

Love, Sex, and Masculinity in Sociocultural Context

HIV Concerns and Condom Use among African American Men in Heterosexual Relationships

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African American men in heterosexual relationships are virtually invisible in the theoretical and empirical psychological HIV/AIDS literature. This article posits that two theoretical frameworks—masculinity ideologies (MI) and sociocultural context—are important for comprehending Black men's condom use. Qualitative methods, although relatively rare in U.S. psychology, are critical to understanding the context of lived experience, particularly with underresearched populations and topics. This study involved semistructured interviews with lower-middle-income African American men (N = 13) between the ages of twenty-four and fifty in emotionally and sexually intimate heterosexual relationships. Data were analyzed via three techniques derived from grounded theory analysis. Analyses revealed that although many (n = 9) articulated traditional MI (e.g., sexual permissiveness) that have implications for HIV risk, eleven participants also expressed unconventional MI (e.g., being as or more emotionally invested than their female partners) that also have implications for reducing risk in Black heterosexual relationships.

Key words: Black/African American masculinity; condom use; sociocultural context; heterosexual relationships

African American women are the focus of much of the HIV/AIDS social science literature (e.g., Quinn 1993; Sobo 1995; Wingood and DiClemente, 1998). Given the stunningly disproportionate rates of HIV/AIDS among Black women, their prominence in this literature is hardly surprising. Black women represent just 12 percent of the female population in the United States but account for 58 percent of reported cases of AIDS among women (Centers

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for Disease Control and Prevention [CDC] 2001). African American men who have sex with women (MSW),¹ by contrast, have been virtually invisible in the social science literature (for exceptions, see Bowser 1994; Fernandez-Esquer et al. 1997; Fullilove and Fullilove 1991; Whitehead 1997; Wright 1993, 1997).

This invisibility is rather puzzling. First, the lives of Black men and women are inextricably linked historically and socioculturally. Second, many African American men's HIV risk behaviors (particularly injection drug use [IDU] and unprotected sex) form the leading exposure categories for Black women's HIV risk. For example, although heterosexual transmission accounts for only 8 percent of reported cases of AIDS among Black men, this exposure category accounts for 39 percent of the cumulative cases of AIDS among Black women (CDC 2001). Third, MSW figure prominently in many of the psychosocial conceptualizations of women's HIV risk—for example, men's greater power in relationships and masculine ideologies (Amaro 1995; Mays and Cochran 1988; Pleck, Sonenstein, and Ku 1993; Wingood and DiClemente 1998), male violence, and sexual coercion (Wingood and DiClemente 1997). Last, but not least, Black MSW are worthy of focus in their own right and not solely as transmitters of the virus. Black men are more likely than men from other ethnic groups to acquire HIV heterosexually, and although Black men constitute roughly 12 percent of men in the United States, they account for 34 percent of the cumulative AIDS cases among men (CDC 2001). Of these cases, men who have sex with men (MSM), IDU, and heterosexual contact account for 37 percent, 33 percent, and 8 percent of the cases, respectively. Unreported/unidentified risk and MSM combined with IDU account for 14 percent and 7 percent, respectively, of the remaining AIDS cases among Black men.

This mixed-method (i.e., qualitative and quantitative) study addresses the void in the psychological literature on Black MSW and HIV/AIDS by exploring the influence of masculine ideologies about relationships and sex on HIV concerns and condom use among a sample of African American men in heterosexual relationships. Two theoretical frameworks, masculinity ideologies (Levant and Majors 1997; Levant, Majors, and Kelley 1998; Pleck, Sonenstein, and Ku 1993) and sociocultural context (Amaro 1995; Diaz 1998; Zierler and Krieger 1997), shaped this study. Wright (1993) has aptly noted that “for African American men, the AIDS epidemic is not merely a medical dilemma but is a socio-cultural medical dilemma” (p. 430).

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Sociocultural factors such as racism, poverty, and gender ideologies are not peripheral to HIV risk in Black communities; they are central to it. With regard to sexual HIV risk, gender, particularly masculinity ideologies (i.e., traditional attitudes and beliefs about men's gender roles), is the central sociocultural focus of this study. Gender ideologies often manifest as internalized scripts that guide relationship and sexual behavior (Diaz 1998; Simon and Gagnon 1986).

Qualitative methods, although relatively rare in U.S. psychology (Marecek, Fine, and Kidder 1997), were an important part of this study. These methods are ideal for making sense of behavior and the meanings that people ascribe to them (Denzin and Lincoln 2000). Consistent with the goal of a qualitative stance's "broad-based inquiry into spaces that are undocumented in other studies" (Marecek, Fine, and Kidder 1997, 633), this study eschewed a priori research questions in favor of a focus on emergent themes.

African American Men in Context

Traditionally, social-cognitive theories of HIV risk have concentrated on individual-level predictors of HIV risk with little or no consideration of the effect of sociocultural context and social inequality on sexual behavior (Amaro 1995; Cochran and Mays 1993; Diaz 1998). African American men's relationships and sexuality can hardly be isolated from the poverty and racism that are hallmarks for many African American men (The Alan Guttmacher Institute [AGI] 2002; Whitehead 1997; Wright 1997). Various statistics demonstrate the magnitude of this social inequality. Compared to White men who had a median income of \$31,213 in 2000, the median income for Black men was just \$21,662 (U.S. Census Bureau 2000). The 2001 seasonally adjusted unemployment rate for Black men at least twenty years of age is more than double that of White men (Bureau of Labor Statistics 2001). Even when Black men had similar educational qualifications to White men, Black men still earned less (U.S. Department of Education 1999 as cited in AGI 2002). Finally, the poverty rate among Black men (17 percent) is more than double the rate among White men (6 percent) (AGI 2002). In a report titled, "African American Male Heterosexuals" (District of Columbia Department of Health n.d.), public health officials have called poverty and high rates of unemployment among Black MSW "a high risk situation [because] the subsequent low morale/esteem that [this economically disenfranchised] status breeds can lead to drug use and high-risk behaviors" (p. 1).

