

Strengths and Vulnerabilities of a Sample of Gay and Bisexual Male Adolescents in Puerto Rico

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Abstract

Adolescence is a developmental process with multiple psychosocial dimensions and the social meanings attributed to it place youth in a social limbo; they are not children but not yet adults. It is important to contextualize the difficulties gay adolescents face due to their sexual identity, their social vulnerability associated to their particular developmental process, and their ethnicity. We explore the vulnerabilities and strengths of a sample of Puerto Rican gay and bisexual (GB) male youth. Participants were 61 highly educated GB youths living in Puerto Rico. Levels of depression, perceived social support, alcohol and drug use, and sexual behavior were assessed. Results show that 45% of participants reported high levels of depression. However participants reported low levels of alcohol and drug consumption, no unprotected sexual behavior, and high satisfaction with social support. Participants showed a high level of resilience associated to their social networks, consistent use of protection for high-risk sexual behavior, and capacity to integrate their sexual orientation to their overall development in a heterosexist Latino society. Although results cannot be generalized to all Puerto Rican GB youth, they are useful to support the need for community level interventions addressing the strengths of this population.

Keywords: Resilience (psychological); homosexuality; bisexuality; adolescents.

Una Muestra de Adolescentes Gay y Bisexuales en Puerto Rico: Fortalezas y Debilidades en una Cultura de Dominación Heterosexual

Compendio

La adolescencia es un proceso de desarrollo de múltiples dimensiones que incluyen los significados sociales que se le atribuyen colocando a la juventud en un limbo social; no son niños o niñas pero todavía no son adultos. Es importante contextualizar las dificultades que enfrentan los adolescentes *gay* debido a su identidad sexual, su vulnerabilidad social asociada a su particular etapa de desarrollo y su etnicidad. Exploramos las vulnerabilidades y fortalezas de una muestra de jóvenes adolescentes *gay* puertorriqueños. Participaron 61 jóvenes *gay* y bisexuales de alto nivel educativo, que residían en Puerto Rico. Examinamos los niveles de depresión, el apoyo social percibido, el uso de alcohol y drogas y la conducta sexual. Los resultados demuestran que el 45% de los participantes informaron altos niveles de depresión. Sin embargo los participantes también mostraron un bajo consumo de alcohol y drogas, poca o ninguna actividad sexual de riesgo y una gran satisfacción con el apoyo social recibido. Los participantes mostraron gran resiliencia asociada a sus redes de apoyo social, el uso consistente de protección en las conductas sexuales de alto riesgo y capacidad para integrar su orientación sexual en su desarrollo personal en una sociedad latina y heterosexista. A pesar de que los resultados no pueden generalizarse a toda la población de jóvenes adolescentes *gay* en Puerto Rico, esta información es útil para apoyar la necesidad de intervenciones a nivel de comunidad que manejen las fortalezas de esta población.

Palabras clave: Resiliencia (psicológico); homosexualidad; bisexualidad; adolescentes.

A Sample of Gay and Bisexual Male Adolescents in Puerto Rico: Strengths and Vulnerabilities in a Heterosexually Dominated Culture

Adolescence is a unique developmental process with a multiplicity of psychosocial dimensions. The social meanings attributed to adolescence subject this population to a social limbo; they are not children but not yet grown up adults. This process might be the most difficult time for the population between 17 and 24 years old. Most of all because many people believe that this is mostly a biological homogeneous process which all adolescents undergo in the same way independently of ethnicity, geography or historical context. There are indeed great differences between being an adolescent living in

California and adolescents in Latin America; between urban and rural youth, between White Anglo adolescents and ethnic minority youth living in the United States. Human development must be understood as a social phenomenon that responds to economic, ethnic, and political contexts.

At the same time, it is important to contextualize the difficulties gay and bisexual adolescents face due to their sexual identity, their social vulnerability associated to their particular developmental process, and their ethnicity (Cohen & Savin-Williams, 1996; Jackson & Sullivan, 1994). In this article we explore some of these implications for Puerto Rican gay and bisexual male youth.

