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Gender Matters: Condom Use and Nonuse among Behaviorally Bisexual Men

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Abstract

Although frequently cited as being at high risk for HIV/STI transmission, little is known about behaviorally bisexual men's patterns and experiences of condom use and nonuse with male and female sexual partners. Using a variety of recruitment techniques informed by a Community Advisory Committee, a total of 77 behaviorally bisexual men were recruited from Indianapolis, Indiana to participate in semi-structured interviews focused on sexual health. Qualitative data were collected containing detailed information on their patterns and experiences of condom use and nonuse with both male and female partners. Participants described numerous commonly reported barriers for consistent condom use, as well as distinct bisexual-specific barriers. The majority reported consistent condom use with male and female casual partners, but many who did not use condoms described doing so in the context of ongoing relationships. In addition, participants provided reasons for condom use and nonuse that varied based on the gender of the partner and the type of relationship with the partner. Future interventions focused on increasing condom use among behaviorally bisexual men should take into account the unique complexities of gender and relationship configurations in this distinct population.

Keywords

Bisexuality; Bisexual Men; Sexual Behavior; Condom Use; Gender

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INTRODUCTION

Although behaviorally bisexual men are often noted as a “high risk” population for sexually transmitted infections (STI) and the human immunodeficiency virus (HIV), limited research exists on condom use and condom nonuse among behaviorally bisexual men with their male and female sexual partners (Dodge et al., 2013; Jeffries & Dodge, 2007; Muñoz-Laboy & Dodge, 2007). Existing public health research and surveillance efforts examining sexual health and behavior among bisexual men have often combined behaviorally bisexual men with exclusively homosexual men within the constructed category of men who have sex with men (MSM). This trend is most evident in the literature addressing sexual risk behavior and HIV/STI among men.

The term MSM was originally developed by epidemiological surveillance systems in order to emphasize the behaviors that have a higher likelihood of disease transmission (i.e., unprotected sexual activity with male partners) rather than sexual self-identity labels that may not accurately reflect actual behaviors (i.e., gay, bisexual, heterosexual, or other) (Sandfort & Dodge, 2009; Young & Meyer, 2005). As such, HIV and STI prevalence data remain limited to existing risk categories developed by local, regional, and national health jurisdictions. Results of HIV testing conducted in 21 cities as a part of the National HIV Behavioral Surveillance System showed that 19% of MSM tested in 2008 were HIV-positive and that overall HIV prevalence increased with age; however prevalence also decreased with higher levels of education and income (CDC, 2010). In addition to HIV, research has documented a troubling rise of syphilis infections among MSM. Recent data show that MSM account for 72% of all primary and secondary syphilis cases in the United States (CDC, 2013). Many cases of other STI are undiagnosed and unreported, with some not routinely reported to health monitoring systems.

Within the midwestern United States, as demonstrated in the state of Indiana, HIV and STI rates differ in terms of burden and distribution in comparison to large urban areas on the East or West Coasts. Rates are higher in Central Indiana and the Indianapolis Metropolitan area with the vast majority of individuals diagnosed with HIV or an STI residing in the urban areas of the state. Half of newly diagnosed HIV-positive individuals live in the Indianapolis Metropolitan area (ISDH, 2012). Men account for the majority of new infections across all racial and ethnic groups. The rate of new cases of HIV among Black men (63.5) is especially high, compared to their Latino (18.5) and White (7.3) counterparts (Indianapolis State of Department Health, 2012). The majority of new cases are attributed to the “MSM” risk category across all ethnic groups, with a diagnosis rate of 7.7 per 100,000 (Indianapolis State of Department Health, 2012). Epidemiologic data also illustrate the continued increase of primary and secondary syphilis cases in MSM residing in the Indianapolis Metropolitan area (Indianapolis State of Department Health, 2012). In short, MSM bear a disproportionate burden of STI and HIV in the Indianapolis Metropolitan area. The Indianapolis area remains relatively understudied and underserved in terms of public health issues. Given the heavy burden of HIV, STI, and other potentially negative health outcomes in Indianapolis (Satinsky et al., 2008), there is a continued to need to explore sexual health issues among men in this community. As the category “MSM” may obfuscate the sexual and risk behaviors of the substantial numbers of these men who may also engage

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in concurrent sexual activity with female partners, there is also a need to investigate sexual health among men who have sex with both men and women (MSMW).

The tendency to lump behaviorally bisexual men with exclusively homosexual men may mask the unique sexual health concerns faced by bisexual men, as well as those of their male and female sexual partners (Dodge, Reece, & Gebhard, 2008; Malebranche, 2008). Research has explored disconnects between sexual identity and sexual behavior, revealing a considerable number of behaviorally bisexual men (i.e., those who engage in sexual behavior with both male partners and female partners) who do not self-identify as "bisexual" (Pathela et al., 2006). There are gaps in the literature on behaviorally bisexual men's reported reasons for using condoms, and not using condoms, with their male and female partners (Sandfort & Dodge, 2008). Behaviorally bisexual men have been historically portrayed by public health professionals as a "bridge" for spreading HIV and STI, usually from their male partners to their female partners; however, the current research remains inconclusive in regards to epidemiological evidence to substantiate the "bisexual bridge" (Chow, Wilson, & Zhang, 2011; Kahn, Gurvey, Pollack, Binson, & Catania, 1997; Mercer, Hart, Johnson, & Cassell, 2009; Zule, Bobashev, Wechsberg, Costenbader, & Coomes, 2009). As a relatively "hidden" population, there has been a tendency in the media to sensationalize and stigmatize bisexual men "on the Down Low," particularly Black bisexual men, portraying these men as secretively engaging in "risky" sexual activities (i.e., unprotected sex with male partners) while simultaneously and recklessly putting their unsuspecting female partners at risk for HIV or STI (Dodge, Jeffries, & Sandfort, 2008; Malebranche, Arriola, Jenkins, Dauria, & Patel, 2010; Millett, Malebranche, Mason, & Spikes, 2005; Sandfort & Dodge, 2008).

Results from the National Survey of Family Growth (NSFG) indicate that rates of condom use among behaviorally bisexual men in a probability sample are similar to rates among exclusively heterosexual and homosexual men. This research suggests that behaviorally bisexual men in this nationally representative study are actually more likely to report using condoms at last sexual event in comparison to other men (Jeffries & Dodge, 2007). Among adolescent and emergent adult bisexual men, other studies have shown them to be significantly less likely than their exclusively heterosexual counterparts, and more likely than their exclusively homosexual counterparts, to report using a condom at last sexual event (Goodenow, Netherland, & Szalacha, 2002). A potential explanation for this trend may be the role of potential psychological and social correlates of sexual behavior that have emerged in the literature. Specifically, studies have found that social anxiety (Hart & Heimberg, 2005), loneliness (Hubach, DiStefano, & Wood, 2012), and distress related to sexual identity (Martin & Pallortta-Chiarolli, 2009; Strathdee et al., 1998; Wright & Perry, 2006) have contributed to condom nonuse among adolescent and emergent adult bisexual men. As younger behaviorally bisexual adult men age, there may be a decrease in which these psychological and social factors influence condom use.

