma of sexual and/or ethnic minority

**Structural violence**
- Participation/exclusion in the labor force
- Access to family support
- Access to formal support

**Stigma**
- Every day discrimination
- Micro-aggressions
- Stress from multiple prejudices operating in the absence of resilience and effective social support

**Bio-Behavioral Risks**
- Alcohol + sex
- Drugs + sex
- Immune suppression
- Co-infections (STIs)

**Proximal**
- Anxiety (e.g., GAD)
- Depression (e.g., Episodic/Chronic)
- Alcohol/Drug Use Problems (e.g., AUD)
- Risky sex markets
If I want to promote love and healthy relations for bi Latinos in times of challenging contexts…

One has to take a socio-economic rights approach.

Implies: Addressing structural violence of intersecting sexual minorities, specifically:

- This is what we know from our data (heuristic model)
- Beyond our data (forces to deal with):
  - Global challenges in labor
  - Drug trafficking economies
Force #1: Global transformations in labor force unequal impact for intersecting minorities

- The rise of maximizing profit ideology
- Rise in part-time employment, under employment
- Unprecedented unemployment rates globally
- Economic polarization (and Thirdworldization)
- The rise of the informal global economy
- Dismantling of the welfare state
Force #2 (indirect impact to Latino bi men): Global drug economies (e.g., cocaine)

Source: Cocaine, UNODC World Drug Report 2010
Global drug economies

Suspect Maritime Activity
CY 2007

The majority of movement toward the U.S. is at least a two stage process.

212 Events

155 Events

Suspect Air Activity
CY 2007

CARIB
132 Tracks

Source: Center for International Policy. Colombia Program. April 29, 2008
Heroin

Source: UNODC World Drug Report 2010
Criminalization of labor

Prison population (per 100,000 people)

1984: SENTENCING REFORM ACT (SRA)

1971: RICHARD M. NIXON DECLARES "WAR ON DRUGS"
If I want to promote love and healthy relations for bi Latinos in times of challenging contexts...(2)

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemic panic frameworks</td>
<td>→ bi/minority people as contagion</td>
</tr>
<tr>
<td>Medicalization of women’s bodies</td>
<td>→ sexual objectification</td>
</tr>
<tr>
<td></td>
<td>→ feminization of health</td>
</tr>
<tr>
<td>Remedicalization/commodification of human experience</td>
<td>→ dehumanization of the sexual experience</td>
</tr>
<tr>
<td>Structural sexual silence</td>
<td>→ bi people don’t exist</td>
</tr>
<tr>
<td>Resistance to sexual fluidity</td>
<td>→ bi people can’t exist</td>
</tr>
</tbody>
</table>
Steady (duration)
Relational (depth of association)
Gendered courting (rules for partnering)
Transgressive sex (plurality)
Collectivist (bounded by cultural values)

...as opposed to...
casual
transactional
degenderized courting
stereotyped (penetrator)
individualistic
Why love in the Times of Cholera?
If I want to promote love and healthy relations for bi Latinos in times of challenging contexts…(2)

Taking a socio-economic rights approach will contribute towards reducing health disparities

One has to take a human rights approach

*Implies*: Addressing bisexual stigmatization processes

- Understanding the Latino bisexual experience (from our data)

Beyond our data:

- Re-appropriating (rethinking) current effective interventions (e.g., couples intervention, family interventions)

- Conducting policy relevant research that address intersectionalities of vulnerability

- ...
Yo soy yo y mi circunstancia
I am I and my circumstance
(José Ortega y Gasset, 1914)

**Moderators:** Changing social circumstances (demographic, multiple stigma, neighborhood level bistigma)

**Potential mediators:** Gender dynamics, Resilience, Bisexual identity development, Social support network composition, Binetwork composition

**Potential intersecting outcomes:** (obesity, GAD, anal HPV, cancer): Early screening, symptom recognition, uptake

**Potential system levels outcomes:** Access to care, Provider guidelines

What is next (should be next)? Longitudinal policy relevant research (e.g., Research in dynamic social circumstances)
If I want to promote love and healthy relations for bi Latinos in times of challenging contexts...(2)

Taking a socio-economic rights approach will contribute towards reducing health disparities

One has to take a human rights approach

**Implies:** Addressing bisexual stigmatization processes

- Understanding the Latino bisexual experience (from our data)

Beyond our data:

- Re-appropriating (rethinking) current effective interventions (e.g., couples intervention, family interventions)
- Conducting policy relevant research that address intersectionalities of vulnerability
- Increasing solidarity (e.g., social movement-based initiatives, advocacy and anti-stigma campaigns)
Join the discussion…

- www.latinobicultural.org
- https://www.facebook.com/LatinoBiculturalProject
- https://twitter.com/latinobcproject
Multilevel social mobilization is imperative for social transformation
(ex: Mobilization education for economically marginalized children in Latin America)

Donde haya un árbol que plantar, plántalo tú. Donde haya un error que enmendar, enmiéndalo tú. Donde haya un esfuerzo que todos esquivan, hazlo tú. Sé tú el que aparta la piedra del camino.

Where there is a tree to plant, you plant it. Where there is an error to be fixed, you fix it. Where there is an effort to be made that everyone avoids, you do it. Be you the one who removes the stone from the path.

Gabriela Mistral (Chilean Poet, 1945 Nobel Prize in Literature)
thank you!

The content of this presentation is solely the responsibility of the author and does not necessarily represent the official views of the financial sponsors: NIMH, NICHD or the NIH.

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