Puerto Rico's Political and Social Context

Puerto Rico is one of the Caribbean's Greater Antilles. With an estimated population of 3,805,000 and a geographical

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area of 114 miles long and 42 wide, it is one of the most densely populated countries in the world (U.S. Census Bureau, 2000). Politically, the island has never been a free country. From 1493 to 1898 it lived under Spanish rule, which explains its predominantly Hispanic traditions and the every day use of Spanish language. Under the 1898 Treaty of Paris, which ended the Spanish-American War, the island became a non incorporated territory of the United States of America. Puerto Ricans have been American citizens since 1917. Although both countries established the Commonwealth of Puerto Rico during 1950-1952, political control over the island resides in the political spheres of the United States. Hence the Congress controls applicability of federal law and jurisdiction of federal courts, citizenship, commerce, currency, migration, patent laws, communications, mail, customs, air and sea transportation, military service, international relations, and treaty development (Berríos Martínez, 1977). Puerto Rico's political scenario can be characterized as one with limited powers.

If Puerto Rico's political scenario seems precarious, it's social every day life is compounded with all sorts of problems. It is alarming that 31.5% of Puerto Rican families live in poverty (U.S. Census Bureau, 1999) and unemployment reached 13.6% in 1998 (Puerto Rico Planning Board, 1999). During 1997 and 1998 a total of 25,000 jobs were lost (Trinidad, 1998). To make matters worse, 40% of the population receives aid from the Nutritional Assistance Program (Ruiz Calderón, 1997) and 128,959 persons receive financial assistance (U.S. Census Bureau, 1999).

The Department of Health of the Commonwealth of Puerto Rico has stated that 31% of our population is not self-sufficient and need some type of assistance (Torres, 1998). Illiteracy is a serious problem for 10% of the population (U.S. Census Bureau, 2000). Crime statistics are alarming since 652 murders and 11,448 thefts were committed in 1999 alone (Police Department, 1999), and numbers have continued to rise (Crímenes y números, 2001). In the Americas, statistics place us second with regards to accumulative reported AIDS cases (Pan-American Health Organization, 2002). In this precarious scenario gay and bisexual youth face yet another obstacle: discrimination.

Challenges Faced by Gay and Bisexual Youth

It is in this social and political context that we are examining the psychosocial implications for gay youth. Among the many challenges that adolescents and young people in Puerto Rico face, gay and bisexual adolescents must address issues related to culture and sexual orientation, race, gender, social class, access to care, risk for HIV infection, and difficulties related to age of consent.

Culture and Sexual Orientation

The development and integration of an identity for adolescents in the Latino culture becomes more complex if we take into consideration the issue of a different sexual orientation. Latino adolescents are faced with a myriad of difficulties that confront them to heightened risk for emotional,

physical, and social difficulties. There is evidence that suggest the risk and vulnerabilities faced by this population. Several studies report higher levels of suicide indexes, harassment and physical abuse, abandonment by their families of origin, alcohol and drug abuse and a higher vulnerability for sexual abuse (D'Augelli, 1996; D'Augelli & Gamets, 1995; Gilman et al., 2001; Goodenow, Netherland, & Szalacha, 2002; Meehan, Lamb, & Saltzman, 1992; Owens, 1998; Russell & Joyner, 2001; Schneider, Farberow, & Kruks, 1994).

However, we must acknowledge that adolescents in general face tremendous challenges throughout their process of development. Low socioeconomic status and marital conflicts in their families of origin are risk factors usually mentioned in relation to the social and psychological vulnerabilities of all adolescents and young adults (Rae-Grant, Thomas, Offord, & Boyle, 1989). Other studies suggest that gender, poor family functioning, and lack of support might also take a toll on their developmental process (Fleming & Offord, 1990; Lewinsohn et al., 1994; Reinherz et al., 1993).