Previous studies of Black bisexual men suggest a common perception that sex with women is "less risky" than men, influencing their decisions to not use condoms with female partners (Malebranche et al., 2010; Dodge et al., 2008). In the general population, Higgins, Hoffman, and Dworkin (2010) note that women are commonly portrayed and perceived as more

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"vulnerable" to HIV infection from male sexual partners not only because of men's sexual power and privilege but also due to the higher level of biological risk of infection from male sexual partners. Bisexual men's tendency to equate greater sexual risk with male partners may be related to the established greater risk associated with unprotected sex with male partners in comparison to female partners. The changing HIV epidemic, specifically within the Black community, may influence risk perceptions among behaviorally bisexual men as it has with other Black men and women (Dodge et al., 2010). HIV-related stigma associated with same-sex behavior may be related to perceptions of greater risk for male sexual partners in comparison to female sexual partners (Dowshen, Binns, & Garofalo, 2009; Hatzenbuehler, O'Cleirigh, Mayer, Mimiaga, & Safren, 2011; Jerome & Halkitis, 2009).

Common contextual factors that influence consistent condom use in the general population have also been reported by Black bisexual men (e.g., "when I'm caught up in the moment," "if I'm drunk," etc.) (Dodge et al., 2008; Malebranche et al., 2010;). Similar findings have been observed in ethnographic research on Latino bisexual men (Muñoz-Laboy & Dodge, 2005; Padilla, 2008). As yet, however, the influence of contextual factors on condom use has not yet been explored among White bisexual men. Negative attitudes regarding condom use, spontaneity of a particular sexual experience, the potential to decrease sexual pleasure with partners, and lack or perceived self-efficacy for enacting condom use have been found to be correlated with condom nonuse in convenience samples of college students (Crosby, Milhausen, Yarber, Sanders, & Graham, 2008; Seal & Palmer-Seal, 1996). Condom nonuse has been found to be related to trust building and an inherent desire for emotional connection with sexual partners (Gebhardt, Kuyper, & Greunsven, 2003; Hays, Kegeles, & Coates, 1997; Shernoff, 2005). Coupled with negative psychological states (e.g., depression, anxiety, and loneliness) the desire for intimacy has been found to decrease overall condom use (Hart & Heimberg, 2005; Hubach et al., 2012; Shernoff, 2005).

The type of sexual relationship, established or casual, has been found to influence condom use and nonuse with many individuals highlighting the need to prevent pregnancy, to prevent disease, or to prevent both (Hensel, Stupiansky, Herbenick, Dodge, & Reece, 2012). Relationship type has been found to impact condom use or nonuse in a wide range of samples, including probability (Bauman, Karasz, & Hamilton, 2007; Corbett, Dickson-Gómez, Hilario, & Weeks, 2009; Noar et al., 2012; Rosenberger et al., 2012; Sanders et al., 2010). Reasons for condom nonuse in numerous forms of relationships have been found to include perceived monogamy, perceived minimal threat for HIV/STI, or the current utilization of other forms of birth control (Civic, 2000; Reece et al., 2010; Seal & Palmer-Seal, 1996). For individuals in casual relationships, issues of condom acquisition and availability have been cited as important determinants of condom use (Anderson, Wilson, Doll, Jones, & Barker, 1999).

Public health approaches have often failed to differentiate reasons for condom use and nonuse between heterosexual or homosexual populations, while bisexual and behaviorally bisexual populations are often overlooked entirely. The recent decade has seen a continued change in the epidemiological profile of HIV and STI in the United States. Additionally, societal attitudes towards condom use are in a constant state of flux, along with changes in sexual relationship structures and behaviors (Herbenick et al., 2010a). These highlight the

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importance of understanding the reasons behaviorally bisexual men may choose to use or refrain from using condoms. There is also an increasing need to understand such behaviors at the event level (Hensel, Stupiansky, Herbenick, Dodge, & Reece, 2011; Herbenick et al., 2010b). Given the nascent literature on this subject, explorative qualitative research is particularly well-suited for gaining insight into reasons for condom use among behaviorally bisexual men. Through a series of 77 in-depth interviews, we sought to explore reasons for condom use and nonuse with both male and female sexual partners in a diverse sample of behaviorally bisexual men. Additionally, to contextualize participants' experiences, we also examined reasons how condom use may be difficult with male or female partners, as well as perceived and actual barriers to condom use with sexual partners.

METHOD

Participants

A total of 77 behaviorally bisexual men participated in the study. The average age was 33.3 years (SD = 11.5), with a range from 19 to 70 years old. The racial/ethnic breakdown of the sample categories were nearly equal, with 35.2% (n = 27) self-identifying as Latino, 32.4% (n = 25) as White, and 32.4% (n = 25) as Black. It is important to note that monthly income was utilized as a proxy for potential socioeconomic status (SES), with a large portion of the sample (46.8%, n = 36) reporting a monthly income of less than $1,000. Table 1 provides information on other demographic characteristics of this sample.

Our study included a diverse sample of behaviorally bisexual men recruited from Indianapolis, Indiana, a large urban area in the Midwestern United States. To ensure relevance in terms of bisexual behaviors, we recruited a sample of men who, regardless of sexual identity, engaged in oral, vaginal, and/or anal sex with at least one male and at least one female partner during the past six months. Studies have varied greatly in the time period for which sexual behavior may be classified as "bisexual," but we chose six months as the duration defining bisexual behavior to obtain a more accurate account of condom use among men who are currently behaviorally bisexual (and therefore distinct from currently exclusively homosexual or heterosexual) (Malebranche, 2008).

