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## Latinas who have sex with women : assessment of HIV knowledge, perception of risk for contracting HIV, and adoption of safer sex behaviors

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Latinas who Have Sex with Women:  
Assessment of HIV Knowledge, Perception of Risk for  
Contracting HIV, and Adoption of Safer Sex Behaviors

by

Emily Pérez

A Research Report Presented to  
The Faculty of the College Of Social Work  
San José State University

In Partial Fulfillment  
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## Abstract

The relationships among HIV knowledge, perception of risk for contracting HIV, utilization of safer sex behaviors, and barriers to adopting safer sex practices were identified. Demographic variables along with sexual identity and sexual behavior, coming out issues, acculturation, and substance use were also explored. Fourteen women ( $M = 32.50$ ,  $SD = 3.76$ ) completed demographic questions; a 12-item acculturation scale developed by Marín, Sabogal, Marín, Otero-Sabogal (1987), and Pérez; a 11-item questionnaire assessing substance use; a 18-item questionnaire that explored sexual identity, coming out issues, peer relationships and ethnic group(s) of previous and current sexual partners; a 20-item questionnaire assessing HIV knowledge; a 2-item questionnaire assessing perception of risk for contracting HIV; a 12-item questionnaire assessing utilization of safer sex behaviors and past partnering choices; and a 12-item questionnaire that assessed demographic variables. Low perception of HIV risk and low utilization of consistent safer sex patterns were reported by study respondents. HIV knowledge was positively correlated ( $r = .38$ ,  $p < .01$ ) with adoption of safer sex. Lower rates of HIV knowledge were found among less acculturated Latinas and non-English speaking Latinas. Implications for further research and HIV prevention strategies are discussed.

## Dedicación

He dedicado este proyecto y papel a mis amigas: Alma, Leticia, y Patricia (Pablo). No sé como expresar mi agradecimiento a ustedes. Su amisistad para mí es un regalo bien especial..

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## Chapter 1: Introduction

Women are currently the fastest growing group being infected with human immunodeficiency virus (HIV) (Gomez, Garcia, Kegebein, Shade, & Hernandez, 1996; Stevens, 1993; Stevens, 1994; Stuntzner-Gibson, 1991). Moreover, acquired immune deficiency syndrome (AIDS) is the fourth leading cause of death among U.S. women 25-44 years of age (Stevens, 1994). However, despite the increasing incidence of HIV infection and AIDS in women, very few studies have focused on the unique aspects, needs, and issues of women, including women who have sex with women.

When women who have sex with women are discussed in HIV-related research, issues and considerations of women of color are virtually ignored. To date, there has been no research published that has addressed Latina lesbians or Latinas who have sex with women and the topics of HIV prevention, outreach, or safer sex practices and behavior.

Compounded with the presence of a lack of research on Latina lesbians and other Latinas who have sex with women, there is little known regarding the transmission of HIV through female-to-female sexual contact. At the present time, there have been no studies that have rigorously examined female-to-female transmission of HIV. However, there are documented cases of transmission from female-to-female via sexual behavior. Although female-to-female transmission of HIV appears to be rare, the occurrence of AIDS among lesbian and bisexual women indicates that women who have sex with women can be exposed to HIV. Case reports of female-to-female sexual transmission of HIV indicate that vaginal secretions and menstrual blood are potentially infectious which can lead to HIV infection (Centers for Disease Control and Prevention, 1997; Chu, Buehler, Fleming, & Berkelman, 1990; Marmor, Weiss, & Lyden, 1986; Rich, Buck, Tuomala, & Kazajian, 1993).



Additionally, it is important to note that the Centers for Disease Control and Prevention (CDC) does not include female same-sex behavior as a risk category in its surveillance reports (Centers for Disease Control and Prevention, 1997). Women who have sex with women who are diagnosed with AIDS and have no other risk factors but same-sex behavior, are placed under the category of "risk not reported or identified" (Centers for Disease Control and Prevention, 1997, p. 10). Although the CDC does not include female-to-female sexual behavior in its HIV/AIDS surveillance reports, the CDC has adopted an official definition for the term "lesbian." According to the CDC, a woman is only a lesbian if she has reported sex exclusively with women since 1978. This definition of "lesbian" was adopted by the CDC as it is believed that HIV first appeared in the U.S. in 1978. Therefore, women who report having sex with men and women since 1978, regardless of their age, are classified by the CDC as "bisexual." Even a lesbian who never has had consensual sex with a man, but has been raped by a man is considered "bisexual" by the CDC (Munson, 1995).

The hierarchical and single exposure classification for women is different from the exposure categories for men in which there is an acknowledgment of the possibility of multiple exposure categories (Centers for Disease Control, 1997). Therefore, a lesbian who is an intravenous-drug user (IVDU) would automatically be placed under IVDU as the risk exposure category possibility of woman-to-woman transmission would be ignored.

The CDC's arbitrary definition of a lesbian and the current hierarchical and single exposure-categories for women is an active attempt by the CDC to rule out woman-to-woman transmission, while it seeks to prove transmission by routes that it has listed as more likely (Young, Weissman, & Cohen, 1992). The CDC's current exposure categories for women, as well as, their definition of a lesbian has resulted in the CDC's inability to establish the risk

behavior responsible for HIV infection in 12.8% of women who have been diagnosed with AIDS. This number is double the "unknown" transmission category for men (Centers for Disease Control and Prevention, 1997). It is impossible to track women's risks accurately, including women who have sex with women, without reporting methods that are more inclusive and that acknowledge the possibility of multiple exposures (Leonard, 1990). Moreover, incomplete reports of sexual histories that are submitted by public HIV testing sites to state-run surveillance reports only exacerbates the difficulty in accurately assessing female-to-female HIV transmission (Araba-Owoyele, Johnson, Mays, Truax, & Cochran, 1996).

The lack of accurate statistics compiled by the CDC of female-to-female transmission of HIV has resulted in sufficient information to guide prevention and treatment services, subsequent HIV-related research. Further, it has fostered a low perception of risk for HIV by women who have sex with women and a low motivation by women who have sex with women to adopt safer sex practices.

Moreover, the lack of available research surrounding Latina lesbians and other Latinas who have sex with women, specifically regarding safer sex, is a signal to address the unique barriers, needs, and issues of this population. It is imperative to examine issues of diversity to facilitate HIV/AIDS prevention, outreach efforts and community service strategies. HIV/AIDS prevention and outreach must be sensitive to gender and gender identity, sexual/emotional orientation, primary language spoken, and cultural, educational, class, and religious backgrounds of individuals. Additionally, it is critical to recognize the unique needs and barriers in practicing safer sex faced by Latina lesbians and other Latinas who have sex with women.

### Research Questions

The relationships among HIV knowledge, perception of risk for contracting HIV, adoption of safer sex behaviors, and barriers to utilizing safer sex behaviors will be explored in this paper. Additionally, sexual identity and sexual behavior, coming out issues, levels of acculturation, and substance use will be examined .

The question that I seek to answer is important to the field of social work because Latina lesbians and other Latinas who have sex with women living in the United States are underrecognized, underserved, and underresearched. Latina lesbians and other Latinas who have sex with women in the U.S. are not only living as members of an ethnic minority group, but in the context of a heterosexist American society. Moreover, due to traditional cultural and religious values that stress the importance of family and community, along with the rejection of same-sex relationships; Latinas who have sex with women are often confronted with additional challenges compared with Euro-American lesbians (Espin, 1987; Hidalgo & Hidalgo-Christensen, 1979; Trujillo, 1991).

### Overview of Chapters

Chapter two will provide a review of published literature relating to Latinas and sexual minorities. Issues of sexual identity and behavior will be discussed along with Latino cultural norms, values, roles, and family structure. The relevance of acculturation to substance use and HIV knowledge will also be described. Moreover, the term "safer sex" will be operationally defined.

Chapter three will offer the theoretical framework for this project. Although coming out issues, acculturation levels, sexual identity and behavior, and substance use were explored

in this study, there was no theory or conceptual framework that could have made accurate predictions of the results and findings in this exploratory study.

Chapter four details the methodology utilized for this project. Various subsections are outlined, including: study design, study population, response rate, study site, study measures, pilot testing, data collection techniques, survey translation, analysis of data, limitations of the study, human subjects, and a summary.

Chapter five provides the results of the study; tables are provided for clarification. Chapter six offers a discussion of the findings and statistical results. This project concludes with a summary and discussion in chapter seven.

## Chapter 2: Literature Review

In conducting research on populations in which sexual identity and risk behaviors are discussed, it is imperative to remember that sexual identity and sexual behavior are not always in congruence with each other. Sexual identity (lesbian, bisexual, heterosexual) does not necessarily predict sexual behavior and practices. It is important to address risk behaviors along with sexual identity. Inaccurate assumptions based on sexual orientation could result in a failure to address behaviors that put one at risk for contracting HIV (Chu, Conti, Schable, & Diaz, 1994).