Elze (2002) found in her study with adolescents in United States, that risk factors unrelated to sexual orientation explained 18% and 19% of the variation in internalized and externalized problems, respectively. She concluded that gay, lesbian, and bisexual (GLB) adolescents share risk factors with other vulnerable adolescents, besides also facing psychological challenges unique to their experience as members from a stigmatized group (Elze, 2002). Considering that 14 years old is the mean age for sexual activation and first intercourse among students in Puerto Rico we face the issue that youth in general are highly sexually active and face all kind of challenges related to intimate relationships at this age (Moscoso, Rosario, & Rodríguez, 2001). These challenges include issues of intimacy, unwanted pregnancies, sexual abuse, and sexually transmitted diseases.

The diverse challenges faced by sexual minority youth become complicated with the interaction of culture and ethnicity. Latino culture imposes a series of social expectations that strongly divert from the possibility of developing or expressing same gender desire. *Machismo*² and *familismo*³ impose gender restrictions and challenge youth to abide by hetero-normality. Men are expected to be strong and emotionally detached and to search for their personal needs beyond others needs and desires. All these expectations are surrounded by a dynamic of silence around issues of sexuality which renders gay and bisexual adolescents to the most profound isolation (Parés-Avila & Montano-López, 1994; Toro-Alfonso, 2002; VanOss-Marin, 2001). Sexual issues are not openly discussed and much less same gender desire.

Race, Social Class, Masculinity, and Sexual Orientation

There is no way to ignore the influence and impact that race and social class have in the development of the sexual

² Machismo – social and cultural ideology which establish the superiority of males and subordination of females and gay men (De La Cancela, 1986).

³ Familismo – social and cultural expectations of the importance of family and the subjugation of children and women to family ties.

identity of Latino gay, lesbian, bisexual and transgender youth (Dievler & Pappas, 1999). Even in Puerto Rico, where Latinos are not a “minority” since most of the population is from Hispanic heritage, race and class “organize gay social life and sexual activity, mapping out social space and patterning sexual behaviors [and desire] in ways that can leave Latino gay men vulnerable (...)” (Ayala & Díaz, 2001, p. 74).

Race and social class determines the social spaces available for gay and bisexual youth in Puerto Rico. Many available spaces for meeting other people and for distraction are organized around issues of class, color and gender. Social class separates bars and discos where even music represents social status. There are discos where only US originated music is played and most – if not everyone – are fairly White, upper class young gay and bisexual men. Selected discos play mostly Latin music, where people are dark skinned looking, and women are present.

It is in the context of the intersection of culture and gender, besides income and ethnic identification, where social class contributes to the social construction of masculinity. In Latino culture, sex is seen as a place for men, both gay and straight, to prove their masculinity (Díaz, 1998; Marín, González, & Gómez, 1998). To prove manhood, men may seek multiple sexual partners, take risks, and avoid showing fear or sadness. The need to prove one’s masculinity fosters two types of oppression: homophobia and sexual coercion.

The need to prove masculinity combines with the belief that sexual desire and sexual activity are out of men’s control. This conception of masculinity makes it easier to expect instant sexual gratification and relationships based on power and domination (Ramírez, 1996). Sexual coercion is common and may be seen in some cultures as expected male activity. Men reporting higher levels of experienced homophobia also reported higher levels of sexual risk (Díaz, Ayala, & Marín, 2000). Higher levels of experienced homophobia and racism have been associated with more depression and suicidal thoughts among Latino gay men (Díaz, Ayala, Bein, Henne, & Marín, 2001).

Access to Care and Social Services

There are scarce services targeting gay and bisexual adolescents in Puerto Rico. The lack of access to sensitive and culturally competent health care services for this population represents a serious public health problem (Gochros & Bidwell, 1996). Recent studies have identified that the amount of knowledge about sexuality issues in general and sexual orientation in particular, of health profession students is low and with high levels of social distance towards gay, lesbian, and bisexuals in their clinical practice (González, 1998). In a similar study, Toro-Alfonso and Varas-Díaz (2003) identified high levels of prejudice and social distance towards gay and lesbians among university students from different faculties

specializing in service providing professions. These studies show the attitudes that future health care professionals might present toward gays and lesbians clients.

