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**Effects of Gender Role Expectations on the Health of Black Heterosexual Men:
A Lesson in Intersectionality**

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Doctor of Philosophy

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Effects of Gender Role Expectations on the Health of Black Heterosexual Men: A Lesson in Intersectionality

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Abstract

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Although Black men contract HIV through heterosexual sex more than white men, they are often ignored in the realm of HIV prevention. Studies have shown that masculinity and the construction of manhood among Black heterosexual men (BHM) impact health decisions and sexual behaviors have typically failed to examine the mechanisms through which racialized gender role expectations affect men's beliefs and behaviors to subsequently impact health.

Answering the call for more research on theories of the role of gender in HIV prevention interventions among BHM, this dissertation uses an intersectional lens to examine how racialized gender role expectations affect BHM's sexual and mental health. We undertook a mixed methods study examining relationships between gender role strain (GRS), depression, racism experiences, age, and socioeconomic status (SES) on sexual scripts and subsequent sexual behaviors using both a structural equation model (SEM) (N=379) and qualitative research methods (N=26) in a diverse group of BHM.

Gender role expectations, experiences of GRS, and sexual scripts all differed by age, SES, and other salient identities. In the SEM, GRS was associated with sexual concurrency, depression, and racial discrimination, yet did not have an association with SES. However, the qualitative data illuminated differences such as men of higher SES feeling more pressure to combat negative racial stereotypes and men of lower SES experiencing more pressure to "prove one's manhood" through violence. Other salient gender role expectations consisted of providing for family and emotional restriction, both of which had racial components to how they were expressed. Older BHM experienced less GRS, were less likely to be influenced by peers in sexual scripts, or engage in high risk sexual behaviors.

Taken together, findings emphasize the need to explore the mental and sexual health of BHM through an intersectional lens. Researchers and practitioners working with BHM must not only address the effects of racism and gender role expectations on their health, but also identify how other salient identities, such as age and SES, and intersect with dominant systems of oppression and privilege in the lived experiences of BHM. Intersectionality is essential when creating culturally appropriate interventions for this population.

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Chapter 1: Introduction

Introduction

Black men are disproportionately affected by HIV and other sexually transmitted infections (STIs) (Centers for Disease Control and Prevention, 2016c). Black men are contracting HIV through heterosexual sex more than their white counterparts, and this number is increasing, with the fastest growth occurring in the U.S. southeast. Although Black women overwhelmingly contract HIV through heterosexual sex, their partners are often ignored in the realm of HIV prevention research and interventions. Considering the high rates of heterosexual transmission among Black women, there is a strong need to understand the needs and risk factors for high risk behaviors among Black heterosexual men (BHM). In light of these trends in HIV infection in the U.S., health officials and foundations have called for more research on ideas and theories on gender in HIV prevention interventions among men, specifically BHM (Dworkin, Fullilove, & Peacock, 2009; Raj & Bowleg, 2012).

Although there are a variety of studies exploring the context of gender and power in sexual risk taking among heterosexual Black women (Amaro, 1995; Dunkle, Wingood, Camp, & DiClemente, 2010; Maxwell & Boyle, 1995; Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002; Wingood, Scd, & DiClemente, 2000), the small literature that exists on BHM and their sexual risk has typically focused on identifying associations between social realities that are more common among Black than white men, such as incarceration and poverty, and risk factors such as concurrency and lack of condom use (Adimora et al., 2004; Adimora et al., 2003; Flood, 2003; Frye et al., 2013; Grieb, Davey-Rothwell, & Latkin, 2012; Kennedy, Nolen, Applewhite, Waiters, & Vanderhoff, 2007; Myers & Clement, 1994; Otto-Salaj et al., 2008; S. J. Reed et al., 2012; Richards et

al., 2008; Taylor et al., 2011). These studies have historically failed to adequately address the mechanisms through which constructs of masculinity inform BHM's sexual risk-taking and protective behaviors. Although studies have shown that masculinity, construction of manhood, and social power among Black men impact health decisions, sexual behaviors, and social and romantic relationships (Bowleg, Lucas, & Tschann, 2004; Bowleg, Valera, Teti, & Tschann, 2010; Kennedy, Nolen, Applewhite, & Waiter, 2007; Lottes & Kuriloff, 1992; Ward, 2005), none of these studies explore how these men feel about gendered expectations and the mechanism through which these beliefs and scripts impact behavior.

In this dissertation, I use the overarching theoretical framework of Intersectionality to guide my data collection and analysis. Intersectionality posits that one cannot address one social identity or consequence (e.g. racism, sexism) without thinking of how these identities and social realities intersect with each other to affect one's lived experiences (Carbado, Crenshaw, Mays, & Tomlinson, 2013). Thus, systematic inequalities by salient social categories such as race, socioeconomic status, sexuality, and gender result in combinations of privilege and disadvantage. From this perspective, any understanding of what it is to be a man must explicitly consider how racial experiences and other social factors such as socioeconomic status, age, religion, and sexuality affect this experience. I add to the intersectionality literature by incorporating the theory of Gender Role Strain, which indicates that men experience mental and physical health effects due to pressure to conform to socially constructed gender role expectations (Pleck, 1995). In my study, I view gender role expectations that surround Black men as "racialized," that is, as involving constructions of *Black* masculinity that are unique to

Black men's history and position in the racial hierarchy. Finally, I use Sexual Scripts Theory (Simon & Gagnon, 2003) in exploring how race-specific gender role expectations affect sexual scripts and how these in turn affect sexual risk and protective behaviors.

Through these theoretical frameworks, this mixed methods study examines how perceptions, construction and performance of Black masculine gender roles may impact sexual risk taking and protective behaviors of BHM. Using both qualitative and quantitative methods, this study may offer innovative insights on which to base intervention strategies targeting antecedents to sexual risk-taking behaviors among this population and impact future gender theory as applied to Black men.

In this chapter, I will first present the epidemiological data in regards to how heterosexual Black men are at greater risk of HIV and other sexually transmitted diseases, including outlining the social and behavioral risk factors. I will then present specifically the impact of masculinity and gender role expectations on sexual behaviors, and the limitations of the extant research focused on BHM. Then I will review the dominant theories of Black Masculinity that underpin my studies such as hegemonic masculinity, "cool pose," and conceptualizations of hypermasculinity. Finally, I will review the theoretical frameworks that are used in my study and how they are related therein.

A. BHM are at Greater Risk of HIV and Other Sexually Transmitted Infections (STIs)

A.1. Heterosexual Transmission of HIV among Black Men

Worldwide, the majority of HIV infections are a result of heterosexual transmission, accounting for over 70% of new infections (UNAIDS, 2010). Although men who have sex with men (MSM) are still the largest population to contract HIV in the United States, the majority of heterosexual transmission is among the Black population. In 2015, Blacks accounted for nearly half of the overall infections (45%) and 65% of the heterosexually transmitted infections in the U.S. and 71% of heterosexual infections in the South (Centers for Disease Control and Prevention, 2016c). The CDC reports that 1 in 16 Black men will be diagnosed with HIV in their lifetime (An, Prejean, & Hall, 2012). As discussed above, Black men accounted for 43% of accumulated AIDS cases among men, although they comprise only 13% of the population. Of those, 67% were categorized as MSM, 8% intravenous drug users (IDU), and 21% heterosexual (the remainder were IDU and MSM and "other").

Black women are almost exclusively contracting the virus through heterosexual contact, which accounts for 92% of HIV diagnoses in this population (Centers for Disease Control and Prevention, 2016c). Despite prevalence data that suggests that most of these women contracted the virus from a Black male partner, very little attention has been paid to heterosexual transmission among Black men (Darbes, Crepaz, Lyles, Kennedy, & Rutherford, 2008; Neumann et al., 2002). However, Black men are much more likely to have been infected through heterosexual sex than White men (16% compared to 4%) (Centers for Disease Control and Prevention, 2016c). Moreover,

although heterosexual men have lower rates of HIV infection than heterosexual women and homosexual men, they are also a group that has the highest number of undiagnosed infections, suggesting this group may not consider themselves at high risk for infection and thus not test as frequently (Campsmith, Rhodes, Hall, & Green, 2010; Chadborn, Delpech, Sabin, Sinka, & Evans, 2006). In addition to not feeling at risk for HIV, BHM may not get tested for HIV due to stigma related to testing for HIV because it has historically been portrayed as a gay disease (Allen & Smith, 2011; Bond et al., 2015; MacQueen et al., 2015; Marcell et al., 2017).

A.2. Demographic Factors that influence Black Men's Risk

A.2a. HIV and STI risk among Black Men of different ages

In 2015, 25-44- year-olds accounted for an estimated 52% of incident HIV diagnoses (Centers for Disease Control and Prevention, 2016c). Approximately 23% of new HIV diagnoses were in people aged 45-64. Black males make up 71% of the AIDS cases among adolescents (ages 13-19) and 59% of the AIDS cases among young adults (age 20-24). Although there are several studies on the social context of the HIV epidemic among young and adolescent MSM, comparable studies demonstrating rates of HIV infection among adolescent and young adult BHM are lacking, as are studies documenting the social context of the HIV epidemic among Black males of varying age groupings in the United States, particularly among Black men over the age of 50. Among Black women, increasing age has been found to be associated with less frequent condom use, lower condom use intentions and perceptions of partners' attitudes towards condom use to be less favorable (Corneille, 2008). However, studies examining the role age plays in the social context of HIV risk promoting or protective behavior among Black

men are lacking. In addition, Black gender roles and sexual scripts would most likely differ by age but there is little research addressing age or cohort differences on these dimensions.

A.2b.HIV and STI Risk among Black Men in the Southeast

Since 2000, HIV rates are increasing fastest among Black men living in the southeast. In 2015, Georgia had a rate of 28.3 HIV diagnoses per 100,000 people, the third highest rate of diagnosis within the U.S. (Centers for Disease Control and Prevention, 2016b). Although only representing 30% of the population, Blacks comprise 64% of the HIV and AIDS cases in the state of Georgia, with the bulk of the cases (66%) being within the 20-county greater Atlanta metropolitan statistical area (MSA). Sixty-four percent of greater Atlanta MSA HIV cases are within Fulton county, and Fulton and Dekalb counties have the highest incidence mortality rates of all counties in Georgia (Georgia Department of Public Health, 2016). In addition, the Atlanta MSA ranked 6th in the nation in diagnoses of HIV infection among adult and adolescent black males in 2014 (Centers for Disease Control and Prevention, 2016a). Samples of HIV-positive adults in the Southeast are predominantly male, Black, and may be exposed through sexual concurrent risk behaviors, likely influenced by larger social and structural forces of racism, poverty and income inequality that may adversely impact mental health (Adimora, Schoenbach, & Doherty, 2006; Adimora, Schoenbach, & Floris-Moore, 2009; Stephenson et al., 2006).

A.3. Psycho-social Factors Influence Sexual Risk of Black Men

A.3a. Socioeconomic Status (SES)

Empirically, the risk of HIV rises as socioeconomic status falls; several epidemiological studies have documented the relationship between low socioeconomic status (SES) and

higher HIV/AIDS rates (Bruhin, 2003; Harvey & Henderson, 2006; Kennedy, Nolen, Applewhite, & Waiter, 2007; MacPhail & Campbell, 2001; Myers & Clement, 1994; Pleck, Sonenstein, & Ku, 1993). A study with BHM and MSM found that low SES predicted sexual risk behaviors such as drug use and lower condom use (Kennedy, Nolen, Applewhite, & Waiter, 2007). The overall high level of poverty and unemployment among BHM in and of itself may be a risk factor for HIV infection and AIDS death due to lack of access to care and access to education, but it also can lead to engaging in high risk drug and sexual activity due to subsequent low morale.

In addition, socioeconomic disenfranchisement may impact sexual expression and scripts of Black masculinity. Black men who have achieved more material success may feel more similar to the hegemonic masculine ideal, which Connell describes as "embod[ying] the currently most honored way of being a man, it requir[ing] all other men to position themselves in relation to it" (p. 832) (Connell & Messerschmidt, 2005), and thus less likely to engage in reactive masculinities. However, due to economic disenfranchisement, many Black men who do not have economic or social power may emphasize other sources of power through sexual prowess, demonstrated through having multiple and concurrent partners (Adimora et al., 2003; Frye et al., 2013; Jenny A. Higgins & Browne, 2008; S. J. Reed et al., 2012), as well as through intimate partner violence (R. K. Jewkes, Dunkle, Nduna, & Shai, 2010; Raj, Reed, Welles, Santana, & Silverman, 2008; Vasquez Guerrero, 2009), both of which are risk factors for HIV infection.

A.3b. Racism and Racial Discrimination

In addition to the structural effects of poverty, many theorists have similarly identified effects of structural racism on health (C. L. Ford & Airhihenbuwa, 2010; C. Jones, 2002; C. P. Jones, 2014). Experience of racial discrimination has been associated with mental health issues such as stress, hypertension, and other health issues (Dolezsar, McGrath, Herzig, & Miller, 2014; Kogan, Yu, Allen, & Brody, 2015; Paradies et al., 2015; Shavers & Shavers, 2006; Todorova, Falcon, Lincoln, & Price, 2010). Racial discrimination has been shown to be associated with high risk sexual behaviors among heterosexual men in several studies, oftentimes mediated by stress (Bowleg et al., 2013; E. Reed, Santana, M. C., Bowleg, L., Welles, S. L., Horsburgh, C. R., Raj, A., 2013; Stock, Peterson, Gibbons, & Gerrard, 2013). Moreover, due to perceived racism and racially motivated medical mistrust and racialized stigma (Armstrong et al., 2013; Arnold, Rebchook, & Kegeles, 2014), Black men may not get tested or seek treatment for HIV.

A.3c. Discrimination, Stress, and Depression

Elevated depression scores have been associated with increased sexual risk behavior among MSM (Maksut, Eaton, Siembida, Driffin, & Baldwin, 2016; Nehl, Klein, Sterk, & Elifson, 2016), but this has been understudied among BHM. One study among a cohort of STI patients indicated that depressive symptoms were correlated with sexual risk behaviors such as exchanging sex for money or drugs, having more sexual partners, and having had sex with an intravenous drug user (Hutton, Lyketsos, Zenilman, Thompson, & Erbelding, 2004).

A4. Behavioral Factors That Influence Black Heterosexual Men's HIV Risk

A4a.Concurrency

Many researchers have attributed the increased risk of heterosexual transmission among both male and female Blacks to high levels of sexual concurrency, i.e. having multiple sexual partners who overlap in time, among this population (Adimora et al., 2006; Adimora, Schoenbach, & Doherty, 2007; Adimora et al., 2009; Epstein & Morris, 2011; K. Ford, Sohn, & Lepkowski, 2002). Concurrency is a risk factor for HIV because if multiple people, both men and women, are having overlapping partnerships during the same time frame and HIV infection is introduced into the sexual network, it will spread more rapidly within a community. HIV already disproportionally affects Black communities, particularly those that are economically disadvantaged; thus concurrency is an even greater issue in these communities. A recent study showed that Black men reported rates of partner concurrency 3.5 times higher than those of White men and 1.9 times higher than men from other racial/ethnic groups (Morris, Kurth, Hamilton, Moody, & Wakefield, 2009). Sexual concurrency is prevalent among Black men in the southeastern US, and is associated with incarceration, co-parenting, and being unmarried (Adimora et al., 2004; Adimora et al., 2003; Rothenberg et al., 2000; Taylor et al., 2011). Researchers postulate that sociocultural contextual factors play an important role in promoting concurrency, citing incarceration and its effect on the sex-ratio balance in Black communities, women's financial dependence on men, and sex in exchange for money (Adimora & Schoenbach, 2005; Adimora et al., 2006; Adimora, Schoenbach, Taylor, Khan, & Schwartz, 2011). Although numerous studies have explored how these contextual factors lead to women's diminished power to demand monogamy or condom

use within a sexual relationship (Amaro, 1995; Grieb et al., 2012; G. Harris, Mallory, & Stampley, 2010; Mallory, Harris, & Stampley, 2009; Maxwell & Boyle, 1995; Pulerwitz et al., 2002; Richards et al., 2008; Wingood et al., 2000), little research has been done exploring how such gendered contextual dynamics impact *men's* views and behaviors regarding sexual concurrency. Men may also be affected by social structures and gender norms, and exposed to HIV risk through multiple partnering (both their own and that of their partners).

A.4b. Condom Use

Inconsistent condom use has been a risk factor for HIV and other STIs among heterosexual male adolescents, college students, STI clinic patients, and drug-using populations. Reasons for inconsistent condom use varies, but most qualitative studies have found that decrease in sensation, beliefs around condom use enforcement being a female domain, trust in relationships, and lack of perceived risk of HIV are among reasons (Bruhin, 2003; Flood, 2003; Harvey & Henderson, 2006; Kennedy, Nolen, Applewhite, Waiters, et al., 2007; MacPhail & Campbell, 2001; Myers & Clement, 1994; Pleck et al., 1993). However, relatively little has been done to discuss specifically how masculine gender roles inform these beliefs. Fields and Malebranche have shown that increased gender role conflict is associated with less condom use among Black MSM, but to my knowledge there are no similar studies exploring the effects of gender role strain on sexual risk behaviors among BHM (Fields et al., 2012; Malebranche, Gvetadze, Millett, & Sutton, 2011).

A5. Masculine Gender Role Expectations and Beliefs May Influence HIV Risk Among Black Men

Most of the research that explores themes of gender as they relate to sexual risk among heterosexual men have been conducted in sub-Saharan African (Bandali, 2011; Boer & Mashamba, 2007; Brown, Sorrell, & Raffaelli, 2005; Harrison, O'Sullivan, Hoffman, Dolezal, & Morrell, 2006; M. Hunter, 2005; R. Jewkes & Morrell, 2010; Kaufman, Shefer, Crawford, Simbayi, & Kalichman, 2008; Langen, 2005; Mbonu, Van den Borne, & De Vries, 2010; Ragnarsson, Onya, Thorson, Ekstrom, & Aaro, 2008; Ragnarsson, Townsend, Ekstrom, Chopra, & Thorson, 2010; Sikweyiya & Jewkes, 2009; Strebel et al., 2006). Many of these studies focus on adolescents and young adults, and examine gender role beliefs as correlates of condom use (Boer & Mashamba, 2007; Browne, 2011; Kennedy, Nolen, Applewhite, & Waiter, 2007; Ragnarsson et al., 2008). In one such study, Harrison et al found seemingly disparate findings that young men who had higher levels of condom use had higher levels of partner attachment but also stronger approval of relationship violence and dominant behavior. In contrast, for women, condom use was associated with low endorsement of partner violence (Harrison et al., 2006).

Most other studies tend to focus on how adherence and construction of hegemonic masculinity scripts and economic power over women causes men to engage in risky behaviors, particularly concurrency and not using condoms (Brown et al., 2005; Harrison et al., 2006; M. Hunter, 2005; R. Jewkes & Morrell, 2010; Jewkes et al., 2010; Kaufman et al., 2008; Langen, 2005; MacLachlan et al., 2009; Mbonu et al., 2010; Otto-Salaj et al., 2008; Ragnarsson et al., 2008; Ragnarsson et al., 2010; Sikweyiya & Jewkes, 2009; Strebel et al., 2006; Terry, Mhloyi, Masvaure, & Adlis, 2005). The findings from these

data indicate that issues of masculinity norms, scripts, and perceptions of power may impact sexual decision-making in both men and women. However, the findings from these studies cannot be generalized to African *Americans*, because the cultural context of African countries, both in terms of the background prevalence of HIV and the ways in which gender roles are constructed, is very different than that of the United States. Finally, in the United States, gender and power expression is impacted by the history of slavery, institutional racism and the disproportionate impact of incarceration rates and poverty on Black men in relation to both white men and Black women (Murrain & Barker, 1997; Whitehead, 1997).

Many scholars argue that these structural level oppressive forces cause Black men to enact “hypersexual” or “hypermasculine” behaviors through having unintended children and/or multiple and concurrent sexual partnerships as a way of garnering power and masculine pride that is otherwise unobtainable through employment or wealth (Whitehead, 1997; Wolfe, 2003). William A. Wolfe urges researchers and interventionists to pay attention to the “overlooked role of Black males' hypermasculinity in the epidemic of unintended pregnancies and HIV/AIDS cases” (Wolfe, 2003). He supports this claim through citing the converging increases in unintended teen pregnancies and HIV incidence during the mid-1990’s among Black young girls and associating these trends with a number of disparate studies with Black young male samples that qualitatively report “hypermasculine” attitudes of manipulation of females, concurrency, lack of enjoyment of condom use, and quantitatively report higher number of lifetime partners and multiple sex partners than their White counterparts. This article is problematic in its flawed deductive reasoning using a small dataset of studies, which

measure numerous types of behaviors and activities that are not defined specifically as "hypermasculine." For example, lack of enjoyment of condom use is not solely the function of one's masculinity as much as physicality. Although he cites behaviors that may relate to masculinity, he never defines what about these behaviors make them *hyper*masculine nor how they relate specifically to race. Wolfe then uses this small set of data to label *all* Black men when there is little evidence to describe differences of men of different ages.

Wolfe is not alone in referring to the Black man as "hypermasculine," which at best implies that Black masculinity is a deviant, less desired form of an accepted "normed" masculinity, and at worst pathologizes the behavior of Black males with a loaded term that has associations with delinquency, rape, and intimate partner violence (Moran & Barclay, 1988; Suarez-Al-Adam, Raffaelli, & O'Leary, 2000; Vasquez Guerrero, 2009). Furthermore, this simplistic presentation does not acknowledge the existence of or account for any variation within Black masculinities, but presents Black masculinity as singular *and* problematic. Similar to much of the existing literature on gender roles and norms focused on women (Amaro, 1995; Keeton, 2007; Maxwell & Boyle, 1995), Wolfe's article places all blame for Black women's health status on problematic Black men, who "simply do not accept responsibility for their own sexual behaviors" (p. 850) (Wolfe, 2003). These types of claims fail to address Black women's agency in sexual situations and situate Black men as merely "risky to women" rather than as "at-risk" themselves.

In contrast, within the last 15 years, there have been numerous studies that specifically address heterosexual male risk as it relates to masculine scripts, roles, and

identities. Pleck, Sonenstein, and Ku explicitly considered variations of different masculinities and found that adolescent males with more "traditional" masculine ideologies (being sexually assertive, control all aspects of a woman's sexual activity, etc.) 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 (Pleck et al., 1993). Noar and Morokoff found similar results in a predominately white sample of college men (Noar, Morokoff, & Redding, 2002). Pleck et al's race effect was qualified by participant geographic place of residence, indicating not only that the differences between races were more pronounced in the south, but also that gender effects may be regional. Seal and Ehrhardt (2003) found that men altered their masculinity and courtship scripts depending on the type of romantic and/or sexual interaction with women and what type of relationship they were seeking (Seal & Ehrhardt, 2003). Men felt pressure to perform sexually and to always be desirous of sex to conform to their partners' expectations in all settings. In a relationship setting, they sought validation as a protector and/or breadwinner.

Bowleg et al qualitatively assessed both explicit and implicit masculinity ideologies that have implications for BHM's sexual HIV risk among a cohort of low- to middle-income Black men of diverse age group (Bowleg et al., 2011). Their findings show that men across six focus groups explicitly endorsed feelings of societal pressure to have multiple and concurrent partners and that Black men should not be gay or bisexual, and implicitly expressed feelings about inability to decline sex and women being responsible for condom use. These findings illustrate a need to explore further individual men's feelings on these issues and how these ideologies directly impact sexual risk-

taking behaviors. In addition, men have expressed that they have been dissuaded to use condoms by female partners and feel pressure to conform to expectations of male sexual prowess, thus feeling that they are not able to decline sex, even from a potentially risky partner (Bowleg et al., 2011; Bowleg et al., 2010; Devries & Free, 2010; Sobo, 1995). Thus, both men and women can feel their sexual choices and behavior to be constrained by pressure to adhere to gender norms, albeit in very different psychosocial processes and relationship dynamics.

B. Limitations of Current Research on BHM's Sexual Risk Behavior

There is a lack of research on generalized populations of BHM's HIV and STI risk behavior, with much of the extant research focused on sub-populations such as adolescents (DeLamater, Wagstaff, & Havens, 2000; Jemmott, Jemmott, & Fong, 1992; Ku, Sonenstein, & Pleck, 1993; Nangle & Hansen, 1993; Pleck et al., 1993; Wight, 1992), substance-users (Corsi & Booth, 2008; Windle, 1989; Woods et al., 2000), STI patients (Darbes et al., 2008; Kalichman & Cherry, 1999; Kalichman et al., 1999), and HIV-infected men (Chadborn et al., 2006; Kalichman, Rompa, & Cage, 2005; van der Straten, Gomez, Saul, Quan, & Padian, 2000; Weinhardt et al., 2004). In addition to the limitations in populations, most of the studies address two main areas: 1) cross-sectional investigations of primary risk behaviors (unprotected sex/condom use, multiple and concurrent partnerships, and drug use) and 2) linking demographic and social factors such as gender, urban location, socioeconomic status, to the prevalence of HIV/STIs in this population. Other research that includes BHM has linked HIV risk to incarceration, drug abuse, mental illness, and engagement in domestic violence (Corsi & Booth, 2008;

McCoy et al., 1996). The simple identification of these risk factors reduces the complex contextual experiences such as poverty and constructs of masculinity and thus does not describe the variability in environmental influences that men experience. Current research efforts are further limited because they do not explore the proximal psychosocial risk mechanisms such as sexual and relationship norms for HIV related behavior and the protective processes that ameliorate risk in this population.

In contrast, heterosexual Black women are often the target of etiologic social science research on sexual risk behaviors, exploring both social and cultural context of their risk to inform intervention programs. However, the men with whom they are most likely having unprotected sex are either categorized as belonging to a "high-risk group," such as IDU or MSM, or are spoken about only in terms of the psychosocial determinants of women's HIV risk—for example through theories of gender and power (Wingood et al., 2000). Higgins et al. also addressed the "paradigm of gender vulnerability," which positions women as being the only ones affected by gender norms, and power differentials involving race, social class, sexuality and global structures of inequality (J. A. Higgins, Hoffman, & Dworkin, 2010). They correctly state that social structures, gender, and HIV risk should be examined in men as well as women. Others have called for more nuance to be given to gendered paradigms of risk and vulnerability, exploring the complexity of sexuality between men and women (Dowsett, 2003).

Dworkin et al state that very few HIV prevention interventions for heterosexually active men have given any consideration to the ways in which men are influenced by gender expression, particularly as it relates to poverty and unemployment (Dworkin et al., 2009). Henny et al found that interventions that focused on the "positive" aspects of

machismo (traditional masculine gender norms) such as protection of and provision for family or partner were successful (Frye et al., 2013). More research needs to be done to explore how psychosocial processes involving of gender ideologies and structural factors such as racism and poverty intersect in the lives of Black men in order to identify the *context* in which HIV risk occurs in heterosexual Black partnerships. There is a great need to explore issues of gender and power as they relate to HIV risk behaviors among BHM *in general* rather than simply as vectors of disease for Black women, particularly as female-to-male transmission is likely to become more commonplace as the HIV prevalence among Black women remains high. In addition, high rates of genital herpes and syphilis among Blacks can increase BHM's susceptibility to HIV (Centers for Disease Control and Prevention, 2007).