As for their sexual and relationship experiences, Black adolescent males have heterosexual intercourse at younger ages than White or Latino adolescent males, although by the age of 19, the proportion of White and Latino males who are heterosexually active are similar to that of Black males (Ku, Sonenstein, and Pleck 1992, 1993). Black men in their twenties are also more

likely than their White or Latino counterparts to report having six or more sex partners in the past year, possibly because Black men are less likely to be married than White or Latino men in the same age group (AGI 2002). Sexually transmitted infection (STI) statistics for this population are also grim. Rates of herpes and bacterial STIs among Black men far exceed those among White and Latino men (AGI 2002). The reported incidence of gonorrhea and chlamydia among Black men is 451 and 944 cases per 100,000, respectively. By comparison, the reported incidence of these bacterial STIs is far lower for Latino (148 and 74 per 100,000) and White men (34 and 22 per 100,000). Interestingly, studies have also demonstrated that Black men are also more likely to report higher rates of condom use than men in other ethnic groups (Anderson et al. 1999; Ku, Sonenstein, and Pleck 1992; Pleck, Sonenstein, and Ku, 1994). The AGI (2002) attributes the disparity between Black men's reported higher rates of condom use and their simultaneous reported incidence of higher rates of STI infections to a variety of factors, such as the greater likelihood for Black men to receive care from publicly funded clinics that are more likely to have complete STI reporting systems than private physicians. Nonetheless, higher rates of STI infection among Black men have dire implications for STI and HIV risk in Black communities. Namely, because rates of STI infection in Black sexual networks are higher than those in other ethnic groups, each unprotected episode of sex has an increased probability of resulting in STI or HIV transmission.

Masculine Ideologies, Black Masculinity, and HIV Sexual Risk

In the domain of sexuality, traditional masculinity ideologies encourage men to be sexually assertive, be always ready to have sex, view sex primarily as pleasurable and recreational, perceive penetration as the goal of sex, control all aspects of sexual activity, and have multiple sex partners (Campbell, 1995; Holland et al. 1994; Ku, Sonenstein, and Pleck 1993). Empirical research has validated the relationship between masculine ideologies and sexual risk. For example, Pleck, Sonenstein, and Ku (1993) found that Black, White and Latino adolescent males with more traditional masculine ideologies were more likely to have had more sexual partners in the past year, more negative attitudes toward condoms, less consistent condom use, and less belief in male responsibility for contraception. A recent study found that a predominantly White sample of college men with more traditional masculine ideologies were more likely to hold negative attitudes about condoms (Noar and Morokoff 2002).

While masculine ideologies appear to transcend ethnicity, socioeconomic class, and sexual identity boundaries, the sociocultural context of masculinity, sexual, and relationship behaviors for Black MSW suggest that a

culturally specific focus on Black men is critical. Empirical studies with African American men, although scant, have indicated that factors such as age (Cazenave 1984; Hunter and Davis 1994), socioeconomic class (Hunter and Davis 1992), racial and ethnic identity (Abreu et al. 2000; Wade 1996), and geographic residence (Levant and Majors 1997; Levant, Majors, and Kelley 1998) influence masculinity ideologies. With regard to HIV risk, some have theorized that the economically, sociopolitically, and sexually constraining environments in which Black men live elicit particular types of Black masculinity that increase HIV risk in Black communities (Bowser 1994; Staples 1995; Whitehead 1997; Wright 1993).

Like many other aspects of Black men's lives, masculinity cannot be isolated from its sociohistorical context. Slavery in the United States fostered the link between economic potential (for wealthy White slave owners) and idealized masculinity (Whitehead 1997). Denied access to this idealized masculinity initially via slavery and later through institutionalized racism, many Black men (particularly those who are low income and young) have constructed alternative expressions of masculinity. Theorists have asserted that these expressions are frequently characterized by sexual promiscuity, aggressiveness, violence, and thrill seeking (Franklin 1984; Majors and Billson 1992; Staples 1982; West 1993; White and Cones 1999), as well as the suppression of emotions other than anger, mistrust of authority, disdain for "feminine" qualities, pronounced heterosexuality, and denial of vulnerability (Harris 1995).

Writing about Black sexuality, West (1993) has argued that the lack of opportunity to acquiring power in traditional patriarchal structures compels some Black men to adopt a "Black machismo identity [that] solicits primarily sexual encounters with women and violent encounters with other Black men or aggressive police" (p. 89) and reinforces the myth of Black male sexual prowess. Wright (1997) has questioned whether, in the context of the HIV/AIDS epidemic, "[Black] masculine sexuality is in fact a metaphor for personal power" (p. 455). Whitehead's (1997) research with low-income African American males has prompted him to conclude that young Black men who fail to meet the economic, sociopolitical, and sexual requirements for ideal masculinity develop an incomplete gender identity. In turn, this fragmented masculinity manifests in "greater risk for HIV transmission and other health and social problems associated with sexual relationships and gender identity than men of higher economic status" (Whitehead 1997, 419). Heterosexism, or negative attitudes toward homosexuality, particularly male same-sex behavior, are also intrinsic to masculine ideology (Herek 1993; Pleck, Sonenstein, and Ku 1993). Heterosexism in many Black communities, combined with notions that Black MSM are not "real men" discourages many Black MSM from identifying as gay or bisexual (West 1993; Wright 1993).

African American Heterosexual Relationships

The “love and trouble tradition [of] Black women’s relationships with Black men” (Hill Collins 1991, 183) is a recurrent theme in much of the theoretical literature on African American heterosexual relationships (Boyd-Franklin and Franklin 1998; Franklin 1984; Pinderhughes 2002). Sociocultural explanations of the conflicts in Black heterosexual relationships focus on slavery, racism, socioeconomic conditions, and unequal sex ratios (Pinderhughes 2002). Psychosocial explanations center on factors such as conflicting and noncomplementary gender roles (Franklin 1984) and family socialization (Boyd-Franklin and Franklin 1998). Statistics bolster the nontraditional structure of many Black heterosexual relationships. African Americans are much less likely than Whites or Latinos to marry, are much less likely than Whites to cohabit as unmarried partners, and 65 percent of Black single mothers have never been married (Fields and Casper 2001). Some have cited unequal sex ratios as a major influence on heterosexually transmitted cases of HIV in African American communities. When women outnumber men as they do in Black communities, women may be more likely to settle for less desirable partners, yield relationship power, tolerate behaviors such as infidelity, and have unprotected sex because they feel less able to demand condom use (Mays and Cochran 1988; Sobo 1995). Men, in turn, may feel less pressure to develop emotionally committed and monogamous relationships and may find it easier to practice unprotected sex because fewer women perceive that they can demand condom use (Wingood and DiClemente 1998).