Mental health care is no different. Many parents force their children to undergo psychotherapy in an effort to change their sexual orientation. This possibility hinders the opportunity for gay and bisexual adolescents to disclose their sexual orientation to their families (Boxer, Cook, & Herdt, 1991). The fear of being labeled as abnormal, the possibility of facing rejection, and the lack of access to information and support makes gay and bisexual youth keep secret their feelings which increases their vulnerability due to the lack of access to information and support (American Psychological Association, 1999; Harrison, 2003; Muñoz-Plaza, Quinn, & Rounds, 2002). It is common to find letters addressed to newspaper’s columnists written by young adolescents confronting fears to disclose to their families their sexual identity concerns for fear of rejection and violence (Directo al corazón, 2005).

Risk for HIV Infection

The AIDS epidemic in Puerto Rico is mostly related to sharing needles for drug injection. More than 60% of all AIDS reported cases belong to this category. However, most of the HIV/AIDS cases among males in the age group of 19 to 29 years of age are homosexually transmitted (Puerto Rico Department of Health, 2005). Yet, most prevention efforts target youth population assuming they are heterosexual and therefore making gay and bisexual young males invisible.

The vulnerability of the gay and bisexual male adolescents in Puerto Rico to HIV and sexually transmitted infections (STI) increases in an environment where there is no real access to information about safer sex and other protective measures. There is no formal HIV/AIDS/STI education programs developed in public schools in Puerto Rico. Furthermore, traditional sex education foster heterosexual ideals and does not recognize gay and bisexual youth. In this scenario their invisibility allows for lack of education and sexual risk taking.

Age of Consent as an Obstacle for Youth

As if the above-mentioned challenges were not enough, youth face more problems and obstacles in access to services. One of the ethical dilemmas in providing services and care for gay and bisexual adolescents is the age of consent. Puerto Rican law requires parental consent for any intervention longer than four sessions. Exceptions are made for STI’s (excluding HIV) and in some cases for access to birth control methods, which although difficult, are somewhat available. This means that for any intervention targeting vulnerable populations like gay and bisexual youth, there is the over imposed burden of parental consent, especially for those that have not told their parents about their sexual orientation. Even though it is legally possible that service providers request exemption to any parental

consent due to the undisclosed nature of the sexual orientation of adolescents, many organizations don't know it and/or are afraid to address this issue.

Amidst all of these difficulties, gay and bisexual young males seem to endure and overcome most of these challenges in order to become the men they are interested to be. Let us examine some of the strengths that this population clearly demonstrate in their effort to become adults.

Strengths and Resilience

There are some areas in which young gay and bisexual Latinos demonstrate their resilience and capacity to overcome obstacles. Some of these elements make the process of being a young gay or bisexual adolescent less cumbersome, but not necessarily less painful. Several of these processes have been described in past published literature which we will describe in this section.

In spite of the obstacles and the social pressure for remaining invisible, and the comorbidity of anxiety (Rotheram-Borus, Hunter, & Rosario, 1994), depression, and suicidality (Remaafedi, Farrow, & Deischer, 1994) among this population, they seem to manage to overcome these barriers. The "increasing prevalence of politically active gay youth suggests that many GLB (gay, lesbian and bisexual) teens, while still coping with a socially stigmatized identity, are adopting proactive strategies for dealing with this identity." (Miceli, 2002, p. 203). Puerto Rican gay and bisexual adolescents are no exception. Most of them struggle through hostile family and school environments to overcome barriers and integrate their sexuality to their cultural and social identity.

Integration of Gay/Lesbian Identity into their Social Identity

Some studies suggest that the integration of a Latino and gay/lesbian identity, although difficult and challenging, is demonstrated throughout concentric circles. Most Latino/a gay, lesbian and bisexual people approach their Latino and gay identity as areas that intersect. They choose to move in and out of them (García, 1998).