Given the myriad of risk factors that disproportionately affect Black men, it is crucial to better define the HIV and STI prevention needs of BHM through looking at beliefs and behaviors through an intersectional gendered lens. To answer the call for more research on gendered aspects of Black male's sexuality, the proposed study will explore BHM's definition and scripts about masculinity as it relates to their romantic and sexual relationships, and consequently how these norms and scripts inform their sexual risk-taking and protective behaviors. In the following section, I will discuss the dominant themes in the field of Black Masculinity Studies from which I will draw to explore BHM's gender role expectations and their effect on sexual scripts and behaviors.

C. Overview of Literature on Black Men's Masculinity

There has been a growing interest in the field of "masculinity studies" since the 1960's. Masculinity is broadly defined as the set of characteristics associated with being a man and is considered to be socially constructed, having both cultural and biological influences (Connell, 1987; Connell & Messerschmidt, 2005; Udry, 2000). One's masculinity is often refined through ongoing interactions that involves a set of norms and expectations of behaviors, attitudes, and self-presentation (Connell, 2005). Since the 1980's, there has been considerable attention given to the subject of Black masculinity, or the Black male subject. Common tropes within this literature are that of the emasculated Black man due to the constraints of slavery and the inability to protect one's family, the subsequent emergence of the "strong Black woman," and economic oppression that disallows Black men to provide for their families (Bush V, 1999; Moynihan, 1965). Connell states that hegemonic masculinity "embodies the currently most honored way of being a man, it requires all other men to position themselves in relation to it" (p. 832) (Connell & Messerschmidt, 2005). Many scholars would argue that within the context of the United States, the most honored way of being a man is defined by being White, heterosexual, cisgendered, and achieiving high social and economic status. Scholars who use this definition argue that this ideal may be unattainable to many Black men, and thus Black men have enacted various alternative masculinities to emphasize, such as elements of "tough guy" or "player of women" (S. Harris, 1995; Oliver, 1989). Majors and Bilson discuss how Black men in popular culture set the standard for what is considered "cool" and have adopted what they refer to as "Cool Pose," a set of gendered performances that

emphasize elements of dominant masculine ideologies such as toughness, and control, often also including having many female partners (Majors, 1992).

Many scholars discuss how Black men's masculinity is informed by what Patricia Hill Collins defines as controlling images, stereotypical portrayals that justify oppression (Collins, 2009). Counteracting the images of Black women of emasculator, Mammy, and Jezebel, she writes of Black men:

> Until recently, many heterosexual Black men have remained either unable to challenge controlling images of Black masculinity or have been unwilling to try. Sadly, believing in the dominant notions of Black masculinity and Black femininity, they engage in controlling behaviors that often go unrecognized as such. U.S. Black men encounter contradictory expectations concerning Black manhood. On the one hand, Black men have been constructed as sexually violent rapists, as brutes, and as irresponsible boys who fail to marry the mothers of their children and financially support their children. Whereas Black men under slavery knew that they were not these things, their powerlessness denied them the trappings of manhood as defined by White propertied men. (p. 169)

These images have been perpetrated through the media and popular music such as hip hop, that reinforce stereotypes of deviant Black males. Richardson discusses how these images were born and continue to dominate in the south, stating that southern masculinity has always been seen as pathological: either an emasculated Uncle Tom or feared rapist; that is the Black man is often seen as either asexual and weak or hypersexual and overly aggressive (Richardson, 2007). There is no in-between. This is in direct contrast to the

white southern gentleman stereotype that is seen as chivalrous and protective of White womanhood against Black sexual gaze or conquest.

More recently, another controlling image has emerged for the Black man and that is the "thug" or "gangsta." In his book, *New Black Man*, Neal (2005) discusses how the media's portrayal of men like Nushawn Williams, an HIV-infected man who was found to have infected dozens of underaged White girls, reveled in the "thug" or over-sexualized image of the Black man (Neal, 2005). He notes that the media often portrays young Black men who commit crimes as thugs and gangsters yet their white counterparts are seen simply as "troubled" or mentally unstable. This theme occurs again and again in the media portrayals of Black *victims* of police or citizen violence such as Trayvon Martin and Mike Brown in a harsher light than White *perpetrators* of violence (Wing, 2014).

From the Blaxploitation films of the 1970s to the rap music of the 1990s and beyond, this image of a dangerous Black man who is misogynistic and violent has been both celebrated and reviled in the Black community and has dominated popular consciousness. There seem to be generational and class differences to how Black men have responded to these images. In Hoston's (2014) study on contemporary Black masculinity, his younger participants often described wanting to be seen as a "real nigga," a term that was often used in rap music that's definition ranged from doing what it takes to survive in the streets (including criminal activity) to keeping one's word (Hoston, 2014), whereas older participants felt that this adherence to the "street code" was negative. Neal argues that because of the "gangsta" image, "many Black men protect the relative privilege of being Black, male, educated, and financially comfortable

with a voracity that, in its worst form, creates an animosity toward the image of the hip-hop thug that rivals the animosities expressed by White racists towards Blacks" (p.8) (Neal, 2005). He describes an investment in patriarchy and the outdated idea of Du Bois' "talented tenth" as something that some older Black men use to criticize the hip hop generation. Older men or men of higher socioeconomic status may experience mental or physical stress by so powerfully trying to combat negative stereotypes that they do not act authentically, e.g. suppressing their natural feelings and actions in order to appear non-threatening to whites in the workplace (hooks, 2004; Hoston, 2014).

In contrast, in her book, *We Real Cool: Black Men and Masculinity*, hooks states that this "gangsta" life is not a reaction to white patriarchy, but that "patriarchal manhood is the theory, gangsta culture is the ultimate practice" (p. 25) (hooks, 2004). According to hooks, masculinity is defined and perpetuated by the white patriarchal system that socializes Black men to embrace violence and other tools of patriarchy. Both hooks and Neal discuss how Black leaders such as Stokely Carmichael, Eldridge Cleaver, Louis Farakhan embraced another image of "the Strong Black man," an image constructed to counter images of weakness and laziness (hooks, 2004; Neal, 2005). But these men and those who aspired to this image were often misogynistic, homophobic, and saw violence as the way to promote Black Power and to evoke their manhood. In this way, Black men are socialized to believe that they can only prove their manhood through positions of power and dominance over others and because many do not have power or dominance over whites, will express power over, and sometimes act violently toward, other Black men and their female partners.

What is fairly consistent in this literature of Black masculinity is that it "places Black manhood as a 'problem'" and that models of Black masculinity are "blocked opportunities" models (p. 115) (Hammond & Mattis, 2005). Scholars who critiqued these points of view began to conduct qualitative studies with Black men to understand how they defined their own manhood (Hammond & Mattis, 2005; A. G. Hunter & Davis, 1992, 1994). Hunter and Davis found that when asking Black men to define manhood, themes of self-determinism and accountability, family, pride, and spirituality and humanism emerged (A. G. Hunter & Davis, 1992). Similarly, in a study done by Hammond and Mattis, themes of responsibility, autonomy, provision, spirituality, honor, family-centeredness, and growth emerged as most salient meanings of manhood (Hammond & Mattis, 2005). These studies show that when Black men are defining themselves, they endorse positive attributes of manhood that are inconsistent with the "cool pose" and emphasized masculinities that are discussed more widely.

What is missing from these analyses is the perspective of how these definitions are created, sustained and enacted (if at all) and what toll this takes on the men's mental and physical health and thus behaviors. As Jackson writes, the "Black masculine subject is concerned about validation. The question is who validates Black male's masculinity? Is it one or a combination of the following: White males, Black females, other Black males, or some other operating force?" (p. 736) and critiques that "much of the literature presumes that masculinity is a pejorative term" (p.744) (Jackson, 1997). Amongst his suggestions for future research is to examine how young Black males define their own manhood, the role Black men and women feel they play in each other's validation, and the perceived distinctions between Black and White manhood.

This study will explore how Black males define their own manhood as previous authors have done, but will expand to include perceptions of how women validate these norms and how Black men perceive differences between themselves and White men, and themselves and women. In addition, we will link these beliefs to health behaviors in the context of sexual and romantic relationship scripts. The next section will explore masculinity research within the sexuality and sexual health literature.

C2. Effect of Race and Socioeconomic Factors on Black Men's Sexuality

Although many normative assumptions about heterosexuality and masculinity may not be perceived by the general public to be bound by race or socioeconomic class, the impact of masculine identities in the sociocultural context and history of slavery and racial discrimination in the lives of Black men may make these issues more pronounced. Senn, et al. found that BHM believed financial resources played a large role in determining power in relationships (Senn, Carey, Vanable, & Coury-Doniger, 2010). Bowleg also noted that men's views on HIV, sexual risk taking, and relationships were interwoven with both traditional and nontraditional masculinity ideologies that embody power in relationships (Bowleg et al., 2004; Bowleg et al., 2011). Both Bowleg and Whitehead posit that there is a great need to discover the sociocultural meanings of HIV risk through a broader context of American constructs of masculinity and how Black men express that in their lives and the role of power among men in relationship to HIV (Bowleg et al., 2004; Whitehead, 1997).

Whitehead presents many theories of how masculinity scripts operate under the dual forces of poverty and racism (Whitehead, 1997). Because of the Black's man social

position, there is a subsequent imbalance in sociopolitical and economic power, which is a sign of ideal masculinity. To attempt to create balance, Black men may choose to exert sexual power through sexual prowess. He also discusses a reactionary response to lack of ideal masculine power (through economic security) that involves asserting alternative masculinity scripts, more focused on reputation, sexual promiscuity, and violence. In her chapter on sexuality in “We Real Cool: Black Men and Masculinity,” hooks also states that sex is one of the few ways that Black men have been told they can find fulfillment (hooks, 2004). The stereotype of a Black man’s sexual prowess is one of the few things that they can lord over white men and thus the idolization of pimps and misogyny often found in rap lyrics.

Furthermore, racist representations that exist through the legacy of slavery positions both Black men and women as sexualized humans whose main purpose is to breed (Collins, 2009; Whitehead, 1997). This can cause multiple issues both from an internalized view and an expression towards the opposite sex in intimate relationships. Internalization of these norms of behavior may lead to power imbalances within a relationship that put women at risk, but they also lead to men putting themselves at risk through social pressure to assert a particular type of masculine power. Courtenay articulates this point eloquently stating that “the social practices that undermine men’s health are often the instruments men use in the structuring acquisition of power” (p. 1389) (Courtenay, 2000). Carrying out protective behaviors such as monogamy or using condoms in the case of sexual risk may actually negate some constructions of masculinity.

Finally, prevalent ideology that associates masculinity with heterosexuality and rejection of feminine traits creates a situation where those that are heterosexually identified, if they are engaging in sex with other men, will not disclose this to partners nor attempt to use condoms with female partners, as they would associate this with having risky sex. Many Black masculinity scholars state that Black men have been socialized to defend heterosexuality with such vigor that they embrace and emphasize all elements of masculine strength and power, including violence, misogyny, and homophobia (Hill Collins, 2004; hooks, 2004; Lemelle, 2010; Neal, 2005). Black nationalists often describe homosexuality as a tool of oppression against the Black community, attempting to weaken the Black family (hooks, 2004; Lemelle, 2010). This homophobia and hatred of femininity may cause Black men to assert themselves in dominance over female partners, resulting in violence, lack of condom use, or having multiple partners and to not associate themselves with anything they deem "gay," which may include getting tested for HIV.

The theoretical and empirical relationships between dominant masculine ideals that emphasize control over women and sexual risk-taking that are suggested through the work of masculinity scholars and the studies done in sub-Saharan Africa and the U.S. should be expanded upon in order to explore the specific mechanisms and multiple causal pathways between economic disempowerment, masculine ideologies, and sexual and health promotive behaviors. In addition, there is a great need to describe BHM's experiences and beliefs without reifying stereotypes and negative perceptions of the "hypermasculine," over-sexualized man and explore aspects of loving relationship roles and scripts and aspects of Black heterosexual male behavior and beliefs that are

empowering to Black men to inform future intervention. My dissertation takes on this task.

D. Conceptual Model and Theoretical Frameworks

D1. Intersectionality

In order to explore the intersecting realities unique to BHM's expression of their sexuality and gender roles, I will be using the overarching framework of intersectionality to guide the study. Kimberlé Crenshaw first coined the term intersectionality to discuss the ways that Black women were being left out of the largely white feminist movement and that the experience and identity of being Black could not be disentangled from that of being a woman (Crenshaw, 1989, 1991). Specifically those social identities such as gender, race, socioeconomic status, and sexuality and are created through systems of oppression that are not simply additive but intersect in unique ways. Experiences, opportunities, and ideologies are based on the *combination* of race, gender, sexuality, and other forms of identity and oftentimes, these combinations include both privileged (male, heterosexual) and subordinate (Black, poor) status. Historically, the study and term of intersectionality has been used in Black feminist discourse (Collins, 2009; Townsend, 2008; Van Ausdall, 2015; Williams, 2011), but as Choo and Ferree state, it is equally important to discuss and problematize the unmarked categories of masculinity as it is to examine the complexities of intersecting oppressed identities such as femininities, race, and lower socioeconomic status (Hae Yeon & Ferree, 2010). All people have intersecting identities and as noted in the previous section, Black men are no exception as age, race, and socioeconomic status may all affect their masculine identity and expressions.

Intersectionality as a theoretical framework posits that a person's multiple identities and social statuses (e.g. race, class, gender, sexual orientation, ability, religion) are not independent nor do they operate in an individual's life separately but that they are interlinked and both discriminatory and positive aspects arise from these intersections. For example, one does not lose their privilege as a heterosexual or as a man in certain situations because they are Black, yet this privilege may not operate in the same way when interacting with a more salient oppressed identity (for instance, being cis-gender or transgender). Collins particularly addresses this in her work, discussing ways that the Black man's body is policed and brutalized in a way that Black women are not, thus in this case, Black men are at a disadvantage in comparison to their female partners (Hill Collins, 2004). In similar ways, their privilege as heterosexuals is constructed based on their racial and cultural meanings. As discussed in previous sections, Black men may emphasize their masculine privilege because of their racial subordination. The theory assumes that there are ongoing, interrelated systems of inequality based on gender, race, class and sexuality.

Recently scholars have used intersectionality in groups other than women of color, particularly in the field of queer studies (Anderson & McCormack, 2010; Bowleg, 2013; Button & Worthen, 2014; Crisp, 2014; Cronin & King, 2010; Henderson, 2014; Levy, 2014; McCormack, 2014; Robinson & Ross, 2013; Rogers, Scott, & Way, 2015). Bowleg discussed gay and bisexual Black men's descriptions and experiences with intersectionality finding that most privileged being Black or being a Black man over being gay and felt various types of discrimination from their peer groups based on different parts of their identities, i.e. racial microaggressions from their White lesbian,

gay, and bisexual peers and heterosexism and pressures to conform to masculine gender roles in the Black community (Bowleg, 2013). Finally, participants in her study also felt some perceived benefits from being both outsiders and insiders in multiple disadvantaged communities, finding strength in their difference and ability to explore new experiences.

The current study builds on this work to understand sexual behavior among BHM. Using quantitative and qualitative analyses, intersectionality will be explored in two ways: 1) how multiple identities affects one's personal views and feelings about masculine gender role expectations and sexual scripts and 2) how systems of discrimination operate through cultural norms and may mediate the relationship between depression and sexual behavior or gender role strain and sexual behavior.

In the secondary data analysis presented in Chapter 2, I used a structural equation modeling approach precisely to look at issues of race, class, and gender within a system rather than as separate pathways in terms of how these affect sexual behaviors. In the qualitative study, I explore how BHM respondents discuss their lived experiences as men and as Black men specifically, identifying how other identities that are most salient to these themes of sexual and relationship scripts play out in their lives. I also theoretically sample participants to include diversity around SES, relationship status, age, and religiosity to get a range of diverse perspectives and variation around the identities of interest.

D2. Gender Role Strain

My study design allows me to investigate the possibility that intersecting identities of gender, race, and socioeconomic status may lead to contradictory and competing gender role expectations for Black men. They are expected to adhere not only to dominant

masculinity norms but also Afro-centric values that emphasize collectivism and spirituality, which are incompatible with values adopted by many disadvantaged Black men such as cool pose and reactionary masculinity (I. Harris & Torres, 1994). Black men may be expected to be "hypermasculine" in response to the greater homophobia many queer intersectionality scholars claim exist in the Black community (Hill, 2013; hooks, 2004; Lemelle, 2010; Walker, Longmire-Avital, & Golub, 2015). Pressure to counteract *or* to conform to gendered or racialized expectations from society at large may cause Black men physical and emotional stress, which may impact their sexual behaviors. These issues are best explored through the use of Pleck's Gender Role Strain Theory (Pleck, 1995).

Pleck's Male Gender Role Strain is a model of behavior that posits that restrictive gender roles can be detrimental to mental health outcomes (Pleck, 1995). Although one could argue that women are more at physical health risk both due to biological susceptibility and their gender roles, men suffer physical and mental health effects due to strict gender roles as well including, but not limited to, pressure to be perceived as strong, which may lead to lack of seeking out healthcare (Courtenay, 2000; Hammond & Mattis, 2005). Familial and social responsibilities may result in gender role strain, which has been linked to numerous mental and physical health exposures (R. M. Eisler, 1995; O'Neil, 2008a, 2008b; Pleck, 1995).

Pleck identified ten gender role strain propositions which state that gender roles are defined by stereotypes, and are contradictory, inconsistent, and violated by most (Pleck, 1995). Although violations are common, they can lead to negative consequences for those that violate them, particularly men. Pleck defines three subtypes of gender role

strain: discrepancy strain, trauma strain, and dysfunction strain. Discrepancy strain is that stereotypical gender roles exist and that failing to conform to these standards can lead to lowered self-esteem or negative social feedback, which may in turn lead to self-doubt. Gender role trauma results from the negative effects of gendered socialization. For example, the ways in which parents may punish boys who are not fulfilling their gender roles correctly may lead to negative effects on the child and the man (McGuffey, 2008). Finally, dysfunction strain implies that fulfillment of gender roles can have negative consequences either for the male himself or for others, e.g. if one sees being masculine as being physically aggressive with one's partner.

Much of the early work exploring the link of gender role strain on health outcomes was done with Caucasian men and focused on mental health outcomes. Higher levels of gender role conflict, a component of gender role strain, have been associated with mental health outcomes such as lower self-esteem, higher anxiety, depression, and psychological distress (Fragoso, 2000; Sharpe, 1991). In addition to these psychosocial measures, gender role conflict has been associated with interpersonal conflict in areas such as parenting, marital relationships, family dynamics, and physical and sexual violence against women. However, other than Courtenay's work on how gender roles relate to men's health issues such as sexually transmitted diseases (Courtenay, 2000), Gender Role Strain has not been used in this context. In addition, from an intersectional perspective, gender role expectations and reactions to stress are by definition racialized and understandings of gender role strain for White men cannot be generalized to Black men.

Of the studies done on Black men, gender role conflict has been significantly correlated with lower self-esteem, higher anxiety and depression, psychological distress, and negative attitudes toward help-seeking (Carter, Williams, Juby, & Buckley, 2005; Wester, Vogel, Wei, & McLain, 2006). Moreover, other studies indicate that racial identity either partially or fully mediates the relationship between gender role conflict and psychological stress for Black men (Wade, 1996; Wester et al., 2006). O'Neil addressed some of these critiques, emphasizing that more attention should be paid to mediating and moderating variables such as personality, racial identity, and acculturation, particularly among Black men (O'Neil, 2008a, 2008b).

In the study presented in Chapter 2, I assess whether a measure of gender role strain, gender role stress, is associated with sexual risk-taking and protective behaviors in combination with other sociological and demographic factors such as racism experiences, SES, and depression. In the study presented in Chapter 3, I identify how BHM experience the different types of gender role strain and how they cope with these strains through exploring not only how they learned about masculinity through their families, female partners, and their own views on masculine gender roles, but also their actions related to their gender role expectations. In addition, considering that gender roles are racialized and may operate differentially, I explore how discrepancy strain in particular may operate differently depending on how closely one identifies with common Black male stereotypes as discussed in the previous section.

D3. Sexual Script Theory

In O'Neil's 1981 discussion of patterns of gender role conflict and strain, he posits "sex is a primary means to prove one's masculinity. Affectionate, sensual, and intimate behavior are considered feminine and less valued" (p. 205) (O'Neil, 1981). In addition, he describes multiple themes that restrict men's sexuality that devalues intimacy and emphasizes control and dominance. Although in the field of psychology, there has been discussion about how differing gendered socialization regarding the meaning of sex and intimacy have created strain within relationships with women, there has been considerably little research exploring the direct link between gender role strain and sexual scripts.

Sexual scripts are guidelines for sexual behaviors that are informed by cultural scenarios, interpersonal relationships and scenarios, and intrapsychic scenarios (Simon & Gagnon, 2003). The sexual behaviors that are often governed by learned scripts include, but are not limited to, how sexual activity is initiated, courtship and foreplay practices, and condom use decision making and use. Cultural scenarios are based on media images and societal ideals, which inform gender role expectations. Interpersonal scripts are how partners interact and interpret cultural norms and expectations. Finally, intrapsychic scripts are based on personal desire, and one's own motives for creating and achieving sexual intimacy, be it emotional or physical needs.

I am proposing that the sources of sexual scripts are also the sources of gender role expectations. Gender role expectations are learned from family, society, and cultural norms, reinforced and policed through interpersonal interactions, and are ingrained as

part of one's identity. Sanctions and strain related to not conforming to gender role expectations will affect sexual scripts and vice versa.

Sexual script scholars have emphasized that sexual scripts are more than simply internalized gender norms and stereotypes but are also shaped by individual experiences (Dworkin & O'Sullivan, 2005; McCabe, Tanner, & Heiman, 2010; Sakaluk, Todd, Milhausen, & Lachowsky, 2014). But there is little discussion on how gender role expectations may shape sexual scripting, particularly among Black men. Much of the research on Black men's sexual scripts has focused on identifying sexual and romantic scripts and linking them to risk behaviors (Bowleg et al., 2015; Mutchler, McDavitt, & Gordon, 2014; Seal & Ehrhardt, 2003). However, none of these studies explicitly explores how gender role expectations influence sexual scripts or the effect of learned sexual scripts on gender role identity and expression. Because sexual scripts such as communication, substance use, and condom use are the nexus of intervention in terms of changing one's sexual behaviors, it is important to understand how sexual scripts are informed by gender role expectations, how they are reinforced and what happens when there are violations in order to identify loci for intervention. Thus, several scholars have attempted to create sexual scripts scales, using qualitative methods, for their formative work (Bowleg et al., 2015; Sakaluk et al., 2014).

In Sakaluk's study, the authors conducted focus groups with predominantly white men and women aged 18-26 and used the focus group responses to eventually create a six factor scale with 33 items (Sakaluk et al., 2014). The six factors included sexual standards, sexual complexity and simplicity, sex drive, performance and orgasm, players, and emotional sex. Of these, the only factors that were correlated with the Masculine

Gender Role Stress scale (a scale measuring a type of gender role strain) were sexual standards and emotional sex. This seems to indicate that when one experiences more gender role stress, one is more likely to endorse sexual standards (which include items such as not respecting a girl that has casual sex and thinking men who have had a lot of sexual partners are shallow) and to endorse that sex is more emotional for women than men. Although their findings are similar to other sexual scripts, they found that the "sexual standards" factor did not load separately for gendered items, that is, that participants responded similarly regardless of the gender of the actor. This may mean that although gender role expectations are related to sexual scripts, they are less stringent and stereotypical than they once were.

In Bowleg et al.'s study, they focused on creating a sexual scripts measure that was more specific to BHM (Bowleg et al., 2015). Their formative work involved conducting semi-structured interviews on a cohort of 30 Black heterosexually identified men between the ages of 18-45. The themes that resulted in the final factors used for the scale consisted of romantic intimacy, sexual settings, condom use and communication, alcohol and marijuana use before sex, sexual initiation, media sexual socialization, and sexual experimentation. Next, the authors quantitatively explored the interrelationships among the seven scripts, demographic variables and sexual risk behavior. Results indicated that romantic Intimacy scripts and alcohol scripts were positively correlated with age and condom scripts were negatively correlated with age. This indicates that there are variations in sexual scripts that are important to explore, particularly in relation to the generational differences that may exist between Black men regarding gender role expectations.

In addition, there were differences between men who reported a main partner and those who report having at least one casual partner. Among men reporting a main partner, lower condom script scores, and higher alcohol scripts, media sexual socialization scripts, and marijuana scripts were correlated with more sexual risk behavior. Among those who reported at least one casual partner, higher romantic intimacy scripts, sexual initiation scripts, and media sexual socialization scripts scores and lower condom scripts scores were correlated with higher sexual risk. The correlation between romantic intimacy scripts and higher sexual risk among those who reported having a casual partner was surprising given than the items in this subscale are more egalitarian and the authors expected these items to correlate with lower risk, however this is consistent with other studies showing that condoms are negatively associated with trust and intimacy. The findings from both studies highlight a need to understand how BHM understand and integrate what they are expected to do as Black men into their sexual risk-taking and protective behaviors and how issues of trust, relationship roles, and gender role performance affect these scripts.

In the qualitative study presented in Chapter 4, I use a similar approach asking men about their sexual behaviors with both a main partner and a casual partner to elucidate differences and nuances that may exist between types of partners. Through analysis of their sexual scripts and their gendered expectations, I hope to understand how they relate to one another and work in tandem to inform sexual behaviors.

D4. Conceptual Model

To conclude, I use multiple theories to inform my dissertation research. The conceptual diagram of how the theories I am using to guide my dissertation are hypothesized to be related to each other are in Figure 1. Although these theories have not been explicitly studied together, the rationale for this conceptual framework and its proposed pathways are driven by both the individual theoretical constructs and empirical data. The broad theoretical framework of Intersectionality informs my recruitment, data collection approach, and discussion of the issues I am examining.

In the quantitative study presented in Chapter 2, I use the Gender Role Strain theory to fit a structural equation model that identifies the relationship that exists between demographic factors such as age, relationship status, and socioeconomic factors, gender role stress (as a function of gender role strain), and sexual behaviors. I also look at whether racial discrimination and depression mediate these relationships, since these factors have been shown empirically to be correlated with gender role strain measures (Carter et al., 2005; R. M. Eisler, 1995; R. M. Eisler, Skidmore, J.R., & Ward, C.H., 1988; Fragoso, 2000; O'Neil, 2008b; Wade, 1996; Wester et al., 2006).