Women at risk for contracting HIV can fall anywhere along a continuum of self-defined sexual identity categories. However, many researchers have failed to relinquish the assumptions brought about by the labeling of AIDS- risk groups. Consequently, gay men are assumed to be at a high risk for contracting HIV, while lesbians are assumed to be at low or no risk. These assumptions dismiss the fact that it is the behaviors that put a person at risk, not sexual identity (Gomez et al., 1996; Kennedy, Scarlett, Duerr, & Chu, 1995).

It is important to recognize that sexual identity and sexual behavior are not always similar (Young, Weissman, & Cohen, 1992). Sexual identity or orientation does not determine risk for HIV infection, but rather the engagement of specific behaviors. Additionally, women who identify as lesbian may be at high risk for HIV due to male partnering choices and infrequent condom usage. Moreover, lesbian and bisexual women may be more likely than heterosexual women to select gay or bisexual male partners with whom they may share their social network (Cochran & Mays, 1996). The 1993 San Francisco/Berkeley Women's Study Survey of HIV Seroprevalence and Risk Behaviors Among Lesbians and Bisexual Women found a prevalence of HIV infection that was more than three times higher than that estimated

for all adult or adolescent women in San Francisco. A substantial proportion of the women surveyed reported a history of injection drug use and/or unprotected sex with a male partner (San Francisco Department of Public Health, 1993).

Understanding the differences and similarities among diverse sexual identity groups can contribute important information when assessing risk for HIV infection. Sexual labeling may lead to or prevent access to a particular social network. Moreover, sexual identity may either increase or decrease one's sense of belonging with other peer groups. It is critical to understand how women differ across diverse sexual identity categories as this information can be utilized in the understanding and development of HIV prevention methods (Gomez et al., 1996).

Identity development for women of color involves not only the acceptance of an "external reality," i.e., one's physical attributes and appearance, (Espin, 1987, p. 35), but also a celebration of that reality as a positive component of one's self. However, for Latina's who self-identify as lesbian, they must embrace multiple stigmatized identities. Coming out to one's self and others in the context of a sexist and heterosexist American society is compounded by coming out in the context of a heterosexist and sexist Latin culture immersed in a racist society (Espin, 1987).

The dilemma for Latinas who are self-identified as lesbians is how to integrate who they are culturally, racially, linguistically, and religiously with their identities as lesbians and women. The identity of Latina lesbians develops through conscious and unconscious choices that are relative to the importance of different components of the self, and to the identity as a woman, a Latina, and a lesbian. For Latina lesbians, there is often a constant effort to integrate multiple identities including sexual orientation, gender, race, and ethnicity

(Swigonski, 1995). However, each of the distinct identities have potentially conflicting value systems about a lesbian identity. Lesbians of color are forced to integrate potentially compartmentalized aspects of themselves. This process requires an on-going management of conflicting allegiances between multiple identities (Garnets & Kimmel, 1997). Moreover, Latina lesbians are rarely acknowledged in their ethnic community as being lesbian and are rarely acknowledged in the gay and lesbian community as being Latina. Latina lesbians are living among rigidly defined and strongly independent communities (Morales, 1990). Recently, organizations, groups, and coalitions have formed to acknowledge the multiple identities and unique concerns and needs of Latina lesbians.

It should be noted that due to the cultural and sexual identity norms of the Latino culture, there are relatively low rates of disclosure to families. Latina lesbians often remain closeted and isolated within their own families and ethnic communities (Garnets & Kimmel, 1997). Many Latina women who are lesbians may choose to remain closeted among their families and in their ethnic communities as coming out may jeopardize not only the strong family ties, but also the relationship with the larger ethnic community (Espin, 1987).

One of the most important culture-specific values of Latinos has been termed "familism." This term has been described as "a strong identification and attachment of individuals with their families (nuclear and extended), and strong feelings of loyalty, reciprocity and solidarity among members of the same family" (Sabogal, Marin, Otero-Sabogal, Main, & Perez-Stable, 1987, p. 398). The Latino family and community often serve as the primary reference groups providing social network and support for their members (Garnets & Kimmel, 1997). The Latino family has been described as an emotional support system composed of "a cohesive group of lineal and collateral relatives" (p. 398) in which

members can receive support, find help, and rely on relatives more than on external sources of support. Moreover, a number of authors have asserted that the family is the single most important institution for Latinos (Sabogal et al., 1987). The expectations of the group are often paramount over individual desires. Moreover, due to racism and the need to unify against it, many Latina lesbians are inextricably tied to their families and their ethnic community (Garnets & Kimmel, 1997) which may be quite homophobic.

Additionally, the family's hierarchical structure guides family roles which are clearly defined. Family members contribute to the "on-going process and stability of the family system through the accomplishment of meaningful task" (Pavich, 1986, p. 51). As children mature, they are increasingly socialized to the responsibilities which will be expected of them as adults. Latina girls are taught household duties in preparation for the roles of wife and mother. This traditional learning of roles is facilitated within the child-centered home and by virtue of the close mother-daughter relationship and the respect for the authority of the father (Pavich, 1986).

Family communication around issues of sexuality usually is nonverbal and indirect. Generally, there is not an active sex education that takes place within the family and the information from church and school is generally cautionary and heterosexist. Although, a father may discuss sexual issues with his son; this level of communication rarely takes place with Latina daughters (Hidalgo & Hidalgo-Christensen, 1979).

These values are largely dictated by the cultural norms of machismo and marianismo which continue to be entrenched in culturally prescribed behavior. Machismo prescribes that the male be the sexual aggressor, dominating at all times in sexual behavior. It is expected that Latino men will experiment sexually and will engage in premarital sex. However, through



marianismo, Latina women are expected to reject sexual advances and to safeguard their virginity until marriage (Hidalgo & Hidalgo-Christensen, 1979). Marianismo has been defined as promoting girls to be raised to be "subservient" and "to cater to males (whether they be brothers, fathers, uncles, or husbands)" (Worth, 1990, p. 116). Additionally, Latina women are not expected to receive pleasure as a result of sexual activity, but whose role is to "sexually service her husband" (Hidalgo & Hidalgo-Christensen, 1979, p. 112).

In terms of looking at Latino cultural patterns, Latino families tend to treat lesbian family members with a silent tolerance (Espin, 1987; Hidalgo, 1984; Hidalgo & Hidalgo-Christensen, 1976-77). Although, family member's lesbianism will rarely be openly acknowledged and accepted, Latina lesbians are rarely denied a place in the family. Very seldom is there overt rejection of lesbian members of Latino families. Nevertheless, because of frequent contact and a strong interdependence among family members, the lack of acknowledgment of one's identity and one's same-sex partner can be a strenuous dilemma (Espin, 1987). Due in part due to cultural and sexuality norms manifested in the Latino culture, many Latinas who have sex with woman never identify themselves as lesbian (Wall, 1991).

Moreover, it should be pointed out that the emphasis on the importance of family encompasses much more than the immediate family. Grandparents are considered an integral and vital part of the family, as well as, aunts, uncles, and cousins. Additionally, neighbors, members of a church, and friends are a critical part of one's social environment in which important relationships are formed. Coming out in the context of a very interdependent and multi-faceted Latino community can be quite overwhelming to a Latina lesbian who may fear stigmatization and isolation (Espin 1987).

Although there exists a silent tolerance of same-sex intimate relationships among Latina lesbians, the Latino culture strongly encourages close friendships among women, i.e., ("*amigas intimas*"). "*Amigas intimas*" spend much of their free time together and often travel together, sleep at each other's house (often in the same bed), express affection toward each other, and dance together at family and informal parties; this takes place without censure or violation of cultural norms (Hidalgo & Hidalgo-Christensen, 1976-77; Hidalgo & Hidalgo-Christensen, 1979).

Catholicism is quite prevalent among Latinos and strongly influences cultural, family, gender, and sexuality norms. The historic attitude of condemnation of gay and lesbian identities and relationships by the Roman Catholic Church has been largely fostered by a homophobic Latin clergy heavily influenced by attitudes historically based on Irish Catholicism, rather than on its own Mestizo culture "which in its simplicity and indigenous kindness reflected more accurately the compassion of the authentic Christian message" (Commission on Social Justice: Archdiocese of San Francisco, 1982, p. 28).