In light of the invisibility of Black MSW in the HIV/AIDS psychosocial literature, the goal of this study was to explore the influence of masculine ideologies about relationships and sex on HIV concerns and condom use among a sample of thirteen Black MSW. Although the sample size is far smaller than that of conventional psychological studies, it is consistent with the “15 ± 10” sample size typically included in interview studies (Kvale 1996, 102) and Patton’s (2002) posit that “there are no rules for sample size in qualitative inquiry” (p. 244).

METHOD

Participants

Participants were thirteen men, the male subsample of a study ($N = 27$) about sex, health, and relationship issues in African American communities. All of the men were involved in intimate relationships with women; none reported having a male sex partner. Participants ranged in age from twenty-four to fifty ($M = 34.62$, $SD = 7.96$) and were predominantly lower middle

income with personal annual incomes ranging from less than \$9,999 to \$40,000 to \$49,999 ($M = \$15,000$ -\$19,999). Six participants were employed full-time, four were part-time employees, one man was unemployed, one was retired, and one described his status as "other." The level of education ranged from some high school to some graduate work with a mean of graduation from high school or graduate equivalency degree.

Measures

Semistructured interview. The interview guide included questions designed to elicit rich descriptions about respondents' relationships with primary partners. Specific questions about relationship decision making, financial resources, emotional involvement, sexual behaviors, and condom use were asked. The semistructured interview format allowed participants to respond freely to questions and discuss relevant topics. Sample interview questions included, "Tell me about your relationship with your primary partner. What do you like most about her? What do you like least?" and "How emotionally involved would you say that you are in this relationship? How involved would you say that your partner is?"

Questionnaire. Participants also completed a brief self-administered questionnaire that included questions about other sexual partners, perceptions about partners' sexual fidelity, condom use with primary and other partners, participants' and partners' perceived interest in condom use, and concerns about HIV risk. Questions included, "How much do you want to use condoms with your primary partner?" (1 = *definitely not*; 4 = *definitely want to*); and "How concerned are you about contracting HIV from your primary partner?" (1 = *not at all concerned*; 5 = *extremely concerned*). One question asked whether respondents had used condoms the first time they had sex (yes/no) and another asked how many times participants had used condoms with their primary partner in the last month (1 = *never*; 4 = *always*). Demographic questions about age, income, occupation, education level, and description and length of relationship were also included.

Procedures

Participants were recruited via advertisements placed in a Washington, D.C. metropolitan area free weekly newspaper targeted to a general audience. A research assistant in Washington, D.C., also placed approximately ten flyers at local community-based organizations. Because we believed that the stigma associated with HIV/AIDS might discourage participants, we did not mention HIV/AIDS in the advertisements. The advertisement and flyer invited Black/African American women and men who were unmarried to

participate in a confidential study about “sex, health, and relationship issues in Black/African American communities.” The recruitment materials encouraged prospective participants to call a 1-800 number in Rhode Island to be screened to determine whether they met the study’s eligibility criteria. To participate, respondents had to be Black, unmarried, between the ages of eighteen and forty-four, and have a primary partner of the other sex. We defined a primary partner as a sexual partner to whom respondents felt emotionally closest. Twenty-six male prospective participants responded. Participants received a \$40 cash incentive. The first author and two trained interviewers, all Black women, conducted face-to-face tape-recorded interviews in Washington, D.C. Interviews ranged in length from forty-five to ninety minutes and then participants completed the questionnaire.

Data Analysis

Audio-taped interviews were transcribed verbatim and edited to remove identifiers. All transcripts were read thoroughly at least twice. The data were imported into NVivo, a qualitative management and analysis software package. The qualitative data were analyzed via three techniques derived from grounded theory: coding, memo writing, and the constant comparative method (Glaser and Strauss 1967). The coding phase of the analysis progressed in three stages (Strauss and Corbin 1990): open (i.e., broad coding of general themes), axial (i.e., a more refined coding of themes), and selective coding (i.e., coding focused on a central theme). For the memo writing analysis, memos were written at the initial reading of the transcripts and during all phases of analyses to highlight key questions about relationships in the data, to refine categories, and to ensure a close association between participants’ responses and emerging analyses. In the constant comparison method stage of the analyses, incidents, participants, or categories were systematically compared for similarities and differences (Glaser 1992).

Trustworthiness of analyses. Qualitative theorists have proposed several criteria for judging the quality or trustworthiness of qualitative analyses (Lincoln and Guba 1985; Miles and Huberman 1994). The quality of analyses was assessed via three criteria: credibility, transferability, and confirmability (Lincoln and Guba 1985). First, the degree to which findings were credible was assessed by examining codes that supported key themes in the data as well as exceptions (i.e., negative case analysis). The goal of transferability is to assess whether the conclusions drawn from a qualitative study can be compared with other samples or theories. “Thick description” (Lincoln and Guba 1985, 316) is provided to assist others interested in assessing the transferability of the study’s findings. Thick descriptions include, but are not limited to, detailed accounts of the sample and discussion of prior theory. Finally,

confirmability refers to the extent to which the study's methods, procedures, process of data collection and analyses, and conclusions have been described thoroughly. Provided in the results section are quotes from participants to support the conclusions drawn. With the exception of some minor edits to improve clarity, all quotes are provided verbatim. To protect participants' confidentiality, I have provided pseudonyms and changed all occupations or other identifiers.

RESULTS

Intimate Relationships

Responding to an interview question about their level of emotional commitment to their primary partners, most of the men ($n = 11$) said that they were equally as ($n = 6$) or more ($n = 5$) emotionally committed than their partners. Only two men said that they were less invested in relationships than their partners. Among those describing emotionally intimate relationships were Derek, a 29-year-old office mail clerk who described his relationship with his partner of one year as "very, very special; [the] first truly deep, touching relationship that I've had"; and Rafael, a 26-year-old school bus driver in a four-year relationship who noted, "I've never loved anybody as much as I love this girl." Not all men portrayed their relationships positively, however. Wayne, a 40-year-old part-time janitor and self-described crack addict, described his relationship as a "relationsh__t!" characterized by frequent arguments. Two men described their relationships in predominantly sexual terms. For example, Peter, a 44-year-old men's-clothing salesman said that his partner was so "independently minded" that they "never really interacted outside of, believe it or not, eleven years of just getting together and having sex."