In the qualitative study presented in Chapters 3 and 4, I ask Black heterosexual men to identify sources of gender role expectations and sexual scripts and how they feel about these expectations and the consequences of not adhering to them. In this way, I identify sources and types of gender role strain: specifically, trauma, which is often inflicted through familial relations; discrepancy strain, which causes internal issues of self-esteem which may in turn affect identity; and dysfunction strain, which causes harm to themselves or others (particularly romantic partners). Through also identifying if and

how they have felt discrimination because of their race and gender, I explore the cultural norms that inform and reproduce both gender role expectations and sexual scripts. Finally, I identify specific sexual scripts by age and relationship status and determine how all of these factors contribute to sexual behaviors.

Significance of the research

My project is made up of two distinct studies which aim to explain a system of gender role expectations' effect on the sexual behaviors of BHM. In particular, this dissertation is designed to do three things: 1) quantitatively assess correlation between experiences of racial discrimination, depression, masculinity measures, and sexual risk-taking and promoting behavior through fitting a structural equation model and 2) qualitatively assess BHM's experiences with, construction of, and adherence to gender role expectations and how these inform different types of gender role strain, and 3) identify sources of gendered expectations and sexual scripts in order to explore how these impact sexual and romantic relationship dynamics, which in turn affect sexual risk-taking and protective behavior.

This research is novel in its examination of gender and sexual scripts not in the context of men's risk *to* women, but in the context of *their own* HIV risk *and protective* sexual health behaviors. Instead of focusing on only traditionally "high risk" cohorts of men (i.e. drug-using populations, men who have sex with men and women, homeless men, STI patients, etc.) or examining deviant behaviors such as intimate partner violence, this research seeks to examine how men who may perceive themselves to be a low risk for HIV contextualize their sexual and romantic relationships through a lens of

masculinity. As Malebranche states in his grant for Project Adofo, "HIV behavioral research that seeks to make meaningful intra-racial comparisons among Black men that don't exclusively arise from a deficit model approach, examining both HIV risk promoting and protective behaviors among this population, is greatly needed" (Malebranche, 2010). Thus, this study is unique in that it will explore both risky and protective behaviors among BHM and is not defined specifically through negative social contexts such as incarceration, low SES, or positive STI status.

The rationale for such is not meant to imply that there is not gender inequality that favors men, nor does it serve to minimize women's HIV risk due to these constructs. The purpose is to elucidate how these constructs also affect men negatively, and exploring only the "victims" of inequality and not the agents of patriarchy is missing a large piece of the prevention puzzle when it comes to heterosexual risk, particularly within the Black community. Although it is important to identify ways in which women are subordinated in relation to men, as Victor Seidler stated "it can be argued that both 'masculinity' and 'femininity' are interpolated within a particular relationship of power.[…] both genders are embedded or organized within particular relationships of power" (p. 223) (Seidler, 1990). The reproduction and policing of gender roles are not the sole domain of men. Addressing issues of gender roles only in relation to women's vulnerability to HIV fails to address women's agency in sexual situations and situates Black men as merely "risky to women" rather than as "at-risk" themselves.

These data may lead to the construction of theories of gender that identify factors specifically addressing BHM's risk behaviors. Furthermore, by identifying key issues within this causal pathway between larger structural factors and proximal social

behaviors leading to sexual risk taking, this study will inform not only future intervention targets and strategies for BHM, but may also identify key risk behaviors and protective factors that will impact interventions and messaging for Black couples and women who are negotiating sexual risk with their male partners. I hope to create a foundation for better informed prevention interventions and programs and may lead to new methods and strategies tailored to the BHM population. I will use an intersectional approach to discuss issues of gender, class, race, and other identities through recruiting diverse men from different socioeconomic backgrounds to make meaningful comparisons between men of different backgrounds.

The specific aims of the study are as follows:

1) Test the fit of a conceptual model of Black male gender role stress and sexual risk and protective factors (including covariates such as racial discrimination, depression, and SES) using structural equation modeling
2) Identify Black heterosexual men's perceptions of and feelings about conforming to salient gender role expectations and how these contribute to gender role strain.
3) Identify common sexual and relationship scripts among Black heterosexual men and examine how they relate to gender role expectations and specific sexual risk and protective behaviors.

The results from this research are organized into three chapters. The first paper will focus on Aim 1 (Chapter 2) and will be the results of a secondary data analysis of survey data from the Atlanta subsample of Project Adofo: The Georgia Men's Health Project, a telephone survey of Black men aged 18-65 (Malebranche, 2010). The final two papers, which will address Aims 2 and 3 respectively, use qualitative primary data collection of in-depth interviews of heterosexual Black men aged 18-45 who live in Atlanta. Chapter 3 will focus on the lived experiences of Black men's gender role expectations and their effects on mental health through gender role strain. Chapter 4 will identify sexual scripts related to gender role expectations. Lastly, in the final chapter, I will discuss the future research implications and tie the results of the three studies together.

FIGURES

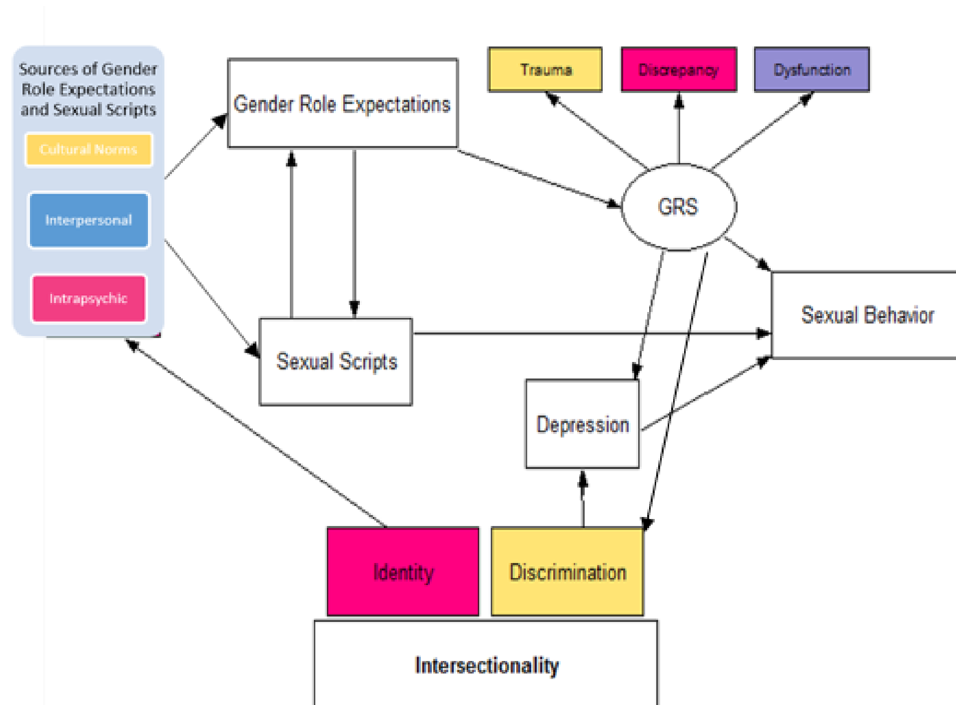

Figure 1. Conceptual Model for Dissertation

GRS = Gender Role Strain

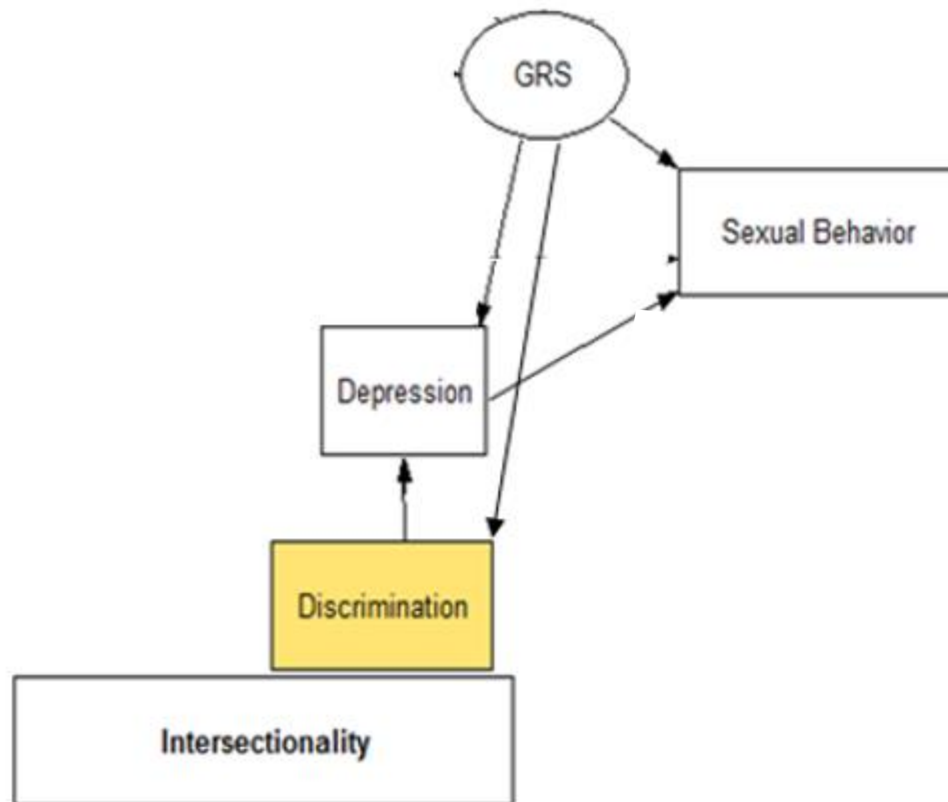

Figure 1a. Conceptual Model Relating to Analysis for Chapter 2

GRS = Gender Role Strain (as measured by Gender Role Stress)

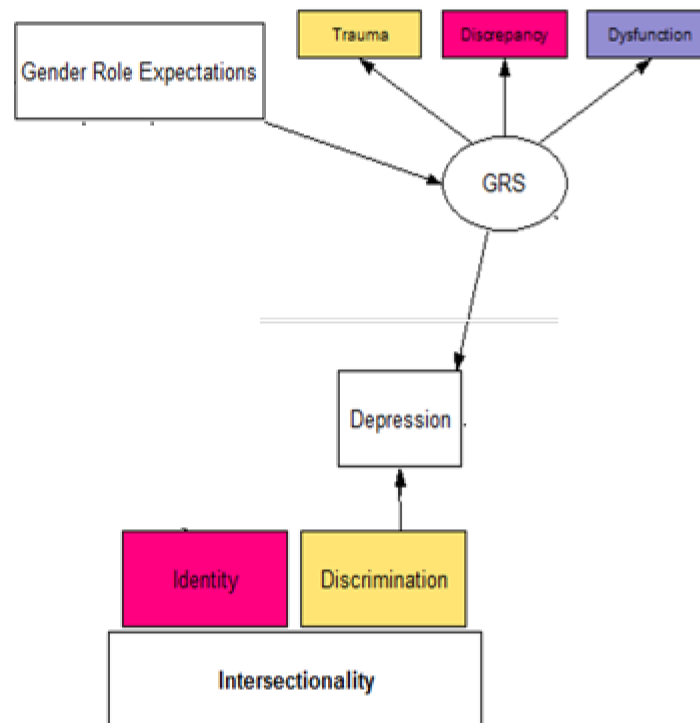

Figure 1b. Conceptual Model Relating to Chapter 3 Analysis

GRS = Gender Role Strain

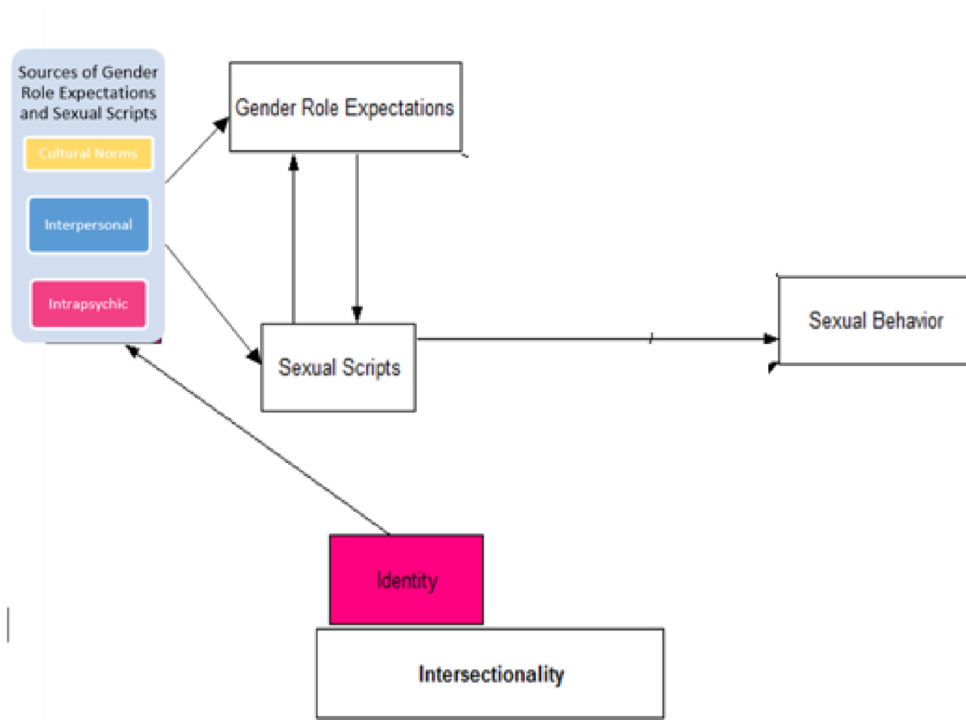

Figure 1c. Conceptual Model Related to Chapter 4 Analysis

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Chapter 2: Intersectional Analysis of Gender Role Stress on Sexual Behaviors of Black Heterosexual Men: A Structural Equation Model

Introduction

Worldwide, the majority of HIV infections are a result of heterosexual transmission, accounting for over 70% of new infections (UNAIDS, 2010). In the United States, African Americans are disproportionately affected by HIV/AIDS, In 2015, Blacks accounted for nearly half of the overall infections (45%) and 65% of the heterosexually transmitted infections in the U.S. and 71% of heterosexual infections in the South (Centers for Disease Control and Prevention, 2016). Black men represent 65% of the HIV cases among men attributed to 'high risk heterosexual contact' and are much more likely to have been infected through heterosexual sex (16%) than White men (4%). In addition, heterosexual men have higher numbers of undiagnosed infections, presenting with stage 3 AIDS at time of diagnosis, as compared to homosexual men and heterosexual women, suggesting this group may not consider themselves at high risk for infection and thus not test as frequently (Campsmith, Rhodes, Hall, & Green, 2010; Chadborn, Delpech, Sabin, Sinka, & Evans, 2006).

Despite the growing epidemic among heterosexual Black men, there are few HIV prevention and intervention studies focused on this population as compared to Black women and men who have sex with men (MSM). Much of the HIV prevention research on heterosexual transmission has focused on Black women who are almost exclusively contracting the virus from a Black male partner (Darbes, Crepaz, Lyles, Kennedy, & Rutherford, 2008; Neumann et al., 2002). Much attention has been given to men who have sex with both men and women (MSMW) (Benoit & Koken, 2012; Harawa, Obregon, & McCuller, 2014; Malebranche, Arriola, Jenkins, Dauria, & Patel, 2010; Millett, Malebranche, Mason, & Spikes, 2005), but men who identify as heterosexual and

indicate sex with women only are virtually ignored. Reviews on Black women's risk factors indicate they are more at risk due to multi-level factors including gender ratio imbalance, high prevalence of HIV in their neighborhoods, racism, sexism, and depression (Brawner, 2014; Smith & Shin, 2015). However, these studies fail to adequately address risk factors among heterosexual Black *men* for their own sake rather than simply as vectors of disease for women (Dworkin, Fullilove, & Peacock, 2009; Raj & Bowleg, 2012).

Many studies have demonstrated that one of the main drivers of the HIV epidemic among heterosexual Blacks stems from close sexual networks and concurrency (having more than one partner within the same time frame) as well as lack of condom use. The risk for this population is also influenced by larger social and structural forces of racism, poverty and income inequality that may adversely impact mental health (Adimora, Schoenbach, & Doherty, 2006; Adimora, Schoenbach, & Floris-Moore, 2009; Stephenson et al., 2006). Moreover, Dworkin et al. state that very few HIV prevention interventions for heterosexually active men have given any consideration to the ways in which men are influenced by gender expression as it relates to poverty and unemployment (Dworkin et al., 2009). These larger societal pressures and experiences lead to higher levels of stress which has been tied to a variety of men's health issues, including high mortality rates, increases in high risk health behaviors and poor health outcomes (Galupo, Davis, Grynkiewicz, & Mitchell, 2014; Griffith, Ellis, & Allen, 2013; Seawell, Hurt, & Shirley, 2016; Xanthos, 2010).

There is a strong link between psychological distress, racial discrimination, and expressions of masculinity which are directly related to measures of gender role strain, a

model of behavior that posits that restrictive gender roles can be detrimental to mental health outcomes (Pleck, 1995). Measures of gender role strain such as gender role conflict and gender role stress (GRS) have been significantly correlated with lower self-esteem, higher anxiety and depression, psychological distress, and negative attitudes toward help-seeking among Black men (Carter, Williams, Juby, & Buckley, 2005; Strebel et al., 2006) as well as health behaviors such as alcohol and tobacco use (R. M. Eisler, Skidmore, J.R., & Ward, C.H., 1988). However, very few studies have measured the role of gender role strain on sexual behaviors. Fields et al. and Malebranche et al. have both shown that increased gender role conflict is associated with less condom use among Black MSM, but to our knowledge there are no similar studies exploring the effects of gender role strain on sexual risk behaviors among heterosexual Black men (Fields et al., 2012; Malebranche, Gvetadze, Millett, & Sutton, 2011). Because sex is a primary means to prove one's masculinity, GRS may directly affect men's use of condoms and number of partners, similarly to how dominant gender role attitudes have been shown to be associated with risky sex (Santana, Raj, Decker, La Marche, & Silverman, 2006). Parent et al showed that desire to conform to heterosexual masculinity negatively predicted HIV testing among MSM (Parent, Torrey, & Michaels, 2012). This same mechanism could be present among heterosexual men who do not want to appear gay by getting tested for HIV.

Studies indicate that racial identity either partially or fully mediates the relationship between gender role strain and psychological stressors for Black men (Wade, 1996; Wester, Vogel, Wei, & McLain, 2006). Wester et al. found that the negative impact of gender role strain on psychological distress among Black men is complicated

by their racial identity and feeling pressure to adopt "an exaggerated version of Euro American masculinity" (p. 425) (Wester et al., 2006). Those that held an internalized racist view were more likely to experience negative effects of gender role -conflict. Racial discrimination has also been linked to both the physical and mental health of Black men (Armstrong et al., 2013; Britt-Spells, Slebodnik, Sands, & Rollock, 2016; Dolezsar, McGrath, Herzig, & Miller, 2014; Meyer, 2014; Todorova, Falcon, Lincoln, & Price, 2010), yet has been relatively understudied in the realm of HIV prevention and sexual health. The few studies that do exist indicate a relationship between experiences of everyday racial discrimination and sexual risk behaviors among heterosexual Black men (Bowleg et al., 2013; Kogan, Yu, Allen, Pocock, & Brody, 2015; Reed, 2013; Stock, Peterson, Gibbons, & Gerrard, 2013). Kogan et al found that racial discrimination contributed to sexual activity with multiple partners through psychological stress and attitudes related to sexual risk practices (Kogan et al., 2015). Bowleg et al studied the effects of everyday racial discrimination and post-traumatic stress symptoms on sexual risk behaviors and found that racial discrimination had a significant direct effect on post-traumatic stress symptoms and indirect effect on sexual behaviors (Bowleg et al., 2014), indicating that mental health indicators may mediate the relationship between racial discrimination and sexual behaviors.

Stress for Black men is connected to their racial identity, socioeconomic status, gender, sexuality, and age or stage of life. Economic pressures for Black men are exacerbated by the social inequalities that they face. Men who are older and in relationships may feel stress if they are not fully able to achieve an ideal of masculinity

symbolized by being a good provider and having economic stability (Bowleg et al., 2011; Bush V, 1999; Griffith et al., 2013; Hammond & Mattis, 2005; Whitehead, 1997).

Younger men in relationships, who are still in the process of constructing their manhood, may feel stress related to exerting power in their sexual and romantic relationships. This may lead them to prove their manhood in other ways such as having multiple partners or fathering children (Bowleg, Lucas, & Tschann, 2004; Bowleg, Valera, Teti, & Tschann, 2010; Kennedy, Nolen, Applewhite, & Waiter, 2007; Lottes & Kuriloff, 1992; Ward, 2005).

Heterosexual Black men's sexual health is complicated by their relationship status, age, racial identity, and socioeconomic status. The study of the effects of all of these social identities coupled with the differential experiences of stress and mental health on sexual health behaviors demand an intersectional approach. Although intersectionality has been used extensively in literature focused on Black women to describe how social identities such as gender, race, socioeconomic status, and sexuality and are created through systems of oppression that are not simply additive but intersect in unique ways (Collins, 2009; Crenshaw, 1991; Townsend, 2008; Van Ausdall, 2015; Williams, 2011, Crenshaw, 1989 #264), very few studies have used an intersectional approach to describe the context of sexual risk behaviors among heterosexual Black men.

In the present study, we used an intersectional approach to develop and test a conceptual model of how masculine gender role stress is associated with sexual behaviors among BHM (see Figure 1). Many studies have demonstrated that one of the main drivers of the HIV epidemic among heterosexual Blacks stems from close sexual networks and concurrency (having more than one partner within the same time frame) as

well as lack of condom use amongst this population, which are influenced by larger social and structural forces of racism, poverty, and income inequality (Adimora et al., 2006; Adimora et al., 2009; Stephenson et al., 2006). The conceptual model describes how socioeconomic factors, racism experiences, age, masculine gender role stress, and depression may impact concurrency, condom use, and HIV testing behaviors among a diverse sample of heterosexual Black men in a relationship who live in the greater metropolitan area of Atlanta, GA. Our main hypotheses are that men who report higher levels of gender role stress will report more concurrency, less condom use, and less HIV testing. We also hypothesized that younger men would report more gender role stress and higher levels of sexual risk behaviors and that all of these relationships are mediated by racial discrimination and depression.

METHOD

Study Sample

This secondary data analysis used data from a cross-sectional telephone survey from The Georgia Black Men's Study, a National Institute of Nursing Research (NINR) funded research project that began in April 2010 as a mixed methods study exploring the social context of mental health and sexual behavior outcomes of Black men in both rural and urban Georgia (Malebranche, 2010). Recruitment for the original study utilized high quality sampling frames and random digit dialing (RDD) methods to achieve a random probability sample of the study's target population, defined as Black men between the ages of 18 and 65 years who currently live in three distinct Metropolitan Statistical Areas (MSAs) in the State of Georgia: (i) Atlanta; (ii) Columbus; and (iii) Valdosta (Link, 2008).

A total of 1257 study-eligible men completed the survey. For the purposes of this study, we limited the analysis to those who lived in the Atlanta MSA (605), because we were interested in an urban sample and Dekalb and Fulton are the counties with the highest prevalence of HIV (Georgia Department of Public Health, 2016). We then further excluded data from men who reported anything but heterosexual identity or any male sexual partners within the last year (36), men with a known HIV positive status (13), men who had not reported sex with at least one female partner in the last 12 months (75), and men who had used any drugs within the last 12 months other than marijuana (8); this resulted in a sample size of 473. After examining the content and frequency of variables, we noted that the condom use variables were measured differentially for those who reported being in a committed relationship and those who were not. One question was asked "How often in the past 12 months did you use condoms for vaginal sex with a woman" for men who had not reported having a wife or girlfriend whereas those who had a wife or girlfriend were asked "How often in the past 12 months did you use condoms for vaginal sex with a woman *other than your wife or girlfriend."* Men in a relationship were also asked how often they used condoms with their wife or girlfriend. Furthermore, 79% of the sample reported being in a committed relationship, thus we decided to limit the analysis to those who reported being in a committed relationship (379).

Measures

All of the scales used in the original study had already been evaluated for internal consistency among the sample (Agans, 2012). For each scale, we checked for item non-response and reliability analyses to ensure each scale was internally consistent. All scales performed well, with Cronbach's alpha of > 0.70, and there were no items worthy of

deletion due to non-response. Pre-existing scales were chosen because of their previous validation among Black male samples. All scales had response options of not applicable, don't know, and refused. Not applicable answers were scored as lowest possible value while refusals and "don't know" were interpreted as missing data.

Gender role stress (GRS, α=0.91). Stress over traditional masculine roles was measured through the Gender Role Stress survey (R. M. Eisler, 1995; R. M. Eisler, Skidmore, J.R., & Ward, C.H., 1988). Subjects respond about how stressed they are in regards to commonly accepted masculine norms of behaviors, with a high score reflecting an expression of gender role stress. The twelve item scale has the stem "In the past year, how often have you been stressed out…" and sample items include "about having to provide for your family" or "because people expected you to be emotionally strong?" Respondents used a 4-point scale (from never to often).

Depression (Patient Health Questionnaire, PHQ-8, α=0.82). The depression scale [PHQ-8] has been commonly used to assess depressive symptoms (Farzanfar et al., 2014; Kocalevent, Hinz, & Brahler, 2013; Martin, Rief, Klaiberg, & Braehler, 2006). The stem is "During the past 2 weeks, how often have you been bothered by…" and has items such as "feeling tired or having little energy" or "poor appetite or overeating." The response choices are every day, more than half the days, several days or not at all.

Adapted Race and Racism Scale **(ARS, α=0.84)** This scale measures experiences of racism and was adapted from a pre-existing racism experiences scale (Harrell, 2000). The racism scale is made up of ten items with the stem "Because of race or racism, how often in the past year have you…" and sample items include "been called names" or "had

women grab their purses when they see you." Items are scored from often (1), sometimes (2), rarely (3) and never (4).

Sexual Behavior Measures

Three items were used to measure sexual behavior: concurrency, condom use with your wife or girlfriend during the past year, and condom use with a woman other than your wife or girlfriend during the past year. Both condom use measures used a 4-point Likert scale from 1 to 5 (always to never). Concurrency was measured using the question "Has there been a time in the past year where you have been having ongoing sexual relations with two or more partners?" which was treated as a dichotomous value. HIV testing was also assessed by asking whether they had been tested for HIV within the past 12 months (yes/no).

Socioeconomic Status (SES)

Three items were used to measure the latent construct of socioeconomic status (SES): highest level of education (high school or less, some college or technical school, and college or graduate school), income (categories from <$15,000 to >60,000), and employment status ranging from self-employed to unable to work.