Latina lesbians are perceived as a greater threat to the Latino community because their existence disrupts the established order of male dominance and patriarchy. As a Latina lesbian, there is a refusal to participate in the game of competing for men and a challenge of cultural norms in which gender roles are rigidly defined. By being a lesbian, there is a refusal to need a man to form an identity as a woman (Trujillo, 1991). Within Latino cultures, lesbians are perceived to violate the gender role expectations for women that emphasize passivity and reliance on and deference to men (Garnets & Kimmel, 1997).

Furthermore, coming out to the family may jeopardize both family relationships and relationships with the Latino community. Coming out may be viewed as putting one's

allegiance to one's ethnic community to the test. Specifically, a lesbian identity may be perceived as a betrayal of one's community, a loss of connection with one's own heritage, a public statement about something that reflects poorly on one's culture and religion, a violation of gender roles, or a sign of assimilation into Anglo mainstream culture (Garnets & Kimmel, 1997).

As a minority group living in the United States, Latinas are exposed to Euro-American cultural patterns and modifications of values, norms, attitudes, and behaviors are likely to occur. This process of change in behavior and values by individuals has been termed "acculturation." The measurement of acculturation is critical as it provides a manner in which to identify and assess individual or personality differences (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987), and also been shown to be related to other important variables, such a reliance on the family network (Sabogal et al., 1987), HIV knowledge (Flaskerud & Calvillo, 1991; Marin & Marin, 1990; Nyamathi, Bennett, Leake, Lexis, & Flaskerud, 1993) and alcohol use and number of sexual partners (Marin & Flores, 1994).

In general, it has been found that less acculturated Latina women have a greater number of misconceptions about the casual transmission of HIV and are less aware that healthy people can be infected with HIV. However, it is currently unknown as to the effect of levels of acculturation on the perceived risk of contracting HIV (Nyamathi et al., 1993).

Several studies have been conducted related to HIV/AIDS knowledge and race and/or ethnicity. Studies have indicated that Anglos have higher rates of HIV/AIDS knowledge compared with African-Americans; and Latinos have the lowest rates of knowledge compared with Anglos and African-Americans (Aruffo, Coverdale, & Vallbona, 1991; Flaskerud & Cavillo, 1991; Flaskerud & Nyamathi, 1990). Additionally, lower rates of HIV knowledge

have been found among Spanish-speaking Latinas compared with English-speaking Latinas. Spanish-speaking Latinas have been found to be much less likely to know that a person can have HIV and not be aware of it; that condoms can be an effective prevention measure; and that there is no cure for AIDS. Also, Spanish-speaking Latinas have been found to be much less likely to respond correctly to safer sex questions compared with English-speaking Latinas (Rapkin & Erickson, 1990).

Several erroneous beliefs related to casual transmission of HIV have been cited among Latino participants. Latinos, more than any other racial and ethnic groups, believed that HIV could be spread by shaking hands, touching, kissing, coughing, sneezing, insects, sharing eating utensils, using public toilets, working or attending school with someone that is infected with HIV, and eating in a restaurant frequented by gay men or where the cook is assumed to have AIDS. In addition, investigators have cited other misconceptions about HIV and AIDS among Latinos. For instance, all gay men have AIDS, AIDS is not common among Latinos, that condom use is not effective in preventing the transmission of HIV, and bleach might not be strong enough to kill HIV. Moreover, religion, having faith, regular confession, devotion to God, the Virgin, and the Saints have been cited as measures thought to be very important in preventing HIV among Latinos(as) because they offer protection against HIV by God (Flaskerud & Calvillo, 1991).

When compared with non-minority women, women of color have reported less concern about AIDS and have estimated their personal risk to be lower. Studies have also indicated that women of color who engage in high-risk behaviors are less concerned about AIDS compared with Anglo women who engage in high-risk behaviors (Kalichman, Hunter, & Kelly, 1992).

Lower rates of HIV knowledge and lower rates of perception of risk for contracting HIV among Latinos(as) may be attributed to the lack of resources targeted at minority populations, especially monolingual Spanish-speaking community members. Many HIV education and prevention programs have focused on reaching Euro-American gay males. Moreover, many programs have failed to be inclusive of the unique concerns and needs of women who have sex with women, including failing to be responsive and sensitive to cultural and language needs of Latinas.

Although much research has been conducted around the issue of substance use, there is no research published to date addressing substance use and Latina lesbians. However, research has documented that as Latinas acculturate, they develop more liberal attitudes about drinking and actually report drinking more (Marin & Flores, 1994). Moreover, alcohol use has been associated with lower levels of utilization of safer sex behaviors (Perez-Arce, 1994; Perry 1995) and drug use has been correlated with higher-risk sexual behaviors (Perry, 1995). Substance use has been found to increase the engagement in high-risk sexual behavior. When using alcohol, marijuana, cocaine, and other substances, individuals may be less likely to practice safer sex (American Medical Association Council on Scientific Affairs, 1996). And although less acculturated Latinas have reported lower rates of alcohol use and also report fewer sexual partners compared with higher acculturated Latinas, less acculturated Latinas have reported lower rates of safer sex behavior (Marin & Flores, 1994).

The term "safer sex" is employed frequently and is generally the preferred term over "safe sex." Safe sex implies a lack of risk; while the term safer sex implies that there are risk reduction methods for contracting HIV and sexually transmitted diseases, and that modifications in behavior and the utilization of protective behaviors can make sex "safer."

Safer sex has been conceptualized as the use of barriers to prevent the exchange of bodily fluids, which means using condoms for penile penetration of the vagina, anus, or mouth; latex gloves for insertion of fingers in vagina or anus; dental dams, plastic wrap, or condoms cut up to cover vaginal and/or anal areas during oral sex; and condoms to cover dildos and other shared sex toys (Stevens, 1994). Although issues of safer sex and HIV knowledge are virtually nonexistent in research, the following chapter will offer predictions relating to Latina women who have sex with other women and their perception of contracting HIV and the utilization of safer sex practices. Moreover, additional barriers Latina women face as members of an ethnic minority group will be discussed.

### Chapter 3: Theoretical Framework

This study examined the relationship among HIV knowledge, perception of risk for contracting HIV, the utilization of safer sex behaviors, and barriers to adopting safer sex behaviors in a population of Latinas who have sex with women. Furthermore, coming out issues, acculturation levels, sexual identity and sexual behavior, and substance use were explored. There currently exists no theory, model, or conceptual framework that can accurately predict what may happen in this exploratory study.

However, it was predicted that a high prevalence of unsafe sexual behavior will be reported as this has been previously documented with populations of women who have sex with women (Chu, Conti, Schabble, & Diaz, 1994; Einhorn & Polgar, 1994). There has been no documented evidence of behavioral change regarding women who have sex with women (Mays & Cochran, 1996), which may be attributed to a lack of motivation to learn new safer sex behaviors due to a low perception of risk (Denenberg, 1991).

The lesbian community and woman who have sex with woman often feel safeguarded from contracting HIV since HIV preventive materials are virtually nonexistent for lesbians and other women who have sex with women. The lack of information regarding HIV and safer sex available for women who have sex with women continues to foster a low-risk identity for lesbians and other women who have sex with women. The perception of low susceptibility to HIV contributes to the tendency to disregard safer sex (Lampon, 1990; Leonard, 1990).

Reinforced by a low perception of risk, self-identified lesbians and other women who have sex with women are engaging in a number of behaviors that put them at risk for contracting HIV, including injection drug use, unprotected sex with men, unprotected sex with women, and inconsistent safer sex practices (Stevens, 1994). Low perception of risk of

female-to-female HIV transmission has resulted in the inaccessibility of safer sex materials for women who have sex with women (Leonard, 1990). Moreover, the focus of the lesbian safer sex campaign is the use of a relatively expensive dental dam which is 6 by 6 inch square of latex most women can't obtain due to low accessibility (Denenberg, 1991). Furthermore, going to the drug store to buy latex gloves, which come in boxes of hundreds, often seems like an over-commitment to safer sex (Stevens, 1994). Additionally, condom companies have yet to make barriers from the same latex as condoms, which would be thinner and more sensitive than dental dams (Leonard, 1990). Lesbians and other women who have sex with women are forced to use dental dams and latex gloves which are not designed, marketed, or packaged for sexual use (Stevens, 1994).

Moreover, Latinas who have sex with women confront additional barriers in utilizing safer sex behaviors. Latinas may be less likely than their Anglo counterparts to self-identify as lesbian and less likely to participate in gay and lesbian community center sponsored events. Therefore, many Latinas who have sex with women may not have access to the limited information that exists surrounding HIV and safer sex issues for women who have sex with women. Additionally, as members of a marginalized ethnic group, Latinas often experience racism, live in poverty, live in substandard housing, and have low levels of educational attainment, which further complicate the utilization of safer sex practices (Worth, 1990). Also, given the poverty status of many Latinas and their occupational location in the labor force, a lack of health insurance has become a factor in limiting access to HIV information and prevention strategies (de la Torre, 1993).