A model of multiculturalism might explain how Latinos manage several cultures (gender, ethnicity, religion, sexual orientation) and illustrate their experiences of living within concentric identities. "This movement within and among concentric identities is not static, but is consistently dependent on the freedom of contact between groups, attitudes of the dominant group, strength of the minority group, and relations with the family." (García, 1998, p. 110). These multicultural and concentric models serve the purpose of explaining the resilience and strengths that many of the minority gay and bisexual adolescents demonstrate in their journey for identity integration in Puerto Rico. For younger generation, this movement across circles might be facilitated by their access to technology.

Globalization and technology offers the opportunity to access information and to develop a virtual network of support. Some service providers have developed web pages

aimed to access gay, bisexual, and transgender youth in Puerto Rico (Centro de Jóvenes, 2003) and offer a safe space for communication and support. The anonymity of these spaces makes it easier for gay and bisexuals to overcome geographical distance and social limitations in order to connect themselves with others. Many virtual communities include gay, bisexual and undecided youth which empower themselves with the possibility of knowing other people with similar interests (Gray, 1999).

Social Support

For young gay and bisexual men, social support becomes the major validation space needed for the development of an identity and for success in achieving personal and social goals. Social support has been defined as a key element by the understanding of belonging to a social network through communication and mutual sharing (Penninx et al., 1998). It also has been defined as interpersonal connection to a specific group which offers emotional support in moments of need (Green, 1994); and a network of people whose relationship satisfy specific social needs in the individual (Lindley, Norberck, & Carrieri, 1981). Either by participating in social and cultural activities, organized interventions at service organizations, or the Internet, gay and bisexual young people in Puerto Rico are developing a sense of belonging and support networks.

In this study we explored the characteristics of a sample of Puerto Rican gay and bisexual young males. Specifically, we addressed issues that are consistent with the vulnerabilities and strengths aforementioned. In an effort to describe this population we explore social support systems, sexual behavior, depression symptoms, and substance abuse. In the next section we describe the methods we used to achieve this objective.

Method

In order to achieve the objectives of the study we implemented a descriptive design study. We administered a quantitative questionnaire to a sample of gay and bisexual youths living in Puerto Rico. The following is a description of the participants of the study.

Participants

The total sample of the study was composed of 61 gay and bisexual adolescent males living in Puerto Rico. The demographical data for all participants can be found in Table 1. The mean age for all participants was 21 years, and most (57; 93%) self identified as Puerto Ricans. With regards to education levels most participants completed or were in the process of completing a bachelor degree (34; 56%), 20 (33%) currently attended or had completed high school, and two (3%) were engaged in graduate level studies at the time of the study.

Most of the sample reported being gay (50; 83%), while 11 (17%) informed that they considered themselves to be bisexual. Regarding employment status almost half of the sample informed having a job either at full or part time (32; 45%) or not having one because they were full time students (19; 27%). More than half of the sample lived with their parents (33; 54%), in households whose income was below \$30,000 per year (44; 76%), and all have health insurance.

Instruments

Several measures were used in the study in order to assess the variables pertinent to our objectives. The final questionnaire was composed of several measures, which are described here.

Informed consent form: The informed consent form was completed by all participants and it served to inform them of the objectives of the study, the voluntary and confidential nature of their participation, and the possibility of ending their

Table 1
Participants' Socio-Demographic Characteristics

Socio-demographic characteristics	n	%
Age*		
17-18	12	19.7
19-20	16	26.2
21-22	12	19.7
23-25	21	34.4
Nationality		
Puerto Rican	57	93.4
Dominican	1	1.6
United States	1	1.6
Other	2	3.3
Education (completed level)		
1-8	5	8.2
9-11	5	8.2
High School	15	24.6
Less than a bachelors degree	23	37.7
Bachelors degree	11	18.0
More than a bachelors degree	2	3.2
Sexual orientation		
Homosexual	50	83.3
Bisexual	11	16.7
Employment**		
Unemployed	16	22.5
Part-time	20	28.2
Full-time	12	17.0
Full-time student	19	27.1
Other	4	5.6
Family income***		
Less than \$10,000	28	48.3
\$10,000 - \$30,000	16	27.6
\$30,001 or more	14	24.1
Living situation		
With parents	33	54.1
Alone	13	21.3
Other (friends, etc)	15	24.6
Health insurance**		
None	0	0
Medicaid/Medicare/government	22	45.8
Parents' health insurance	14	29.1
University's health insurance	2	4.1
Other	10	20.8

Notes. * Mean age 21 years.