Based on recommendations from the study's formal Community Advisory Committee, which included behaviorally bisexual men as well as members of several community-based organizations who serve the needs of diverse groups of men in the Indianapolis area, we made targeted efforts to recruit a diverse sample of Latino, non-Latino Black and non-Latino White men. All categorizations of race/ethnicity were based on self-identification. These three racial/ethnic groups were selected for comparison due to three main reasons: (1) census data continues to demonstrate these men comprise the largest proportion of residents in the Indianapolis Metropolitan area, (2) are routinely served by the various community-based organizations in the area of interest, (3) Black and Latino men, in particular, have been found to be adversely impacted by HIV/STI, and (4) there is a lack of information on the sexual risk and protective behaviors among White bisexual men. Given the challenges of recruiting and engaging an already stigmatized and relatively hidden population, we chose not to restrict our sample based on SES or other demographic variables. Based on our pilot research, we combined a variety of sampling techniques including clinic-based recruitment,

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Internet-based recruitment, and participant referral. Our community partners discouraged us from relying on traditionally utilized "gay-identified" spaces (gay bars, clubs, pride parades, etc.), and instead recommended general locations including barbershops, restaurants, public spaces, sand a wide range of other community-based venues. Recruitment flyers and cards, both in English and in Spanish, were posted within the selected venues. All recruitment materials targeted men, in general, and did not contain the word "bisexual." Potential participants were invited to take part in a study on "men's sexual health." They were pre-screened during a telephone interview and, if they were eligible based on having engaged in sexual activity with at least one male and at least one female sexual partner during the past 6 months, invited to participate in the study. While this process involved pre-screening dozens of potentially ineligible participants, it enabled our research team to recruit a diverse sample of participants that could not have been reached otherwise. When asked about how they came to participate in the study, the vast majority of men (n = 65, 84%) indicated that they would not have taken recruitment materials that contained the words "bisexual" or "gay."

Consenting participants were scheduled for a confidential 90-minute in-depth interview. These interviews were conducted in English (n = 60) or Spanish (n = 17) by trained members of the research team in a wide range of community venues. No personal identifying information was collected. Upon completion of the interview, participants were given the option to be tested for a variety of STI using self-collected sampling (see Dodge et al., 2012a). When finished with all study protocols, they received $50 for their participation in the study, an amount which is in line with similar public health research studies in the area. All protocols for the study were approved and overseen by the institutional review boards of the researchers' academic institutions.

Measures

A semi-structured interview guide was developed to elicit narratives from participants across a range of domains related to sexual health. The guide consisted of main questions and content-specific probes, which were based on findings from the existing literature. In an effort to avoid the introduction of unnecessary bias, probes were only minimally used. For categorical development and to gain a deeper understanding of participants rationale for condom use and nonuse with both male and female sexual partners, questions were designed to elicit narratives from participants regarding: (1) frequency and reason(s) for condom use and non-use with male partners and female sexual partners, (2) potential and perceived barriers to condom use with male partners and female sexual partners, and (3) perceived levels of difficulty using condoms with male and female sexual partners. We also used a brief questionnaire to acquire participants' demographic data.[1]

Data Analysis

All interviews were digitally audio-recorded, transcribed verbatim, and double-checked for accuracy against the recordings. We used a grounded theory approach to inductively identify and interpret concepts and themes that emerged from the interview transcripts (Corbin & Strauss, 2008). Concepts were the most basic unit of meaning from which our results

[1]A copy of the semi-structured interview guide is available from the corresponding author upon request.

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developed, and we grouped related concepts into themes. This method involved multiple readings of transcripts and interview notes, and analytic induction via open and axial coding of the data using NVivo (Version 9). Coding was completed by two researchers independently and compared for agreements. Open coding involved assigning conceptual codes to small sections of words, phrases, and sentences in the transcripts. This was followed by axial coding, whereby we identified relationships among like concepts and categories, for which we then combined them into themes.

RESULTS

As highlighted in Table 2, we identified four main categories for condom use and nonuse among behaviorally bisexual men. From this, we found three main themes that explained the interplay between gender of sexual partner, relationship type, and condom use and nonuse among behaviorally bisexual men. Specifically, behaviorally bisexual men: (1) weighed their potential risks of acquiring HIV/STI or for having an unintended pregnancy; (2) rationalized condom use or nonuse with a sexual partner by relationship type; and (3) on occasion, relinquished condom use decision-making to their sexual partners. Through our analysis, there were also prevalent contextual differences among these men which influenced their respective experiences of condom use.

Social Norms and Condom Use

Most participants who reported regular use of condoms with their sexual partners, regardless of gender, placed significant importance on the physical and sexual well-being of both their partners and themselves. As such, regular condom users stated that condom use was not difficult with either male or female partners because condom use is simple and is always done. For these men, social norms around condom use with sexual partners, especially with casual or episodic partners, may prevail. As highlighted by one participant, sexual behavior with a potential partner was always contingent upon the use of a condom: “For me it is the same. There are not any differences. You use it or you use it.” (29 years, Latino)

Contextual Factors and Condom Nonuse

For most participants who reported being inconsistent or nonusers of condoms with male and female sexual partners showed a lack of long-range perspective around issues of overall sexual health. As such, condom use at the event level, in particular, was influenced by four contextual factors which were observed equally among inconsistent and nonusers: pleasure expectations, condom access, spontaneity of sexual encounter, and substance use.

Some participants reported unprotected sexual behavior as being a mode for increasing overall sexual pleasure with partners. As such, there was a desire for increased positive sensations that are perceived to be associated with engaging in sexual intercourse without the use of a condom.

> Just in the beginning, and beginning of my sexual experimentation, I always did–always–I would never hesitate to put on a condom, or have the other person put on a condom, or definitely. But as time went on, the first time that I barebacked it was like this is why people do this, you know? And then from there it was kind of like

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> opening Pandora's Box, and I had trouble getting it closed again… (27 years, White)

As sexual performance may be one indicator of sexual pleasure, these participants specifically indicated that condoms made it more difficult for them to maintain an erection during sexual activities. This desire to increase sexual pleasure for both themselves and for their partner ultimately influenced decisions not to use condoms: "I try to use them all the time but I mean there's been occasions where the wrong kind of condoms, my erection will go down, trying to get it on and then it don't feel right." (41 years, Black)

Situational context that surrounded sexual behavior were also considered by some participants. For example, these participants reported "getting caught up in the heat of the moment," which made it more difficult for them to stop and analyze the potential risks of engaging in sexual activities with their sexual partners without the use of a condom: "Oh, it would be the intensity, the involvement. There's a timeout when you use a condom, and that would be drawback, I'm sure. Well, it is, sometimes." (70 years, White) Negotiating condom use with sexual partners was seen as a potential interruption of sexual behavior, thereby increasing the chances that sexual pleasure would be minimized.

> Putting–it's actually, you know–it's stopping. I know that you probably hear this all the time, but it's stopping in the middle of the sex act to put one on when you're extremely aroused, and you're doing it or whatever, and it's just–and it's awkward. (27 years, White)

Among many inconsistent users, a common barrier to condom use was a lack of condom access. Specifically, issues around access often arose when participants were engaging in unplanned sexual behavior with casual partners.