The following chapter will address barriers faced by Latinas who have sex with women in adoptiing consistent safer sex practices. Moreover, the following chapter will detail the methodology utilized in this study.

## Chapter 4: Methodology

### Study Design

This exploratory study was designed to examine the relationship between HIV knowledge, perception of risk for contracting HIV, and utilization of safer sex behaviors. Furthermore, acculturation, coming out issues, sexual behavior and identity, and substance use were explored. Participants completed a survey that measured acculturation levels, substance use, sexual identity, coming out issues, HIV knowledge, perception of risk for contracting HIV, utilization of safer sex behaviors, and demographic variables in a self-completed written questionnaire format. Participants mailed completed questionnaires to the principal investigator in an addressed-stamped envelope.

### Study Population

Participants consisted of Latina women who have reported having sex with women ( $n = 14$ ). Participants resided in San Jose, Oakland, and San Francisco. Participants ranged in age from 25 to 39 ( $M = 32.50$ ,  $SD = 3.76$ ). Four of the respondents were US-born, eight were born in Mexico, and the other two respondents were born in Panama and El Salvador. Mean number of years in the United States was 20.21 ( $SD = 11.21$ ).

Diverse educational levels were reported among participants: two with less than a high school education, two high school graduates, five with some college, three college graduates, and two with degrees from graduate school. Only 50 percent of participants have health insurance. Three participants have children.

Twelve respondents (86%) were raised by parents from a Catholic background. However, only six (50 %) of respondents ( $n = 12$ ) raised in a Catholic background consider themselves to be Catholic. Numerous religions and diverse answers were reported by

individuals from Catholic backgrounds: Individual Customized Philosophy, Buddhism, Unitarian, "*creo en Dios*" (I believe in God), "*un poquito de todo*" (A little bit of everything), and no current religion.

Two individuals reported incomes of less than \$15,000 a year, six with incomes between \$15,000 and \$29,999, three with incomes of \$30,000-\$44,999, two with incomes exceeding \$60,000. One respondent did not report annual income.

Twelve of the respondents self-identified as lesbians, one respondent self-identified as bisexual, and one respondent declined to state. Nine of the respondents currently have a female partner, and 78% of the nine respondents have a partner that is Latina.

#### Response Rate

Thirty-nine surveys were distributed; 14 participants completed and returned surveys in the provided addressed and stamped envelope (36 % response rate).

#### Study Site

Participants completed questionnaires in their homes and returned the completed questionnaires in an addressed stamped envelope. Participants were instructed to complete the survey alone due to the sensitivity of questions.

#### Study Measures

Twelve demographic questions were generated to assess a range of variables (see Appendix A). Sexual identity and coming out issues were explored through open- and closed ended questions (see Appendix B). HIV knowledge was assessed in a true, false, not sure format. Some questions were generated from previous studies (Ford & Norris, 1993, Marin & Marin, 1990; Rapkin & Erickson, 1990). Perception of risk for contracting HIV was assessed using two questions from Kalichman, Hunter, and Kelley (1992): "What do you think

your chances are of getting HIV?" (not at all likely, somewhat likely, very likely), and "How concerned are you that you will get HIV?" (not very concerned, somewhat concerned, very concerned). Questions related to sexual behavior, safer sex behavior, and barriers to safer sex were presented in open- and closed-ended questions (see Appendix C). Substance use was assessed with closed-ended questions, such as "in the last 30 days, about how often did you drink any kind of alcoholic beverage," and "how often in the past 12 months, how many times would you say you got drunk?" (see Appendix D).

The Short (12-item) Acculturation Scale developed by Marin, Sabogal, Marin, Otero-Sabogal, and Perez-Stable (1987) was utilized to assess level of acculturation (see Appendix E). Participants responded to the 12 questions using a Likert-type scale format.

#### Reliability and Validity

The acculturation scale developed by Marin, Sabogal, Marin, Otero-Sabogal & Perez (1987) for use with the Latino population has shown levels of reliability and validity comparable to those reported for previously published scales. In regard to reliability, this acculturation scale has an alpha coefficient of .92. Validity coefficients of the various scales are difficult to compare because of differential methodologies, but limited comparisons have been provided. The correlation between the score on the acculturation scale and generation was .65 which compares favorably with previous studies (Marin, Sabogal, Marin, Otero-Sabogal & Perez, 1987).

#### Data Collection Techniques

Participants were recruited from Pro-Latina, a discussion group for Latina lesbians that meets twice a month at the Billy De Frank Lesbian and Gay Community Center in San Jose, California. The self-report survey was distributed at Pro-Latina meetings. Also,

participants were recruited using a snowball sampling method in which referrals were made by word-of-mouth. Due to the difficulty in sampling Latina women who have sex with women, random sampling was not employed.

#### Survey Translation

The Short (12-item) Acculturation Scale developed by Marin, Sabogal, Marin, Otero-Sabogal & Perez (1987) is available in both English and Spanish. Other instruments and questionnaires were translated by a certified translator using one-way translation. One-way translation denotes a bilingual individual translating the original version of text (English) into the target language (Spanish) (Marín & Marín, 1991). See Appendix F for Spanish translated survey.

#### Analysis of data

Quantitative data were analyzed using descriptive statistical analyses in SPSS. Frequency procedures were utilized to analyze variables which had a small number of distinct categories. Also, a comparison of means (t-tests) was utilized to test for differences between the two samples (i.e., US-born and non-US-born Latinas).

#### Limitations of Study

Random sampling was not utilized in this study due to the accessibility of Latinas who have sex with women. Moreover, the sample was fairly small and there was an unequal representation of US-born and non-US born Latinas with few individuals that did not self-identify as lesbians.

Future research should address populations of Latinas who have sex with women but don't self-identify as lesbians. The sample population utilized for this study was drawn from Pro-Latina, a group for Latina lesbians; and from their friends. The results of this study may

not be generalizable to all Latinas who have sex with women as many Latinas who have sex with women but don't self-identify as lesbians may be further isolated with further compartmentalized lives which may create additional stressors in the adoption of safer sex practices.

### Human Subjects

A copy of each data collection instrument, a consent form on San Jose State University letterhead, agreements from Pro-Latina and Billy De Frank Center, and procedures to protect confidentiality were submitted to Human Subjects-Institutional Review Board. See Appendix G for Human Subjects approval letter. Participants were not identified with the data collected and all data were kept in a locked file cabinet. Participants did not return signed consent forms as completion and mailing of surveys implied consent to participate. The principal investigator was the only person that had access to the surveys that were returned by mail.

### Summary

This chapter outlined the methodology utilized to assess HIV knowledge, perception of risk for contracting HIV, utilization of safer sex behaviors, and barriers in the adoption of safer practices among Latina women who have sex with women.

Participants completed a survey that measured acculturation levels, substance use, sexual identity, coming out issues, HIV knowledge, perception of risk for contracting HIV, utilization of safer sex behaviors, and demographic variables in a self-completed written questionnaire format.

Fourteen participants mailed completed questionnaires in English and surveys translated into Spanish using one-way translation to the principal investigator in an addressed-

stamped envelope. Data was analyzed using descriptive statistics with the use of frequencies and t-tests. Findings and results will be discussed in Chapter 5.

## Chapter 5: Results

Table 5.1 presents mean and standard deviation scores relating to coming out to self and to family members and recent and past partnering choices. Age of first sexual experience with another women precedes age of coming out to self and to a family member. However, age of first sexual experience with another women and the interval between coming out to self is a mean interval of less than one year. Also, higher rates of disclosure of a lesbian or bisexual identity was reported to participants' sisters compared to their brothers.

Additionally, higher rates of disclosure of a lesbian or bisexual identity were reported to respondent's mothers compared to their fathers. Seventy-five percent of participants have disclosed their sexual identity to their mothers, compared to only 33 percent disclosure to their fathers.

Participants were also given the opportunity to respond to the following two questions: "If you have come out to someone in your family, please describe why you decided to come out" and "If you have not come out to someone in your family, please describe why you have decided not to." Diverse reasons were expressed in regard to both questions. is a mean interval of less than one year.

In regards to coming out in the context of family, one respondent wrote: "*Porque pensé que sería mejor y para no seguir aparentando lo que no soy. Tambien para ya no me digan, '¿porque no tienes novio?'*" (Because I thought it would be better and to not continue to pretend what I am not. Also, so that I would no longer be asked "why don't you have a boyfriend"). One respondent stated "excited to share my realization about myself" and another shared "I came out to my little brother because I didn't want him to grow up



Table 5.1

Means and Standard Deviations of Coming Out Variables

Variable	Mean	SD
Age of first sexual experience with a woman	19.64	4.55
Age of coming out to self	20.46	5.06
Age of coming out to a family member	23.07	5.00
Percentage of respondents' sisters who are aware of respondents' lesbian or bisexual identity	72.92	40.68
Percentage of respondents' brothers who are aware of respondents' lesbian or bisexual identity	64.75	42.08

prejudice and he was my favorite because I took care of him. It was very important to me what he thought.”