** Participants could answer in more than one category

*** Not all participants answered this question

participation at any time without being penalized. Participants that were younger than 21 years of age sought their parents' permission and signature in the same consent form.

Socio demographic data questionnaire: This measure was developed by the research team and included nine questions regarding participant's economic status, age, nationality, gender, sexual orientation, living situation, education level, health insurance, and employment status. All questions were developed in a multiple choice or write-in format.

Center for Epidemiological Studies Depression Scale (CES-D): This scale was originally developed by Lenore Radloff (1977) to screen symptoms associated with depression. We used a translated and adapted version of the scale (Soler et al., 1997) since all our participants spoke Spanish as their first language. This version has been documented as valid and reliable with Puerto Rican samples with an Alpha Chronbach of .79 (Andújar-Bello, 1999). The scale is composed of 20 items measured with a four point scale with the following options: rarely or never, sometimes or few times, occasionally or a moderate amount, and most of the time or every time.

Social Support Scale: This scale was developed by Bernal, Maldonado-Molina, and Scharrón del Río (2003) and it measures the need for emotional, interpersonal, and material support. It is composed of 18 items in which participants rate the amount of support needed and satisfaction with the received support, amount of support received, and perception of need of support in the future. This is done through multiple choice options addressing frequency of needing support, and levels of satisfaction. The questionnaire was developed in the Puerto Rican context and has been documented as valid and reliable with an Alpha Chronbach of .89 (Bernal, Maldonado-Molina, & Scharrón del Río, 2003).

Alcohol and drug use: This measure was developed by the research team and includes eight items addressing the frequency of use of alcohol and illegal drugs. Participants reported use in the previous month.

Sexual activity: This measure was developed by the research team and included six items addressing sexual activity with men and/or women during the past three months. Activities such as oral, anal, and vaginal sex were explored without the use of condoms. Furthermore, most were measured from both the perspectives of performing the activity on another person and vice versa. All questions were answered with a multiple-choice format including three potential answers for the frequency of each activity: 1) never perform that activity; 2) sometimes perform that activity; and, 3) perform that activity a lot.

Procedure

This study was carried out as part of a program evaluation developed and implemented by the authors at a local community-based organization (CBO) that services people living with HIV/AIDS, and holds an HIV prevention program targeting gay and bisexual youth. The evaluation was specifically

tailored to assess the impact of an intervention for HIV prevention among these youths. As an initial step of the evaluation, we implemented this study in order to gather information that would help us better understand the program participants, and establish baseline measures for future impact evaluations.

The data gathered through the self-administered questionnaire was coded and analyzed with the use of the software program *Statistical Package for the Social Sciences (version 11)*. After all data analyses were carried out, all participants were invited to a meeting in which the results were shared with them and CBO personnel.

Results

The results of this study encompass four dimensions: depression, social support, sexual activity, and alcohol/drug consumption. These indicators contributed to a better understanding of the vulnerabilities and strengths that are manifested by the youths that participated in the study. Furthermore, in the case of our study, they evidenced the coexistence of the positive and negative implications of living as a gay or bisexual youth in a heterosexually dominated context. Let us start by describing the vulnerabilities.

It is not uncommon to find literature addressing the mood states of homosexual men amidst a homophobic society. These points out to the negative consequences that discrimination, internalized homophobia, and ostracism have on emotional moods, particularly depression (Herek, Cogan, Gillis, & Glunt, 1997; Russell & Joyner, 2001). The results from our study support such findings. A large part of our sample (45%) reported high levels of depression symptoms as screened by the CES-D criteria. Our quantitative approach limited our possibilities of exploring the motivating factors for this finding; however it is still an alarming number considering the negative consequences of high level of depression on youth and other sectors of the population.