> I mean availability. Sometimes you'll get home from the bars with a girl or sometimes you don't want to go out and get a condom. I think that's something that could play a major role into that. (22 years, White)

Among some participants, unplanned sexual behavior also tended to be associated with drug and/or alcohol use. Although substance use was portrayed as a manner for making participants more sexually available to potential partners, it more commonly led these men to engage in unprotected sexual behavior for which they would not typically engage in.

> When you are drunk you don't care to protect yourself and you want it to happen and that's it. Because with my five senses I would protect myself, but when you are drunk it is different. (22 years, Latino)

Perceived Risk for Acquiring HIV/STI or Having an Unintended Pregnancy

Overall, fears of acquiring an STI or HIV were commonly related to motivations to use condoms with both male and female partners. Additionally, most participants who reported a desire to prevent an unintended pregnancy with female sexual partners gravitated towards increased condom use. An increased perception of pregnancy risk motivated these men to adopt health-protective sexual behaviors.

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Within the context of sexual behavior with male sexual partners, most participants reported condom use when engaging in anal intercourse. When asked about their sexual behaviors with male sexual partners, participants were prompted to describe: (1) what sexual behaviors occurred, (2) if a condom was used, who wore the condom on their penis, and (3) if the participant was the insertive or receptive partner for this sexual act. When asked how often they used or did not use condoms with male partners, two thirds of the participants (n = 49, 65%) reported consistently using condom use with male partners during most sexual encounters (e.g., always, almost always, always except in one specific occasion, always except with specific partner). These participants provided numerous reasons for consistent condom use with male partners, even within the context of being the insertive or receptive partner for both oral and anal intercourse. Specifically, the majority mentioned fear of STI or HIV acquisition: “Males, all the time because of the fact that AIDS is transmitted through us more because of the sexual acts we go through. Women, I say about the same, maybe less” (22 years, Black). Although most participants reported not using condoms for oral sex, both giving and receiving, during their last sexual encounter, a few (n = 6, 8%) specifically described in detail not using condoms for oral sex or mutual masturbation as reasons they would not use condoms with male partners: “Orally I just, you know, I guess I never thought it was a risk for HIV to be contracted orally, and so…” (41 years, White).

When asked about when they used or did not use condoms with female partners, just over half of the participants (n = 42, 56%) indicated consistent condom use with their female partners during most sexual encounters (e.g., always, almost always, always except in one specific occasion, always except with specific partner): “I use condoms with my female partners all the time” (30 years, Black).

Notably, consistent condom use with female partners was reported primarily for the prevention of potential unintended pregnancy. This was particularly true for female sexual partners who were not an ongoing or primary partner (i.e., wife, girlfriend) of the participant.

> Yeah, pregnancy is definitely a risk. My wife doesn't…we don't have that problem but yeah, I consider that a risk. I make sure people, if I'm going to have vaginal sex with somebody other than my wife, I make sure they have a condom. I use a condom or they're on birth control or doing something. I don't want to be no daddy. (53 years, White)

Additionally, some participants’ likelihood of using a condom decreased if a female sexual partner reported that she was on birth control or could not become pregnant (e.g., due to not being of childbearing age or having other medical conditions).

> Mainly because none of my baby mamas I have to–I don’t have to use condoms with them, because they all got their tubes tied. So, for me, to mess with anybody outside of my circle would mean that I have to put a condom on. That’s why I don’t really mess around outside of my circle. (27 years, Black)

It is important to note, however, that several participants were well aware of the risks of pregnancy with female sexual partners but were not opposed to an unintended pregnancy resulting from their sexual encounters (due to the desire to have children and a family, the

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act of having children serving as an indicator of masculinity, or the perception that caring for a children was the responsibility of the female partner).

> Well, they're risks. Yes, pregnancy with a woman, yes, true but you are already aware that that's something that can happen I mean if you…in my case, I know that if I have sex with a woman, that will be something that may happen and I'm pretty open to that anyways. (28 years, Latino)

Rationalized Condom Use or Nonuse with a Sexual Partner by Relationship Type

Overall, most participants reported using condoms with casual partners with much greater frequency than with primary or established partners, regardless whether the partners were male or female. Furthermore, many participants described relationship status as a potential barrier to condom use, specifically when there had been trust established within the relationship. For the majority of these participants, the establishment of trust coincided with completing STI/HIV testing for themselves and their partners; however, these men failed to discuss how potential window periods for STI/HIV influenced sexual behavior and the building of trust. Trust, therefore, was utilized as a marker for allowing men to engage in unprotected sexual behavior with their partner.

> We were in a relationship for three years, and in the beginning we did, but towards the end she was on birth control, and I had no reason to believe that she was cheating, or doing anything, and I wasn't, so there's no fears of there being any. (27 years, White)

The influence of relationship type of condom use most notably emerged in discussions around casual male partners. Some participants (n = 9, 18%) reported consistent condom use with casual male partners but not with ongoing male relationship partners: "Other than my regular guy, I always do" (60 years, White). This trend was also noticeable among many participants when discussing their female sexual partners. Out of the participants who reported using condoms consistently with casual female sexual partners, about a quarter (n = 9, 21%) reported not using condoms specifically with a female sexual partner with whom they had an ongoing relationship.

> Participant: With my wife none, and with other people I do use them.
>
> Interviewer: Why do you not use them with your wife?
>
> Participant: Because I trust her, I think she is clean like me. (27 years, Latino)

Relinquished Condom Use Decision-Making to Partners

Many participants reported relinquishing condom use decision-making to their sexual partners in an effort to please both their male and female sexual partners. Participants were asked whether condom use was more difficult with male or female partners, an issue that is specific to behaviorally bisexual men. It is worth noting that 19% of participants (n = 14) did not provide a concrete response in terms of whether it was more difficult to use condoms with male or female partners. Of those who provided more detailed information, about one-third of the total participants (n = 26, 35%) stated that condom use was more difficult with

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male sexual partners. The most common reason was because male partners are less likely to insist on a condom being used than a female partner (n = 7, 27%).

> Because most males don't like to wear them, because they say that they don't like the feeling … but that's when I have to tell them, you know, it's better to use one than to end up somewhere dead. (20 years, Black)

Almost one-third of the participants (n = 23, 31%) stated using a condom was more difficult with females partners. Of these, the most commonly reported reason (n = 6, 26%) was because they enjoyed the sensation of engaging in sexual activity without a condom with their female partner.