Diverse reasons as to why respondents did not come out to someone in their family, included: “Because my sisters are older and set in their ways and they wouldn’t understand” and “I don’t want to disappoint them (grandparents).” Another participant responded in Spanish, “*Bueno, con mis hermanos es muy diferente, ellos apenas me saludan cuando los veo...*” (Well, with my brothers it is very different, they barely greet me when I see them...)

In regards to family, Latinas who have sex with women often receive no information regarding HIV. Only one of the 14 respondents indicated that they had received information regarding HIV from their parents. Latinas who have sex with women instead receive HIV-related information from other sources. Table 5.2 displays percentages of reported sources of HIV information.

A diverse range of knowledge (41 to 100 percent) was illustrated in regards to HIV knowledge. The mean score for HIV knowledge was 82.57 ( $SD = 15.06$ ). All respondents responded knew that you can’t tell that someone has HIV by looking at the person and that a pregnant women with HIV can pass the virus onto her baby. Ninety-three percent of respondents knew: that a person can have HIV without knowing it; that HIV can be found in blood; that HIV can be found in semen; using gloves during sex can reduce the risk of contracting HIV; that HIV can be found in vaginal secretions; that there is no cure for AIDS; and that anyone with HIV can give someone else HIV through sex. However, only 64% of respondents knew that condoms can prevent HIV prevention; that using a dental dam or plastic wrap can prevent the transmission of HIV. Only, 57 % of respondents knew that HIV

Table 5.2

Percentages of Reported Sources of HIV Information

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Source	Percentage
Television	78.6
Friends	64.3
Magazines	64.3
Newspaper	50.0
Health Fair	50.0
Radio	42.9
School	35.7
Doctor	28.6

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can be found in breast milk. Less than half (43%) of respondents knew that bleach can kill HIV.

Less acculturated Latinas had lower rates of overall knowledge regarding HIV compared with higher acculturated Latinas. Acculturation was positively correlated with HIV knowledge ( $r = .58, p < .01$ ). Also, number of years in the United States was correlated positively with HIV knowledge ( $r = .62, p < .01$ ). These findings may be related to language fluency. One respondent who reported speaking only English answered correctly on 88 percent of HIV-related questions. Respondents who reported speaking English better than Spanish had a mean score of 94 % ( $SD = 6.00$ ); respondents who reported speaking both English and Spanish equally had a mean score of 89.2% ( $SD = 4.40$ ); and respondents who reported speaking Spanish better than English had a mean score of 76.50% ( $SD = 5.50$ ). Participants who were Spanish-speaking only had the lowest rate of HIV knowledge (70.25%  $SD = 10.15$ ).

Additionally, US born Latinas (mean acculturation score of 3.27,  $SD = .85$ ) had higher rates of perception of HIV knowledge compared with non-US born Latinas (mean acculturation score of 2.13,  $SD = .92$ ). Seventy-five percent of US-born Latinas reported that they believed they knew “a lot” about HIV compared to 20% of non-US born Latinas.

In regard to perception of risk for HIV, 75% of US-born Latinas stated that they were “not very concerned” about contracting HIV compared with 40% of non-US born Latinas. Twenty-five percent of US-born Latinas stated they were “somewhat concerned” about contracting HIV compared to 60% of non-US born Latinas. No respondents reported that they were “very concerned” about contracting HIV. Seventy-five percent of US-born Latinas stated that they thought that their chances for contracting HIV were “not at all likely”

compared with 20% of non-US born Latinas. Twenty-five percent of US-born Latinas reported that they believed their chances for contracting HIV were “somewhat likely” compared to 80% of non-US born Latinas. No respondents indicated that they believed their chance for contracting HIV was “very likely.”

Although a majority of the respondents self-identified as lesbians (86%), 64% of respondents reported a past history of sexual relations with men. Furthermore, US born Latinas had higher total reported rates of past partners, however differences were seen among reported rates of female and male partnering choices (see Table 5.3).

Three questions were utilized to assess the adoption of safer sex behaviors, including: “how often do you use dental dams or plastic wrap when you have sex,” “how often do you use gloves when you have sex,” and “how often do you use condoms when you share sex toys or have sex with men.” Respondents could select “never,” “sometimes,” “usually,” or “always.” Seventy percent of non US-born Latinas reported “never” using gloves as well as 75% of US-born Latinas reporting “never” using gloves during sex. One hundred of US-born respondents reported “never” using dental dams compared with 70 percent of non-US born Latinas. No respondents reported using gloves or dental dams/plastic wrap “always.” Fifty percent of US-born Latinas reported “never” using condoms when sharing sex toys or when having sex with men and 50% reported using condoms “sometimes.” Fifty percent of non-US born Latinas reported using condoms “never,” 25% reported using condoms “sometimes,” and 25% reported using condoms “always.” Although consistent low rates of safer sex practices were found, HIV knowledge was positively correlated with utilization of safer sex practices ( $r = .38, p < .01$ ).

Table 5.3

Mean Number of Male and Female Partners of US\_Born and non-US Born Latinas

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	US-Born <u>M (SD)</u>	Non-US Born <u>M (SD)</u>
Male partners in the last 6 months	.25 (.50)	0.00 (0)
Female partners in the last 6 months	2.50 (2.38)	1.40 (.84)
Overall lifetime male partners	8.00 (4.24)	1.00 (1.05)
Overall lifetime female partners	7.00 (3.74)	10.10 (11.69)

---

Low rates of HIV-testing is evident among this study population. However, US-born Latinas have a higher reported mean number of total HIV tests ( $\underline{M} = 1.75$ ,  $\underline{SD} = 1.26$ ) compared to non US-born Latinas ( $\underline{M} = 1.50$ ,  $\underline{SD} = 1.90$ ).

Although, consistent low rates of safer sex behaviors are reported, 57% of respondents indicated that practicing safer sex is "very important" and 29% reporting that it is "somewhat important." Only 7% of respondents indicated that practicing safer sex was "not at all important."

Various reasons were cited as barriers to adoption of safer sex behaviors, including: "It's not important to me," "My partner(s) doesn't/don't like to use them," "I'm not at risk for HIV," "I'm too embarrassed to purchase the materials," "It doesn't feel the same," "It's too awkward," and "It's not spontaneous."

Additionally, 36% of respondents reported that they do not utilize safer sex materials as they have a committed partner. Moreover, participants were given an opportunity to elaborate as to why they have not adopted consistent safer sex behaviors. One respondent stated "*Es porque no los tuve a la mano*" (It is because I did not have them at hand) and another stated, "*No pensé que tuviera relaciones sexuales...*" (I did not think that I would be having sexual relations). One respondent expressed,

I believe that safer sex paraphernalia directed toward the lesbian community is a marketing effort, in light of the fact that latex gloves and dental dams/plastic wrap are not promoted among and between heterosexual couples. It's ironic that straight couples engage in the same sex acts as lesbians, e.g. oral sex...yet are directed only to use

condoms during penetration to be 'safe.'

In regard to substance use, significant differences were found between US-born and non-US born Latinas. US-born Latinas had higher self-reported rates of alcohol use (see Table 5.4). Also, US-born Latinas had higher reported rates of drug use compared with non-US born Latinas. One hundred percent of US-born Latinas reported drug use in the past 12 months, including marijuana, speed, ecstasy, and magic mushrooms. Thirty percent of non-US born Latinas reported drug use in the last 12 months, reporting only marijuana use. Moreover, 25% respondents that were US-born report "rarely" having sex after drinking, 50% reporting "sometimes" and 25% reporting "often." Sixty percent of non-US born Latinas report having sex "rarely" after drinking, 10% reporting "never," and 30% "sometimes." Fifty percent of US-born respondents reported having had sex after taking drugs compared to 10% of non-US born Latinas. As the data indicates, US-born Latinas are more likely to engage in sexual relations following alcohol and drug use. However, no respondents in study population reported a history of sharing needles.