Even if the levels of depression among our sample may be interpreted as a grim scenario for gay and bisexual youth, most of our findings point to the strengths of this sample. One such strength is their belonging to social support networks (See Table 2). Although 40% of the sample indicated needing some sort of social support (emotional, companionship, sharing in social activities, or counseling) more than 50% of the participants indicated no need for it. They mentioned friends (37%), close family members (20%), and professionals (16%) as part of their social networks and main sources of social support.

Another strength identified in our sample was their non-engagement in unprotected sexual activities for sexually transmitted infections (See Table 3). Half of the participants reported never being penetrated by, nor have penetrated, other men anally without a condom. Furthermore, 70% indicated that they had never swallowed semen. Most participants reported never having unprotected sexual intercourse (vaginal or anal) with women.

Table 2
*Distribution of Percentages of Participants' Answers to Social Support Questions**

Need during the past three months ...	none		little		somewhat		much		a lot	
	<i>n</i>	%								
Needed social support	4	6.6	9	14.8	21	34.4	19	31.1	8	13.1
Material or economic	15	24.6	19	31.1	15	24.6	7	11.5	4	6.6
Emotional	9	14.8	7	11.5	17	27.9	19	31.1	8	13.1
Spiritual	17	27.9	16	26.2	17	27.9	7	11.5	3	4.9
Tasks and chores	18	29.5	7	11.5	24	39.3	7	11.5	4	6.6
Company from other persons	10	16.4	6	9.8	18	29.5	15	24.6	11	18.0
Company from other resources	23	37.7	9	14.8	18	29.5	5	8.2	5	8.2
Sharing in social activities	9	14.8	6	9.8	21	34.4	12	19.7	12	19.7
Counseling	12	19.7	13	21.3	14	23.0	11	18.0	10	16.4

	<i>n</i>	%
People who provided support**		
Partner	15	12.8
Close family members	23	19.7
Extended family members	9	7.7
Friends	43	36.8
Professionals	19	16.2
Religious resources	4	3.4
Organizations	4	3.4
¿Was the received support enough?		
No	0	0
A little	2	3.3
Somewhat	13	21.3
A lot	29	47.5
Totally	15	24.6
Satisfaction with received support		
None	0	0
A little	2	3.3
Somewhat	11	18.0
A lot	29	47.5
Totally	17	27.9
Number of people that could provide social support		
1-3	11	20.8
4-10	30	56.6
11 or more	12	22.6

Situation	Totally Disagree		Partially Disagree		Neither Agree or Disagree		Partially Agree		Totally Agree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
If I find myself in a difficult situation in the future, I would have the needed support to face it.	2	3.4	4	6.8	9	15.3	16	27.1	28	47.5
If I find myself in a difficult situation in the future, I would expect to receive support from people close to me.	3	5.1	1	1.7	9	15.3	13	22.0	33	55.9
Even if I did not have people who supported me, I could look for other sources of support.	4	6.8	6	10.2	8	13.6	16	27.1	25	42.4

Notes. * Not all participants answered these questions.** Participants could answer in more than one category.

Table 3
Distribution of Percentages of Participants' Answers to Questions Addressing Sexual Activity*

Sexual activities	A lot		Sometimes		Never	
	n	%	n	%	n	%
<i>With men</i>						
Someone anally penetrated you without a condom	3	5.6	24	44.4	27	50.0
You anally penetrated another without a condom	5	9.3	22	40.7	27	50.0
You performed oral sex on another	26	48.1	24	44.4	4	7.4
You swallowed semen	5	9.4	11	20.8	37	69.8
<i>With women</i>						
You anally penetrated a women without a condom	1	2.3	2	4.5	41	93.2
You vaginally penetrated a women without a condom	3	6.8	5	11.4	36	81.8

* Note: all participants answered these questions

Finally, alcohol and drug consumption were low among participants (See Table 4). Most of the participants reported consuming small amounts or no alcohol during the past month (62%). Furthermore, 80% of the sample reported not using marihuana during the same period of time.