Statistical Analysis

Creation of analytic sample, recoding of variables, descriptive analyses of sample characteristics were conducted using SPSS 24 (Corp, 2016). We performed bivariate screening of the associations of the hypothesized relationships with sexual risk and HIV testing, using spearman rank order Rho to generate the correlation coefficient for pairs that included categorical variables and pearson's R for continuous variables (see Table 2). Mpus 7.3.1 (Muthén & Muthén, 1998-2012) was used to test the confirmatory factor

analytic models and the structural equation models. Full information maximum likelihood estimation was used to estimate the models and to estimate missing data. We performed a confirmatory factor analysis on proposed latent variables, assessing the factor loadings of manifest variables to the latent factor. Goodness of fit of the models was assessed using the maximum-likelihood (ML) χ^2, the root mean squared error of approximation (RMSEA), the comparative fit index (CFI), and the Tucker-Lewis Index (or non-normed fit index, TLI). The RMSEA is a measure of lack of fit per degrees of freedom, and values less than 0.6 indicate a good fit between the hypothesized model and the observed data. Both CFI and TLI range from 0 to 1 and reflect the improvement of fit from the hypothesized model and a model with no complete independence among the variables; values at or above 0.95 are considered acceptable, but recommendations as low as 0.80 exist (Hu, 1999). Statistical power analyses were conducted and indicated that a minimum sample size of 352 participants was needed to detect acceptable model fit for the hypothesized model with 26 degrees of freedom (where null RMSEA= 0.05; alternative RMSEA = 0.08 (the upper limit of acceptable fit); power = 0.8; type 1 error rate = 0.05) (Preacher, 2006). Thus our sample of 379 was sufficiently powered to detect model fit.

Since we are using an intersectional approach, we decided to use structural equation modeling (SEM). SEM is a particularly useful tool for evaluating the system of relationships as a complete model rather than emphasize individual effects (Klein, 2011). A structural equation model was posited in which the latent construct of SES, the control variable age and gender role stress predicted the psychosocial intervening variables of depression and racism experience scales. All variables then predicted the behavioral

outcomes of condom use, concurrency, and HIV testing. After assessing the hypothesized model, and making theoretically-sound modifications based on the results, we tested a trimmed model.

RESULTS

Characteristics of the Study Sample

The age range of the sample was 18-65 with a mean age (*SD*) of 46 (13). Most were employed (73%) and had higher than high school education (73%), with 41% having a college or graduate degree. About fourteen percent of the sample had an annual household income of less than $20,000 with about half making more than $60,000. Most of the sample reported having health insurance (81%) and having a family doctor or routine health care provider (78%). The majority of the sample reported only one sexual partner during the last year (82%), with only 9% reporting concurrency. Most men reported never using condoms with their wife or girlfriend (66%) and of the men who have had sex with women other than their wife or girlfriend, about half reported always using condoms with other women (43%) and over a third reported never using condoms with other women (39%). Please see Table 1 for more detailed sample characteristics.

Bivariate Correlations among Manifest Indicators and Observed Variables

The bivariate correlations for all variables included in the model are presented in Table 2. The correlation coefficients for the manifest indicators for the latent variable SES were highly correlated ($p<0.01$). The indicators for sexual behavior were all correlated. Participants who reported concurrency or higher number of partners were more likely to use condoms with both main partners and non-main partners. Other proposed pathways were all supported by the bivariate correlations.

Confirmatory Factor Analysis: Hypothesized SES Latent Construct

The three manifest variable-measurement model for SES with standardized factor loadings and standard errors in parentheses is in Figure 2 and provided an adequate statistical fit to data

Structural Equation Modeling: Hypothesized Model

We hypothesized that gender role stress would be associated positively with racism and depression and increase sexual risk behaviors (decreased condom use, concurrency and HIV testing). Furthermore, we expected that depression would mediate the relationship between GRS and sexual behaviors. The tested model is below in Figure 3. SEM analysis of the hypothesized model indicated adequate fit $\chi^2 = 51.02$, 26 df, p=0.002; RMSEA = 0.050 (90% confidence interval (CI) 0.029, 0.071); CFI = 0.96; TLI = 0.92). Standardized coefficients for all hypothesized model pathways are presented with standard errors in parentheses in Figure 3.

Findings

As hypothesized, gender role stress was significantly associated with reporting more racism experiences and higher levels of depression. Higher levels of depression were associated with *more* use of condoms with wives. Age was correlated with all outcome variables: older men reported less condom use with both main and non-main partners, less HIV testing, and less concurrency. SES was associated with less depressive symptoms. Racism experiences were associated with higher levels of depressive symptoms.

Structure Equation Modeling: Final Model

Following the test of the hypothesized model, we systematically removed some of the insignificant pathways (i.e. trimmed model). Some insignificant pathways were retained because the relationship was in the expected direction and the final model retains theoretical significance. In addition, the modification indices recommended adding direct paths from SES to HIV testing, condom use, and concurrency. Since SES is associated with HIV risk behavior, these modifications seemed appropriate from both theoretical and empirical standpoints.

The final tested structural model with standardized path coefficients in parentheses is presented in Figure 4. Parameter estimates and significance levels for the model are presented in Table 3. The findings for the final model indicated excellent model fit ($\chi^2 = 37.476$, 26 df, $p<0.068$); RMSEA = 0.034 (90% CI 0.01, 0.055); CFI = 0.983; TLI = 0.965).

Findings

The significant pathways were as follows: men who reported more gender role stress were more likely to report concurrency, depressive symptoms, and racism experiences. Older men were less likely to report gender role stress and concurrency and less likely to use condoms with both partners and non-partners, and less likely to have been tested for HIV in the last year. Men with lower SES were more likely to report depressive symptoms and less likely to report condom use with both wife/girlfriend and women who were not wife/girlfriend.

Discussion

This study tested the fit of a conceptual model of the effect of gender role stress on condom use, concurrency, and HIV testing behaviors of heterosexual Black men. We also considered the effect of GRS on report of depressive symptoms and racial discrimination experiences, taking into account socioeconomic status and age. The excellent fit of the final model suggests there is a high level of interdependence and relatedness between the constructs of socioeconomic status, gender role stress, discrimination experiences, depressive symptoms and sexual behaviors among heterosexual Black men. Although the relationships depicted in the model could be flowing in different directions or bidirectionally, there is good support for the relationships depicted in the model.

As hypothesized, gender role stress was highly associated with depression, racism experiences, and concurrency in both bivariate analyses and within the structural model. Men who report higher levels of gender role stress were more likely to report depressive symptoms, racism experiences, and concurrency, but the pathways to condom use and HIV testing were not significant in the final model, despite GRS being associated with HIV testing in the bivariate analyses. Additionally, the path between racism experiences and depressive symptoms was not significant in the structural model, although this relationship was significant in the bivariate analysis. These findings suggest that taking an intersectional approach to understanding BHM's risk is warranted, as the dynamics between the constructs within the system show complex interplay that belie the bivariate associations.

SES was not associated with GRS nor racism experiences suggesting that although gender role expectations and discrimination may affect men of different education and income levels in different ways, men of lower SES did not report more stress or racism experiences than those of higher SES. This finding is not surprising given that there have been a number of studies that show men with more education often have higher perceptions of racism and have more internalized stress due to racism (Chae et al., 2014; Kwate & Goodman, 2015; Moody-Ayers, Stewart, Covinsky, & Inouye, 2005). The effects of SES on all of the outcome variables is significant, however this effect does not operate solely through other psychosocial variables. Situational factors such as access to information, neighborhood context, and access to healthcare may all complicate these relationships.

The bivariate associations suggest that gender role stress affects sexual risk behavior but not necessarily in the expected directions. Condom use was highly correlated with concurrency, suggesting that those who are having multiple partners are using condoms more often with both main partners and women with whom they are not in a committed relationship which intuitively makes sense. This may indicate that BHM are listening to public health messaging recommending condom use when engaging in sex with multiple partners. GRS was associated with the presence of concurrency, which suggests that messaging around what it means to be a man may include having multiple female partners, as suggested by both qualitative studies where men have described this gender norm of feeling pressure to have multiple female partners (Bowleg, Heckert, Brown, & Massie, 2015; Bowleg et al., 2011; Hall & Applewhite, 2013) and other studies that found men who were more likely to adhere to traditional masculine gender roles

were more likely to engage in sex with multiple partners (Ragnarsson, Townsend, Ekstrom, Chopra, & Thorson, 2010; Santana et al., 2006). Although men with high GRS may feel pressure to have concurrent partnerships, this analysis suggests that they are also more likely to use condoms if they are engaging in sex with multiple partners. Conversely, men who are in a monogamous relationship may not feel the need to engage in protected sex and, assuming their partner is known to be negative, this behavior does not constitute increased HIV risk. Similarly, these men may have less desire or inclination to get tested for HIV because they do not believe they are at risk. Interventions suggesting improving rates of testing among couples should continue to be emphasized.

Age perhaps as a proxy for life stage, was associated with all of the variables in the model. Although men of all ages may feel gender role stress, older men were significantly less likely to report gender role stress than younger men suggesting that younger men may be more susceptible to feelings of inadequacy and pressure to conform to specific gender roles such as being a provider, having a family, and being physically strong. One could argue that some of the indicators of gender role stress are lower for an older man because they have achieved them (having a family, getting married, having children). Older men may still be under these pressures but not feel stressed about them as younger men who are navigating and forming their own definitions of manhood. Age was not significantly correlated with depression or reporting of racism experiences. Older men were less likely to report concurrency, use condoms with their partners (both main and non-main) and get HIV tested. This may be due to older men being more likely to be married. Younger men have grown up in the AIDS era and condom use has been

more normalized throughout their life, thus even when in a relationship, they may opt to use condoms with their wives or girlfriends as a form of birth control and/or STI prevention. Older men, contrarily, may not be as concerned with preventing pregnancy nor believe that condoms should be used during marriage or a monogamous relationship. These findings are consistent with studies that found that increasing age among Black women was associated with less frequent condom use, lower condom use intentions and perceptions of partners' attitudes towards condom use to be less favorable (Corneille, 2008). Black men who are in relationships of different age groups may require different types of messaging related to their experiences of gender and socioeconomic status.

Limitations

SEM is a robust tool for identifying relationships, but model fit does not imply causality. Other models may fit the data equally well. In addition, because this is a cross-sectional sample, it is not possible to identify any changes over time or determine direction of the effects.

As with all secondary analyses, there is a limit to the control the researcher has in terms of specific measures, recruitment, and data collection methods. The sample was predominantly monogamous and thus we couldn't compare men in relationships and those who are not, nor was there much variability in some key outcome variables. Although concurrency was measured through the question "Has there been a time in the past year where you have been having ongoing sexual relations with two or more partners," there is no way of telling whether they had ongoing relationships while in their current relationship. In addition, men who are married vs. men who are in a committed relationship may be very different. For example, men who have been in a committed

relationship for 2 months in this sample are treated the same as men who have been married for 30 years. However due to the number of men who reported only having one partner in the last year, we assume that all the men in the sample considered themselves to be at some reduced risk through partnership.

The two questions addressing condom use were: "In the past year, how often have you used condoms during vaginal sex with your wife or girlfriend" and "in the past year, how often have you used condoms during vaginal sex with a woman (other than your wife or girlfriend)" were not precise. For the latter question, the variable was measured differentially between men who reported being in a committed relationship and those who were not, thus we could not compare men in a relationship to those who did not have a relationship. Furthermore, even among those who reported having a wife or girlfriend, there is no way of knowing whether condom use is being measured with someone they are currently having sex with outside of the relationship or with a woman that they were having sex with prior to their current relationship or whether they men averaged their experiences with multiple women. However, limiting the sample to those in a relationship provided specific context of sexual risk among an understudied population.

Despite these challenges, the original study's survey measures were thoroughly vetted with members of the community and the measures were all created and piloted through an extensive qualitative process. Finally, because the original study was conducted in a small geographical location, the results cannot be generalizable to other populations, but due to the high rates of sexually transmitted infections (STIs) and HIV within the southeast among this population and the regional effects of masculine roles and scripts, it is important to study this population.

Conclusion

Despite the limitations, this study lends important insight into the ways BHM's sexual risk behaviors are affected by depression, racism experiences, and gender role stress. Similar to suggestions made by Brawner et al. regarding Black women's HIV risk, interventions for Black men should be multi-leveled and consider psychosocial, physical, and structural factors (Brawner, 2014). Socioeconomic status, depression, gendered beliefs, racial discrimination, and relationship status all contribute to a man's risk perception and subsequent behaviors and cannot be addressed in a vacuum. This research adds to the growing literature on heterosexual Black men's sexual risk by addressing that men of different ages may experience effects of depression, racism, and gender role stress differentially and their subsequent condom use and HIV testing behavior is impacted not only by their social status, but by risk perceptions and beliefs that are both gendered and racialized. Thus interventionists must create culturally appropriate messaging that addresses men at different life stages. More research is needed to further explore how men of varying backgrounds and risk levels feel about masculine gender roles and how this in turn affects their sexual practices both within the context of a committed relationship and outside of one.

TABLES

Table 1. Sample Characteristics (N=379)

Characteristics	***n***	***Percentage****
Age (years), M(SD)= 46(13)		
18-29	46	12.1
30-45	128	33.8
46-65	205	54.1
Highest Level of Education		
High School Graduate or Less	103	27.2
Some college or trade school	120	31.7
College or graduate school	156	41.2
Annual Income Before Taxes (in dollars)		
<20,000	50	14.1
20,001 to 30,000	26	7.3
30,001 to 45,000	54	15.3
45,001 to 60,000	44	12.4
>60,000	180	50.8
Employment Status		
Self-Employed	61	16.9
Employed	212	55.9
Student	13	3.4
Retired	34	9.0
Unemployed	37	9.8
Unable to Work	22	5.8
Condom Use in past year with wife or girlfriend		
Always	35	9.3
Most of Time	29	7.7
Half of Time	13	3.5
Sometimes	47	12.5
Never or not had sex with wife or girlfriend	252	66.5
Condom Use in past year with woman other than wife or girlfriend		
Always	42	11.1
Most of Time	8	2.1
Half of Time	2	0.5
Sometimes	8	2.1
Never or not had sex with wife or girlfriend	317	83.6
Concurrency (yes)	35	9.2
HIV Test in past year (yes)	170	44.9

**Percentages may not add up to 100% due to missing values*

Table 2: Correlation Coefficients of Observed Indicator Variables

		1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*
1	**Age**	1										
2	**Employment**	0.085	1									
3	**Income**	0.15**	-0.42***	1								
4	**Education**	0.12*	-0.29***	0.45***	1							
5	**Condom nonuse with wife or girlfriend**	0.35***	0.02	0.23***	0.08	1						
6	**Condom nonuse with non-wife or girlfriend**	0.26***	0.01	0.12*	0.12*	0.40***	1					
7	**Concurrency**	-0.15***	0.02	-0.12*	-0.05	-0.21***	-0.57***	1				
8	**HIV Test**	-0.20***	-0.03	-0.14**	-0.05	-0.09	-0.15**	0.12*	1			
9	**GRS score**	-0.14**	0.00	-0.06	-0.06	-0.03	-0.10*	0.15**	0.11*	1		
10	**Depression (PHQ) score**	-0.03	0.21***	-0.24***	-0.17***	-0.03	-0.08	0.07	0.01	0.12***	1	
11	**Racism Experience Score**	-0.03	-0.01	0.05	0.07	-0.03	-0.05	0.04	0.04	0.14**	0.11*	1

$*p<0.05$, $**p<0.01$, $***p<0.001$

GRS= Gender Role Stress; PHQ = Patient Health Questionnaire

Table 3: Parameter Estimates (Standard Errors) and Significance Levels for Final Model

Parameter Estimate	*Standardized*
Measurement Model Estimates	
SES→ Education	0.61 (0.06)***
SES→ Income	0.89 (0.07)***
SES→ Employment	0.47 (0.05)***
Structural Model Estimates	
SES→ Depression	-0.29 (0.06)***
SES→ Condom Non-use w/woman	0.15 (0.08)
SES→ Condom Non-use w/wife	0.15 (0.01)*
SES→ Concurrency	-0.17 (0.11)
SES→ HIV Test in past year	-0.10 (0.08)
AGE→GRS	-0.14 (0.06)*
AGE→ Condom Non-use w/woman	0.23 (0.06)***
AGE→ Condom Non-use w/wife	0.37 (0.06)***
AGE→ Concurrency	-0.20 (0.08)*
AGE→ HIV Test in past year	-0.24 (0.06)***
GRS→ Condom Non-use w/woman	-0.07 (0.07)
GRS→ Condom Non-Use w/wife or gf	0.01 (0.06)
GRS→ Concurrency	0.28 (0.11)**
GRS→ HIV Test in last year	0.09 (0.07)
GRS→ Racism	0.15 (0.05)**
GRS→ Depression	0.40 (0.05)***
Racism→ Depression	0.06 (0.05)
Depression→ Condom Non-use w/wife or gf	-0.01 (0.07)
Depression→ Condom Non-use w/woman	-0.03 (0.08)
Depression→ Concurrency	-0.05 (0.10)

**p<0.05, **p<0.01, ***p<0.001*
GRS = Gender Role Stress
gf = girlfriend
woman = woman other than wife or girlfriend

Figures:

Figure 1. Conceptual Model
Figure 2. Measurement Model of Latent Variable of Socioeconomic Status (SES)
Figure 3. Structural Equation of Hypothesized Model
Figure 4. Structural Equation of Modified Model

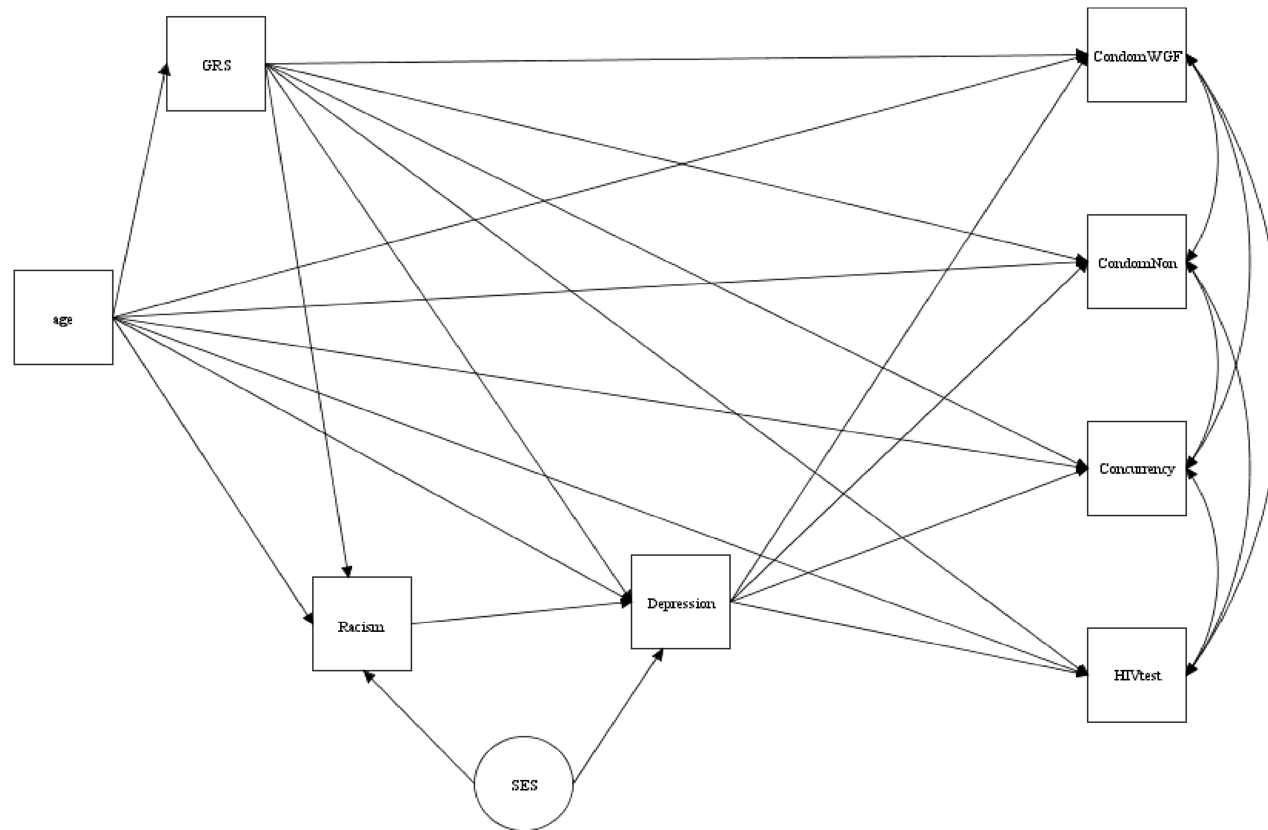

Figure 1. Conceptual Model

GRS= Gender Role Stress measures
SES= Socioeconomic status
CondomWGF= condom nonuse with wife or girlfriend
CondomNon= condom nonuse with woman other than wife or girlfriend

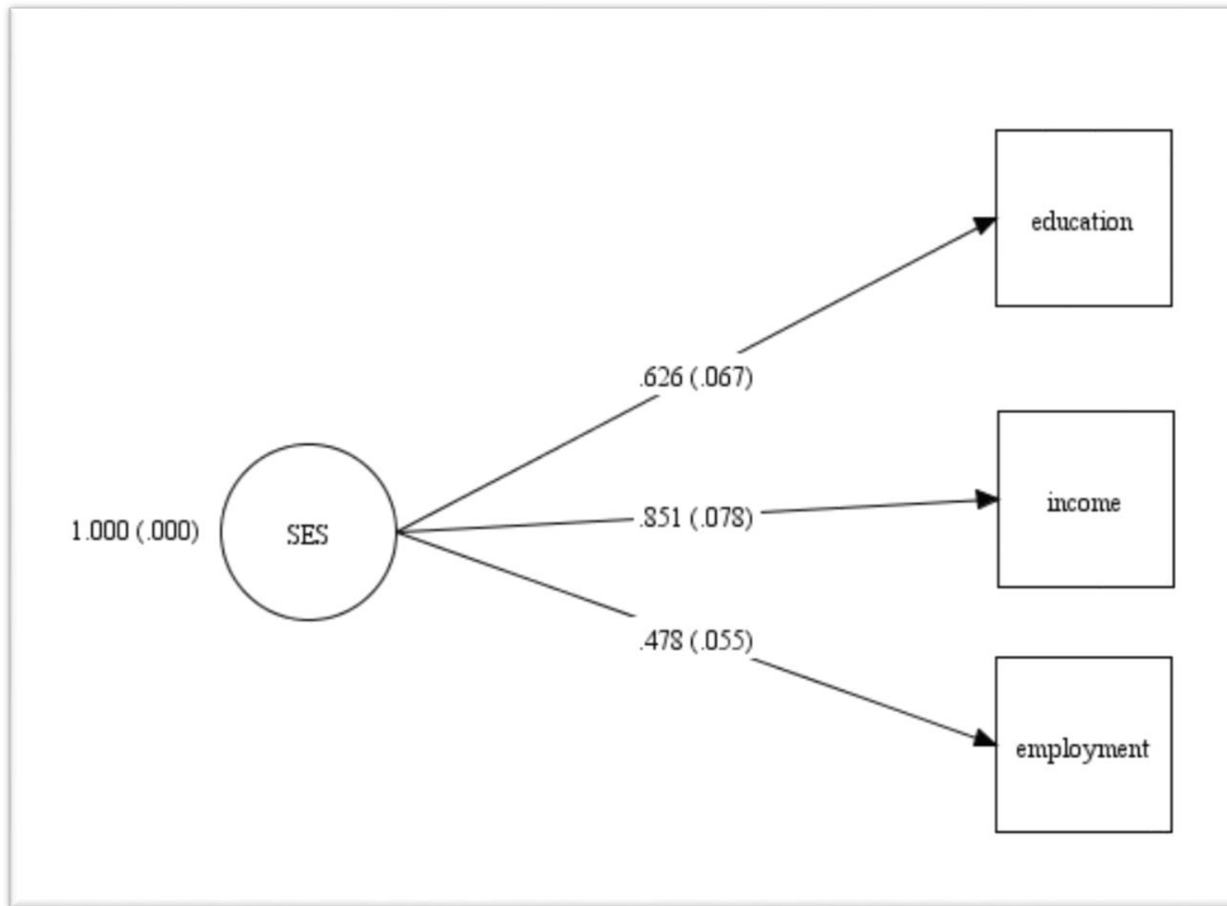

Figure 2. Measurement model of latent variable SES (socioeconomic status) with standardized estimates (standard errors)

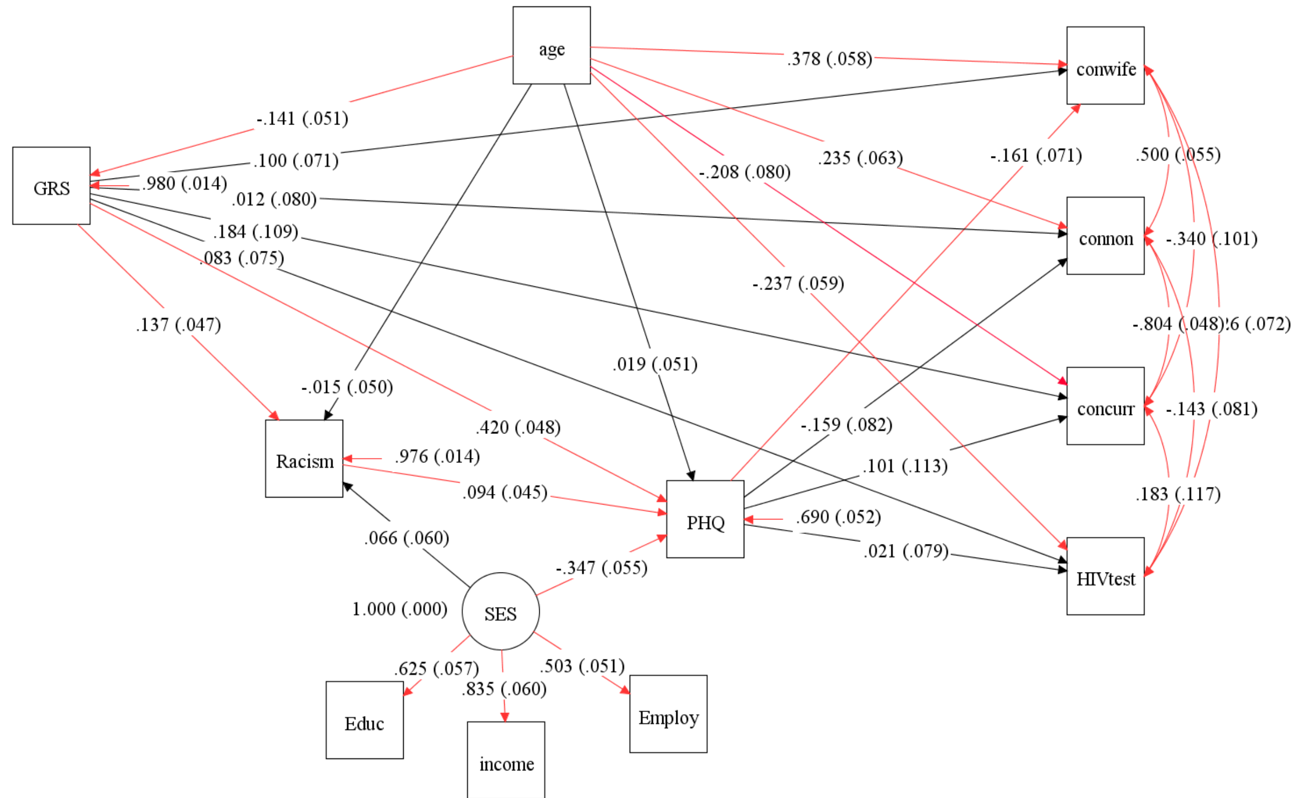

Figure 3. Structural Equation of Hypothesized Model with standardized estimates (standard errors)