Table 5.4

Alcohol Patterns of US-Born Latinas and non-US Born Latinas


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	<u>US Born</u>	<u>Non-Us Born</u>
In the last 12 months, alcohol consumed		
3-4 times a week		10%
Once or twice a week	75%	20%
2 or 3 times a month		10%
About once a month	25%	
6 to 11 times a year		40%
1-5 times a year		10%
Never during the last 12 months		10%
In the last 12 months, number of times got drunk		
About once a month	25%	
6 to 11 times a year	25%	20%
1-5 times a year	25%	60%
Never during the last 12 month	25%	20%

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## Chapter 6: Discussion

The analyses reported in this exploratory study provide preliminary evidence for the relationship between knowledge and adoption of safer sex behaviors. Moreover, consistent rates or low perception of risk for contracting HIV were found, as well as, consistent low rates of adoption of safer sex behaviors. Low perception of risk seems to have fostered a low motivation of Latinas who have sex with women to adopt safer sex practices.

Overall low rates of perception of risk for contracting HIV among this study population may be attributed to the lack of resources targeted towards ethnic minority populations, as well as, at the lesbian community. Materials targeted towards Latinas who have sex with women are virtually non-existent. The perception of low susceptibility to HIV is a contributing factor to the tendency to disregard safer sex (Lampon, 1990; Leonard, 1990).

Moreover, although a majority of respondents self-identified as lesbians; many had reported sexual relations with men. Similar to previous studies (San Francisco Department of Public Health, 1993; Young et al., 1992), sexual identity is not always consistent with sexual behavior. Latinas who are self-identified lesbians and other Latinas who have sex with women are engaging in a number of behaviors that put them at risk for contracting HIV, including unprotected sex with men, unprotected sex with women, and inconsistent safer sex practices.

Furthermore, acculturation was found to be related to HIV knowledge, substance use, and number of sexual partners. these findings were congruent with previous studies (Flaskerud & Cavillo, 1991; Marin & Flores, 1994; Marin & Marin, 1990; Nyamathi et al., 1993). Although lower acculturated Latinas were found to have lower rates of substance use and overall lower numbers of sexual partners; lower acculturated Latinas had significant lower rates of HIV knowledge. Additionally, previous studies (Rapkin & Erickson, 1990) are

congruent with the findings of this study that Spanish-speaking Latinas have lower rates of HIV knowledge compared with English-speaking Latinas.

Moreover, there were further complications and factors that may have contributed to the utilization of safer sex practices, including: low economic status, low educational attainment, and lack of health insurance. These factors were very prevalent among participants with low acculturation rates and who were non-US born.

## Chapter 7: Summary and Conclusions

Latinas who have sex with women confront additional challenges compared to Euro-American lesbians, including racism and heterosexism, which may pose additional barriers to the utilization of safer sex practices. Latinas who have sex with women are virtually ignored in their ethnic community as being lesbian and are rarely acknowledged in the gay and lesbian community as being Latina. Due to living among rigidly defined communities, Latinas who have sex with women often receive HIV-related information that is heterosexist and culturally and linguistically inappropriate.

This exploratory study has signaled a need for further research of Latinas who have sex with women, as well as, a need for culturally and linguistically appropriate HIV materials that are non-heterosexist. Additionally, HIV-related materials for Latinas who have sex with women need to address a diverse range of sexual behavior due to reported rates of sexual relations with men.

Moreover, Latina women who have sex with women need to have accessibility to information that includes same sex behavior as a possible risk factor for HIV, as well as, accessibility to safer sex materials. Additionally, Latina women who have sex with women need to have the opportunity to learn how to incorporate safer sex into their sexual practices as respondents have cited the following reasons for not engaging in safer sex: "my partner(s) doesn't/don't like to use" safer sex materials, "it's too awkward," and "it's not spontaneous." Adoption of safer sex practices is dependent not only on having the knowledge of what behaviors are possible risk factors or on having the motivation to adopt safer sex practices; but it is also about having the skills to implement consistent safer sex practices. Latina women who have sex with women must have access to: culturally and linguistically

appropriate HIV information, safer sex materials that address a diverse range of sexual practices, and mechanisms to learn tools and strategies on implementing consistent safer sex practices.

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## Appendix A

Listed below are general questions about your background. Please indicate the best possible response by placing a (X) next to your answer or by writing in your response on the line provided.

Your age: \_\_\_\_\_

In what country were you born? \_\_\_\_\_

How many years have you lived in the U.S.? \_\_\_\_\_ years

How old were you when you came to the U.S.? \_\_\_\_\_ years old

What city do you currently live in? \_\_\_\_\_

What is the highest level of education you have completed?

Less than high school graduate

High school graduate

Some college

College graduate

Graduate School

Do you have health insurance?

yes

no

Do you have any children?

yes

no

What is the religion/spiritual background of your parents? \_\_\_\_\_

What is your religion/spirituality? \_\_\_\_\_

Do you regularly practice your religion/spirituality?

yes

no

What is your income per year?

\$0-\$14,999

\$15,000-\$29,999

\$30,000-\$44,999

\$45,000-\$59,999

\$60,000 and above

## Appendix B

How do you define yourself?

Lesbian

Bisexual

Heterosexual (Skip to question 17)

Don't define/Refuse to state (Skip to question 17)

Do you presently have a female partner?

YES  (Go to question 15)

NO  (Skip question 15)

Is your partner? (please check)

Latina

Anglo/White

Asian

African-American

Other (Please list) \_\_\_\_\_

How old were you when you had your first sexual experience with a woman? \_\_\_\_\_

How old were you when you first came out to yourself? \_\_\_\_\_

What country were you living in when you first came out to yourself? \_\_\_\_\_

Are you out to your mother? YES  NO

Are you out to your father? YES  NO

How many sisters do you have? \_\_\_\_\_

How many of your sisters are you out to? \_\_\_\_\_

How many brothers do you have? \_\_\_\_\_

How many brothers are you out to? \_\_\_\_\_

How old were you when you first came out to someone in your family? \_\_\_\_\_

If you have come out to someone in your family, please describe why you decided to come out?

If you have not come out to someone in your family, please describe why you have decided not to?

Are you out to people at work? YES  NO

## Appendix C

PLEASE INDICATE YOUR RESPONSE BY PLACING A (X) NEXT TO YOUR ANSWER OR BY WRITING IN YOUR RESPONSE ON THE LINE PROVIDED/

Please describe in your own words what safer sex means to you.

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How important is practicing safer sex to you?

not at all important \_\_\_

somewhat important \_\_\_

very important \_\_\_

In the last 6 months, how many sexual partners have you had?

female \_\_\_

male \_\_\_

In your lifetime, how many female sexual partners have you had? (if not sure, please estimate) \_\_\_\_\_

In your lifetime, how many male sexual partners have you had? (if not sure, please estimate) \_\_\_\_\_

Have you ever been tested for HIV?

yes \_\_\_ **(Go to question 59)**

no \_\_\_ **(Skip question 59)**

If yes, how many times? \_\_\_\_\_

How often do you use dental dams or plastic wrap when you have sex?

never \_\_\_

sometimes \_\_\_

usually \_\_\_

always \_\_\_

How often do you use gloves when you have sex?

never \_\_\_

sometimes \_\_\_

usually \_\_\_

always \_\_\_

## Appendix C (continued)

How often do you use condoms when you share sex toys or have sex w/ men?

never \_\_\_  
sometimes \_\_\_  
usually \_\_\_  
always \_\_\_

If you don't use dental dams/plastic wrap, gloves, or condoms always when having sex, please check reasons below (check all that apply)

I don't know where to get them \_\_\_  
I don't know how to use them \_\_\_  
It is not important to me \_\_\_  
My partner(s) doesn't/don't like to use them \_\_\_  
I'm not at risk for getting HIV \_\_\_  
The materials are too expensive \_\_\_  
I'm embarrassed to purchase materials \_\_\_  
It doesn't feel the same \_\_\_  
It's too awkward \_\_\_  
It's not spontaneous \_\_\_  
Other (please  
list) \_\_\_\_\_



## Appendix D

PLEASE INDICATE YOUR RESPONSE BY PLACING A (X) NEXT TO YOUR RESPONSE OR BY WRITING IN YOUR RESPONSE ON THE LINE PROVIDED.

In the **last 30 days**, about how often did you drink any kind of alcoholic beverage (beer, wine, or a drink with hard liquor)

- Every day
- Nearly every day
- 3-4 times a week
- Once or twice a week
- 2 or 3 times a month
- One time
- Never during the last 30 days, but I had a drink before
- Have never had an alcoholic drink before

In the **last 12 months**, about how often did you drink any kind of alcoholic beverage (beer, wine, or a drink with hard liquor)

- Every day
- Nearly every day
- 3-4 times a week
- Once or twice a week
- 2 or 3 times a month
- About once a month
- 6 to 11 times a year
- 1-5 times a year
- Never during the last 12 months, but I had a drink before
- Have never had an alcoholic drink before

How often in the **past 12 months**, how many times would you say you got drunk?