Four men explained that their friends, rather than supporting monogamous relationships, typically encouraged multiple sex partnerships. Michael, a 27-year-old video store clerk lamented that Black men were socialized to view relationships with women as "a conquer thing; never get married and conquer all the women that you can. You know, sleep with as many as you can." Similarly, Rafael noted that Black men involved in emotionally intimate, monogamous relationships often lacked support for committed relationships. Rafael remarked that he had had "too many sexual relationships and not that many emotional relationships" before meeting his girlfriend; he said that his male friends were "completely just terrified, horrified" by the depth of his love for her. He noted that instead of supporting his relationship, his friends often encouraged him to seek out other women:

I'm the guy [my friends] used to hang out with and pick up girls . . . pick out the targets: Bam, bam, bam! [But] I just don't have that in me anymore to do stuff like that. And [my friends are] like, "What happened to you? You're going to let yourself go out like that?"

Finally, Mark and Wayne reflected on the absence of positive role models for emotionally intimate, monogamous relationships for Black men. Mark, a 24-year-old paramedic said, "[because] my father was never around, I never really saw how a relationship was supposed to work." Thus, he remarked that he was learning for the first time how to be intimately involved in a relationship.

Sex and Sexuality

Nine respondents articulated a variety of themes consistent with traditional masculine ideologies about sex—namely, the appeal of recreational sex, always being sexually available, and tacit approval for other sex partners. Wayne described his frequent "trickin'"—paid sex with "partners of the opposite sex just for fun." Although much of Wayne's narrative about his trickin' cannot be separated from his crack addiction, his language of "getting' his man" illustrates his association of masculinity and recreational sex. He explained, "'Get his man' means have sex with a woman." Wayne further explained that this recreational approach to sex included unprotected sex: "I like oral sex, all types of sex, whatever with my [female] partner. I don't want to have no cut cards [meaning] that anything goes [sexually]."

Five interviewees spoke about always being available for sex. Compared to his girlfriend, who was sexually available only a few days a month, Rafael said that he was "basically always available" to have sex. While men's sexual availability in and of itself is not risky, two men provided accounts of how expectations of sexual availability may facilitate or hinder condom use. Derek said that prior to his relationship with his partner, he always carried condoms as a safeguard against a partner's resistance to having sex without a condom. He said that he made having a condom a priority because "if she's not down to have sex [without a condom, not having a condom] might blow the whole thing. So you have to have your sword ready. You got to have your tools ready." By contrast, Mark explained that his readiness to have sex sometimes meant not using a condom. He noted that "part of [his] game" was to keep his expectations of having sex with a prospective partner low but to never refuse an opportunity to have sex. Recalling a time when he had refused to become sexually involved with a woman who later rebuffed his sexual advances, he had vowed never to refuse any opportunity to have sex regardless of whether or not he had a condom.

Another manifestation of the sexual availability script is the notion that men should have sex even if they do not want sex ($n = 2$). Keith, a 29-year-old graphic artist, described his first sexual experience with his current partner:

Actually, it was like I really didn't wanna have sex. In my mind, I really did not wanna have sex until I was with who I thought was the right woman. And I also wanted to have sex when I thought the time was right. But I caved in because they kept on nagging. And I was like, lying in bed, I'm like, "I really don't wanna have it but they naggin' so I guess I have to like cave in and go ahead and do it."

Similarly, Mark said that he was often too fatigued from work to want to have sex but did so to please his partner:

Like she want to have sex like every day and I don't. You know, I be tired. I don't know, like, my sex drive if it's good or it's bad but . . . I been working on it if that make her happy, you know.

Most of the study's participants ($n = 9$) reported that they were monogamous. Only four men reported having extra conjugal partners, the number of whom ranged in number from one to fifteen. With the exception of Wayne who described "trickin'" with other women as a part of his lifestyle as a crack addict, none of the men who reported other sex partners explicitly linked the behavior to masculine ideologies. Rather, they tended to describe sex as spontaneous or "just sex." By contrast, two of the men who had been monogamous often invoked the language of masculinity to describe their tacit approval for having other partners. Marvin, a 42-year-old information technology assistant who lived with his partner of a year and a half, had been sexually faithful but did not rule out the possibility of other partners, noting that "it's possible to attract [and] be attracted to other folks and even make that error of being with them. . . . You know, sex to me is something that happens between individuals." Echoing Marvin's sentiment, Dwayne, a 40-year-old bookkeeper, explained the possibility of a sexual affair: "I mean, man is only a human being. I mean, you know, I'm involved, but I could meet someone who could blow me off my feet." Not all men ($n = 7$) endorsed the multiple partner norm, however. Kirk, a 33-year-old bank teller, said that although women behaving "loosely" were appealing "since I'm a male," he was "the kind of person [who] can't handle one and two women at a time. I can if I don't have a relationship with 'em, but if I do, it can only be one."

Concerns about HIV

Men rated their concern about contracting HIV from their partners as not at all ($n = 6$), a little ($n = 1$), neutral ($n = 2$), and extremely ($n = 4$). Analyses of those concerned about their HIV risk yielded inconclusive findings. For

example, among the men in the extremely concerned group were Kevin, a 35-year-old unemployed construction worker who contracted an STI from his partner the first time they had sex, and Peter, who used condoms with his other partners but not his primary partner. Peter's uncertainty about his girlfriend's sexual fidelity may explain his heightened HIV concern. Curiously, although Keith and Dwayne reported that they always used condoms and had no other partners, both indicated that they were extremely concerned about contracting HIV from their partners. Therefore, it is unclear whether their concern reflects a heightened appraisal of risk for African Americans as a group rather than their personal risk for HIV. For example, Dwayne recounted in his interview that he had discussed with his partner that the HIV/AIDS epidemic was "ravaging all through the Black community." It is also possible that both men were reflecting on other risk behaviors that they did not disclose in the study.

Wayne, whose female partner engaged in sex work to support their crack addiction, was one of the men who described his concern about contracting HIV as neutral. During the interview, however, he provided a blunt and realistic appraisal of his risk:

In the lifestyle that I live in, we acknowledge and know about the [HIV] risk that we take, [but] we both take that chance anyway, you see what I'm saying? It's an illness, we have an illness, these addictions. So we take that chance, and if you get caught, you just get caught. I just take the risk.

In general, men articulated different constructions about their HIV safety and risk. For example, half of the men who were unconcerned about their HIV risk ($n = 3$) noted that they were health conscious and often sought medical care. Others, such as Wayne and Dwayne, believed that they could detect a risky partner by smell or by avoiding geographic areas where "risky people" congregated. Four men said that they believed that being monogamous was the best way to protect themselves from HIV infection. Despite their varying concerns about HIV, results from the questionnaire indicated that all of the men in the sample had been tested for HIV, and all reported that they were HIV negative.

