References


Acculturation and Gender Differences in Sexual Attitudes and Behaviors: Hispanic vs Non-Hispanic White Unmarried Adults

Barbara VanOss Martin, PhD, Jeanne M. Tschann, PhD, Cynthia A. Gómez, PhD, and Susan M. Kegeles, PhD

Introduction

In the United States, acquired immunodeficiency syndrome (AIDS), the human immunodeficiency virus (HIV), and sexually transmitted diseases are disproportionately found in Hispanic populations. Thus, models for understanding sexual risk behaviors among these populations are urgently needed.

Culturally appropriate programs must be based on a clear understanding of the antecedents of risk behaviors. Among Hispanics, acculturation—a process of adaptation in which immigrants alter their attitudes and behaviors to more closely resemble those of the host society—is an important predictor of many health-related behaviors, including cigarette smoking, alcohol use, and early sexual initiation. For certain behaviors, such as smoking and drinking, acculturation affects each gender differently, making women more likely to adopt risky behaviors but not men. Given the traditional attitudes toward gender roles reported among less acculturated Hispanics, gender and acculturation should be important factors in understanding sexual behavior among Hispanics.

The present study sought to identify ethnic, acculturative, and gender differences in the number of sexual partners and in condom attitudes and behaviors among a random sample of young unmarried Hispanic and non-Hispanic White adults in San Francisco.

Methods

Respondents

In total, 1770 respondents were interviewed from 1988 to 1989 for a research project, the AIDS in Multiethnic Neigh-

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TABLE 1—Demographic Variables for Each Gender, Ethnicity, and Language Group

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic Whites</th>
<th>English-Speaking Hispanics</th>
<th>Spanish-Speaking Hispanics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men (n = 269)</td>
<td>Women (n = 271)</td>
<td>Men (n = 100)</td>
</tr>
<tr>
<td>Mean age, y</td>
<td>29.6</td>
<td>30.1</td>
<td>27.9</td>
</tr>
<tr>
<td>Education, %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>8</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>High school graduate</td>
<td>15</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Some college</td>
<td>37</td>
<td>31</td>
<td>49</td>
</tr>
<tr>
<td>College graduate</td>
<td>25</td>
<td>34</td>
<td>4</td>
</tr>
<tr>
<td>Postgraduate work</td>
<td>15</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Mean income, in thousands</td>
<td>$16.8</td>
<td>$15.0</td>
<td>$13.2</td>
</tr>
</tbody>
</table>

TABLE 2—Partner Type for Each Gender, Ethnicity, and Language Group

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic Whites</th>
<th>English-Speaking Hispanics</th>
<th>Spanish-Speaking Hispanics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men (n = 269)</td>
<td>Women (n = 271)</td>
<td>Men (n = 100)</td>
</tr>
<tr>
<td>Partner type, %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not sexually active</td>
<td>11</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Monogamous, not new</td>
<td>30</td>
<td>40</td>
<td>25</td>
</tr>
<tr>
<td>Monogamous, new</td>
<td>9</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Multiple partners</td>
<td>50</td>
<td>40</td>
<td>48</td>
</tr>
<tr>
<td>Mean partner type score*</td>
<td>1.99</td>
<td>1.79</td>
<td>1.81</td>
</tr>
</tbody>
</table>

*Scores were derived from the following scale: not sexually active = 0; monogamous, not new = 1; monogamous, new = 2; and multiple partners = 3.
*Tukey post hoc comparisons show these groups to differ significantly from all other groups.

TABLE 3—Condom Use for Each Gender, Ethnicity, and Language Group among Sexually Active Respondents

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic Whites</th>
<th>English-Speaking Hispanics</th>
<th>Spanish-Speaking Hispanics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men (n = 241)</td>
<td>Women (n = 242)</td>
<td>Men (n = 79)</td>
</tr>
<tr>
<td>Condom use, %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>55</td>
<td>53</td>
<td>52</td>
</tr>
<tr>
<td>Sometimes</td>
<td>39</td>
<td>36</td>
<td>37</td>
</tr>
<tr>
<td>Always</td>
<td>5</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Mean condom use score*</td>
<td>1.50</td>
<td>1.58</td>
<td>1.59</td>
</tr>
</tbody>
</table>

*Scores were derived from the following scale: never = 1, sometimes = 2, and always = 3.
*Tukey post hoc comparisons show this group to differ significantly from all other groups.