- Every day
- Nearly every day
- 3 or 4 times a week
- Once or twice a week
- 2 or 3 times a month
- About once a month
- 6-11 times a year
- 1-5 times a year
- Never during the last 12 months

Generally, about how many drinks do you think you would have to have before you would feel drunk? \_\_\_\_\_ drinks

Generally, when you drink (wine, beer, or hard liquor), how many drinks do you usually have at one time? \_\_\_\_\_ drinks

## Appendix D (continued)

How often do you have sex after drinking alcohol?

- never
- rarely
- sometimes
- often
- always

Please list the types of drugs you have used in the **last 30 days**.

---

Please list the types of drugs you have used in the **last 12 months**.

---

How often do you have sex after taking drugs?

- never
- rarely
- sometimes
- often
- always

Have you ever shared needles **in the past**?

- yes
- no

Have you shared needles **in the last 12 months**?

- yes
- no

## Appendix E

PLEASE CIRCLE YOUR ANSWER FOR EACH QUESTION.

In general, what language(s) do you read and speak?

- Only Spanish
- More Spanish than English
- Both equally
- More English than Spanish
- Only English

What was the language(s) you used as a child?

- Only Spanish
- More Spanish than English
- Both equally
- More English than Spanish
- Only English

What language(s) do you usually speak at home?

- Only Spanish
- More Spanish than English
- Both equally
- More English than Spanish
- Only English

In which language(s) do you usually think?

- Only Spanish
- More Spanish than English
- Both equally
- More English than Spanish
- Only English

What language(s) do you usually speak with your friends?

- Only Spanish
- More Spanish than English
- Both equally
- More English than Spanish
- Only English

In what language(s) are the TV programs you usually watch?

- Only Spanish
- More Spanish than English
- Both equally
- More English than Spanish
- Only English

## Appendix E (continued)

In what language(s) are the radio programs you usually listen to?

- Only Spanish
- More Spanish than English
- Both equally
- More English than Spanish
- Only English

In general, in what language(s) are the movies, TV and radio programs you prefer to watch and listen to?

- Only Spanish
- More Spanish than English
- Both equally
- More English than Spanish
- Only English

Your close friends are:

- All Latinos/as
- More Latinos/as than Americans
- About Half & Half
- More Americans than Latinos/as
- All Americans

You prefer going to social gatherings/parties at which the people are:

- All Latinos/as
- More Latinos/as than Americans
- About Half & Half
- More Americans than Latinos/as
- All Americans

The persons you visit or who visit you are:

- All Latinos/as
- More Latinos/as than Americans
- About Half & Half
- More Americans than Latinos/as
- All Americans

If you could choose your children's friends, you would want them to be:

- All Latinos/as
- More Latinos/as than Americans
- About Half & Half
- More Americans than Latinos/as
- All Americans

A continuación están enlistadas algunas preguntas generales sobre tu formación. Por favor indica la mejor respuesta posible, colocando una (x) junto a tu respuesta o escribiendo tu respuesta en la línea indicada.

1. Tu edad: \_\_\_\_\_ años
2. ¿En qué país naciste? \_\_\_\_\_
3. ¿Cuántos años has vivido en los Estados Unidos? \_\_\_\_\_ años
4. ¿Cuántos años tenías cuando viniste a los Estados Unidos? \_\_\_\_\_ años de edad
5. ¿En que ciudad vives actualmente? \_\_\_\_\_
6. ¿Cuál es el más alto nivel de educación que terminaste?  
\_\_\_\_ Antes de graduar la Secundaria/High School  
\_\_\_\_ Gradué de la Secundaria/High School  
\_\_\_\_ Algo de Prepa/College  
\_\_\_\_ Terminé la Prepa/College  
\_\_\_\_ Universidad
7. ¿Tienes seguro médico?  
\_\_\_\_ Sí  
\_\_\_\_ No
8. ¿Tienes algún/a hijo/a?  
\_\_\_\_ Sí  
\_\_\_\_ No
9. ¿Cuál es la formación religiosa/espiritual de tus padres? \_\_\_\_\_
10. ¿Cuál es tu religión/espiritualidad? \_\_\_\_\_
11. ¿Practicar regularmente tu religión/espiritualidad? \_\_\_\_\_  
\_\_\_\_ Sí  
\_\_\_\_ No
12. ¿Cuál es tu ingreso anual?  
\_\_\_\_ \$0-\$14,999  
\_\_\_\_ \$15,000-\$29,999  
\_\_\_\_ \$30,000-\$44,999  
\_\_\_\_ \$45,000-\$59,999  
\_\_\_\_ \$60,000 o más

**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**

13. ¿Cómo te defines a ti misma?

Lesbiana

Bisexual

Heterosexual (**Brinca hasta la pregunta 17**)

No me defino/me niego a decirlo (**brinca hasta la pregunta 17**)

14. ¿Tienes actualmente una pareja mujer?

SI  (**Sigue a la pregunta 15**)

NO  (**Bríncale la pregunta 15**)

15. ¿De qué grupo étnico es tu pareja? (por favor checa una respuesta)

Latina

Anglo/Blanca

Asiática

Afroamericana

Otra (Por favor escríbelo) \_\_\_\_\_

16. ¿Cuántos años tenías cuando tuviste tu primera experiencia sexual con una mujer? \_\_\_\_\_

17. ¿Cuántos años tenías cuando te aceptaste a tí misma? \_\_\_\_\_

18. ¿En que ciudad vivías cuando te aceptaste? \_\_\_\_\_

19. ¿Estás fuera del closet con tu mamá? SI  NO

20. ¿Estás fuera del closet con tu padre? SI  NO

21. ¿Cuántas hermanas tienes? \_\_\_\_\_

22. ¿A cuántas de tus hermanas les has dicho? \_\_\_\_\_

23. ¿Cuántos hermanos tienes? \_\_\_\_\_

24. ¿A cuántos de tus hermanos les has dicho? \_\_\_\_\_

25. ¿Cuántos años tenías cuando le dijiste a alguien de tu familia? \_\_\_\_\_

26. ¿Si tú le has dicho a alguien de tu familia, por favor describe porqué decidiste salir del closet?

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27. Si no le has dicho a nadie en tu familia, por favor describe porque has decidido no hacerlo.

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**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**

28. Le has dicho a las personas de tu trabajo? SI \_\_\_\_ NO \_\_\_\_

29. ¿Con quién socializas? (checa todas las respuestas que apliquen)

- mujeres heterosexuales
- mujeres bisexuales
- mujeres lesbianas
- hombres gays
- hombres bisexuales
- hombres heterosexuales
- personas transgénero.

30. ¿Por favor identifica la raza o grupo étnico de tus parejas sexuales previas? (checa todas las que apliquen)

- Latina/o
- Anglo/Blanca/o
- Asiática/o
- Afroamericana/o
- Otras (por favor especifica) \_\_\_\_\_

**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**

**POR FAVOR ENCIERRA EN UN CIRCULO UNA RESPUESTA PARA CADA PREGUNTA.**

- |  |                  |              |              |
|--|------------------|--------------|--------------|
| 31. Una persona puede tener el VIH sin saberlo.  | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 32. El VIH se puede encontrar en la sangre.  | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 33. El SIDA es una enfermedad infecciosa causada por un virus                            | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 34. Los condones no pueden prevenir la transmisión del VIH.                              | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 35. Uno puede saber si alguien tiene el VIH con solo mirarlo/a.                          | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 36. El VIH se puede encontrar en el Semen.   | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 37. Toda persona que tiene el VIH también tiene el SIDA                                  | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 38. Usar guantes durante el sexo<br>puede reducir el riesgo de contraer el VIH           | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 39. El VIH se puede encontrar en la leche materna.                                       | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 40. Uno puede saber si alguien tiene el SIDA con solo mirarlo/a.                         | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 41. El VIH se puede encontrar en las secreciones vaginales.                              | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 42. Usar un hule dental no puede reducir el riesgo de contraer el VIH                    | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 43. La envoltura de plástico puede usarse<br>para prevenir el VIH cuando se tiene sexo.  | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 44. Hay una cura para el SIDA.   | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 45. Una mujer embarazada con el VIH puede pasárselo a su bebé.                           | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 46. Cualquiera que tenga el VIH puede transmitírselo<br>a alguien más a través del sexo. | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |
| 47. El cloro puede matar al virus del SIDA   | <b>Verdadero</b> | <b>Falso</b> | <b>No Se</b> |

**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**



**POR FAVOR COLOCA UNA (X) JUNTO A TU RESPUESTA.**

48. ¿Cómo has recibido información sobre el VIH? (checa todas las respuestas que apliquen)

- televisión
- radio
- periódico
- revista
- doctora/enfermera
- amigos
- trabajo
- iglesia
- escuela
- tus padres
- feria de la salud
- otra \_\_\_\_\_

49. ¿Quién puede contagiarse con el VIH? (checa todas las respuestas que apliquen)

- niños
- mujeres heterosexuales
- mujeres bisexuales
- mujeres lesbianas/gay
- hombres heterosexuales
- hombres bisexuales
- hombres gay
- alguien que comparta las agujas

50. ¿Cuánto consideras que sabes sobre el VIH?