> It's more difficult. You don't feel the same way. I mean I'm talking about pleasure is totally different when you have sex without condom is amazing when you do with a condom. I mean in my own experience and opinion I would say without condom with women because it feels different. With men, it doesn't make any kind of difference. (34 years, Latino)

A few participants (n = 5, 6%) reported that their sexual partner's preference for condom nonuse would make it more difficult to use a condom. In many instances, a partner's preference for condom nonuse was directly associated with perceived sexual pleasure. As indicated by one participant, female sexual partners were particularly able to influence the decision of whether or not to use condoms.

> I'd say with my female partners, because they're like, "Let's not use a condom," it's like, "Oh, that would be so awesome…"…they're a little more better at coercing me into it, I'd say. (22 years, White)

DISCUSSION

Participants reported a variety of reasons for condom use and nonuse with both male and female partners. When asked about general barriers to condom use, reports included lack of access to condoms, drug and alcohol use during sexual activity, more pleasurable sensations when not using condoms, getting caught up in the moment, and the influence of the partners' preference to not use a condom. In regards to whether condom use was more difficult with male or female partners, one-third of the participants stated that condom use was more difficult with men. The most common reason reported was that male partners were less likely to insist on using a condom during sexual activity. Another third of participants reported that condom use was more difficult with female partners than with male partners. The most commonly reported reason was being in an established relationship with a female partner where condom use was not a norm or expectation. Participants largely reported consistent condom use with casual male and female partners, with the primary reason for using condoms with male partners being the prevention of HIV/STI acquisition and the desire to prevent unintended pregnancy with female partners.

The general reasons for condom use and nonuse among our participants were similar to findings from previous studies of condom use among diverse groups of other men, including gender of the partner and type of relationship with the partner (Anderson et al., 1999;

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Bauman et al., 2007; Malebranche et al., 2010; Wilton, Halkitis, English, & Roberson, 2005). Our participants reported a variety of relationship configurations, which can be used to inform future condom use interventions, specifically around individualized perceived and actual risk. Overall, condom access influenced use during sexual activity. These findings provide further support to the growing literature on the relationship between access to condoms and consistent condom use (Anderson et al., 1999; Malebranche et al., 2010). The fact that many of the same reasons that inhibited condom use among behaviorally bisexual men are similar to factors commonly reported by men in a variety of other populations reinforces the importance of broad and ongoing intervention efforts aimed at promoting condom use among sexually active men, in general, regardless of their sexual orientation or the gender of their sexual partners.

Our findings highlight how perceived pregnancy risk can affect condom use and nonuse among behaviorally bisexual men with their female sexual partners. Participants reported condom nonuse if their female partners could not become pregnant (e.g., birth control or medical conditions), emphasizing that for a portion of our sample pregnancy prevention was the greatest concern. However, we observed another portion of participants who viewed pregnancy as less of a concern, or even a desired outcome. Indeed, nearly half of the participants had at least one child. As with other studies (Muñoz-Laboy, 2008), Latino participants, in particular, noted the importance of having a child as a marker of masculinity and as a promulgator of family lineage. Such issues are rarely addressed in previous public health research and practice with MSM but represent a substantial concern for bisexual men and their sexual partners. Given recent research highlighting the multiple benefits of “dual protection” (i.e., condoms in combination with other contraceptive methods), along with relatively low rates of dual protection among individuals in the United States in comparison to Western Europe and other contexts, behaviorally bisexual men may be a particularly relevant for intervention efforts emphasizing the importance of using condoms in tandem with other forms of contraception (Higgins & Cooper, 2012).

Our broad approach to participant recruitment may provide new insights into the experiences of bisexual men for a number of reasons. Specifically, previous research analyzing the behavior of bisexual men have used high-risk environments as recruiting venues (e.g., HIV treatment organizations, drug rehabilitation services) or at venues where the majority of the participants who self-identify as bisexual may be more open regarding their sexuality (e.g., pride parades) (Hampton, Halkitis, & Mattis, 2010; Offer et al., 2007; Parsons, Grov, & Golub, 2012). For example, we were able to recruit a substantial number of participants who were married to or in long-term relationships with women and reported consistent condom nonuse with their wives and primary partners because of pre-existing expectations in their relationship which made even the idea of bringing up the topic of condom use difficult task.

There are several limitations to the current study. Since obtaining a probability sample of behaviorally bisexual men is exceedingly difficult (Jeffries & Dodge, 2007), our team relied on purposive sampling techniques, guided by the insight of local community members’ expertise, in order to recruit a diverse sample of behaviorally bisexual men. As this was an exploratory qualitative study, our main goal was not necessarily to be able to generalize to

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larger populations of behaviorally bisexual men living in other geographical areas of the United States or elsewhere. As with the vast majority of sexuality research, we relied on the self-reported experiences and behaviors provided by participants. Self-report may reflect potential biases inherent in the use of interviews for data collection. Although we purposely recruited an ethnically diverse sample, larger studies are warranted with sufficient power to explore the possible nuanced similarities and differences that may occur among behaviorally bisexual men and their partners of various racial/ethnic backgrounds (Martinez et al., 2011; Sandfort & Dodge, 2008). Further in-depth research on the lived experiences of diverse groups of bisexual men, women, and transgender individuals would also add much-needed information on comprehensive health-related issues outside the context of sexual risk and disease transmission (Dodge et al., 2008; Weinberg, Wililams, & Pryor, 1995). These explorations will continue to inform future research and provide comprehensive social service, public health, and medical practitioners with additional tools to address the social context that surrounds condom use.

Our findings have a number of implications for future public health research and for health promotion interventions, practices, and policies with behaviorally bisexual men (Dodge et al., 2012b). Clearly, these results point to the value of addressing reasons for condom use among behaviorally bisexual men in the effort to reduce HIV/STI transmission and infection rates. Without such efforts, relational, structural and psychosocial determinants will continue to influence sexual risk behavior among behaviorally bisexual men. Tailoring an already efficacious evidence-based intervention to specifically address condom use and nonuse reasons among behaviorally bisexual men could prove to be beneficial in mitigating the effects of the social environment that influence behaviorally bisexual men. Future community-based research should continue to explore innovative and improved ways of engaging behaviorally bisexual men in ongoing HIV/STI research and intervention efforts. Current condom use interventions should take into account relationship status in order to provide individuals with practical skills to discuss and initiate condom use with their established partners, particularly if they are engaging in unprotected sex with external relationship partners. Furthermore, this approach will inform practices with behaviorally bisexual men who report condom nonuse within the context of any ongoing relationship but consistent condom use outside of the relationship context.