Condom Use

Most of the men reported that they did not want to use condoms ($n = 8$), three were undecided, and two wanted to use condoms. As for first time they had sex, men were only slightly more likely to report condom use ($n = 7$) than not ($n = 6$). Decisions to use condoms were often mutual ($n = 4$). In other instances, men such as Kirk and Marvin said that they would have preferred not to have used condoms the first time they had sex but had partners who conditioned sex on condom use. As Marvin explained, "because the first

time, you know, if she suggests a condom, we got to [use it].” Condom resistance is not solely a male purview, however. Kevin recalled that he had obeyed his partner’s demand that he remove the condom the first time they had sex. Keith, on the other hand, recalled that he had ignored his partner’s condom resistance:

Before we started [having sex], I kinda like stopped a little bit and I started looking around the room for the condoms. And it was kinda like she still wanted me not to use the condoms, and I’m like thinkin’ in my mind, “Oh no, we’re gonna use condoms ‘cause I’m not ready for a child. and I’m not ready for any other surprises.”

As for condom use in the last month, few men reported consistent condom use. In the last month, respondents said that they had used condoms as follows: always ($n = 2$), sometimes ($n = 4$), and never ($n = 7$). Kirk noted that his girlfriend’s “no condom, no sex” rule meant that they used condoms “100 percent of the time.” For Kirk, this rule meant “plenty of times, I had to run down to the store right quick because if I didn’t have [condoms], there was [no sex].” Dwayne chose to use condoms consistently in his three-year relationship, likening his decision to maintaining an insurance policy that must be paid “even if it’s a little uncomfortable on both sides. [You just have to] make sure that you’re covered.”

Men who used condoms most or a few times explained that they used condoms only when other forms of contraception were unavailable. Derek said that he and his partner used condoms most of the time, but if they ran out of condoms, they would have unprotected sex until he replenished their supply. Similarly, Lamont, a 31-year-old UPS driver, said that he and his partner relied on condoms “sporadically” when his partner did not have her diaphragm. Sometimes they used the withdrawal method, although he acknowledged, “you can have mistakes like that. It’s kinda risky.” It is noteworthy that the risk to which Lamont referred was pregnancy, not HIV. In fact, among the six men who reported condom use in the last month, five cited contraception as their primary motivation; only two men, Kirk and Dwayne, reported condom use for both contraception and the prevention of STIs.

A threat to condom use. As noted previously, one man described having his partner negate condom use the first time they had sex. Kevin’s account is noteworthy not only because of its uniqueness but because he contracted an STI by obeying his girlfriend’s command to remove the condom. Recalling his intention to use a condom the first time he had sex with his partner, Kevin stated,

At first, . . . I was putting on a rubber. And then she said, “Take it off.” And I said . . . well, I took it off. And I was saying to myself, “But I don’t know who she been with.” That’s what I was thinking in my mind. And I know . . . that she

must have had other men before me. That was on my mind because I didn't want to catch nothing. So, we went along with it, and I was a little bit uneasy because, you know, basically we didn't talk about STDs or AIDS.

On a subsequent condomless sexual encounter with his girlfriend, he noted that he was so preoccupied with his sexual performance, sexual satisfaction, and the relationship that he attempted to ignore the burning sensation in his genitals. He explained,

See, I was trying to perform; that was basically in my head. And, matter of fact, when I finished I was stinging. Matter of fact, it was the first time I got burned, and I guess the guy before me who she had gave her something. So I had got one of those STDs. Because [it was] my first time ever getting burned, and it wasn't a good feeling. And every time I kept going in her, you know, doing it for a couple of hours. And I said, "Something's wrong because I'm burning." But you know the relationship [is what] you thinking about; you not really like thinking about the burning sensation, but you thinking, you know, to satisfy and have orgasms.

Although he received medical treatment for the STD and said that he was "extremely concerned" about his HIV risk, he was also adamant about not wanting to use condoms.

DISCUSSION

This study explored the influence of masculine ideologies about relationships and sex on HIV concerns and condom use among Black men in relationships. Contrary to masculinity ideologies that encourage male sexual permissiveness (Pleck, Sonenstein, and Ku 1993; Whitehead 1997), most of the interviewees said that they were as or more committed to their relationships than their partners, and most were monogamous. Although these findings may reflect the study's recruitment criteria (i.e., men had to have a primary partner to participate), they nonetheless have implications for sexual risk because partners who are less emotionally committed than their partners may be less likely to be monogamous or agree to a partner's demand to use condoms (Blumstein and Schwartz 1983; Bowleg et al. 2002; Tschann et al. 2002).

As for sexuality, several men articulated themes consistent with traditional masculine ideologies, such as always being available for sex and expressing approval for other sex partners. Interestingly, men with casual sex partners did not refer to masculine ideologies when discussing their casual sex partners. By contrast, monogamous men often invoked the language of masculinity to express their acceptance of the sexual permissiveness norm. It is unclear whether much of the dialogue about men being men represented socially desirable responses about normative masculine behavior.

Nonetheless, Derek's and Mark's accounts of sexual availability indicate that if condom use is not a part of the sexual availability repertoire, as it was in Derek's case, some men may concentrate solely on sexual readiness rather than condom readiness. The study also demonstrated another adverse effect of the sexual availability masculine ideology—that is, men who have sex when they do not want to do so. Keith's and Mark's narratives on this experience suggest that more research is needed to provide a more complete picture of Black MSW sexuality beyond the hypersexuality portrayed in many popular culture images of Black male sexuality.

Theorists have asserted that sexual prowess and hypersexuality are integral to many expressions of Black masculinity (Majors 1989; West 1993; Whitehead 1997). With the exception of Wayne's accounts of "gettin' his man," however, such accounts were nonexistent. The fact that the study's sample was older and lower-middle income (compared to the younger low-income men in the Whitehead study) may explain why hypersexuality ideologies were so rare. It is also likely that the recruitment strategy of targeting men who were involved in intimate relationships resulted in a different sample of men than would have been targeted if recruitment criteria targeted, for example, sexually active MSW. Another possibility is that the sex of the interviewers, who were all female, may have influenced participants' self-presentations. Specifically, interviewees may have opted to respond in more conservative ways about their sexual behaviors to be socially desirable to the interviewers.