Key:
Statistically significant pathways are in red
GRS= Gender Role Stress
SES=socioeconomic status
PHQ= PHQ-8 Score (depression)
Educ= level of education
Employ= employment status
Concurr: concurrency
Connon: condom nonuse with non wife or girlfriend
Conwife: condom nonuse with wife or girlfriend

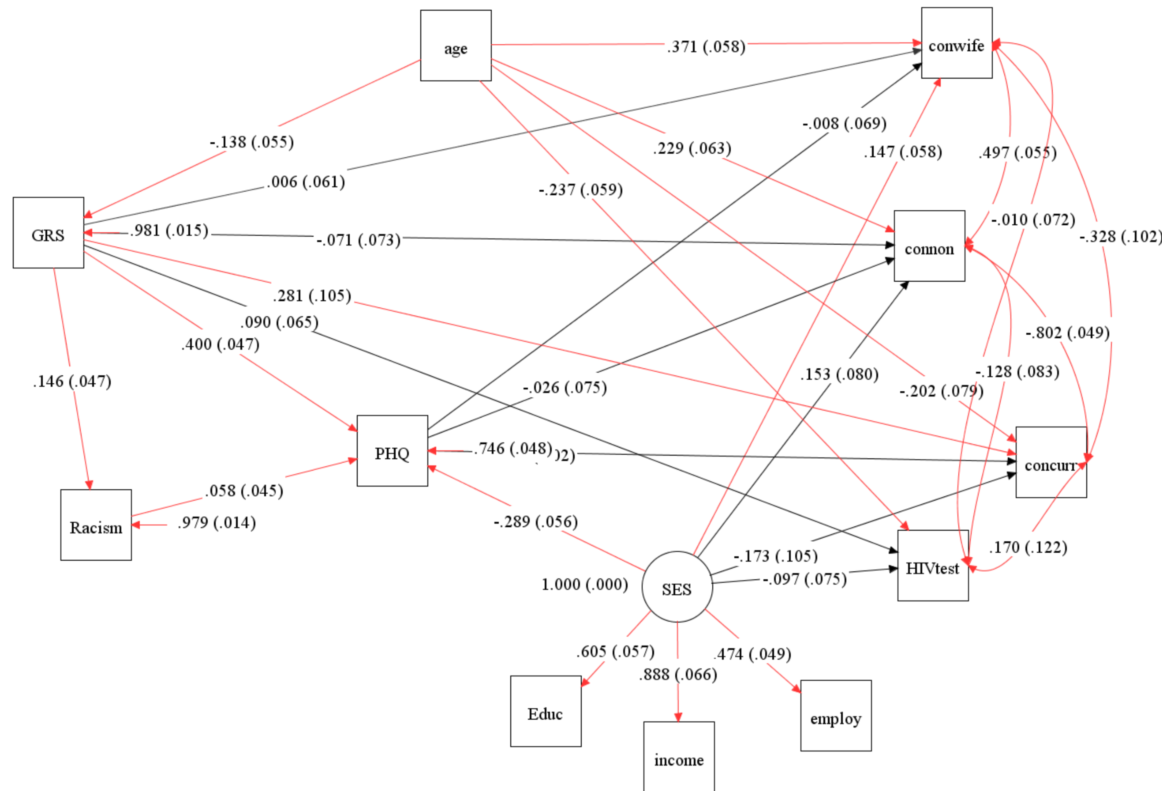

Figure 4. Structural Equation of Modified Final Model with standardized estimates (standard errors)

Key:
Statistically significant pathways are in red
GRS= Gender Role Stress
SES=socioeconomic status
PHQ= PHQ-8 Score (depression)
Educ= level of education
Employ= employment status
Concurr: concurrency
Connon: condom nonuse with non wife or girlfriend
Conwife: condom nonuse with wife or girlfriend

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Chapter 3: "You have to be the superhero because there are so many villains:" An intersectional exploration of gender role strain among Black heterosexual men

Introduction

Concerned about the subject of Black masculinity, gender scholars have highlighted how traditional masculine gender roles can cause conflict or strain for Black men. Early scholars identified issues with Black masculinity that centered on "blocked opportunity" models, that is Black men were portrayed as not being able to achieve dominant masculine ideals due to the constraints of slavery resulting in the subsequent emergence of the "strong Black woman," and economic oppression which disallows Black men to provide for their families (Bush V, 1999). Many argued that "hegemonic masculinity," which Connell describes as "embod[ying] the currently most honored way of being a man, it requir[ing] all other men to position themselves in relation to it" (p. 832) (Connell & Messerschmidt, 2005), within the context of the United States is a White heterosexual man with high social and economic status. Due to this definition, this ideal may be unattainable to many Black men, and thus they have enacted various alternative masculinities to emphasize, such as elements of "tough guy" or "player of women" (Harris, 1995; Oliver, 1989). Majors and Bilson discuss how Black men in popular culture set the standard for what is considered "cool" and have adopted what they refer to as "Cool Pose," a set of gendered performances that emphasize elements of dominant masculine ideologies such as toughness, and control, often also including having many female partners (Majors, 1992).

Although Black masculinity scholars have identified specific alternative, reactionary masculinities performed by Black men, there is still a need to understand how these masculinities are informed by gender role expectations. Scholars define gender role expectations as socially learned behavior and system of beliefs that govern behavior (R.

M. Eisler, 1995; O'Neil, 1981; Pleck, 1995). These expectations and a person's adherence to them is influenced by culture, race, socioeconomic status, and other salient identities. Although many normative assumptions about heterosexuality and masculinity may not be perceived to be bound by race or socioeconomic class, the impact of masculine identities in the sociocultural context and history of slavery and racial discrimination in the lives of Black heterosexual men (BHM) may make these issues more pronounced. Thus, more recently, Black masculinity scholars have tried to identify how race, culture, and socioeconomic status may impact Black men's definition of masculinity and its subsequent role expectations. Senn, et al. found that BHM believed financial resources played a large role in determining power in relationships (Senn, Carey, Vanable, & Coury-Doniger, 2010). Bowleg also noted that men's views on HIV, sexual risk taking, and relationships were interwoven with both traditional and nontraditional masculinity ideologies that embody power in relationships (Bowleg, Lucas, & Tschann, 2004; Bowleg et al., 2011).

Dworkin et al (2009) suggest that the influence of structural forces of racism, poverty, and unemployment should not be ignored when considering how BHM are influenced by gender role expectations (Dworkin, Fullilove, & Peacock, 2009). However, unlike their female counterparts who are often the subject of HIV prevention theory, research, and intervention, research explicitly exploring BHM's attitudes and beliefs regarding their gender and how it relates to their sexual health are scant. Higgins et al. (2010) refer to this dichotomy as the "paradigm of gender vulnerability," which positions women as being the only ones affected by gender norms, and power differentials involving race, social class, sexuality and global structures of inequality

(Higgins, Hoffman, & Dworkin, 2010). They correctly state that social structures, gender, and HIV risk should be examined in men as well as women. Others have called for more nuance to be given to gendered paradigms of risk and vulnerability, exploring the complexity of sexuality between men and women (Dowsett, 2003; Dworkin et al., 2009; Raj & Bowleg, 2012).

Because the impact of gender, race, socioeconomic status, and other factors on BHM's mental and sexual health cannot be disentangled, this study will take an intersectional approach.

Intersectionality as a theoretical framework posits that identities and social statuses (e.g. race, class, gender, sexual orientation, ability, religion) are neither independent nor are their effects additive, but are interlinked (Crenshaw, 1989, 1991). Historically, the study and term of intersectionality has been used in Black feminist discourse (Collins, 2009; Townsend, 2008; Van Ausdall, 2015; Williams, 2011), and more recently has gained popularity in the study of queer health (Anderson & McCormack, 2010; Bowleg, 2013; Button & Worthen, 2014; Crisp, 2014; Cronin & King, 2010; Henderson, 2014; Levy, 2014; McCormack, 2014; Robinson & Ross, 2013; Rogers, Scott, & Way, 2015), but has not been used extensively to study BHM's health. This framework is useful to understand how Black men's sexual and gender expression is racialized, as well as how experiences of racial discrimination are impacted by their gender. For example, although BHM do not lose their male privilege because they are Black, Black men's bodies are often policed and brutalized in a way that Black women's are not (Hill Collins, 2004). Intersecting identities such as, but not limited to, sexuality,

race, and socioeconomic status may lead to contradictory and competing gender role expectations for Black men.

In more recent qualitative studies, masculinity, construction of manhood, and social power among BHM were all shown to impact health decisions, sexual behaviors, and social and romantic relationships (Bowleg et al., 2011; Bowleg, Valera, Teti, & Tschann, 2010; Kennedy, Nolen, Applewhite, & Waiter, 2007; Lottes & Kuriloff, 1992; Ward, 2005). Bowleg et al. identified specific gender role expectations such as not being gay, initiating sex, always being desirous of sex/not feeling like they can refuse sex, and women being the primary arbiters of condoms (Bowleg et al., 2011). What is missing from these analyses is the perspective of how these definitions are created, sustained and enacted through racialized gender role expectations.

The study of gender role expectations is important to help understand how masculinity affects BHM's mental and physical health and what toll these expectations take on mental and physical health. Pressure to counteract and/or to conform to gendered or racialized expectations from society at large may cause BHM physical and emotional stress, which may impact their health.

One paradigm to help us explore how gender role expectations affect BHM's health is Pleck's Gender Role Strain (GRS). Gender Role Strain posits that restrictive gender roles can be detrimental to mental health outcomes and consists of three subtypes: discrepancy strain, trauma strain, and dysfunction strain (Pleck, 1995). Discrepancy strain is when failing to conform to stereotypical gender roles leads to lowered self-esteem or negative social feedback. Gender role trauma results from the negative effects of gendered socialization. For example, a parent may admonish a male child for crying,

which could lead to inability to express emotion as an adult. Finally, dysfunction strain implies that fulfillment of gender roles can have negative consequences either for the man himself or for others, e.g. a physically abusive male may be exerting physical dominance as an enactment of masculinity.

Measures of GRS such as gender role conflict and gender role stress have been significantly correlated with lower self-esteem, higher anxiety and depression, psychological distress, and negative attitudes toward help-seeking among Black men (Carter, Williams, Juby, & Buckley, 2005; Strebel et al., 2006), as well as health behaviors such as alcohol and tobacco use (R. M. Eisler, Skidmore, J.R., & Ward, C.H., 1988). Fields et al. and Malebranche et al. have both shown that increased gender role conflict is associated with less condom use among Black men who have sex with men (MSM), but to our knowledge there are no similar studies exploring the effects of GRS on sexual risk behaviors among BHM (Fields et al., 2012; Malebranche, Gvetadze, Millett, & Sutton, 2011). Because dominant gender role attitudes have been shown to be associated with risky sex (Santana, Raj, Decker, La Marche, & Silverman, 2006), and sex is thought to be a primary means to prove one's masculinity (O'Neil, 1981), gender role strain may also directly affect BHM's sexual behavior. Thus, to answer the need for more research on the effects of gender on the health of BHM, the current study will explore the following questions:

1) What are the most salient gender role expectations in BHM's definition of their manhood?
    a. How do these expectations intersect with race, socioeconomic status, and other identities and systems of oppression in BHM's lives?

2) How do these expectations contribute to BHM's experiences of gender role strain specifically, discrepancy, dysfunction, and trauma?
    a. How do men of different ages, education levels, and other salient identities experience types of strain differentially?

METHOD

This qualitative study uses in-depth interviews to explore BHM lived experiences and perspectives on issues of gender, race, socioeconomic status, childhood, and sexual and romantic relationships. Qualitative methods were selected because there is a need to not only identify what the beliefs are through scales and survey data, but to better understand the nuances of how beliefs were formed, and how structural and cultural forces operate through gender role expectations by examining first-hand accounts of lived experiences. Through in-depth interviews, one can explore nuance and gain rich detail through personal accounts, anecdotes, examples, and effective probing.

Participants

Analyses are based on individual interviews and survey data conducted with 26 self-identified BHM who ranged in age from 18-45, M, SD (29.5, 8.2). The majority of the sample was in a relationship (62%). Over half identified as African American (14, 54%), seven (27%) identified as African, and 5 (19%) identified as other or mixed ethnicity. Half (50%) reported having only 1 partner in the last 12 months. Income was evenly distributed, with 23% having income of less than $20,000 and 27% having income of more than $60,000. The majority of the sample had at least a high school diploma (85%), with one person still being in high school, 2 having less than high school, and one refusing to answer. Ten participants had received a college or an advanced degree. Most

were employed (69%), although of those, over half (10) reported being "self-employed" and during the interviews, many of these men indicated under-employment, that is not working full time, having benefits, defined working hours, and/or meeting their financial needs (Jensen & Slack, 2003). Almost all the participants (92%) had had some police interaction within the last 5 years, with 27% having been convicted and spent time in jail or prison in their lifetime. Full sociodemographic characteristics of the sample are shown in Table 1.

Procedures

Participants were purposively recruited through placing flyers in various locations including local community based organizations that had Black male clientele, barbershops, and universities around Atlanta, Georgia as well as through social media and direct participant referral. In addition, the first author approached men who indicated heterosexual identity and behavior and fit the age criteria directly at HIV testing outreach events. The flyers and promotional social media posts invited men to participate in a confidential study entitled "MARS: Men's Attitudes on Relationships and Sex." Prospective participants were screened either in person or by telephone to determine whether they met the study's eligibility criteria which included: living in Fulton or Dekalb county, identifying as Black or African American, identifying as heterosexual, being between the ages of 18-45, and reporting vaginal sex with a woman in the last 12 months. Exclusion criteria included reporting sex with a man; intravenous drug use; or use of cocaine, methamphetamines, or heroin in the last 12 months. Men with recent drug use were excluded because we wanted to focus on men whose primary risk factors for HIV were through heterosexual sex and both injection drug use and active drug use

are risk factors for HIV (Booth, Kwiatkowski, & Chitwood, 2000; Cooper et al., 2016; Guimaraes et al., 2016; Spiller, Broz, Wejnert, Nerlander, & Paz-Bailey, 2015). The first author conducted all interviews in person in a private office at either Emory University or at a local community based organization. Prior to any study procedures, participants signed an informed consent form, which detailed all study procedures and reminded them of their right to refuse to answer any question or terminate participation at any time. All interviews were digitally recorded, transcribed verbatim, and lasted between 53 and 145 minutes, with an average of 110 minutes. Participants then completed a self-administered computer-based survey, which lasted between 10 and 15 minutes. Immediately following all study procedures, participants received $50 for their time and participation. The Institutional Review Board of Emory University, the first author's primary institution, approved all study procedures.

Measures

A semi-structured interview guide was used during the interviews to pose questions in similar ways across all participants, while still allowing the interviewer flexibility to utilize optional probes and change the order of the questions to further discuss relevant topics that emerged during the course of the interview (Hennink, 2011). We adapted and combined several in-depth interview guides used in similar studies to create questions about what they learned about being a man, about sex, and about relationships were elicited during a general discussion of childhood and growing up were meant to identify sources of scripts (Bowleg, 2013, 2015; Bowleg et al., 2015; Malebranche, 2010).

The interview guide included an opening question about what is like to live in Atlanta and then specific questions related to Black masculinity, race, gender, childhood, fatherhood, sexual relationships, condom use, HIV testing, and concurrency. This analysis primarily focuses on the questions related to how they learned and adapted to gender role expectations. Sample questions on masculinity and gender role expectations include: "What is it like for you as a Black man today?" and "What is expected of you by [Society? Family? Partners?]?" Participants were asked to describe their childhood broadly and then were asked follow up questions about who had the biggest impact on them, relationships with mother and father (separately), and what and how they learned about manhood, sex, and relationships. They were also asked about fatherhood, what they would teach their sons about being a Black man and their daughters about Black men and the interview concluded with a question of what advice participants would give to young Black men about relationships and sex. These questions were meant to elicit the most salient characteristics of Black manhood for the participant. The interviewer probed for more detail and nuance wherever appropriate.

The computer-based survey included social and demographic factors, psychosocial scales, and sexual risk and protective behaviors. Demographic factors included age, income, employment status, education, insurance status, and whether they had a primary care provider. The survey also assessed experiences of racism, experiences with law enforcement, gender role stress, and depression. These metrics were used to make meaningful categories for qualitative data analysis.

Data Analysis

Digitally-recorded interviews were transcribed by the first author and trained transcriptionists verbatim, including relevant pauses and descriptions of verbal and non-verbal emphasis such as raised voice, clapping, and laughter. After removing all identifiers and reviewing the transcripts for accuracy, they were imported into MAXQDA, version 12.2 (VERBI Software, 1989-2016), a qualitative data analysis computer program. Once imported, the data were analyzed using a modified Grounded Theory approach to qualitative data collection and analytic process (Corbin & Strauss, 1990). This theory is a classic qualitative methodology characterized by selection of research subjects based on theoretical relevance to research questions, constant comparative analysis, and rigorous coding and re-structuring of data into themes and patterns organized around a central storyline.

An initial codebook was created based both on first impressions of the data, using both broad categories and brief conceptual labels that represent the text (e.g. “fatherhood” or “intimacy”), and *a priori* codes related to the literature on sexual behavior, masculinity, and racial theories and structural codes based on the guide questions (e.g. “biggest influence”). Although traditional measures of reliability and validity are rooted in the positivist framework and not applicable to qualitative methods (Golafshani, 2003; Noble & Smith, 2015), consistency and rigor in qualitative inquiry requires researchers to ensure consistency and truth value (Noble & Smith, 2015). In order to ensure consistency, several methods were utilized. The first and second authors coded a small subset of interviews independently and met regularly to discuss and compare coding and make revisions to the codebook. Meaningful differences between coding were discussed

and resolved and until consensus was reached on key codes such as racism, education, stress, and coping. The first author then coded the remainder of the transcripts. Throughout the coding process, memos were generated to document meaning and challenge assumptions of the coding structure and interpretation of findings. The first author practiced reflexivity throughout data collection and analysis by journaling after each interview as well as by reflecting on her positionality in relation to the participants and the subject matter (Jootun, McGhee, Campus, Lanarkshire, & Marland, 2009; Shaw, 2016).

Survey data were directly imported through SurveyGizmo and into MAXQDA and matched to the corresponding interview to assess differences between participants based on age, SES, relationship status, depression, racism experiences, and GRS scores. Coding reports were generated for each code and co-occurring codes. Two types of analyses occurred: 1) seeking patterns and exploration of *emergent* themes which were first determined by their significance, both through variability and consistency, across a large percentage of all of the interviews, and 2) assessment of the patterns related to key *a priori* theoretical constructs related to the research questions. These included intersections on salient identities such as race, sexuality, social status, ethnicity, and religion on definitions of manhood and feelings about gender role expectations. We also identified feelings related to conforming to gender role expectations that were consistent with gender role strain constructs (i.e. discrepancy, dysfunction, and trauma). We assessed all of these factors across and by differences of age, relationship status, and SES.

Results

I. Salient Gender Role Expectations in BHM's Definition of Black Manhood

Participants were asked to described their experiences as Black men as well as asking about what they liked/disliked about being men in general. They talked about how both racism and gendered expectations intersected in unique ways, as well as how other salient identities such as religion, ethnicity, and social standing influenced their perceptions of gender role expectations. The various types of societal and familial gender role expectations were often directly related to race and influenced by individual perceptions based on socioeconomic status, ethnicity, and age. In describing the various gender role expectations inherent in what it means to be a Black man, several themes emerged: a) feeling pulled to counteract or conform to racial stereotypes, b) providing for one's family and female partners, c) being emotionally strong/restricting one's emotions, and d) asserting dominance when manhood is challenged. All names used in the descriptions are pseudonyms.

Being Pulled to Counteract or Conform to Racial Stereotypes

BHM often talk about societal expectations for Black men being based on racist assumptions and stereotypes. Participants often discussed how appearance (such as facial hair, tattoos, dreadlocks, and physical stature) added to being perceived negatively by society and portrayed as a threatening or "thug." To combat these negative stereotypes, some participants felt they needed to overcompensate in aspects of their demeanor:

> *I'm probably in my opinion one of the nicest people in the world, but I'm a big, Black guy with a beard so I don't make people comfortable, so I have to make people comfortable which sucks. Cuz I have to do things like [smiling widely, in*

exaggerated high pitched friendly voice] "Hey guys, how you doin' today?" as opposed to just going to my desk or whatever the case may be and doing what I wanna do. [...] so from a perspective of a Black man, it's, ya know, I have to do a lot more things in my life and my day-to-day to make other people comfortable so I can, whether it's to get a promotion or not get a hole in my head, or not get arrested or not, ya know, even perceived that I'm not even dateable.

–Marcus, age 32, single

This participant felt that he wasn't being authentic to himself and that he had to go above and beyond what his white counterparts needed to do to not only achieve in the workplace, but also to avoid negative consequences, which range from not being attractive to women to police brutality and death. He went on to say that he felt tremendous stress from "literally living two lives every day." This negotiating different "selves" depending on one's social location is exhausting and restricting.

Others felt similarly in that they had to "tone down" or police their reactions and emotions in response to the political atmosphere so as not to appear threatening or like an "angry Black man:"

But then again, I, I feel like there's always an issue between being confident and being proud of yourself and your identity and then that voice in the back of your mind that's telling you like "tone it down" because you don't want to be perceived as this radical, radical Black man. […] where social issues are concerned, we're kind of shoehorned into these stereotypes of either Martin [Luther King] or Malcom [X]

–Marlon, age 22, in a relationship

In this example, not only does the participant feel restricted in expressing his emotional response to issues that deeply affect him, he feels automatically pigeon-holed into one of two opposing views, leaving no room for nuance. Another participant echoed this sentiment stating that he felt like he was being "watched" by white superiors and Black peers alike for his reaction to current events such as police shootings:

> *It's just like whenever you have a conversation, people try to figure out, okay just what type of person is he [in] regards to this topic? […] They wanna hear, okay what kind of person is he: like rabble-rousing? Does he think about this? What does he think about-- do Black lives matter or do ALL lives matter?*
>
> *–Ralph, age 20, single*

Many of the men cited the Black Lives Matter movement and the recent murders of Black men in the media as one example of something they had to "pick a side" on. Others felt they were always either having to manage their emotions regarding these issues in mixed racial company or having to educate or even defend their beliefs which caused anger, frustration, and sadness.

In addition to having to act in an inauthentic way or suppress one's emotions or act inauthentically to combat negative stereotypes to make white people comfortable, many of the college-educated men, particularly the younger men, felt additional pressure to serve as representatives for their race in social and academic settings. Marlon described feeling "forced to kind of take on this responsibility as like an ambassador for your community." He explained the stress that coincides with this responsibility, "It's hard because I mean I, I mean I slip up, I make mistakes, I'm a human." Participants not only felt pressure to represent the race in interactions with white people, but they also felt

pressure to represent the antithesis of negative stereotypes within their own communities as well. Many described being held to impossible standards by both parents and female partners. One participant described feeling these expectations both externally and internally:

> *You have to do well because so many are doing bad; like you have to be the superhero because there are so many villains. But they aren't villains. These are people who are put into horrible situations and that's who they have to become, or they've been put in these situations because of the color of their skin. […] They're people who get arrested for having a single joint on them and they get sentenced to 7 years because they're Black, you know what I mean? So it's the world puts a lot of pressure on you […]--it's like two extremes, so you kind of being pulled in each direction.*
>
> *–Damon, age 28, single*

This quote illustrates not only feeling pulled in opposing directions, but how many of the men who are perceived to be "villains" are victims of circumstance and institutional racism. Hakeem, age 26, single, stated that he was afraid to make a mistake since it seems like parents and partners were judging him and expecting him to fail: *"somebody waitin' for you to mess up or somethin' like that. 'Oh yup, told you!'"* He went on to describe that instead of a mistake being considered an isolated incident, it was perceived as proof that one fit into an existing negative stereotype of BHM, particularly in dating situations where Black women held preconceived notions of BHM having multiple partners or not being able to provide financially.

Finally, many participants talked about feeling pressure to *adhere* to racially stereotypical behavior by their Black peers, especially in formative years of high school and college. One participant, Josiah, age 20, in a relationship, who grew up in an urban, predominantly Black area, felt "shunned" during high school because he did not conform to racially stereotypical behavior of his peers which he described as "ignorant" such as being loud, rowdy, and violent, whereas now as a student at a predominantly white college, he felt a different type of pressure to "represent his race well." Another participant described not feeling welcomed at an all-White school or at an all-Black school:

> *Catholic school, um yeah there was still some kids in elementary school that would make racist jokes and comments, and so it would make me very, very upset. (sigh) by the time I got to middle school I transferred over to a […] public middle school and high school, and in that vein the environment shifted dramatically for me because I was considered "too white." You know, doing well in school, the other Black kids would consider me too white. So I'm in this this no-man's land because... feeling like the white kids wouldn't accept me because I'm Black and also the Black kids wouldn't accept me because they thought I wasn't "Black enough" quote-unquote.*
>
> *—Fred, age 37, single*

As this quote illustrates, the very act of achieving, getting good grades, and living up to expectations of such by parents as well as outward appearance, such as the way they spoke or dressed, made them ostracized by their peers.