Interventions aimed at increasing condom use among behaviorally bisexual men must also address the topic of pregnancy, both desired and unintended, including the potential consequences of unintended pregnancy both for bisexual men themselves as well as their female sexual partners. Additionally, our findings speak to the need for holistic sexual health programs that address not only pregnancy prevention but also raising perceptions of HIV/STI acquisition and transmission in order to influence bisexual men’s condom utilization with female partners, in particular. Given that a significant proportion of HIV infections among men in high prevalence areas are attributed to unprotected sexual activity with female partners (Higgins et al., 2010), it is not unthinkable that female partners may also serve as a “bridge” of infection to bisexual male partners in the United States.

Overall, our findings show that many general reasons for condom use and nonuse among behaviorally bisexual men are similar to those in other populations. However, bisexual-

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specific barriers to condom use with partners, such as those depending on their partner's gender and relationship status, were also found. Although our findings lend support to previous findings for both heterosexual and homosexual men around general reasons for condom use and nonuse, most current public health and sexual health interventions are designed for either *exclusively* heterosexual or homosexual men. It is evident that, although behaviorally bisexual men may share similar factors related to condom use and nonuse as their exclusively heterosexual and homosexual counterparts, any tailored or new intervention will need to address some of the challenges that are specific to behaviorally bisexual men and to take into account the unique social context for which these men negotiate condom use with both male and female partners.

There are several aspects of behaviorally bisexual men's social environment that might influence sexual risk behavior among our participants. Social exclusion reinforces behaviorally bisexual men's invisibility in society. Stigma and marginalization of behaviorally bisexual men make them susceptible to structural barriers inhibiting care (Dodge et al., 2012c). As such, there is a lack of social and medical services to address their special psychosocial and sexual health needs. It is thus essential to explore how a hostile social context toward bisexuality in both heterosexual and homosexual communities, which increases bisexual invisibility and further decreases the likelihood of disclosure of men's bisexual behaviors, interplays with condom use and nonuse among this population. The minority stress model (Meyer, 2003), which shows how a hostile social environment (including stigma, discrimination, and prejudice) can be internalized and influence behavior, underscores the importance of addressing social context when addressing health outcomes of all sub-groups of the LGBT community, including behaviorally bisexual men.

Last, future interventions aimed at increasing condom use among behaviorally bisexual men should account for the fact condom use among this population may be more complex due to the diversity of sexual experiences and relationships that these men may have as a result of engaging in sexual behaviors with partners of more than one gender (Dodge et al., 2013). The majority of our participants reported consistent condom use with casual male and female partners and reported condom nonuse within the context of established relationships. Differences in condom use and nonuse varied depending on the gender of the partner. Specifically, the perceived threat of acquiring an STI or HIV often dictated condom use with male sexual partners while the risk of unintended pregnancy was the primary motivation for using condoms with female sexual partners. Thus, condom use interventions targeted toward these men should be individualized to take into account the complex configurations that exist within bisexual men's unique sexual lives.

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REFERENCES

Anderson JE, Wilson R, Doll L, Jones TS, Barker P. Condom use and HIV risk behaviors among U.S. adults: Data from a national survey. Family Planning Perspectives. 1999; 31:24–28. [PubMed: 10029929]

Bauman LJ, Karasz A, Hamilton A. Understanding failure of condom use intention among adolescents. Journal of Adolescent Research. 2007; 22:248–274.

CDC. Prevalence and awareness of HIV infection among men who have sex with men-21 cities, United States, 2008. Morbidity and Mortality Weekly Report. 2010; 59:1201–1207.

CDC. STD trends in the United States: 2011 national data for chlamyida, gonorrhea, and syphilis. Mar. 2013 2013 Retrieved from www.cdc.gov/std/stats

Chow E, Wilson D, Zhang L. What is the potential for bisexual men in China to act as a bridge of HIV transmission to the female population? Behavioural evidence from a systematic review and meta-analysis. BMC Infectious Diseases. 2011; 11:242. [PubMed: 21920042]

Civic D. College students' reasons for nonuse of condoms within dating relationships. Journal of Sex & Marital Therapy. 2000; 26:95–105. [PubMed: 10693119]

Corbett AM, Dickson-Gómez J, Hilario H, Weeks MR. A little thing called love: Condom use in high-risk primary heterosexual relationships. Perspectives on Sexual & Reproductive Health. 2009; 41:218–224. [PubMed: 20444176]

Corbin, J.; Strauss, A. Basics of qualitative research: Techniques and procedures for developing grounded theory. 3rd ed.. Los Angeles, CA: Sage Publications; 2008.

Crosby R, Milhausen R, Yarber WL, Sanders SA, Graham CA. Condom 'turn offs' among adults: An exploratory study. International Journal of STD & AIDS. 2008; 19:590–594. [PubMed: 18725548]

Dodge B, Jeffries WL, Sandfort TGM. Beyond the down low: Sexual risk, protection, and disclosure among at-risk Black men who have sex with both men and women (MSMW). Archives of Sexual Behavior. 2008; 37:683–696. [PubMed: 18512140]

Dodge B, Reece M, Gebhard PH. Kinsey and beyond: Past, present, and future considerations for research on male bisexuality. Journal of Bisexuality. 2008; 8:175–189.

Dodge B, Reece M, Herbenick D, Schick V, Sanders SA, Fortenberry J. Sexual health among U.S. Black and Hispanic men and women: A nationally representative study. Journal of Sexual Medicine. 2010; 7:330–345. [PubMed: 21029389]

Dodge B, Schnarrs PW, Goncalves G, Reece M, Martinez O, Malebranche D, Fortenberry JD. The significance of privacy, trust, and comfort in providing health-related services to behaviorally bisexual men. AIDS Education & Prevention. 2012b; 24:242–256. [PubMed: 22676463]

Dodge B, Schnarrs PW, Reece M, Goncalves G, Martinez O, Nix R, Fortenberry JD. Community involvement among behaviourally bisexual men in the Midwestern USA: Experiences and perceptions across communities. Culture, Health & Sexuality. 2012c; 14:1095–1110.