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neighborhoods Study. This paper reports on 938 respondents who reported no homosexual or bisexual behavior in the 12 months prior to the interview and who self-identified as either Hispanic (n = 398) or White (n = 540). Table 1 reports the demographics of this sample.

Procedure

A complete description of the rationale for target population selection, sampling methods, and participation rates for the research appears elsewhere. Briefly, the target population consisted of currently unmarried men and women, aged 20 to 44, who lived in 16 census tracts of San Francisco. Each household had the same probability of being selected (1 in 6.2). All eligible respondents in the household were interviewed. The response rate was 64%.

The interview included a detailed assessment of sexual behavior in the previous 12 months, a variety of attitudinal measures, and demographic items. Acculturation was not measured directly, but the language spoken in the interview was used as a reasonable proxy. The instrument was translated into Spanish using a back-translation procedure.

Statistical Analysis

A series of 3×2 analyses of covariance were conducted, with ethnicity/language and gender as independent variables, and age, education, and income as covariates. The first analysis included all respondents and used partner type (not sexually active; monogamous, long term; monogamous, less than 1 year; and multiple partners) as the dependent variable. Additional analyses of covariance were based on sexually active respondents only and used condom use (always, sometimes, or never with all partners), condom attitude, or beliefs about avoiding AIDS as the dependent variable.

Results

Ethnic/Language and Gender Differences in Sexual Behavior

Partner type. Overall, 18% (n = 165) of respondents were not sexually active in the past year, 35% (n = 324) were monogamous with no new partner, 10% (n = 90) were monogamous with a new partner, and 38% (n = 359) had multiple partners. Ethnicity/language (F[2, 915] = 16.37, P < .001), gender (F[1, 915] = 30.45, P < .001), and their interaction (F[2, 915] = 7.33, P < .001) are all significant predictors of partner type (see Table 2).

Condom use. Condom use was low: among the 773 sexually active respondents, 58% (n = 452) reported never using condoms, 33% (n = 255) reported sometimes using condoms, and 9% (n = 66) reported always using condoms. Only the interaction between ethnicity/language and gender is significant (F[2, 755] = 3.12, P < .05) (see Table 3).

Ethnic/Language and Gender Differences in Psychological Variables

Condom attitude. Women had more positive attitudes about condom use than men (F[1, 764] = 35.80, P < .0001), and non-Hispanic Whites had more positive attitudes than Spanish-speaking Hispanics (F[2, 764] = 4.43, P < .02). The interaction between ethnicity/language and gender is not significant (see Table 4).
Beliefs about avoiding AIDS. Spanish-speaking Hispanics had the lowest belief that they could do something to avoid AIDS ($F[2,764]=68.54, P<.0001$). Women had higher scores than men ($F[1,764]=11.02, P<.001$). The interaction between ethnicity/language and gender is not significant (see Table 4).

Discussion

Unmarried Hispanic women reported fewer partners than unmarried Hispanic men or unmarried non-Hispanic White men and women. On the other hand, more than one third of the Spanish-speaking Hispanic men and almost half of the English-speaking Hispanic men in this study reported having multiple partners. In traditional Hispanic culture, such “macho” behavior is expected of a man. Accordingly, it is often erroneous for a Hispanic woman with only one partner to consider herself at low risk. Moreover, among sexually active respondents, Spanish-speaking Hispanic women had the lowest rates of condom use. Thus, Hispanic women can be seen as both more protected and more at risk; although they reported lower sexual activity, those who were sexually active had lower rates of condom use while their male counterparts reported high rates of multiple partners. These findings form part of a larger context in which Spanish-speaking women are less knowledgeable about HIV in general than non-Hispanic White women, and carry condoms less often, and see condoms as unpleasurable.

In this study, men were more likely than women to view condoms as interfering with their sexual pleasure. Respondents were fairly negative about condoms, with men, and particularly Spanish-speaking men, being most negative. Both Spanish-speaking men and women believed there was little they could do to avoid AIDS. This suggests the need for special campaigns in Spanish to address these beliefs.

This random sample of unmarried adults drawn from 16 census tracts in San Francisco may be representative particularly of Hispanic and non-Hispanic Whites who are young, unmarried, and living in urban areas. However, generalization to Hispanic subgroups other than Mexicans and Central Americans should be done with caution.

AIDS-related attitudes and behaviors are strongly associated with gender, ethnic group, and level of acculturation. Traditional Hispanic culture may pose particular challenges to AIDS prevention educators, especially to those attempting to reach and influence less acculturated Hispanic women. □

Acknowledgments

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A more detailed version of this paper is available from Barbara VanOss Marin.

References