Results about men's concerns about contracting HIV from their primary partners were surprising because compared to heterosexually transmitted cases of the virus among Black women, the rates of heterosexually acquired HIV among Black men are relatively low. Almost half of the sample expressed no concern about their HIV risk. Four men however, including two who reported consistent condom use and no other sex partners, said that they were "extremely concerned" about contracting the virus from their partners. With the exception of Kevin, who contracted an STI from his partner, the reason for the other men's heightened concern remains elusive. It is possible that their "extreme concern" reflects their appraisal for African American communities as a whole rather than their own personal risk. Alternatively, their heightened concern may have stemmed from other HIV risk behaviors not disclosed in the interview; the interview guide did not ask about other risk behaviors such as MSM or IDU. Moreover, although all of the men reported on the questionnaire that they had tested negative for HIV, it is unclear whether their testing was a result of institutional testing (e.g., prison, military) or whether it was motivated by concerns about their STI risk. The questionnaire did not include questions about motivations for HIV testing.

Several studies have found that men have less favorable attitudes about condoms than women (e.g., Catania et al. 1992). Thus, it was not surprising that few men wanted to use condoms, and only two men reported consistent

condom use. As such, our findings are consistent with other studies that have demonstrated low condom use in relationships with primary partners (e.g., Anderson et al. 1999). Yet, whereas some studies have found that male partners often hamper condom use (Wingood and DiClemente 1998), this study found that in some circumstances, women may be instrumental in helping or hindering condom use the first time a couple has sex. In some cases, such as Kirk's, the girlfriend's "no condom, no sex" rule was effective for ensuring condom use at the start and throughout the course of their relationship. By contrast, Keith noted that his insistence on condom use was responsible for first-time condom use. Finally, Kevin's account of obeying his partner's request to remove a condom provides a glimpse into a male experience that has rarely been documented in the HIV/AIDS social science literature—namely, that men sometimes lack the power to demand condom use.

Implications of the Study

Theoretical implications. Since so few empirical studies of Black men in intimate relationships exist, it remains unclear whether most of the men in this study were nontraditionalists in terms of their espousal of emotional intimacy and monogamy or whether the notion that Black men are more likely to be sexually oriented than relationally oriented is more theoretical than empirical. This study suggests that more qualitative and quantitative research with Black men is needed to test the extent to which theories of masculinity in general and Black masculinity in particular reflect the relationship and sexual experiences of African American men.

A minority of respondents articulated perspectives that may have implications for HIV risk, such as having multiple partners and focusing on sexual performance and satisfaction at the expense of condom use or, in Kevin's case, one's health. Studies have documented the association between masculine ideology and sexual risk (Noar and Morokoff 2002; Pleck, Sonenstein, and Ku 1993), but more theory is needed to understand the effects of Black masculinity on HIV risk (Bowser 1994; Whitehead 1997; Wright 1993), particularly among Black men who are diverse in terms of factors such as age, socioeconomic status, and relationship status. Kevin's experience also implies that more research is needed to understand the role of power in relationships. Power in relationships, namely, women's lessened power compared to men, has emerged as a major conceptual focus of much the HIV/AIDS psychological literature (Amaro 1995; Bowleg, Belgrave, and Reisen 2000). Yet, Kevin's experience demonstrates that more theory is needed to account for the role of power among men in relationships in relation to HIV risk. Wright (1997) has suggested that we need to understand how cultural pressures for sexual prowess manifest as a source of power for Black men. Also needed are theories that incorporate the influence of sociocultural

factors (e.g., low-income differential, unequal sex ratios) on Black heterosexual relationships, sexual power, and, in turn, heterosexual HIV risk in Black communities (Bowleg et al. 2002).

Finally, we need a better understanding of the sociocultural context of risk for Black men and women in heterosexual relationships. Much has been written about the contentious relationships between Black men and women (Boyd-Franklin and Franklin 1998; Franklin 1984), but more research is needed to understand the influence of heterogeneous Black cultural norms (e.g., norms influenced by age, religiosity, geographic region) on emotionally committed relationships and HIV risk. Rafael and Michael who were both deeply committed to their partners, eloquently discussed cultural pressures that sanctioned promiscuity rather than intimate, monogamous relationships for Black men. Also needed are alternative visions of Black masculinity beyond those frequently glorified in popular culture. For example, West (1993) has called heterosexism in Black and White communities a "Black tragedy of major proportions" (p. 89) because it discourages Black men from adopting nonheterosexist, nonsexist alternative Black masculinities. Findings from the present study suggest that a larger study with African American MSW is needed to provide empirical evidence on the extent to which Black men have created alternative visions of Black masculinity other than the representations portrayed in the popular media.

Methodological implications. This study demonstrates that qualitative methods are valuable to understanding the context and complexities of the lives of populations and topics rarely represented in the literature (Marecek, Fine, and Kidder 1997). This is particularly the case for Black MSW, whose voices and experiences have been virtually invisible in psychological research. Qualitative analyses are also ideal for making meaning out of anomalous experiences, such as Kevin's, and learning from experiences that are rarely documented in the literature, such as Black men's monogamy and emotional investment in relationships. These benefits notwithstanding, the study has some limitations. As noted previously, men had to be involved in a relationship with a primary partner as a criterion for participation. Thus, it is likely that men who participated in the study were more relationally oriented, monogamous, and nontraditionally masculine than nonparticipants. Another limitation of the study is that because it was primarily exploratory, the analyses represent data that emerged from the narratives rather than responses to structured interview questions. One advantage of the qualitative exploratory approach is that it facilitates a "broad-based inquiry" (Marecek, Fine, and Kidder 1997, 633). A disadvantage of this approach, however, is that because specific research questions on masculinity were not included in the original design of the study, the explicit influence of masculine ideologies on relationship and sexual behaviors among Black men remains elusive. Rather, the analyses focused on men's discussions of their intimate and sexual

relationships with regard to their concerns about contracting HIV from their partners, their desires to use condoms, and their actual condom use.