Dodge B, Schnarrs PW, Reece M, Martinez O, Goncalves G, Malebranche D, Fortenberry JD. Sexual behaviors and experiences among behaviorally bisexual men in the midwestern United States. Archives of Sexual Behavior. 2013; 42:247–256. [PubMed: 22187027]

Dodge B, Van Der Pol B, Reece M, Malebranche D, Martinez O, Goncalves G, Fortenberry JD. Rectal self-sampling in non-clinical venues for the detection of rectal sexually transmitted infections (STI) among behaviorally bisexual men. Sexual Health. 2012a; 9:190–191. [PubMed: 22498165]

Dowshen N, Binns HJ, Garofalo R. Experiences of HIV-related stigma among young men who have sex with men. AIDS Patient Care & STDs. 2009; 23:371–376. [PubMed: 19320600]

Gebhardt WA, Kuyper L, Greunsven G. Need for intimacy in relationships and motives for sex as determinants of adolescent condom use. Journal of Adolescent Health. 2003; 33:154–164. [PubMed: 12944005]

Goodenow C, Netherland J, Szalacha L. AIDS-related risk among adolescent males who have sex with males, females, or both: Evidence from a statewide survey. American Journal of Public Health. 2002; 92:203–210. [PubMed: 11818292]

Hampton MC, Halkitis PN, Mattis JS. Coping, drug use, and religiosity/spirituality in relation to HIV serostatus among gay and bisexual men. AIDS Education & Prevention. 2010; 22:417–429. [PubMed: 20973662]

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Hart T, Heimberg R. Social anxiety as a risk factor for unprotected intercourse among gay and bisexual male youth. AIDS and Behavior. 2005; 9:505–512. [PubMed: 16205961]

Hatzenbuehler ML, O'Cleirigh C, Mayer KH, Mimiaga MJ, Safren SA. Prospective associations between HIV-related stigma, transmission risk behaviors, and adverse mental health outcomes in men who have sex with men. Annals of Behavioral Medicine. 2011; 42:227–234. [PubMed: 21533623]

Hays RB, Kegeles SM, Coates TJ. Unprotected sex and HIV risk taking among young gay men within boyfriend relationships. AIDS Education & Prevention. 1997; 9:314–329. [PubMed: 9376206]

Hensel DJ, Stupiansky NW, Herbenick D, Dodge B, Reece M. Sexual pleasure during condom-protected vaginal sex among heterosexual men. Journal of Sexual Medicine. 2012; 9:1272–1276. [PubMed: 22781082]

Hensel DJ, Stupiansky NW, Herbenick D, Dodge B, Reece M. When condom use is not condom use: An event-level analysis of condom use behaviors during vaginal intercourse. Journal of Sexual Medicine. 2011; 8:28–34. [PubMed: 20840531]

Herbenick D, Reece M, Schick V, Sanders SA, Dodge B, Fortenberry J. Sexual behavior in the United States: Results from a national probability sample of men and women ages 14–94. Journal of Sexual Medicine. 2010a; 7:255–265. [PubMed: 21029383]

Herbenick D, Reece M, Schick V, Sanders SA, Dodge B, Fortenberry J. An event-level analysis of the sexual characteristics and composition among adults ages 18 to 59: Results from a national probability sample in the United States. Journal of Sexual Medicine. 2010b; 7:346–361. [PubMed: 21029390]

Higgins JA, Cooper AD. Dual use of condoms and contraceptives in the USA. Sexual Health. 2012; 9:73–80. [PubMed: 22348635]

Higgins JA, Hoffman S, Dworkin SL. Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS. American Journal of Public Health. 2010; 100:435–445. [PubMed: 20075321]

Hubach RD, DiStefano AS, Wood MM. Understanding the influence of loneliness on HIV risk behavior in young men who have sex with men. Journal of Gay & Lesbian Social Services. 2012; 24:371–395.

Indianapolis State of Department Health (ISDH). HIV/STD/Viral Hepatitis: Indiana semi-annual report. Jul. 2012 2012 Retrieved from http://www.in.gov/isdh/25595.htm

Jeffries WL, Dodge B. Male bisexuality and condom use at last sexual encounter: Results from a national survey. Journal of Sex Research. 2007; 44:278–289. [PubMed: 17879171]

Jerome RC, Halkitis PN. Stigmatization, stress, and the search for belonging in black men who have sex with men who use methamphetamine. Journal of Black Psychology. 2009; 35:343–365.

Kahn JG, Gurvey J, Pollack LM, Binson D, Catania JA. How many HIV infections cross the bisexual bridge? An estimate from the United States. AIDS. 1997; 11:1031. [PubMed: 9223738]

Malebranche DJ. Bisexually active Black men in the United States and HIV: Acknowledging more than the “down low”. Archives of Sexual Behavior. 2008; 37:810–816. [PubMed: 18506612]

Malebranche DJ, Arriola KJ, Jenkins TR, Dauria E, Patel SN. Exploring the "bisexual bridge": A qualitative study of risk behavior and disclosure of same-sex behavior among black bisexual men. American Journal of Public Health. 2010; 100:159–164. [PubMed: 19910348]

Martin, E.; Pallortta-Chiarolli, M. Exclusion by industry: Bisexual young people, marginalization and mental health in relation to substance abuse. In: Taket, A.; Crisp, BR.; Nevill, A.; Lamaro, G.; Graham, M.; Barter-Godfrey, S., editors. Theorizing social exclusion. Abingdon, England: Routledge; 2009. p. XX-XX.

Martinez O, Dodge B, Reece M, Schnarrs PW, Rhodes S, Goncalves G, Fortenberry JD. Sexual health and life experiences: Voices from behaviourally bisexual Latino men in the Midwestern USA. Culture, Health & Sexuality. 2011; 13:1073–1089.

Mercer C, Hart G, Johnson A, Cassell J. Behaviourally bisexual men as a bridge population for HIV and sexually transmitted infections? Evidence from a national probability survey. International Journal of STD & AIDS. 2009; 20:87–94. [PubMed: 19182053]

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Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin. 2003; 129:674–697. [PubMed: 12956539]

Millett G, Malebranche D, Mason B, Spikes P. Focusing "down low": bisexual black men, HIV risk and heterosexual transmission. Journal of the National Medical Association. 2005; 97(7 Suppl.): 52S–59S. [PubMed: 16080458]

Muñoz-Laboy M. Familism and sexual regulation among bisexual Latino men. Archives of Sexual Behavior. 2008; 37:773–782. [PubMed: 18521735]

Muñoz-Laboy MA, Dodge B. Bisexual practices: Patterns, meanings, and implications for HIV/STI prevention among bisexually active latino men and their partners. Journal of Bisexuality. 2005; 5:79–100.