- No mucho
- Algo
- Mucho

**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**

**POR FAVOR CONTESTA LAS SIGUIENTES PREGUNTAS (Encierra en un círculo tu respuesta)**

51. ¿Qué tan posible crees que es que tú te contagies del VIH?

nada posible

algo posible

muy posible

52. ¿Qué tan preocupada estás de que te pudieras contagiar del VIH?

no muy preocupada

algo preocupada

muy preocupada

**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**

**POR FAVOR INDICA TU RESPUESTA COLOCANDO UNA (X) JUNTO A TU RESPUESTA O ESCRIBIENDO TU RESPUESTA EN LA LINEA APROPIADA.**

53. Por favor describe en tus propias palabras lo que significa sexo más seguro para tí.

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54. ¿Qué tan importante es para tí practicar sexo más seguro?

nada importante \_\_\_\_\_  
 algo importante \_\_\_\_\_  
 muy importante \_\_\_\_\_

55. En los últimos 6 meses, cuantas parejas sexuales has tenido?

mujeres \_\_\_\_\_  
 hombres \_\_\_\_\_

56. En tu vida, cuántas parejas sexuales mujeres has tenido? (si no estás segura, por favor aproxima) \_\_\_\_\_

57. En tu vida, cuántas parejas sexuales hombres has tenido? (si no estás segura, por favor aproxima) \_\_\_\_\_

58. ¿Alguna vez te haz hecho un exámen del VIH?

sí \_\_\_\_\_ (ve a la pregunta 59)  
 no \_\_\_\_\_ (brinca la pregunta 59)

59. ¿Cuántas veces? \_\_\_\_\_

60. ¿Con que frecuencia usas el hule dental o la envoltura plástica cuando tienes relaciones sexuales?

nunca \_\_\_\_\_  
 a veces \_\_\_\_\_  
 casi siempre \_\_\_\_\_  
 siempre \_\_\_\_\_

61. ¿Con qué frecuencia usas guantes cuando tienes relaciones sexuales?

nunca \_\_\_\_\_  
 a veces \_\_\_\_\_  
 casi siempre \_\_\_\_\_  
 siempre \_\_\_\_\_

**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**

62. ¿Con qué frecuencia usas condones cuando tú compartes juguetes sexuales o tienes relaciones sexuales con hombres?

- nunca \_\_\_\_\_
- algunas veces \_\_\_\_\_
- casi siempre \_\_\_\_\_
- siempre \_\_\_\_\_

63. Si tú no usas plásticos dentales o envoltura de plástico, guantes, o condones siempre que tienes relaciones sexuales, por favor checa las razones abajo (todas las que apliquen)

- No se donde conseguirlas \_\_\_\_\_
- No sé como usarlos \_\_\_\_\_
- No es importante para mí \_\_\_\_\_
- A mi(s) pareja(s) no le(s) gusta usarlos \_\_\_\_\_
- No estoy en riesgo de contraer el VIH \_\_\_\_\_
- Los materiales son muy caros \_\_\_\_\_
- Me da vergüenza comprar los materiales \_\_\_\_\_
- La sensación no es la misma \_\_\_\_\_
- Es muy incómodo \_\_\_\_\_
- No es espontáneo \_\_\_\_\_
- Otros (por favor haz una lista) \_\_\_\_\_

**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**

**POR FAVOR INDICA TU RESPUESTA COLOCANDO UNA (X) JUNTO A TU RESPUESTA O ESCRIBIENDO TU RESPUESTA EN LA LINEA INDICADA.**

64. En los últimos 30 días, aproximadamente con qué frecuencia bebiste alguna bebida alcohólica (cerveza, vino, o una bebida con licor fuerte)

- Todos los días
- Casi cada día
- de 3 a 4 veces por semana
- Una o dos veces por semana
- 2 ó 3 veces por mes
- Una vez
- Nunca durante los últimos 30 días, pero he bebido antes
- Nunca antes he probado una bebida alcohólica.

65. En los últimos 12 meses, aproximadamente con qué frecuencia bebiste alguna bebida alcohólica (cerveza, vino, o una bebida con licor fuerte)

- Todos los días
- Casi cada día
- de 3 a 4 veces por semana
- Una o dos veces por semana
- 2 ó 3 veces por mes
- Una vez por mes
- de 6 a 11 veces por año
- de 1 a 5 veces por año
- Nunca durante los últimos 12 meses, pero he bebido antes
- Nunca antes he probado un bebida alcohólica.

66. ¿En los últimos 12 meses, cuantas veces dirías que te emborrachaste?

- Todos los días
- Casi cada día
- de 3 a 4 veces por semana
- Una o dos veces por semana
- 2 ó 3 veces por mes
- Una vez al mes
- de 6 a 11 veces por año
- de 1 a 5 veces por año
- Nunca durante los últimos 12 meses

67. ¿En general, como cuántas bebidas tienes que beber para sentirte tomada? \_\_\_\_\_ bebidas.

68. Generalmente, cuando bebes, (vino, cerveza, o licor fuerte), ¿cuántos tragos bebes en una sola ocasión?  
\_\_\_\_\_ tragos.

**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**

69. ¿ Con qué frecuencia tienes relaciones sexuales después de beber alcohol?

- nunca
- muy raras veces
- algunas veces
- frecuentemente
- siempre

70. Por favor enlista los tipos de drogas que has usado en los últimos 30 días.

---

71. Por favor enlista los tipos de drogas que has usado en los últimos 12 meses.

---

72. ¿ Con qué frecuencia tienes relaciones sexuales después de tomar drogas?

- nunca
- muy raras veces
- algunas veces
- frecuentemente
- siempre

73. ¿Alguna vez has compartido agujas en el pasado?

- Sí
- No

74. ¿Has compartido agujas en los últimos 12 meses?

- Sí
- No

**POR FAVOR CONTINUA EN LA SIGUIENTE PAGINA**

75. Por lo general, que idioma(s) lee y habla usted?

solo Espanol

Espanol mejor que Ingles

ambos por igual

Ingles mejor que Espanol

solo Ingles

76. Cual fue el idioma(s) que hablo cuando era nina?

solo Espanol

Espanol mejor que Ingles

ambos por igual

Ingles mejor que Espanol

solo Ingles

77. Por lo general, en que idioma(s) habla en su casa?

solo Espanol

Espanol mejor que Ingles

ambos por igual

Ingles mejor que Espanol

solo Ingles

78. Por lo general, en que idioma(s) piensa?

solo Espanol

Espanol mejor que Ingles

ambos por igual

Ingles mejor que Espanol

solo Ingles

79. Por lo general, en que idioma(s) son los programas de television que usted ve?

solo Espanol

Espanol mejor que Ingles

ambos por igual

Ingles mejor que Espanol

solo Ingles

80. Por lo general, en que idioma(s) son los programas de radio que usted escucha?

solo Espanol

Espanol mejor que Ingles

ambos por igual

Ingles mejor que Espanol

solo Ingles

81. Por lo general, en que idioma(s) prefiere oír y ver películas, y programas de radio y televisión?

solo Español

Español mejor que Inglés

ambos por igual

Inglés mejor que Español

solo Inglés

82. Sus amigos y amigas más cercanos son:

Solo Latinos

Más Latinos que Americanos

Casi mitad y mitad

Más Americanos que Latinos

Solo Americanos

83. Usted prefiere ir a reuniones sociales/fiestas en las cuales las personas son:

Solo Latinos

Más Latinos que Americanos

Casi mitad y mitad

Más Americanos que Latinos

Solo Americanos

84. Las personas que usted visita o que le visitan son:

Solo Latinos

Más Latinos que Americanos

Casi mitad y mitad

Más Americanos que Latinos

Solo Americanos

85. Si usted pudiera escoger los amigos(as) de sus hijos(as), quisiera que ellos(as) fueran:

Solo Latinos

Más Latinos que Americanos

Casi mitad y mitad

Más Americanos que Latinos

Solo Americanos





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TO: Emily Perez  
5425 Garfield Way  
Felton, CA 95018

FROM: Serena W. Stanford *Serena W. Stanford*  
AVP, Graduate Studies & Research

DATE: February 19, 1998

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

**"Self-Identified Lesbian, Bisexual, and Heterosexual  
Latina Women who have Sex with Women"**

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Serena Stanford, Ph.D., immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that all subjects need to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at  
(408) 924-2480.