Providing

Without exception, whether defining manhood, describing men they admired (such as fathers, grandfathers, and coaches), or identifying what they were expected to do as men, participants discussed "providing" for family. Although the majority of men reported feeling stressed over being expected to provide, most felt that this expectation was warranted, with several citing that this was "natural" due to either biology or from a Biblical standpoint:

> *[Providing is] religious based, we're taught that in the church, you know, the man is to provide, you know, the scripture said, "he who does not provide for his own household is worse than an infidel and has denied the faith." [...] you can't find work, you better go out there and dig a ditch, go make that money, like my daddy's teach us, gotta make that day, get it in, bring that money, do the best, you may not be bringin' caviar and all that and then filet mignon, but we can get McDonalds, we can eat ramen noodles and put some sausage up in 'em, but you gon' eat somethin'.*
>
> *–Bishop, age 43, in a relationship*

Bishop, like others, reflected that his father instilled in him that no matter what the circumstances, that it was up to him to provide for his family by any means necessary. In this example, he states that it doesn't matter the type of job or the quality of food, but there has to be concerted effort on the part of a man to provide despite circumstances of unemployment. However, he goes on to say that if he is struggling to provide, a woman should recognize his effort: *"I think a real woman see her man, even though he, you know, is not doin' as well as he would like, if she see hustlin', she should not ever*

discourage him." This participant, like many others reflected on female partners encouraging and standing by their men if they were momentarily unable to provide due to circumstances of unemployment, entrepreneurship, or financial hardship. As Isaiah, age 30, married, stated, *"I got dreams, baby, believe in me!"*

Although in general participants felt that Black men were expected to provide, a few participants stated that they felt there was *less* expectation, particularly within their own communities, for a Black man to provide than white men:

> *I think [white men] may have it <u>worse</u> um with respect to being a provider etc. etc. etc. I think they are a little bit more […] traditional in the sense that hey you're a guy who can't provide, your wife is going off and working and doing all that kind of stuff I think that <u>they</u> actually get probably more ridicule [...and] are leaned on a little harder than Blacks […] because Blacks may have been out of a job several times throughout the course of history and women have always kind of worked and held things down.*
>
> *–Richard, age 36, married*

Because there is a stronger history of Black women working outside of the home and Black men having periods of unemployment, some Black men were not expected to be the sole breadwinners. This idea of Black women "holding them down" or supporting their men in the face of unemployment was a source of both pride and shame. Some men expressed feeling inadequate because women were achieving at higher levels.

Emotional Restriction and Strength

In addition to being a provider, the word "strong" or "strength" was used as a descriptor for ideal men in nearly all the interviews. Many men described men they admired (e.g.

father, grandfather) as not being emotional, not crying, or displaying calm in the face of adversity. More than one participant described they had never seen their father cry; most with admiration. Martin, age 38, in a relationship, stated that although he had seen his father's flaws and struggles, *"he was still a man. I ain't never seen my daddy cry a day in his life. NEVER."* Others said they only saw their father cry if someone died. Although some regarded emotional fortitude in general as a virtue, many others stated that they wished their fathers had shown more emotion. One participant when reflecting on his relationship with his father reflected that this lack of emotion may be protective for Black men in dealing with all of the experiences of racism and stress that being a Black man in today's society entails:

> *So, I don't think as Black men, we're taught, like, loving each other, like... So, I saw a--a gay man made a YouTube video about how stressful it has to be to be a Black man. Like, even that thing like the word "no homo" like after you accidentally touch somebody's knee--like are you kidding me?! (laughs) but we live in a world where two Black men can't sit on an edge of a bed and have a conversation, but we can sit on a bench and have a conversation. Two Black men can't like...come together and talk about, like, what their girlfriends did that hurt their feelings. Like "bruh, you're soft, stop." We're made to be so hard and like in a lot of the case, that's probably for our safety because if not this world will kill us.*
>
> *–Marcus, age 32, single*

This notion of not being able to express physical or emotional intimacy with other men was raised by several participants. Citing homophobia and masculine socialization as a

root cause, several participants remarked that they wish they could discuss deep emotions with male peers or their fathers.

Asserting Dominance in the face of having manhood challenged

In contrast to the desire to be emotionally vulnerable with other men, many men talked about feeling always on guard and needing to assert dominance amongst other men, particularly when any aspect of their heterosexual manhood was challenged. Marlon, age 22, stated the main difference between expectations placed on White men and those placed on Black men was that a *"White man doesn't have to feel obligated to express his bravado more than a Black man may feel like they need to, and exert their dominance."* This idea of having to "prove" one's manhood was expressed in multiple ways related to all of the previously cited expectations such as providing or being emotionally strong, but it most commonly was expressed in terms of having other men and Black women challenge a person's manhood.

Many of the lower-income men in the study often talked about having their manhood "tested" or someone "trying" them, which means to call someone out of their name or otherwise attempt to get a reaction from you. In these examples, the man being "tried" felt he had to defend his reputation as a man. One participant described several situations where a man might be considered "soft" and felt that Black men had to be most concerned about how they were perceived by others:

> *[Black men] cannot come off as a punk. They cannot come off as weak, as, as a mark, you know, whatever, cuz it, they could be hurt physically, they could be robbed, but I think the worse part especially in the inner-city, […] I've seen men in the Bluff, simply because they had too much to drink that night, get robbed and*

beat down by a group of women. You see,[…] if you are perceived as soft, it's, it's just like the wounded animal syndrome, you know, the one wounded animal is always the one that gets pounced on by the pack, by the pack hunters.

– Jesse, age 45. single

He stated that asserting one's dominance is a survival skill particularly for high-crime areas of Atlanta. The challenge was more insidious when it came from a woman, as in the example cited above. If you were beaten or talked to "any kind of way" by a female, other men would consider you less than a man and an easy target for theft or being taken advantage of.

Others talked about feeling "sized up" by male peers, particularly younger men, and being expected to act aggressively or violently:

[P]eople expect Black men to have a much more, I don't wanna say aggressive demeanor but just like, white men aren't nearly as expected in a way to sort of prove their manhood as much as Black men are, I would say. […] this is coming from other Black people too. It's like when you're sized up, it's like okay who are you and how big are you, how this. White people, it's like completely different ways of classifying and analyzing somebody for their strengths and weaknesses.

–Ralph, age 20, single

Much of the Black male socialization involved physical fighting when provoked to show "them" that "you ain't no punk." In contrast, many of the men who had reached their 30s and 40s stated that they had matured to a point that they tried to avoid situations with "young dudes" in gangs or who would "try" them.

> *It's always been a challenge. And, me, I just don't allow myself to be, ya know, put to a challenge. I try to stay away from them types of people. […] I don't like to be around those people that stay around where I stay at. It's the hood. And I know they gang-affiliated. And when I come around […] they can't figure me out, because I don't give them the time of the day TO. […] they be like "hey man, what's goin' on? What's goin' on, folk?" and I be like "I'm coolin." "What you don't fuck with us?" "I don't KNOW you to mess with you." So, why open the door for something that I'm not ready for. And I don't--truly--I'm 37, y'all guys are like 22, so we have nothing in common: nothing at all. […] So, ya know, I acknowledge them, […] but I'm not tryin' to get too close to them for them to respect me.*
>
> *–Ned, age 37, in a relationship*

This participant described growing up in the inner city, always having to fight and constantly being challenged by other Black men. Now, he recognizes that the young men in his current neighborhood are attempting to size him up, but he has created space from them without making himself a target.

II. How Gender Role Expectations Contribute to Gender Role Strain (GRS)

Participants described personal experiences and observed examples of each type of gender role strain. We classified how each type of gender role strain (trauma, discrepancy, and dysfunction) functions in relation to the most common gender role expectations cited above. Being pulled in multiple directions based on racial stereotypes and not being able to provide both led to discrepancy strain, restricting emotion led to trauma strain, and being expected to assert dominance led to dysfunction strain. For each

type of strain, participants articulated negative mental and sometimes physical health consequences as well as various coping strategies.

Trauma Strain

Trauma strain refers to psychological distress caused by masculine socialization. Among the most common forms of trauma described by participants is being socialized not to cry or show emotion. Almost without exception, participants said they were taught or observed that men were not supposed to cry. Participants described being ridiculed or referred to as "girly" when expressing emotion as a child and how this subsequently led to difficulty expressing emotion as an adult:

> *Being emotional is hard. I, I've gotten better at it, but sometimes I just choose not to be. But it's hard like, to stop, that 'stop cryin'' thing, it's a cycle--it's like, "stop cryin' be a man," oh, be stoic is to, is to be a man, then you get a girlfriend, [imitating female voice] "you don't tell me anything about how you feel," well I'm stoic, so how can I? when people told me to stop actin' like a girl without showin' my emotion, so I stopped here, I'm still stopped here, so now we gonna always be disconnected because of all of this other stuff that happened prior to me and you.*
>
> *–Stephen, age 23, in a relationship*

Stephen went on to describe how bottling up emotions can "*manifest in your marriage, uh, in your spiritual life, social life, whatever, sexual life, like, you know, and I would rather not let it manifest, I'd rather get it out now."* Similarly, Marcus, age 32, single, cited how not expressing emotions and holding in the race-related stress could lead to taking it out on your partner in negative ways:

> *And seeing those things over and over again, seeing people get killed over and over again. […] so all of those things bottled up over time--days, weeks, years--they're redirected to the wrong places [...] And--but those feelings don't go away, so you end up taking them out on your community, your friends, your family.*

Marcus went on to say that feelings related to microaggressions at work and suppressing emotions about racism and the trauma inflicted by seeing images of police shootings are not only not talked about, but that these feelings may not even be conscious, that you just bring your "energy" into a relationship that then manifests into irrational reactions. He expressed that because he dates Black women, who are also affected by these issues, this exacerbates relationship issues. However, Black men are even less likely than Black women to be vulnerable with their partner which leads to misdirected anger. Marcus went on to say that Black men are caught between two emotions: *"either [ticking on fingers] it's party time or like anger. There's never like a... just a... passive "okay" I'm good with what's going on, it's always very extreme emotions, which neither of those are very strong... (clicks tongue) ...safe emotions to have on a long period of time. Um, and I don't think you can idle at angry."* This state, "idle at angry," may lead to not only emotional stress, but physical toll on BHM's bodies. This is another example of Black men being pulled in multiple directions and living at extremes.

Despite the accounts of negative effects of emotional restriction, many participants, particularly men under 30, reflected on changing the narrative around not expressing emotions. When asked about what they learned about being a man growing

up, many cited lack of emotion that their fathers and other male role models displayed as being a negative attribute and wanting to express their emotions in relationships:

> *[...] you're supposed to be a strong and you're not supposed to cry or complain. You know you're supposed to be like, like an anchor kind of. [...] my interpretation of what it means to be a man is a lot different from that of my father or that of my [older] brother. I guess you could call it a more nuanced approach. That, you know masculinity isn't, it's not defined by [...] the stoic emotionless figure in the corner like watching over his family and providing um, but rather that, I feel like a certain level of ah emotional openness is necessary to be a man, because those, those like emotional shutters that my dad had growing up, I, I think that was detrimental [...] I struggled a lot um growing up kind of coping with my emotions. I didn't know [...] really how to express myself properly. [...]*
>
> *–Mohammed, age 20, single*

Like Mohammed, most participants who were challenged to show emotion recognized the negative effects of restricting their emotions and were working towards changing their ways. Men in their late teens and early twenties seemed to want to disrupt the narrative of the dominant man per their own understandings of a more egalitarian society. While men in their late twenties and early 30s had experienced negative effects of emotional restriction. Several of the latter group, particularly when discussing issues of romantic and sexual relationships, insisted that men their age have feelings too:

> *We cry, we have emotions, we have experiences like everyone else and everyone expects men to just be . . . strong for all the wrong reasons, or strong at the wrong*

> *time. [...] If something bad happens they don't expect men to cry or break down. "like get up come on, be a man, put, rub some dirt on it." And that's not how you handle emotional, you know, experiences. The other [day] I was hit so hard; I was talking to one of my boys and one of them, his girlfriend just broke up with him and he's very emotional about it, very sad about it, and I understand it and I'm like "I feel you, it sucks being broken up with." And his brothers are over there just like "man, get over it blah, blah, blah," I'm like "he's hurting, he's a dude, a human being. He has feelings too, just let him get through it."*
>
> *—Damon, age 28, single*

Damon admonished his peers for reinforcing the belief that men shouldn't express emotions. He later emphasized the importance of showing emotion in relationships and advising young Black men to "not be afraid to love." Because of the negative socialization of being expected to not cry or show emotion, as they mature, participants describe inability to healthily express pain leads to emotional and physical toll on the BHM.

Discrepancy Strain

Discrepancy strain, the mental health implications such as low self-esteem and negative coping skills related to not living up to a prescribed gender role expectation, was by far the most common form of gender role strain described by participants.

Discrepancy strain from combatting negative stereotypes while performing ideal manhood

Due to the multiple competing expectations placed on BHM, many participants described feelings of stress and inadequacy:

[W]e set all these expectations and you hear people say "oh, you should be doin' this, you should be strong, you should be makin' this much money, you should be uh, a faithful man to--you know, you should get married, you should have kids, you should be in their lives, you shoul--" which is all, that's all fine, like, I'm fine, I want all of those things. (laughs) Or whatever. But it's like, there's so much out there, you need to be caring, you need to be empathetic, you need to be strong, you need to be stoic, we need to be, you need to help other people, you need to do thi--" [...] it's just a lot that other people are saying Black men need to do, and then when we internalize it, we, and we don't meet those expectations, we beat up ourselves about it.

–Stephen, age 23, in a relationship

Stephen summarized all of the many pressures he felt as a BHM, including but not limited to providing, being religious, a good father, and marrying and having a family. He felt some of the expectations such as being caring and being stoic as contradictory and expressed that it was difficult, if not impossible, to be all things to all people. This led to stress and "beating" oneself up about it.

Other participants described feelings of depression and self-doubt when not living up to their family's stringent expectations for them. Idris, age 31, single, described feeling suicidal when finding out he had fathered a child out of wedlock in college:

And like long-term everything worked out, but in the midst of it, because there was a strong pressures of what not to, especially as an African male, I was considering like suicide. [...] I don't know if it would've been different if there wasn't this strong need to please your parents or please your system, your family.

Maybe it's just a tough thing, having a kid in college is just a tough thing, so maybe everybody would've reacted the same, but I feel like some of that add--sui--going as far as like considering suicide was because you disappointed, you severely disappointed yourself for whatever expectations you had in your mind.

Idris's African identity contributed to his feelings of unworth and disappointing his family who he described as expecting him to be financially successful and to marry a woman from his own culture. When asked how he copes with failing to meet expectations now, he sighed and quietly said "*I try not to. I don't know that I have a good answer for that,"* indicating he still struggles with feelings of low self-esteem. Others in the sample also described feeling low self-esteem, worthlessness, and sadness when not fulfilling racialized gender role expectations.

Social Support in Coping with Discrepancy Strain

However, some participants talked about having support of other Black men and other forms of "commmunity" based on religion or ethnicity helped them cope with this duality. Mohammed felt pressure to represent not only the Black community, but also Arab and Muslim communities. He described feeling most at home within those communities, and particularly at the intersection of such:

[...] those are communities that I find really understand. [...] these people know. They've been through that. They don't have to be told [...] Like if I'm talking to like a white kid that's my age, he doesn't understand what it feels like to I don't know, be afraid when you walk by police or to like just get stares when you walk in like a neighborhood or a building or to be asked like what you are doing.

He went on to say this sense of community was particularly important in a predominantly white school where he described always feeling "on" in the classroom and other social settings. When asked to elaborate on this feeling Mohammed stated:

> *It's stressful, and [...] being around people like me is, is relieving because I can, I don't know I can really like let loose and be myself because I don't have to, like I know these people aren't gonna take me as a representation of that community. They aren't gonna say like "All Black people are like this" or "all Muslims are like this." And it's really tiring to constantly, in everything that you do, kind of have to put up this, I don't want to say facade, but kind of like fluff yourself up to make sure that nobody, nobody gets the wrong idea or who you are. It's really tiring.*

Because members of his community saw him as an individual rather than a representative, he felt less restriction within these spaces.

Another participant stated that the bond between Black men was something he particularly liked about being a Black man and also felt it was related to a shared experience:

> *[…] I think a lot of Black men who have gone through a lot of similar experiences, just like soldiers, who have gone through a similar experience, whether it be racism or...um, just the struggle of being a Black man in America, you have an automatic shared experience. […]And so, being able to talk about those things, […] it's like pledging [a fraternity], or going to war, going to boot camp together.*
>
> *–Idris, age 31, single*

Both participants spoke about the importance of shared space with other men in their community particularly in light of being in majority white spaces such as a predominantly white college or the corporate sector.

Discrepancy Strain related to Providing

Because men equated being able to provide with the very definition of being a man, when they were not able to provide, they reported feelings of inadequacy, low self-esteem and depression. These feelings were exacerbated by the perception that many women were doing better than Black men and didn't need them:

> *I want to be able to go out and date but at the same time, those insecurities of not having everything together, stop me from. . . goin after a woman or putting my all into someone or, you know what I mean because it's just that <u>I'm not a full man</u> [emphasis added] because I don't have this, I'm not set up, I'm not ballin out of control, so […] It's weighed down on ya and it's mostly because Black women have been forced into becoming these hyper beings in which they are just doing all these amazing things [...] if you don't have a strong mental fortitude, if you are not really secure in yourself, you can, like I said, you can get ran over, you can get ran over by (laughing) […], I don't want to say Black women cause I don't want to sound bad, but you get ran over by yourself [...]*
>
> *– Damon, age 28, single*

Damon, like others in the sample, was underemployed and felt pressure from both his family and potential partners to "get his stuff together" by having a steady job, housing, and a car. Because he did not have these trappings of material success, he felt insecure, particularly when comparing himself to successful Black women. He described coping

with feelings of inadequacy through shutting down emotionally, ignoring his responsibilities, and using marijuana.

Another participant stated Black men may cope with feelings of inadequacy in finances through sexual conquests as a way of building their confidence:

> *[…] society's definition of manhood includes in a lot of cases this sexual prowess and this image of man is like, a conqueror, hunter, gather--whatever. And so I think, if you don't think about, or if you don't come up with your own definition you could be […] finding your manhood or reaffirming your manhood via sexual conquests […] I don't know if women have that same driver, ya know, like, if woman has a bad at the office or a bad week or gets fired, I don't think she necessarily says "oh, well, I'm gonna […] have sex with 3 guys and that would make me feel better as a woman."*
>
> *—Idris, 31, single*

This participant describes a situation when Black men in particular are feeling devalued as a man in other realms such as finances, having sex may increase their self-confidence.

Resilience in Coping with Discrepancy Strain

However, many others also expressed resilience and faith in themselves when not meeting expectations. Several participants claimed faith in God, familial and other social support, and belief in oneself as the main ways they coped with not meeting expectations. Some said that failing was not an option and that they would always look for future opportunities. James, 36, in a relationship said *"So I'm like one door closes, I'm lookin' for the next door. […] I'm going, I'm'a find a way myself so, so, I don't look at, I gon' take that in stride, cause I'm'a keep grinding every day until it happen for me. "* Others,

particularly those who had been to prison or experienced hardship in their early years, spoke about not letting their past mistakes dictate their future:

> *No two snowflakes are alike--every day ain't a good day. So, I basically like look at it as, ya know, I'm healthy. I'm here. Ya know, I'm healthy and blessed to wake up and see another day. I have another day at somethin', doin' somethin', ya know.*
>
> *—Ned, age 37, in a relationship*

These participants in general described negative circumstances but refused to let feelings of negativity bring them down and "fighting" their way through their current circumstances of underemployment. Many in the sample described situations where whenever they started to feel bad, they reflected on others who were less fortunate than they were. Finally, several others relied on " faith in God" and cited listening to motivational speakers or getting encouragement from family members, mothers, and female partners as a means to combat strain.

Dysfunction strain

Dysfunction strain, negative effects of conforming to masculine gender role expectations, often to an extreme, was described less frequently, but mostly in relation to physical violence, sexual promiscuity, and criminal activity. Most dysfunction strain centered around expectations related to asserting dominance in the face of challenges, heteronormativity, strength, and adhering to expectations of criminality in the inner city.

Dysfunction strain related to asserting one's manhood

Many men described any test of their manhood or insinuation of them being homosexual resulting in potential violence. Jesse, age 45, single, discussed how Black women in the inner city would "try"a man and even taunt him to violence:

> *But that's really one of the first five things that an angry Black woman will do. "F--- you and your mama," you know what I mean, [...] and then it's, "come on, hit me, hit me, yeah with your punk ass bitch self," and, and it goes, and it's like, "wow," so, the father of your child, you're challenging him to hit you, number one, and then you follow up that challenge with calling his mother out of her name? Calling him as much of a bitch as his mother is [...and] it has to be done out loud, and in front of his friends, you see what I mean, so it's like, now he's worried about not only saving face in front of his friends, but possibly losing access to his child permanently. Cuz if he does to this woman what he's feelin' like doing, what really she's asking him to do, daring him to do, however you want to put it, um, he's gonna spend time down the road, he's not going anywhere County, he's going to Jackson or Reidsville [state prisons]*

This participant described many instances of people, particularly in the inner city, challenging men's sense of manhood and the dire consequences of such. He stated that female partners in particular often would use that challenge to humiliate men and try to gain power within a failed romantic relationship. In the case cited above, he describes how this could lead not only to violence, but also prison time and separation from children for the BHM, but that this consequence was a direct result of the woman not only provoking him, but *daring* him to react violently to her.

Others, particularly men who had histories of crime stated that they had been tempted to get into crime trying to fit in with older Black men in the neighborhood and creating a reputation of being tough and proving oneself as "down." Several participants stated that they were "too old" to get involved in crime or drama and avoided both younger men who would attempt to "try" them and women who would provoke them to violence. Others who had gone to prison were determined not to return to prison and avoided peers and situations that would tempt them back to that life. These men described seeking out positive men and serving as role models to young Black men that are "going down the wrong path."

Discussion

All of the racialized gender role expectations that were identified contributed to participants' experiences of gender role strain. Participants described personal experiences and reported examples of each type of gender role strain. We classified how each type of gender role strain (trauma, discrepancy, and dysfunction) functions in relation to various gender role expectations. Being socialized from a young age to restrict one's emotions and be "tough" could lead to trauma strain in BHM, causing detrimental physical and mental health effects as well as long-lasting effects in their interpersonal relationships. BHM are not only restricting emotions that are deemed "feminine" such as crying or expressing disappointment, but unlike their White counterparts, they are also expected to restrict in expressing "masculine" feelings such as anger or frustration in everyday situations due to pressures of combatting "angry Black man" or "thug" stereotypes, particularly in the workplace (Wingfield, 2010). In addition, because of the racial discrimination and trauma of seeing men that look like them brutally

murdered at the hands of police (Gilbert & Ray, 2016), experiencing microaggressions related to racism (Kogan, Yu, Allen, & Brody, 2015), as well as structural and institutional forms of racism such as higher incarceration rates, unemployment rates, and higher poverty rates, Black men are already at risk for many stress related health issues (Griffith, Ellis, & Allen, 2013; Kogan, Brody, Chen, & DiClemente, 2011; Kogan et al., 2015; Seawell, Hurt, & Shirley, 2016). The effects of racial discrimination on health has been well-documented (Bowleg et al., 2013; Bowleg et al., 2014; Britt-Spells, Slebodnik, Sands, & Rollock, 2016; Chae et al., 2014; Dolezsar, McGrath, Herzig, & Miller, 2014; Irvin et al., 2014; Meyer, 2014). However, suppressing the emotional toll of racism in the name of conforming to masculine role identity exacerbates the effects of racial disparities. Men who deny the existence of racism or internalize the effects of racial microaggressions have increased risk of heart disease, high blood pressure, and depression (Chae et al., 2014; Kwate & Goodman, 2015; Moody-Ayers, Stewart, Covinsky, & Inouye, 2005).

Participants reported feeling constricted by rigid gender *and* racial expectations that were at conflict with one another, reflecting the intersectional nature of their gender and racial identities. Expectations of failure or negative stereotypes placed on them not only by society but also by partners and the Black community made some men succumb to stereotypes while others fought against them so strongly that they were not authentic to themselves. Conversely, because of society's negative perceptions of Black men, they were often expected by family members and partners to be strong, hypermasculine, and overachieve to prove one's worthiness. This "dual identity" and inability to adhere to either gender role expectation leads to discrepancy strain. Discrepancy strain has been

linked to stress, anger, and negative coping strategies such as substance abuse (Bingham, Harawa, & Williams, 2013; Carter et al., 2005; Wester, Vogel, Wei, & McLain, 2006), and all of these were reported within the sample.

BHM's feeling the need to either counteract or live up to different racialized gender stereotypes is informed by what Patricia Hill Collins defines as controlling images, stereotypical portrayals that justify oppression (Collins, 2009). These images have been perpetrated through the media and reinforce stereotypes of deviant Black males. Richardson discusses how these images were born and continue to dominate particularly in the south, stating that Black southern masculinity has always been seen as pathological: either an emasculated Uncle Tom or feared rapist; that is the Black man is often seen as either asexual and weak or hypersexual and overly aggressive (Richardson, 2007). There is no in-between. The "no-man's land" or "living in two extremes" was echoed by participants and was in direct contrast to white men's "freedom" to both express themselves or to simply be individuals and not as representatives for their race. This is evidenced by how the media often portrays young Black men who commit crimes as a monolith of thugs and gangsters yet their white counterparts are seen simply as "troubled" or mentally unstable individuals (Neal, 2005; Wing, 2014).

In this study, younger men of lower SES described violence and homophobia as reactions to proving themselves and asserting their manhood when challenged by both female partners and male peers. This is consistent with findings from Hoston's study on Black masculinity in the Obama era, where younger participants often described wanting to be seen as a "real nigga," a term that was often used in rap music that's definition ranged from doing what it takes to survive in the streets (including criminal activity) to

keeping one's word (Hoston, 2014). Conversely, men in their teenage years and early adulthood who did not conform to dominant stereotypes were ridiculed by their peers. In contrast, participants in their 30s and 40s and men of higher socioeconomic status experienced greater mental or physical stress by so powerfully trying to *combat* negative stereotypes that they did not act authentically, e.g. suppressing their natural feelings and actions in order to appear non-threatening to whites in the workplace (hooks, 2004; Hoston, 2014). Some Black masculinity scholars argue that this combatting of negative images can lead to not only psychological strain for BHM, but also misogyny, homophobia, and violence within the Black community (hooks, 2004; Neal, 2005). Both hooks and Neal discuss how Black leaders such as Stokely Carmichael, Eldridge Cleaver, Louis Farrakhan embraced the image of "the Strong Black man," an image constructed to counter images of weakness and laziness, but that men who aspired to this image were socialized to believe that they can only prove their manhood through positions of power and dominance over others. Because many do not have power or dominance over whites, they will express power over, and sometimes act violently toward, other Black men and their female partners (hooks, 2004; Neal, 2005), which is an example of dysfunction strain. Thus the pressures to both conform to images of dominant or aggressive Black masculinity as well as to combat negative "thug" images can lead to different types of strain (discrepancy or dysfunction) among BHM depending on one's age and social position.

Similarly, BHM of different ages react to the pressure to provide for their families in different ways. Most younger men expressed this pressure as coming from family and related it to academic success or pressure to attain a certain type of job whereas men over

college-age felt they were unable to date or were seen as less than men, particularly when considering the relative success of Black women. Due to the historical reasons for Black women traditionally working outside of the home and being granted better access to education and employment at times where BHM were not (McJamerson, 1991; Palmer & Maramba, 2011; Perna, 2005), BHM may experience an added element of gender role discrepancy strain related to feeling inadequate and less valued in society than women, which by society's mores *should* be subordinate. This frustration of not being able to enact gender role expectations to provide and be "head of household" may lead to feelings of low self-esteem. In addition, internalization of negative stereotypes of BHM not providing may lead many to emotionally shutting down and negative coping strategies such as substance use. In this way discrepancy strain may lead to dysfunction strain; that is when BHM are feeling less than adequate in one realm of gender role expectation (e.g. providing), they may attempt to regain self-esteem by over-emphasizing other gender role expectations such as dominance and strength by being physically or emotionally abusive towards women.