Muñoz-Laboy M, Dodge B. Bisexual latino men and HIV and sexually transmitted Infections risk: An exploratory analysis. American Journal of Public Health. 2007; 97:1102–1106. [PubMed: 17463376]

Noar S, Webb E, Stee S, Feist-Price S, Crosby R, Willoughby J, et al. Sexual partnerships, risk behaviors, and condom use among low-income heterosexual African Americans: A qualitative study. Archives of Sexual Behavior. 2012; 41:959–970. [PubMed: 22194089]

Offer C, Grinstead O, Goldstein E, Mamary E, Alvarado N, Euren J, et al. Responsibility for HIV prevention: Patterns of attribution among HIV-seropositive gay and bisexual men. AIDS Education & Prevention. 2007; 19:24–35. [PubMed: 17411387]

Padilla M. The embodiment of tourism among bisexually-behaving Dominican male sex workers. Archives of Sexual Behavior. 2008; 37:783–793. [PubMed: 18506615]

Parsons JT, Grov C, Golub SA. Sexual compulsivity, co-occurring psychosocial health problems, and HIV risk among gay and bisexual men: Further evidence of a syndemic. American Journal of Public Health. 2012; 102:156–162. [PubMed: 22095358]

Pathela P, Hajat A, Schillinger J, Blank S, Sell R, Mostashari F. Discordance between sexual behavior and self-reported sexual identity: A population-based survey of New York City men. Annals of Internal Medicine. 2006; 145:416–425. [PubMed: 16983129]

Reece M, Herbenick D, Schick V, Sanders SA, Dodge B, Fortenberry J. Condom use rates in a national probability sample of males and females ages 14 to 94 in the United States. Journal of Sexual Medicine. 2010; 7:266–276. [PubMed: 21029384]

Rosenberger JG, Reece M, Schick V, Herbenick D, Novak DS, Van Der Pol B, Fortenberry J. Condom use during most recent anal intercourse event among a U.S. sample of men who have sex with men. Journal of Sexual Medicine. 2012; 9:1037–1047. [PubMed: 22353190]

Sanders SA, Reece M, Herbenick D, Schick V, Dodge B, Fortenberry J. Condom use during most recent vaginal intercourse event among a probability sample of adults in the United States. Journal of Sexual Medicine. 2010; 7:362–373. [PubMed: 21029391]

Sandfort TGM, Dodge B. "…And then there was the Down Low": Introduction to Black and Latino male bisexualities. Archives of Sexual Behavior. 2008; 37:675–682. [PubMed: 18506614]

Sandfort, TGM.; Dodge, B. Homosexual and bisexual labels and behaviors among men: The need for clear conceptualizations, accurate operationalizations, and appropriate methodological designs. In: Reddy, V.; Sandfort, TGM.; Rispel, R., editors. Perspectives on same-sex sexuality, gender and HIV/AIDS in South Africa: From social silence to social science. Pretoria: Human Sciences Research Council; 2009. p. 51-57.

Satinsky S, Fisher CM, Stupiansky N, Dodge B, Herbenick D, Reece M. Sexual compulsivity among men in a decentralized MSM community of the Midwestern U.S. AIDS Patient Care and STDS. 2008; 22:553–560. [PubMed: 18479226]

Seal DW, Palmer-Seal DA. Barriers to condom use and safer sex talk among college dating couples. Journal of Community & Applied Social Psychology. 2005; 6:15–33.

Shernoff M. Condomless sex: Considerations for psychotherapy with individual gay men and male couples having unsafe sex. Journal of Gay & Lesbian Psychotherapy. 2005; 9:149–169.

Strathdee SA, Hogg RS, Martindale SL, Cornelisse PG, Craib KJ, Montaner JS, et al. Determinants of sexual risk-taking among young HIV-negative gay and bisexual men. Journal of Acquired Immune Deficency Syndromes and Human Retrovirology. 1998; 19:61–66.

NIH-PA Author Manuscript

NIH-PA Author Manuscript

NIH-PA Author Manuscript

Weinberg, MS.; Williams, CJ.; Pryor, DW. Dual attraction: Understanding bisexuality. New York: Oxford University Press; 1995.

Wilton L, Halkitis PN, English G, Roberson M. An exploratory study of barebacking, club drug use, and meanings of sex in Black and Latino gay and bisexual men in the age of AIDS. Journal of Gay & Lesbian Psychotherapy. 2005; 9(3/4):49–72.

Wright ER, Perry BL. Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. Journal of Homosexuality. 2006; 51(1):81–110. [PubMed: 16893827]

Young RM, Meyer IH. The trouble with "MSM" and "WSW": Erasure of the sexua-minority person in public health discourse. American Journal of Public Health. 2005; 95:1144–1149. [PubMed: 15961753]

Zule WA, Bobashev GV, Wechsberg WM, Costenbader EC, Coomes CM. Behaviorally bisexual men and their risk behaviors with men and women. Journal of Urban Health. 2009; 86:48–62. [PubMed: 19513854]

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Table 1

Characteristics of behaviorally bisexual men (N = 77)

	n	%
Age (in years)		
19–24	22	28.6
25–29	14	18.2
30–39	13	16.9
40–49	22	28.6
50+	6	7.8
Ethnicity		
Black	25	32.4
Latino	27	35.2
White	25	32.4
Living Situation		
Living Alone	18	23.4
Living with Someone	59	76.6
Marital Status		
Divorced/Separated	8	10.4
Married	12	15.6
Single	57	74
Children		
None	41	53.2
One	16	20.8
Two	11	14.3
Three or More	9	11.7
Education		
Less than High School	18	23.4
High School/GED	23	29.9
Some College/Associate Degree	15	19.5
Bachelor Degree	14	18.2
Graduate/Professional Degree	7	9.1
Employment		
No	13	16.9
Yes	64	83.1
Monthly Income (USD)		
< 1,000	36	46.8
1,000–1,999	20	26.0
2,000–2,999	13	16.9
3,000+	8	10.4

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Table 2

Measures of condom use and nonuse among behaviorally bisexual men

Categories	Sub-categories	Interview Question Examples
Condom use and nonuse with male partner	Consistent condom use Condom nonuse with one specific partner Condom use due to STI risks Consistent condom non-use	How often do you not use condoms with your male sexual partners? Why do you not use condoms at these times? (Or when do you use condoms with male partners and why?)
Condoms use and nonuse with female partner	Consistent condom use Condom nonuse with one specific partner Condom use due to STI risks Consistent condom non-use Condom use and nonuse due to pregnancy concerns	How often do you not use condoms with your female partners? Why do you not use condoms at these times? (Or when do you use condoms with female partners and why?)
Perceived gender-specific barriers	Male sexual partners are less likely to insist on condom use Sensation with a female sexual partners makes condom use more difficult	Do you think that consistently using condoms is more difficult for you with female partners or your male partners? Why?
Perceived and actual barriers to condom use	Not having a condom Alcohol and drug use Persuasion of the sensation Caught up in the moment Partner's preference No barrier	If you want to protect yourself but don't, what kinds of things make it difficult for you not to use condoms to protect yourself?