Applied implications. Whereas much of the literature on women's gender and sexual risk focuses on adult women in the United States, adolescent males in the United States (e.g., Norris and Ford, 1995; Pleck, Sonenstein, and Ku 1993) and men in nonindustrialized countries (e.g., Collumbien and Hawkes 2000) are the focus of much of the literature on sexual risk among MSW. This is, no doubt, emblematic of the fact that adult MSW's sexual health issues and needs in the United States have long been ignored in public health programs and social science research (AGI 2002). This study demonstrates that research and interventions targeting Black MSW are not only important but long overdue. Moreover, the ease of recruiting Black MSW for this study and the gratitude that many expressed for the opportunity to discuss their relationships and sexual behaviors suggests that this population would welcome the opportunity to participate in HIV/AIDS prevention research and interventions. Fullilove and Fullilove (1991) have concluded, "it is Black women, rather than Black men, who may hold the key to the community's salvation [in terms of HIV prevention]" (p. 224). This study suggests, however, that it is important that Black MSW be held accountable for their own sexual health as well as that of their partners (Center for AIDS Prevention Studies 1996). The study also indicates that some Black MSW are embracing alternative visions of Black masculinity in terms of their relationships and sexual behaviors that may stem the heterosexual transmission of HIV in Black communities. The challenge for those of us who conduct HIV/AIDS research and design HIV/AIDS interventions is to listen to and learn from Black MSW regardless of their risk behaviors.

NOTE

1. Sexual behavior is often incongruent with sexual identity (e.g., heterosexual, gay, bisexual) for many men of color (Diaz 1998; Wright 1993). Thus, I use the term "men who have sex with women" because in the context of HIV risk, it is a more accurate than "heterosexual men."

REFERENCES

- Abreu, J. M., R. K. Goodyear, A. Campos, and M. D. Newcomb. 2000. Ethnic belonging and traditional masculinity ideology among African Americans, European Americans, and Latinos. *Psychology of Men and Masculinity* 1 (2): 75-86.
- The Alan Guttmacher Institute. 2002. *In their own right: Addressing the sexual and reproductive health needs of American men*. Washington, DC: Author.
- Amaro, H. 1995. Love, sex, and power: Considering women's realities in HIV prevention. *American Psychologist* 50 (6): 437-47.
- Anderson, J. E., R. Wilson, L. Doll, T. S. Jones, and P. Barker. 1999. Condom use and HIV risk behaviors among US adults: Data from a national survey. *Family Planning Perspectives* 31 (1): 24-8.

- Blumstein, P., and P. Schwartz. 1983. *American couples: Money, work, sex*. New York: Morrow.
- Bowleg, L., F. Z. Belgrave, and C. A. Reisen. 2000. Gender roles, power strategies, and precautionary sexual self-efficacy: Implications for Black and Latina women's HIV/AIDS protective behaviors. *Sex Roles* 42 (7/8): 613-35.
- Bowleg, L., J. M. Tschann, K. J. Lucas, and G. Burkholder. 2002. Relationship power in sociocultural context: Condom use in Black heterosexual relationships. Manuscript submitted for publication.
- Bowser, B. P. 1994. Black men and AIDS: Prevention and Black sexuality. In *The American Black male: His present status and his future*, edited by R. G. Majors and J. U. Gordon, 115-26. Chicago: Nelson-Hall.
- Boyd-Franklin, N. F., and A. J. Franklin. 1998. African American couples in therapy. In *Re-visioning family therapy: Race, culture, and gender in clinical practice*, edited by M. McGoldrick, 268-81. New York: Guilford.
- Bureau of Labor Statistics. 2001. *The employment situation: August 2001 (USDL 01-293)*. <http://stats.bls.gov/news.release/pdf/empst.pdf>
- Campbell, C. A. 1995. Male gender roles and sexuality: Implications for women's AIDS risk and prevention. *Social Science and Medicine* 41 (2): 197-210.
- Catania, J. A., T. J. Coates, S. Kegeles, M. T. Fullilove, J. Peterson, D. Siegel, and S. Hulley. 1992. Condom use in multi-ethnic neighborhoods of San Francisco: The population-based AMEN (AIDS in Multi-Ethnic Neighborhoods) study. *American Journal of Public Health* 82 (2): 284-87.
- Cazenave, N. A. 1984. Race, socioeconomic status, and age: The social context of American masculinity. *Sex Roles* 11 (7/8): 639-56.
- Center for AIDS Prevention Studies. 1996. *How are heterosexual men reached in HIV prevention? Fact sheet*. <http://www.caps.ucsf.edu/hetmentext.html>
- Centers for Disease Control and Prevention. 2001. HIV/AIDS surveillance report. Volume 13. Number 2. Atlanta, GA: Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.
- Cochran, S. D., and V. M. Mays. 1993. Applying social psychological models to predicting HIV-related sexual risk behaviors among African-Americans. *Journal of Black Psychology* 19 (2): 142-54.
- Collumbien, M., and S. Hawkes. 2000. Missing men's messages: Does the reproductive health approach respond to men's sexual health needs? *Culture, Health and Sexuality* 2 (2): 135-50.
- Denzin, N. K., and Y. S. Lincoln. 2000. Introduction: The discipline and practice of qualitative research. In *Handbook of qualitative research*, 2nd ed., edited by N. K. Denzin and Y. S. Lincoln, 1-28. Thousand Oaks, CA: Sage.
- Diaz, R. M. 1998. *Latino gay men and HIV: Culture, sexuality and risk behavior*. New York: Routledge.
- District of Columbia Department of Health. n.d. *African American male heterosexuals*. <http://www.dchealth.com/hiv/rpplanps11.html>
- Fernandez-Esquer, M. E., M. A. Krepcho, A. C. Freeman, E. Magee, A. L. McAlister, and M. W. Ross. 1997. Predictors of condom use among African American males at high risk for HIV. *Journal of Applied Social Psychology* 27 (1): 58-74.
- Fields, J., and L. M. Casper. 2001. *American's families and living arrangements: March 2000. Current Population Reports (P20-537)*. Washington, DC: U.S. Census Bureau.
- Franklin, C. 1984. Black male-Black female conflict: Individually caused and culturally nurtured. *Journal of Black Studies* 15:139-54.
- Fullilove, R., and M. Fullilove. 1991. Black men, Black sexuality and AIDS. In *Black male adolescents: Parenting and education in community context*, edited by B. P. Bowser, 214-27. Lanham, MD: University Press of America.
- Glaser, B. G. 1992. *Basics of grounded theory analysis: Emergence vs. forcing*. Mill Valley, CA: Sociology Press.