Although men of all ethnicities, ages, and religions described various types of GRS, coping strategies varied greatly. Some men retreated emotionally which further exacerbated emotional restriction trauma; some used alcohol/drugs; and others reported using sex as a way to cope with negative feelings "as a man." Younger men in general were less likely to endorse rigid gender roles and described creating alternative scripts around gender role expression and reaction to racialized gendered expectations. Men who were underemployed seemed to be at most risk for discrepancy strain leading to negative mental health outcomes. However, many of these men showcased remarkable

resilience, citing faith in God, emotional support systems, and their own self-love and faith in their abilities to move beyond their circumstances. These findings are consistent with reports of BHM defining manhood through positive attributes such as family, faith, and resilience (Hammond & Mattis, 2005) and exhibiting alternative masculinities that emphasize Afrocentrism, communality, and partnership (Hammond & Mattis, 2005; O'Neil, 2008; Oliver, 1989; Wade, 1996; Wester et al., 2006).

Due to differences in how men of different ages, socioeconomic status, and ethnicity enact and are affected by gender role strain, it is important that behavioral interventionists and clinical therapists take into consideration not only how gender and racial identities interact, but also how issues of class, social position, age, and generation intersect in BHM’s expression of their sexuality and manhood. This study has implications for sexual and mental health and illustrates the need for different messaging for younger and older men and men of different social and economic circumstance. In addition, men in this study reflected a desire to bond with other Black men citing a shared experience of stresses related to their racialized and gendered experiences. Clinical spaces where men can serve as mentors may be beneficial. Interventions that focus on BHM’s health need to be multifaceted and explore sociocultural, contextual, and behavioral factors related to gender, race, and other salient identities including but not limited to religion, age, and ethnicity.

Limitations

This study is not without limitations. Although we attempted to purposively sample to achieve diversity in age, SES, and relationship status, participants were primarily referred to the study through other participants and personal contacts of the primary author (snowball sampling). This may lead to increased homogeneity since several of the participants were referred by the same person. However, the data generated great variability in the demographic variables that were measured. In addition, the study slightly oversampled college-attending and college-educated men because they are so rarely the subject of investigative query. There is reason to believe that educated, high-income men are more likely to experience race-based stress (Chae et al., 2014; Kwate & Goodman, 2015; Moody-Ayers et al., 2005), and thus it was important to oversample this group.

In addition, the study took place in a small geographical location thus the results are not generalizable to other populations. However, given that generalizability is not the function of qualitative studies (Hennink, 2011; Noble & Smith, 2015), and the study results provide data for an area in great need of study based on the high HIV prevalence as well as the limited research on sexual scripts among BHM. Although qualitative research is beneficial in getting rich detail about the personal narratives and cultural context for sexual scripts among this population, there is always the possibility of social desirability bias, particularly considering the interviewer presenting as a heterosexual woman. However, men in the study disclosed quite personal and sometimes misogynistic views leading us to believe that these data were consistent with their views rather than attempting to please the interviewer.

Conclusion

Despite the limitations, this study is one of the first to take an intersectional approach to applying the gender role strain paradigm to BHM. Our findings elucidate how gender role expectations reflect the combination of gender, race, and socioeconomic status as well as other salient identities in unique ways. These expectations are enacted differently among men of different backgrounds, but all result in all three types of strain in the gender role strain model. In addition, the three types of strain are interconnected in that both negative socialization (trauma) and feeling inadequate in performing certain gender role expectations (discrepancy) may lead BHM to emphasize other gender role expectations to an extreme that may cause harm to them or others (dysfunction strain). More research is needed to explore how men of various backgrounds cope with gender role strain and how gender role strain affects specific behavioral and psychosocial outcomes among this population. Our hope is that this research will be useful in informing interventions and clinical care for BHM for a variety of mental and physical health issues.

Table 1. Sample Characteristics of MARS Participants (n=26)

	Categories	n	Percentage*
Age (M, SD =29.5, 8.24)			
	18-25	9	34.6
	26-34	8	30.8
	35-45	9	34.6
Ethnicity	African American	14	53.8
	African	7	26.9
	Mixed Ethnicity/Other	5	19.2
Highest Level of Education			
	High school graduate or less	6	23.1
	Some college or trade school	10	38.5
	College or graduate school	10	38.5
Annual Income before Taxes			
	<$20,000	6	23.1
	$20,001 to $30,000	2	7.7
	$30,001 to $45,000	2	7.7
	$45,001 to $60,000	2	7.7
	>$60,000	7	26.9
Employment Status			
	Self-Employed	10	38.5
	Employed	8	30.8
	Student	6	23.1
	Unemployed	2	7.7
Committed relationship (wife or girlfriend)		16	61.5
	Condom use in past year with wife or girlfriend		
	Always	2	12.5
	Most of the Time	6	37.5
	Half of the Time	2	12.5
	Sometimes	4	25.0
	Never	2	12.5
	Condom use…woman other than wife or girlfriend		
	Always	2	12.5
	Most of the Time	1	6.3
	Half of the Time	1	6.3
	Sometimes	2	12.5
	Never	3	18.8
	Not had sex with another woman	6	37.5
No committed relationship		10	38.5
	Condom use in past year with woman		
	Always	2	20.0
	Most of the Time	4	40.0
	Half of the Time	2	20.0
	Sometimes	0	0.0
	Never	2	20.0
Concurrency in past year (yes)		9	34.6
HIV Test within past year (yes)		17	65.4

**Percentages may not add up to 100 because of refusals*

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Chapter 4: Gendered Sexual Scripts of Black Heterosexual Men

Introduction

The HIV rates among African Americans in some low income urban areas in Atlanta, Georgia suggest a generalized HIV epidemic (>1%) among heterosexuals (Denning, 2010). Black men make up over 67% of the HIV cases among men attributed to heterosexual activity, with Black men being much more likely to contract HIV heterosexually than white men (16% vs. 4% of new infections) (Centers for Disease Control and Prevention, 2016). Despite these alarming numbers, Black heterosexual men (BHM) continue to be understudied in HIV prevention and intervention. Many researchers have attributed this increased risk of heterosexual transmission among both male and female African Americans to high levels of sexual concurrency, i.e. having multiple sexual partners who overlap in time, among this population (Adimora, Schoenbach, & Doherty, 2006, 2007; Adimora, Schoenbach, & Floris-Moore, 2009; Epstein & Morris, 2011; Ford, Sohn, & Lepkowski, 2002).

One study showed that Black men reported rates of partner concurrency 3.5 times higher than those of White men and 1.9 times higher than men from other racial/ethnic groups (Morris, Kurth, Hamilton, Moody, & Wakefield, 2009). Sexual concurrency is prevalent among Black men in the southeastern United States, and is associated with incarceration, co-parenting, and being unmarried (Adimora et al., 2004; Adimora et al., 2003; Adimora, Schoenbach, Taylor, Khan, & Schwartz, 2011; Rothenberg et al., 2000). Researchers postulate that sociocultural contextual factors play an important role, citing incarceration and its effect on the sex-ratio balance in Black communities, which leads to sex in exchange for money, and women's financial dependence on men (Adimora & Schoenbach, 2005; Adimora et al., 2006; Adimora et al., 2011). Although numerous

studies have explored how these contextual factors lead to women's diminished power to demand monogamy or condom use within a sexual relationship (Amaro, 1995; Grieb, Davey-Rothwell, & Latkin, 2012; Harris, Mallory, & Stampley, 2010; Mallory, Harris, & Stampley, 2009; Maxwell & Boyle, 1995; Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002; Richards et al., 2008; Wingood, Scd, & DiClemente, 2000), relatively little research has been done exploring how gendered dynamics impact *men's* views and behaviors regarding sexual risk. Higgins et al. have critiqued the dominant "paradigm of gender vulnerability" which positions women as being the only ones affected by gender norms, and other power differentials involving poverty, sexuality and global structures of inequality (Higgins, Hoffman, & Dworkin, 2010). In reality, men are also profoundly affected by social structures and gender norms, and are also exposed to HIV risk through inconsistent condom use and multiple partnering (both their own and their partners'). Researchers have called for more nuance to be given to gendered paradigms of risk and vulnerability, exploring the complexity of sexuality between men and women (Dowsett, 2003; Higgins et al., 2010).

To begin to explore BHM's risk, we not only have to identify specific risk behaviors but to more deeply understand the ways in which risk behaviors are learned, and how patterns of sexual behavior are reproduced. How, why, where, and with whom one has sex may be perceived as deeply personal decisions, but theorists believe that these decisions are guided by cultural and gender-specific guidelines or scripts (Frith & Kitzinger, 2001; Simon & Gagnon, 2003). Sexual behaviors that are often governed by learned scripts include, but are not limited to, how sexual activity is initiated, courtship and foreplay practices, condom use, and decision-making and communication with

partners about these behaviors. Sexual script theory (SST) states that there are guidelines for sexual behaviors that are informed by cultural scenarios, interpersonal relationships and scenarios, and intrapsychic scenarios (Simon & Gagnon, 2003). Cultural scenarios are based on media images and societal ideals, which inform gender role expectations. Interpersonal scripts are how partners interact and interpret cultural norms and expectations. Finally, intrapsychic scripts are based on personal desire, and one's own motives for creating and achieving sexual intimacy, be it emotional or physical needs.

Sexual Script Theory has been used to inform numerous qualitative studies about sexual risk behaviors of men who have sex with men (Mutchler, McDavitt, & Gordon, 2014; Parsons et al., 2004) and women (Bowleg, Lucas, & Tschann, 2004; Shari L. Dworkin, Beckford, & Ehrhardt, 2007; French, 2013; R. Jones, 2006; Markle, 2008), but relatively few studies have centered specifically on BHM (Bowleg, Burkholder, et al., 2015; Bowleg, Heckert, Brown, & Massie, 2015; Davis, 2015; Dunlap, Benoit, & Graves, 2013; Hussen, Bowleg, Sangaramoorthy, & Malebranche, 2012). Hussen et al. (2012) found that formative sexual scripts learned from parents, media such as rap music and pornography, and more experienced sexual partners were among scripts that influenced BHM's behaviors (Hussen et al., 2012). Bowleg et al. found that men's discourses around sex involve gendered guidelines of behavior that dictate men should initiate sex, never refuse sexual advances, and leave condom use decisions to female partners (Bowleg, Heckert, et al., 2015). Much of the research on BHM's sexual scripts has focused on identifying sexual and romantic scripts and linking them to risk behaviors (Bowleg, Burkholder, et al., 2015; Mutchler et al., 2014; Seal & Ehrhardt, 2003). However, few of these studies explicitly explore how gender role expectations influence

sexual scripts or the effect of learned sexual scripts on gender role identity and expression.

Sexual script scholars have emphasized that although related, sexual scripts are more than simply internalized gender norms and stereotypes and are also shaped by individual experiences (S. L. Dworkin & O'Sullivan, 2005; McCabe, Tanner, & Heiman, 2010; Sakaluk, Todd, Milhausen, & Lachowsky, 2014). Thus, several scholars have attempted to create sexual scripts scales (Bowleg, Burkholder, et al., 2015; Sakaluk et al., 2014). Sakaluk et al found that factors that related to gender were sexual standards (which includes items such as not respecting a girl that has casual sex) and emotional sex, that is endorsing that sex is more emotional for men than women (Sakaluk et al., 2014). Bowleg et al. focused on creating a sexual scripts measure that was more specific to BHM (Bowleg, Burkholder, et al., 2015). They found that condom scripts were negatively correlated with age and having a main partner. The findings from both studies highlight a need to understand how BHM understand and integrate what they are expected to do as Black men into their sexual risk-taking and protective behaviors and how differences in age, relationship status, and gender role adherence affect these scripts.

Because altering sexual scripts such as communication, substance use, and condom use are often the nexus of intervention, it is important to understand how sexual scripts are informed by gender role expectations, how they are reinforced and what happens when there are violations of these scripts to identify loci for intervention. In addition, the approach we take in this paper is based on theories of intersectionality (Crenshaw, 1991; S. L. Dworkin, 2005; Williams, 2011). Intersectionality posits that one cannot separate the effects of various aspects of one's identity; in this way sexual scripts for BHM

intersect with racial, gender, and sexual identities. Because of the Black's man social position, there is a subsequent imbalance in sociopolitical and economic power, which are signs of ideal masculinity. To attempt to create balance, Black men may choose to exert sexual power through sexual prowess (hooks, 2004; Whitehead, 1997).

Furthermore, racist representations that exist through the legacy of slavery positions both Black men and women as sexualized humans whose main purpose is to breed (Collins, 2009; Whitehead, 1997). This can cause multiple issues both from an internalized view and an expression towards the opposite sex in intimate relationships. Internalization of these norms of behavior may lead to power imbalances within a relationship that put women at risk, but they also lead to men putting themselves at risk through social pressure to assert a particular type of masculine power. Finally, many Black masculinity scholars state that Black men have been socialized to defend heterosexuality with such vigor that they embrace and emphasize all elements of masculine strength and power, including violence, misogyny, and homophobia (Hill Collins, 2004; hooks, 2004; Lemelle, 2010; Neal, 2005). This homophobia and hatred of femininity may cause BHM to emphasize their heterosexuality by having multiple partners and to not associate themselves with anything they deem "gay" which may include getting tested for HIV. By taking an intersectional approach, we attempt to understand how BHM's sexual scripts are informed by these and other racialized gender role scripts.

We explore how gender role expectations among BHM are learned from family, society, and cultural norms, reinforced and policed through interpersonal interactions, and are ingrained as part of one's identity. Sanctions and stress related to not conforming

to gender role expectations may affect sexual scripts and vice versa. In the current study, we asked BHM about how they learned about being a man, sex, and relationships as well as details about their current and past sexual behaviors within both committed relationships and with casual partners. Drawing from SST we sought to understand:

1) What are the sources of gendered norms and sexual scripting behaviors? How do cultural scenarios (media, family influences, etc.) impact sexual behaviors such as condom use and concurrency?
2) What are the interpersonal scripts that exist between partners, particularly in relation to use of condoms, use of birth control, and communication of such? How do these change with different types of partners and throughout the course of a relationship?
3) What are the intrapsychic motivations for sexual behaviors, i.e. goals and motivations for sexual risk and protective behaviors? How do these differ as participants age and within different types of relationships?

In each of these cases, we will also explore differences and similarities between men of different socioeconomic status, age, ethnicity, and relationship status.

METHOD

Participants

Twenty-six semi-structured in-depth qualitative interviews with men ages 18-45 who identified as both African American or Black and heterosexual were conducted between April and December of 2016. Participants were recruited from the city of Atlanta, GA, in Dekalb and Fulton counties, the counties with the highest HIV rates in Georgia (Georgia Department of Public Health, 2016).

Procedures

Participants were purposively recruited through placing flyers in various locations including local community based organizations that had Black clientele, barbershops, and universities around Atlanta as well as through social media and direct participant referral. In addition, direct recruitment was used during HIV testing outreach events. The flyers and promotional social media posts invited men to participate in a confidential study entitled “MARS: Men’s attitudes on relationships and sex.” Prospective participants were screened either in person or by telephone to determine whether they met the study’s eligibility criteria which included: living in Fulton or Dekalb county, identifying as Black or African American, heterosexual, between the ages of 18-45, and reporting vaginal sex with a woman in the last 12 months. Exclusion criteria included reporting sex with a man in the last 12 months, intravenous drug use or use of cocaine, methamphetamines, or heroin in the last 12 months.

The first author conducted all interviews in person at either the first author’s primary institution or at a local community based organization in a private room. Prior to the interview, participants signed an informed consent form which detailed all study procedures and reminded them of their right to refuse to answer any question or to terminate their participation at any time. All interviews were digitally recorded and transcribed verbatim and lasted between 53 and 145 minutes, with an average of 90 minutes. Participants then completed a computer-based survey, which lasted between 10 and 15 minutes. Immediately following all study procedures, participants received $50 for their time and participation. The Institutional Review Board of Emory University, the first author’s primary institution, approved all study procedures.

Measures

A semi-structured interview guide included general topic questions with a priori probes and follow up questions designed to elicit detail around sources of masculinity, romantic, and sexual scripts as well as sources of scripts. We adapted and combined several in-depth interview guides used in similar studies to create questions about what they learned about being a man, about sex, and about relationships were elicited during a general discussion of childhood and growing up were meant to identify sources of scripts (Bowleg, 2013, 2015; Bowleg, Burkholder, et al., 2015; Malebranche, 2010). (See Appendix A for Interview Guide with rationale for each question). Relationship and sexual scripts were elicited through questions about current and past committed and casual relationships, probing for differences in sexual and courtship behaviors between types of relationships and within specific relationships over time. We asked participants to describe both specific sexual encounters as well as typical sexual encounters, and probed about how and when discussions about sex, condom use, birth control, and HIV testing occur with all sexual partners. Finally, we asked about their opinions on concurrency and to describe how decisions around concurrency happen and details about specific experiences of "cheating" or being cheated on.

Following the interview, participants completed a computer-based survey, which included social and demographic factors, psychosocial scales, and sexual risk and protective behaviors. Demographic factors included age, income, employment status, and highest level of education.

Data Analysis

We transcribed all audio files of the interviews and imported them into MAXQDA, version 12.2 (VERBI Software, 1989-2016), a qualitative data analysis software package. Data were analyzed using a modified Grounded Theory approach to qualitative data for both data collection and analytic process (Corbin & Strauss, 1990). This theory is a classic qualitative methodology characterized by selection of research subjects based on theoretical relevance to research questions, constant comparative analysis, and rigorous coding and re-structuring of data into themes and patterns organized around a central storyline.

After reading a subset of interviews, the first author created an initial codebook, using both broad categories and brief conceptual labels that represent the text (e.g. "pregnancy" or "media"), *a priori* codes related to the literature on sexual behaviors, gender, and sources of scripts (e.g. media, music, specific relationships) and structural codes based on the guide questions (e.g. "biggest influence"). Although traditional measures of reliability and validity are rooted in the positivist framework and not applicable to qualitative methods (Golafshani, 2003; Noble & Smith, 2015), consistency and rigor in qualitative inquiry requires researchers to ensure consistency and truth value (Noble & Smith, 2015). In order to ensure consistency, several methods were utilized. The first and second authors coded a small subset of interviews independently and met regularly to discuss and compare coding and make revisions to the codebook. Meaningful differences between coding were discussed and resolved before the first author coded the remainder of the transcripts. Throughout the coding process, memos were generated to document meaning and challenge assumptions of the coding structure and interpretation of findings.

The first author practiced reflexivity through acknowledging and assessing her own biases and reflecting on her positionality in relation to the participants throughout data collection and analysis (Jootun, McGhee, Campus, Lanarkshire, & Marland, 2009; Shaw, 2016).

Survey data were directly entered in SurveyGizmo, imported into MAXQDA, and matched to the corresponding interview in order to assess differences between participants based on age, SES, and relationship status. Coding reports were generated for each code and co-occurring codes. Two types of analyses occurred: 1) seeking patterns and exploration of *emergent* themes, which were first determined by their significance, both through variability and consistency, across a large percentage of all of the interviews, and 2) assessment of the patterns related to key *a priori* theoretical constructs related to our research questions such as sources of sexual scripts (cultural scenarios, interpersonal dynamics, and intrapsychic feelings) and sexual scripting behaviors such as communication, decision-making about with whom, how, and when they have sex and how and when condoms are used. To address our research questions, we will identify when codes related to gender role expectations coexist with sources of sexual scripts (e.g. media, parental messages) and how sexual motivations differ across age, religion, ethnicity, and socioeconomic status. We will also assess how participants' descriptions of interpersonal scripts (communication, sexual decision making) differ between types of partners and as relationships progress.

Results

We recruited a heterogeneous sample with respect to age, education, and income (see Table 1). Participants ranged in age from 18-45 (M=29.5). Over half identified as African American (14, 54%), seven (27%) identified as African, and 5 (19%) identified as other or mixed ethnicity. Most the sample was in a relationship (61.5%, n=16). The majority of the sample had at least a high school diploma (85%), with one person still being in high school, 2 having less than high school, and one refusing. Ten participants had college or advanced degree. Most were employed (18, 69%), although of those, over half (10) reported being "self-employed" and during the interviews indicated under-employment.

Sources of Sexual Scripts

We identified several scripts at each level: cultural scenarios including parents, religion, peers, and media; interpersonal scripts related to condom use and intrapsychic scripts related to desire and personal motivations.

Cultural Scenarios

Cultural scenarios described by our sample included parents, religion, peers, and media. Parental based scripts were mostly focused on not getting anyone pregnant and not having sex until marriage; religion influenced scripts of abstinence and delaying sexual debut as well as rationale for multiple partners; peers were of particular influence during high school and college; and media such as television and music had lasting impressions on romantic scripts and misogynistic scripts respectively. Participants described feeling influenced by several different types at once and at times cultural scenarios interacted, e.g. parents were the primary source of religious teachings.

Parents' messages regarding pregnancy and STIs

Most men reported learning about both sex and gender expectations from their parents or other caretakers, like their grandparents. Many participants stated they had never had a formal discussion about sex with their parents:

> *Nobody talks--in African households--nobody talks about love or sex or how you're supposed to do relationships. You're not supposed to date until you, you show up married, I guess, that's how it's supposed to work.*
>
> *–Idris, age 31, single*

For those who did have limited conversations with their parents, most stated that the sole directive they received was "do not get the girl pregnant." When prompted if their parents told them *how* not to get the girl pregnant, most said that either it was implied that they should not be having sex at all or parents assumed that their child was "smart enough to figure it out."

Many participants stated that parents emphasized the cost of children and that they would not support them if pregnancy occurred:

> *She always taught us the importance of sex like, "I got five children. You want some Jordan's for Christmas. She want some Jordan's. He want the Adidas. He want the new Starter coat. Okay, all it going to cost $900. Do you want a child?" I'm like, "No, I don't want no children". She said, "Okay, because this your allowance, $20. You have a child, this your allowance." [miming taking away money] I'm like, "$2?! Man, come on, Mama." She like, "Play and give me my other $18."*
>
> *—Malcolm, age 34, in a relationship*

Malcolm went on to say that his mother and grandmother warned him to use protection by showing him women in the area who had HIV. His aunt was diagnosed with HIV and said "'*A man gave it to me and he ain't tell me […] that's why it's important for you to wait until you're grown and know who you dealing with.*'" Others relayed similar stories of their mothers driving them around areas of Atlanta where homeless, drug users, and sex workers congregated and pointing out the effects of HIV/AIDS.

Abstaining or delaying sexual debut based on religious upbringing and parents' teachings Several participants were "preacher's kids" and/or were brought up in the church and were explicitly told sex before marriage was forbidden and „not up for debate." When asked what he learned about sex growing up, Bishop, age 43, in a relationship, said very matter-of-factly: *"'Don't do it until you're married or you goin' to hell.'" Or you'll get AIDS. You'll get STD, you know. Or you'll get a girl pregnant."* Others described attempting to adhere to their religious upbringing by delaying sexual debut or abstaining outside of committed relationships. One participant recently made a decision with his current girlfriend to abstain until marriage to "deepen his connection with God." Several other participants described planning to abstain until marriage for religious reasons, but then chose to have sex once attending college or when they reached their mid-twenties. One of these participants stated that this was not only based on his spiritual beliefs, but inspired by his mother's views on sex:

> *I actually carried my virginity as a badge of honor. […] I was that guy that says "hey I want to save myself for someone who deserves it," and I tell you it was my mom who actually set me up for that […]—she said something to the effect of "the thing that makes sex so....she used a different word but I wouldn't use difficult—*

> *problematic is what I'll use—is that with every person that you have sex with you share with them a piece of your soul. So the question is [R10], how many people you want to have a piece of your soul?" And I'm just like [looking shocked, looking around] "NOBODY!"[laughs]*
>
> *–Richard, age 36, married*

Richard's beliefs about the sanctity of his body were informed by both cultural scenarios of parental guidance coupled with spiritual beliefs.

Religion as rationale for multiple partners or polygamy

Many of the participants expressed that their personal views on sex were based on religious teachings or upbringing. Although most participants cited religious beliefs as rationale for delaying sexual debut or practicing abstinence, others grew up in churches where polygamy was practiced. Several participants grew up in families where polygamy was practiced. One of whom didn't feel it was for him, but the another felt it was spiritually a blessing to have multiple wives:

> *It is beneficent to […] the wife and to the family, because the woman that comes is supposed to relieve some of the stress from the wife by say in the normal African polygamy, she would come, she would bear new kids, she would have new kids cuz the older wife may not can't have kids no more, maybe don't wanna have kids no more. […], she would help with the cleaning, she would help run the business whatever that the family business is, she would help with the organization, and she would be extra hands around the house. She would um of course sexually please the man and all that type of stuff, and help raise the kids.*
>
> *–Isaiah, age 30, married*

Although Isaiah as a Pan-Africanist was currently married and did not plan on taking on another wife at this point, he felt that the practice of polygamy was beneficial and was different than traditional notions of concurrency because there was honesty and cooperation between the women. He went on to say that it wasn't "natural" for women to have multiple partners because they were "internal and [men] are external" stating:

> *So the man could be uplifted from the sex and the woman can be brought down from the sex, they can enjoy it while it's the time, but who is left carrying the baggage? The woman. All of the stress that I just relieved [...] from all the baggage I'm carrying. [...]The woman holds all of that in her womb and carries it. [...] And the man get up feeling like a million dollars and the woman had great sex but that sticks with her.*

Bishop, 43, who grew up in the Baptist church, but now described himself as Pan-Africanist reflected nearly the identical sentiments stating that although some women "acted like men," women spiritually were not meant to have multiple partners because the biologic function of a receiving energy from a man made her subject to "spiritually transmitted diseases."

Although Bishop's early formation of his sexuality was based on abstinence and fear of the consequences of sex, he formed his own beliefs about sexual behavior as an integral part of his spirituality based on his own theological studies. He used the Bible and Pan-African history to justify his beliefs around polygamy and a man having multiple sex partners:

> *That whole one woman one wife thing, that's a misnomer, it's a misinterpretation of the Bible. God didn't say that, Paul said that, one of the writers of the Bible*

> *said that. Because uh, mathematically, it is impossible. There are more women than men on the planet. So if God instituted that, which He didn't, I don't believe, [...] then God, since you all powerful, according to scripture, you should send an equal number here, everybody should be able to get one, that ain't the case.*
>
> *–Bishop, age 43, in a relationship*

He uses logic of "mathematics" to indicate that God meant for men to have multiple wives; he went on to say that not only was polygamy Biblical, but monogamy was a European invention and that Africans and people of other cultures have historically practiced polygamy:

> *David, Abraham, Solomon: polygamists; that one woman, that's European. Cuz Europeans with homosexuality, they didn't value women in the study of history, women were tolerated, but they love men. [...] And I tell those other cats, "um, monogamy is not African! (clapping hands for emphasis) African had harems, kings; Asians: Ghengis Khan," all them, they just, that's why there are more women than men which is why I believe that the universal God is more polygamous, but be honest.*

He not only states that monogamy is European, but implies that traditional African polygamy was a way of valuing women and in direct opposition to homosexuality. Bishop felt men should be able to have multiple wives, but they should do so with "responsibility" and be honest with partners.