Overall, the results of the study evidence a sample with many strengths. These include the existence of social support networks, satisfaction with the support received, lack of engagement in high-risk sexual activities for sexually transmitted infections, and low use of alcohol and marihuana. Still, they face a particularly challenging situation as a large number of participants scored high levels of depression.

Discussion

In spite the scarcity of services tailored to gay and bisexual youth in Puerto Rico, and the pervasive homophobia and cultural stigma about homosexuality within the Puerto Rican society, the results of this study show that the young gay and bisexual males from this sample have developed strategies to address these barriers, not without leaving scars, in the integration of their sexual identity.

Table 4
Distribution of Percentages of Participants' Answers to Questions Addressing Alcohol and Drug Use*

Type of drug	n	%
Use during the last month...		
Alcohol		
0	13	27.5
1-2	15	35.0
3-8	20	32.5
9-36	3	5.0
Marihuana		
0	43	79.5
1-2	5	9.1
3-6	4	6.8
7-50	4	4.6
Other		
0	56	97.7
6	3	2.3

Note. * Not all participants answered these questions.

If one can produce a profile from the sample of this study, it would be a gay self-identified young man of 21 years of age, who is pursuing a college degree and perhaps working at the same time, with a household income of less than 30K a year, lives with his parents and has health insurance, shows some depressive symptoms, drinks some alcohol, and counts on getting the support needed from members of his social support network. Participants reported mostly engaging in safer-sex.

These young men have developed social support networks comprised of friends, family members, partners, and professionals, which in many ways may accept them for who they are. Like in other studies (Savin-Williams, 1998) those more likely to accept them for who they are, include friends, mothers and siblings.

It seems that the young gay men from this sample have developed strong ties with the members from their social support network as demonstrated by their own satisfaction with the support received. This is one of the major strengths young gay men have in the quest for the integration of their sexual identity in an environment often times hostile against gay and bisexual persons.

Another strength is their resiliency to adapt to changes. This was evidenced when we asked if they felt confident in getting the support needed in case there wasn't any support available at the time. Most participants felt that they could identify other service providers if they needed to do so. Future research must look into what variables are related to the development of social support networks amongst gay and bisexual youth. It is also important to point out that most of the participants of this study were in school and an important number had a college degree.

The main vulnerability identified within this group of young gay and bisexual men is related to their levels of depression. These results should be the subject of more research, although we will ascertain that these symptoms are below the levels that could impair their well functioning in society. After all, who would not feel depressed in a society that everyday is reminding you that your sexual identity is sinful? Intervention programs targeting this population must clearly address issues of depression and ways to manage social and cultural pressure.

Alcohol use, which is identified by many as vulnerability, is not a problematic issue for this group. Given the fact that almost two thirds of the participants reported having drunk

between one to eight glass of alcohol within one month period one could assess that their consumption is minimal when compared with other studies (Dolezal, Carballo-Diéguez, Nieves-Rosa, & Díaz, 2000). Hence, future research should look closely to the variables which could be correlated to depressive symptoms, as well as with alcohol consumption and drug use within Puerto Rican gay and bisexual youth.

In summary, one cannot ignore that the young gay and bisexual men who candidly shared this information with the research team are clients of a CBO that provide services tailored to this population. Hence, this group of young men had managed to get access to services that are scarcely available to the rest of the gay population. That act by-itself is a manifestation of their resiliency. Therefore, this cannot and should not be generalized to all Puerto Rican gay and bisexual youth. However, these findings will assist academicians, researchers, public health officials, mental and medical health providers and youth advocates developing interventions targeting this population. Funding should be allocated to increase research about the vulnerabilities and strengths of gay minority youth, further research should explore the impact of poverty, homophobia, cultural values, violence, and substance use on their identity developmental processes, vulnerabilities and strengths. Existing programs for youth in general must start addressing the needs of gay and bisexually-active adolescents. Programs should shift their focus from deficits to strengths, and youth advocates must capitalize on the strengths of the gay adolescents to facilitate their own empowerment process.

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