- Glaser, B. G., and A. Strauss. 1967. *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Harris, S. M. 1995. Psychosocial development and Black male masculinity: Implications for counseling economically disadvantaged African American male adolescents. *Journal of Counseling and Development* 73 (3): 279-87.
- Herek, G. M. 1993. On heterosexual masculinity: Some psychical consequences of the social construction of gender and sexuality. In *Psychological perspectives on lesbian and gay male experiences*, edited by L. Garnets and D. Kimmel, 316-30. New York: Columbia University Press.
- Hill Collins, P. 1991. *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York: Routledge.
- Holland, J., C. Ramazanoglu, S. Sharpe, and R. Thomson. 1994. Achieving masculine sexuality: Young men's strategies for managing vulnerability. In *AIDS: Setting a feminist agenda*, edited by L. Doyal, J. Naidoo and T. Wilton, 122-48. Philadelphia: Taylor and Francis.
- Hunter, A. G., and J. E. Davis. 1992. Constructing gender: An exploration of Afro-American men's conceptualization of manhood. Special issue, *Gender and Society* 6 (3): 464-79.
- . 1994. Hidden voices of Black men: The meaning, structure, and complexity of manhood. *Journal of Black Studies* 25 (1): 20-40.
- Ku, L., F. L. Sonenstein, and J. H. Pleck. 1992. Patterns of HIV risk and preventive behaviors among teenage men. *Public Health Reports* 107 (2): 131-38.
- . 1993. Young men's risk behaviors for HIV infection and sexually transmitted diseases, 1988 through 1991. *American Journal of Public Health* 83 (11): 1609-15.
- Kvale, S. 1996. *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Levant, R. F., and R. Majors. 1997. An investigation into variations in the construction of the male gender role among young African-American and European-American women and men. *Journal of Gender, Culture and Health* 2:33-43.
- Levant, R. F., R. G. Majors, and M. L. Kelley. 1998. Masculinity ideology among young African American and European American women and men in different regions of the United States. *Cultural Diversity and Ethnic Minority Psychology* 4 (3): 227-36.
- Lincoln, Y. S., and E. G. Guba. 1985. *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Majors, R. 1989. Cool pose: The proud signature of Black survival. In *Men's lives*, edited by M. S. Kimmel and M. A. Messner, 83-7. New York: MacMillan.
- Majors, R., and J. M. Billson. 1992. *Cool pose: The dilemmas of Black manhood in America*. New York: Lexington Books.
- Marecek, J., M. Fine, and L. Kidder. 1997. Working between worlds: Qualitative methods and social psychology. *Journal of Social Issues*, 53 (4): 631-44.
- Mays, V. M., and S. D. Cochran. 1988. Issues in the perception of AIDS risk and risk reduction activities by Black and Hispanic/Latina women. *American Psychologist* 43 (11): 949-57.
- Miles, M. B., and A. M. Huberman. 1994. *Qualitative data analysis: An expanded sourcebook*. 2nd ed. Thousand Oaks, CA: Sage.
- Noar, S. M., and P. J. Morokoff. 2002. The relationship between masculinity ideology, condom attitudes, and condom use stage of change: A structural equation modeling approach. *International Journal of Men's Health* 1 (1): 43-58.
- Norris, A. E., and K. Ford. 1995. Condom use by low-income African-American and Hispanic Youth with a well-known partner: Integrating the health belief model, theory of reasoned action, and the construct accessibility model. *Journal of Applied Social Psychology* 25 (20): 1801-30.
- Patton, M. Q. 2002. *Qualitative research and evaluation methods*. 3rd ed. Thousand Oaks, CA: Sage.
- Pinderhughes, E. B. 2002. African American marriage in the 20th century. *Family Process* 41 (2): 269-82.

- Pleck, J. H., F. L. Sonenstein, and L. C. Ku. 1993. Masculinity ideology: Its impact on adolescent males' heterosexual relationships. *Journal of Social Issues* 49 (3): 11-29.
- . 1994. Attitudes toward male roles among adolescent males: A discriminant validity analysis. *Sex Roles* 30 (7/8): 481-501.
- Quinn, S. C. 1993. AIDS and the African American woman: The triple burden of race, class, and gender. *Health Education Quarterly* 20 (3): 305-20.
- Simon, W., and Gagnon, J. H. 1986. Sexual scripts: Permanence and change. *Archives of Sexual Behavior* 15 (2): 97-120.
- Sobo, E. J. 1995. *Choosing unsafe sex: AIDS-risk denial among disadvantaged women*. Philadelphia: University of Pennsylvania Press.
- Staples, R. 1982. *Black masculinity: The Black males' role in American society*. San Francisco: Black Scholar.
- . 1995. Health among Afro-American males. In *Men's health and illness: Gender, power, and the body*, Vol. 8, edited by D. F. Sabo and D. F. Gordon, 121-38. Thousand Oaks, CA: Sage.
- Strauss, A., and J. Corbin. 1990. *Basics of qualitative research*. London: Sage.
- Tschann, J. M., N. E. Adler, S. G. Millstein, J. E. Gurvey, and J. M. Ellen. 2002. Relative power between sexual partners and condom use among adolescents. *Journal of Adolescent Health* 31:17-25.
- U.S. Census Bureau. 2000. *Money income in the United States: 1999 (Current Population Reports, P60-209)*. Washington, DC: U.S. Government Printing Office.
- Wade, J. C. 1996. African American men's gender role conflict: The significance of racial identity. *Sex Roles* 34 (1/2): 17-33.
- West, C. 1993. *Race matters*. Boston: Beacon.
- White, J. L., and J. H. Cones III. 1999. *Black man emerging: Facing the past and seizing a future in America*. New York: Routledge.
- Whitehead, T. L. 1997. Urban low-income African American men, HIV/AIDS, and gender identity. *Medical Anthropology Quarterly* 11 (4): 411-47.
- Wingood, G. M., and R. J. DiClemente. 1997. The effects of an abusive primary partner on the condom use and sexual negotiation practices of African-American women. *American Journal of Public Health* 87 (6): 1016-8.
- . 1998. Partner influences and gender-related factors associated with noncondom use among young adult African American women. *American Journal of Community Psychology* 26 (1): 29-51.
- Wright, J. 1993. African-American male sexual behavior and the risk for HIV infection. *Human Organization* 52 (4): 421-31.
- . 1997. African American males and HIV: The challenge of the AIDS epidemic. *Medical Anthropology Quarterly* 11 (4): 454-5.
- Zierler, S., and N. Krieger. 1997. Reframing women's risk: Social inequalities and HIV infection. *Annual Review of Public Health* 18:401-36.

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