Peers

Many participants reported learning about sex from older peers, siblings, or cousins, as well as "older cats in the neighborhood." These early lessons included graphic storytelling or sharing of pornographic movies or magazines; David, 18, in a relationship stated "*Yeah cousins […] all had the DVDs and everything and you know, when they're not sheltered like you, they'll watch them right in front of you (David, age 18, in a relationship).*" However the most often cited influence were friends in high school and college. Several participants stated that male peers would encourage having sex with multiple women:

> *[W]hen you get into the fraternity you know the older guys are telling you to get as many girls as possible […] you have friends maybe in other fraternities and from your same peer group and they're talking about their exploits and so it's almost like an arms race… I mean I ain't gonna lie to you, we actually had contests. […] so you can either go one of two ways, you can be comfortable in who you are and do […] what you think is right, but in many cases people aren't like that, especially in their early twenties so you just kind of conform to what's cool.*
>
> *–Fred, age 37, single*

This pressure to "do what you think is right," which was usually adhering to scripts of abstinence from parents and religion was directly at odds with what is "cool." Competition between peers both in terms of losing virginity and how many women they slept with was mentioned in many participant accounts of their experiences while in high school and college.

Media

In addition to peer influence, many described learning about sex and relationships through television, movies, and music. The types of messages received from media ranged from fairy tale, very gender role prescriptive romantic messages in television shows and movies to misogynistic lyrics in rap songs that informed scripts of promiscuity and "being a player:"

> *Disney informed my relationship up until I had that terrible one, and then after that, it was TI [popular Atlanta-based rapper] who taught me about relationships, and rap. […] then conversations of course with other college-aged boys, nobody knows what they're doin'. Or the value of a real relationship or anything like that so...[…] [TI is] just like, it's like very misogynistic. […] And a selfish, like, me-centered relationship focus*
>
> *—Idris, age 31, single*

His initial scripts related to love and sex were informed by the fairy tale Disney narrative of romantic relationships until his own negative experiences and peer influences in college led to turning to misogynistic rap lyrics to inform his behaviors. Several other participants described being "naïve" when it came to love and relationships due to their consumption of romantic scripts in the media and reacting to heartbreak through acting out sexually. This dichotomy between romantic scripts and misogynistic scripts in popular media, particularly among the Black community was echoed by others:

> *[A] <u>large percentage</u> of Black people are raised by entertainment, […] and I think the difference in the education that Black males have and Black women have are far different. […], um, first few words of Future's [rapper] first verse "if she*

catch me cheating, I will never say I'm sorry." where this girl who is on the other side of the spectrum has spent her life watching hour and a half movies where 2 people get together, they fall in love in the first 30 minutes, they have a big issue in the next 30 minutes, they work it out and get married in the last 30 minutes. We have two opposing views that are not getting us together, they're bringing us the opposite, but our natural selves still want us to be together.

–Marcus, age 32, single

He felt that Black men were being socialized to be a "player" whereas Black women were being socialized to crave romance and marriage and that these extremes lead to miscommunication and discord in black heterosexual relationships.

Interpersonal Scripts

Participants described a variety of interpersonal scripts in which interactions with sexual and romantic partners inform their behaviors and decisions regarding condom use, birth control, and HIV/STI testing and status.

Women were expected to desire or insist on condom use

Most participants in the study described using condoms consistently with casual partners without much conversation beyond "do you have a condom?" Participants generally felt that condom use was more desired by women and that it was up to the woman to ultimately decide whether to use the condoms, but that men should ask and/or have condoms available. One participant described "testing the waters," i.e. starting sex without condoms until the female partners stopped them:

[W]hat guys do is test the waters, in a way. So they'll, because [...] honestly, it's the, the girl is in more control, like, to be really honest, and I think sometimes that

> *some girls don't realize that they are. [...] guys will try to not use one. They won't ask, they'll just try, and if you let it happen once, they're gonna expect it to happen again. [...] a girl can't test the water too, like don't say, "okay, let's try it this one time," cuz I swe--I promise the one time you do it you gon' be like, "alright, throw the condoms away."*
>
> *—Stephen, age 23, in a relationship*

Thus, in this scenario, he felt that once a woman let her partner penetrate without condoms, then it would set a precedent for the rest of the relationship. Others talked about wanting to use a condom, but getting „caught up in the moment" and forgetting or delaying putting it on for so long that they didn't want to stop, particularly during first sexual encounters: *„I've had more than one time where it's like, ‚oh we need to go get a condom,' ‚yeah we really do,' then one more kiss ensues and fuck that."* (Jesse, age 45, in a relationship) He later said that this results in feeling anxious about HIV and other STIs for weeks. Others who didn't like the feeling of condoms said that sometimes they would start using condoms, but that they might get more lax over time or even on the first night during the second time.

Regardless of whether participants liked condoms or wanted to use them, many participants expressed concern if a woman specifically requested to *not* use a condom in a casual situation. The assumption that if a woman does not want to use condoms means she must be promiscuous came up multiple times, even among participants who preferred not to use condoms. Hakeem, age 26, single, who doesn't like condoms and generally felt relieved if the woman didn't insist on condoms, stated that if a woman he just started dating insisted on *not* using condoms, he would be shocked:

> *I ain't gonna lie, I'd be kinda alarmed. […] You know, but if they just came to me, straight up, just like, you know, me and you, this our first date or second night or somethin', second date or somethin' like that, and you like "I don't wanna use--" I'm like, [makes a scrunched up face] you didn't ask me if I'm clean or nothin', you know what I'm sayin'?*

This came up several times regardless of how men felt about condoms or whether they insisted on condom use during casual situations, mostly among men in their mid to late 20's or older. Although it may be desirable for a woman not to insist on using condoms, it was "alarming" or "a red flag" if a woman insisted on *not* using condoms with the implication being that they didn't know the participant well enough to make that decision or had many partners.

Fear of Offending Partner led to Not using condoms or Discussing Status

In contrast, one college student felt that he could not insist on condom use because of what that may imply about his partner. When asked what happened when he wanted to use a condom and his partner didn't, Josiah, age 20, in a relationship, responded: *"I kinda just passively accepted um her wishes over my wants or whatever just because I didn't want to be rude, I didn't want to be like 'I don't trust you, I think you might be dirty' or whatever. So like, if you're ok with it, just go ahead."* Another single, younger participant, Mohammed, 20 expressed similar feelings of not wanting to offend a woman when discussing getting tested for STIs, stating you have to "tip toe" around the subject because you may "*come across strangely [and convince them that] 'I don't think you're dirty*.'" This fear of offending their partners superseded the desire to protect against potential disease.

Scripts regarding discontinuing condoms varied across SES

Among younger, college-educated participants, decisions to discontinue condom use in the context of a relationship or with casual partners were often based on conversations with their partners about birth control.

> *I mean I asked her [about condoms]. And uh when I wore them the first time, she said you didn't have to [because she was on birth control]. I didn't in subsequent times. I trust her though. Like that's one thing when you both go to [university], I have a vested interest in not having a child and so do you. […] and so I guess there's just that mutual trust.*
>
> *–Ralph, age 20, single*

This participant and others in the sample describe "trusting" partners to tell them the truth about pregnancy prevention due to their shared social space of attending college; the assumption being that they would have vested interest in not getting pregnant.

Unlike younger, college-educated participants, many older and younger, less educated participants more often reported getting tested for HIV and other STIs with partners and/or sharing their recent results with potential partners instead of discussions about birth control as the primary precedent for discontinuing condoms:

> *Before I'm fittin' to, before I raw-dog you, I'm fittin' to get you checked, and you fittin' to check me. So, we got checked, so we know we were safe, and good. I was like, "alright, bet" so we can stop using these [condoms].[…] That's why I deal with one female, cuz I don't like using condoms.*
>
> *—Ronnie, age 25, in a relationship*

This participant felt it was equally important for him to assure his partner of his status as it was for her to assure him of hers before deciding to forego condom use. His reasons for testing as well as choosing to be monogamous were also influenced by his personal distaste for condoms.

Intrapsychic scripts

Participants described a variety of personal motivations for engaging in different sexual risk behaviors such as fear of disease or pregnancy, feelings of bolstering their manhood, biological urge, and pleasure that impacted their use of condoms and having multiple sexual partners. Intrapsychic scripts were often informed by both cultural scenarios and interpersonal scripts.

Pregnancy and STI Prevention were informed by social position and providing

Birth control decisions or fears were largely based on the relative strain of having a child. Most of the college-aged participants were more concerned with pregnancy prevention than HIV or other STIs:

> *Well obviously there's like, there's disease and sexually transmitted disease and everything it's just like I don't know... I feel like it's more probably like people drop out of school cause of babies like people don't drop out of school cause of gonorrhea, you know what I'm saying?*
>
> *–Bobby, age 18, single*

He went on to say that one might be angry, but that contracting an STI wouldn't "derail you." Most men expressed that they didn't want to father a child unless they could provide for that child "*I would not be prepared to have children until I knew I had a stable job that could actually support having children*" (Randy, age 20, in a relationship).

However the perception of what financial responsibility for a child entailed varied depending on life circumstance. Those who were in college or college-educated often talked about finishing school and establishing a career. Others from low-income areas were more focused on employment in general. Martin, 38, in a relationship, stated that he always used condoms because „I'm not fittin' to bring no baby in the world I can't take care of, that would be crazy!" due to his current unemployment. However, when asked why he didn't use condoms when he fathered his four other children, he stated "Oh, man, I was workin' then! I had me a nice lil' job!" Another under-employed participant said he wasn't concerned about his partner getting pregnant because he felt 9 months was a long time to gather funds:

> *I know we gon' be straight. […] it just the fact that it take 9 months to have a baby. So within them NINE MONTHS, by me being a man, without doin' nothin stupid, […] we could do our thing, stack our money up, and like 2, 3 months have like, ain't no tellin', about 10,000 or somethin. […]I feel like a dude, even if he don't got it, he'll have enough time--you got 9 months to make something shape. […] I think about longevity. I don't think about for now, I think about the future too.*
>
> *–Ronnie, age 25, in a relationship*

This participant's concept of the future was limited to the nine months it took "to have the baby" and he did not discuss how he would continue to provide for the child over time. Both of these men felt that as long as they could immediately provide for a child they were not as concerned with pregnancy. This seemed to be true of many of the older lower income participants who expressed desires to father children regardless of their

current financial state, whereas the college students felt that having a child would derail their entire future.

Conversely, lower income men were more likely to talk about using condoms to prevent HIV and STIs because they "love themselves" and "are afraid of HIV." Most of the men who described growing up in the "hood" or inner city described firsthand accounts of people living with HIV/AIDS: "*Growing up, I seen in my area prostitution was strong, so I've seen a lot of women with HIV and AIDS.*" *(Malcolm, age 34, in a relationship).* Martin, 38, in a relationship said that he had „*lost too many people from AIDS, and it's a scary sight when you look at folks with that stuff. No, no, no, I don't want it. Unh-unh, I don't need that in my life [...] I rather be safer than sorry.*" The social setting and their childhood experiences and exposure to HIV/AIDS made the consequences of HIV/AIDS more salient to them than to those who did not know people affected by the disease.

Men are biologically driven to have as much sex as possible

Several participants, particularly younger college students, cited biological determinism as the primary reason men were designed to seek out and require a lot of sex; that men were "designed to want to spread our seed" or "programmed to reproduce." These participants usually compared this to women who were biologically programmed to want one partner: *"women have one egg from sex but men have a hella sperm right? So from selection, y'all have to be more choosy cuz y'all can't just get it with anybody" (Michael, 21, in a relationship).* They not only used this rationale to define sexual practices, but also relationship dynamics.

Others described animal instinct as the driving force in sexual situations:

> *We are animals first, intellectuals second. […].The animal in you is waiting for you to turn the intellectual off, cuz it's always ready to go. […] when you know "alright hold up, I gotta move on this girl," the way you start to perspire is different, your pheromone levels, they, they spike, hardcore. And uh, it's nothing that you have any control over, you have no more control over it than you do with blinking or your heart beating. But when you go in, into "man-mode," it's, that's when the real Alpha shows to a female, and females just like in any animal group, they are attracted to the Alpha.*
>
> *– Jesse, age 45*

In this example, this participant describes not only men being driven by animal instinct, but their female partners responding to this animalistic quality of the "Alpha male," i.e. a man that shows dominance, thus reinforcing sexual behaviors such as aggression and initiating sex as more "natural."

Biology was also given as a reason for having sex with multiple women. When asked why they have sex with multiple women concurrently, one [14] simply stated "my penis." Others blamed "hormones:"

> *A lot of times it's just our… it's not emotions it's just our hormones, it's just that we get horny and like… men naturally want more women. So it's like we gotta fight it to not – cuz even with me with my wife, like I'm faithful and all that hype, but I still look at other women, I still get turned on by other women. I just choose not to act on it.*
>
> *–Isaiah, age 30, married*

Although some participants admitted that women were equally driven by hormones, most felt that men were more susceptible to being tempted to have sex and were more capable than women to "shut off their emotions" when it comes to sex.

Physical Pleasure being main motivator for both sexes

Although almost without exception, participants stated that women who have multiple partners were less valued by society, most did not personally believe there was a real difference between men who have multiple and concurrent partners and women who do so. One participant said simply:

> *[T]he reason everyone does it is sex feels good as HELL!! […] You're like, when can I do this shit again? This is legal? And this isn't a drug? I don't have to pay for this shit? […] why do girls wanna do it? Cuz like the tip of the head of the penis is […] 4,000 sensory whatever, right? […] But the clit has eight thousand so […] They should be doing it twice as much, cuz that shit feels better. […] Like if I was a girl, I'd be doing that shit every day. Ten times a day […] I'd be like, fuck your double standard. I'm trying to fuck!*
>
> *–Michael, age 21, in a relationship*

He felt that the physical pleasure of sex was the main motivator for *both* sexes to have as much sex as possible; arguably women feel even more pleasure than men. This participant also stated that it wasn't necessary to have multiple partners to enjoy sex and advised other young men to get into a steady relationship since they can have all the sex they want with one person. Others who said that there was no difference between men and women did not feel it was good for either party, that neither men nor women should be indiscriminate or have multiple and concurrent partners.

Reasons for cheating (or not cheating) varied among men and women

Participants tended to cite similar motivations for men *cheating* on partners as for men having multiple partners without commitment: conquest, sexual desire, and variety related to dominant gender role expectations. However, they generally felt that women who cheated were more likely to do so based on emotional reasons like not feeling fulfilled by their main partner or having a stronger emotional bond with the side partner:

> *I feel like if a woman genuinely loves you, she wouldn't cheat on you for real. […] So I feel like if a woman has another guy on the side, she genuinely wants him more than you as a person. <u>You're</u> the side person.*
>
> *—David, age 18, in a relationship*

Similarly, lingering ties to exes, a "baby's mother," and overlap between a relationship ending and another beginning was often cited as the reason participants engaged in concurrency.

Men's reasons for *not* having multiple partners ranged from feeling they have "standards" to fear of disease or being a "germaphobe." Reasons for not cheating on main partners were primarily due to feelings of love and an emotional connection. Others stated that as they aged, that sex "wasn't the main thing" or that they had "gotten too old" to be dating too many women at one time or as they matured, they were more considerate of people's feelings.

DISCUSSION

Our findings suggest that BHM enacted a variety of sexual scripts related to gender role cultural scenarios, interpersonal scripts, and intrapsychic scripts that relate both to risk taking and protective behaviors. BHM in our sample received messages about abstinence and pregnancy prevention from parents, abstinence and monogamy vs. polygamy from religion, and traditional masculinity scripts regarding having multiple partners and being dominant from media and peers. These cultural scenarios informed both intrapsychic scripts of biological rationale for having multiple partners, proving one's manhood through having multiple partners, and pregnancy and STI prevention and condom use scripts differing between men of different socioeconomic statuses as well as interpersonal scripts around condom use and HIV testing within the context of relationships.

Our findings illustrate that age, religious and ethnic background, and socioeconomic status affect how scripts are enacted through participants' unique experiences and upbringing. Cultural scenarios such as parental guidance and religion often interacted to inform participants' views on abstaining from sex, but many participants felt pressure to move away from these directives during high school and college. Peer influence was strongest during high school and college and male peers created competitive scripts that influenced sexual experimentation and promiscuity. Those who employed alternative scripts of monogamy and abstinence were ridiculed. Much attention has been given to the role of "hookup" cultures on changing sexual and romantic scripts of today's youth (Allison & Risman, 2014; Bogart, Cecil, Wagstaff, Pinkerton, & Abramson, 2000; Paul, McManus, & Hayes, 2000; Reid, Elliott, & Webber, 2011), but there has been relatively little attention paid to how these new scripts interact

with media and religious cultural scenarios that are more prevalent in the Black community. This illustrates a need for interventions to focus on adolescents and emerging adults in high school and college to better understand how peer influence interacts with popular media to influence young BHM's behaviors.

Although many of the men in our sample subscribed to common gender role scripts of men having a lot of partners, being less emotionally connected to their sexual partners than women, being always ready and willing to engage in sex, and being more apt to not want to use condoms (Bowleg et al., 2013; Bowleg, Heckert, et al., 2015; Bowleg et al., 2011; Seal & Ehrhardt, 2003), there were some notable exceptions. Many participants felt that there was little difference between men and women in terms of having multiple partners, although they recognized the stigma that society differentially places on women who engage in sex with multiple people in the same time frame. Younger men in particular seemed to recognize less stringent differences and held alternative beliefs around the sexual agency of their female partners. Sexual risk prevention interventions that rely on traditional gender role expectations that involve women withholding sex may not be as effective on younger men who are creating alternative scripts (Masters, Casey, Wells, & Morrison, 2013; Sakaluk et al., 2014).
In addition, younger men in college relied heavily on heuristic notions of social similarity to assess the risk profile of their female partners. They felt that given that both parties were pursuing higher education, that they did not want to get pregnant and although not explicitly stated, likely to not have an STI. These findings are consistent with studies that indicate sexual scripts and beliefs are often governed not by rational thought processes but by patterns of semantically-coded memories (S. L. Jones & Hostler, 2002). We

propose that the same belief that these partners are of similar backgrounds may cause younger men to avoid "offending" their female partner by insisting on condom use or discussing STI status, as this may be seen as accusing them of having an STI. These assumptions about their female partners' risk profiles may make this group more susceptible to STIs.

Another main finding is that most men were more concerned with pregnancy prevention than STI prevention and cultural scripts from parents emphasized pregnancy as well. Conversely, in the current study, men who lived in low-income neighborhoods were more likely to emphasize HIV/AIDS and STI prevention than to focus solely on pregnancy. For men of higher SES, there is less exposure to HIV/AIDS than for those with lower SES who were more likely to live in the inner city and to have firsthand experiences with people infected and affected by HIV. Both groups of men feelings about pregnancy prevention were related to being able to provide for their children, but men in lower SES were more likely to discuss provision in more finite terms such as current employment and ability to make money in the short term, whereas those in higher SES tended to discuss future career prospects. These differing views of pregnancy are consistent with the literature that teenage fatherhood is not only more common in more disadvantaged neighborhoods, but that there were what Harding (2007) calls "cultural heterogeneity," that is more examples of various norms of romantic and familial relationships that allows for diversity in role behavior (Harding, 2007). These findings suggest that messages around condom use and testing need to be tailored to BHM of different socioeconomic backgrounds to address differences in risk assessment.

Although multiple and concurrent relationships were common, even men who believed in polygamy often discussed being honest with partners. Those who preferred monogamy often cited ambiguity in relationship definition as one main reason concurrency occurs. Because concurrency is one of the leading drivers of the heterosexual epidemic among Black people, it is important to create interventions that emphasize honesty, communication, and managing risk when relationships are ending or in flux as well as when relationships are beginning. Because scripts varied widely in terms of when and how decisions to forego condoms were made, more research is needed to explore ways to communicate preferences, decisions, and remove the stigma of addressing condom use and testing with new and ongoing partners once relationship statuses change.

Limitations

This study's findings should be considered with respect to some limitations. First, although we attempted to sample purposively to ensure diversity in age, relationship status, and SES by diversifying recruitment sites and through our screening process, it was primarily a convenience sample and many of the participants were recruited by other participants or by known contacts of the first author. This may have resulted in some homogeneity in groups of participants. However, given the diversity of responses and heterogeneity of the sample based on key demographics such as age, education level, and income, we believe that our sample was still sufficient to address our main research questions. In addition, the study took place in a small geographical location chosen because of its high prevalence of HIV/AIDS among the Black community, thus the results are not generalizable to other populations. However, given that generalizability is

not the function of qualitative studies (Baillie, 2015; Golafshani, 2003; Hennink, 2011), and the study results provides data for an area in great need of study based on the limited research on sexual scripts among BHM. Although qualitative research is beneficial in getting rich detail about the personal narratives and cultural context for sexual scripts among this population, there is always the possibility of social desirability bias, particularly considering the interviewer presenting as a heterosexual woman. However, men in the study disclosed quite personal and sometimes misogynistic views leading us to believe that these data were consistent with their views. Finally, although every attempt was made to garner rich detailed descriptions of specific sexual encounters, these data were inconsistent due to some participants' discomfort or refusal in describing exact sexual encounters, thus they described typical situations or general feelings and beliefs.

Conclusion

This in-depth exploration of BHM's sexual scripts and gendered beliefs about sexual debut, condom use, concurrency, and pregnancy and STI prevention contributes to the growing body of literature on BHM's sexual health. To our knowledge, this is one of only a few studies to qualitatively assess BHM's sexual behaviors as they pertain to sexual scripts at each level: cultural scenarios, interpersonal relationships, and intrapsychic scripts (Bowleg, Burkholder, et al., 2015; Bowleg, Heckert, et al., 2015; Hussen et al., 2012). We hope this research can help to inform future HIV and sexual health interventions among Black heterosexual men and Black heterosexual couples.

Table 1. Sample Characteristics of MARS Participants (n=26)

	Categories	n	Percentage*
Age (M=29.5, SD: 8.2)			
	18-25	9	34.6
	26-34	8	30.8
	35-45	9	34.6
Ethnicity	African American	14	53.8
	African	7	26.9
	Mixed Ethnicity/Other	5	19.2
Highest Level of Education			
	High school graduate or less	6	23.1
	Some college or trade school	10	38.5
	College or graduate school	10	38.5
Annual Income before Taxes			
	<$20,000	6	23.1
	$20,001 to $30,000	2	7.7
	$30,001 to $45,000	2	7.7
	$45,001 to $60,000	2	7.7
	>$60,000	7	26.9
Employment Status			
	Self-Employed	10	38.5
	Employed	8	30.8
	Student	6	23.1
	Unemployed	2	7.7
Committed relationship (wife or girlfriend)		16	61.5
Condom use in past year with wife or girlfriend			
	Always	2	12.5
	Most of the Time	6	37.5
	Half of the Time	2	12.5
	Sometimes	4	25.0
	Never	2	12.5
Condom use…woman other than wife or girlfriend			
	Always	2	12.5
	Most of the Time	1	6.3
	Half of the Time	1	6.3
	Sometimes	2	12.5
	Never	3	18.8
	Not had sex with another woman	6	37.5
No committed relationship		10	38.5
Condom use in past year with woman			
	Always	2	20.0
	Most of the Time	4	40.0
	Half of the Time	2	20.0
	Sometimes	0	0.0
	Never	2	20.0
Concurrency in past year		9	34.6
HIV Test within past year		17	65.4

**Percentages may not add up to 100 because of refusals*

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CHAPTER 5: Conclusion, Overview and Implications for Future Research

Main findings

Introduction

We identified and explored a conceptual model of gender role expectations, sexual scripts, gender role strain (GRS), depression, racial discrimination, and sexual behaviors using an intersectional framework among Black heterosexual men (BHM). The models depicted in Figure 5.1 indicate how each chapter contributed to the identification of the model: the pathways depicted in 5.1a were tested in a structural equation model in the paper presented in Chapter 2, which also included socioeconomic status (SES) and age as covariates. In Chapter 3, the section depicted in 5.2a, we explored BHM's definitions of manhood and identified gender role expectations which were informed by participants' experiences of racial discrimination and other salient identities. The identified gender role expectations each led to each type of gender role strain (trauma, discrepancy, and dysfunction), and GRS contributed to participants' accounts of depression and stress. Finally, in Chapter 4, the section depicted in 5.3a, we identified sources of gender role expectations and sexual scripts and how these worked in tandem to produce specific sexual behaviors related to sexual debut, communication, condom use, pregnancy prevention, HIV and sexually transmitted infections (STI) testing, and concurrency. All three papers supported the overall theme that Black men's mental and sexual health was influenced by both racial and gender role expectations, and that other salient identities such as age and SES also contributed to the ways in which gender is expressed and managed.

Chapter 2: Gender Role Strain Effect on Depression and Concurrency

The findings from the paper presented in Chapter 2 indicated that the final tested model had excellent fit, suggesting there is a high level of interdependence on the constructs of SES, gender role stress, discrimination experiences, depressive symptoms and sexual behaviors such as condom use and concurrency. The significant pathways were as follows: Men who reported higher levels of gender role stress were more likely to be younger, report depressive symptoms, racism experiences, and concurrency, but the pathways to condom use and HIV testing were not significant in the final model. Older men were less likely to report concurrency, condom use with both wife/girlfriend and women who were not wife/girlfriend, and having been tested for HIV in the last year. Men with lower SES were more likely to report depressive symptoms and less likely to report condom use with both wife/girlfriend and women who were not wife/girlfriend. Additionally, the path between racism experiences and depressive symptoms was not significant in the structural model, although this relationship was significant in the bivariate analysis. SES was not associated with GRS nor racism experiences suggesting that although gender role expectations and discrimination may affect men of different education and income levels in different ways, the frequency of reporting of stress and the racism experiences is similar. Finally, condom use with both types of partners and HIV testing were correlated with concurrency.

Chapter 3: An intersectional exploration of GRS

The next two chapters sought to understand aspects of the conceptual model from a qualitative perspective. The purpose of the paper presented in Chapter 3 was to define salient gender role expectations for BHM and how these gender role expectations informed participants' experiences of gender role strain. BHM reported multiple definitions of being a man that were informed by their racial and other salient identities. The most commonly reported gender role expectations involved being pulled in multiple directions due to combatting racial stereotypes or being expected to conform to competing expectations, providing for one's family, emotional restriction, and asserting one's dominance when manhood was challenged. We sought to define how each of these expectations contributed to the three types of gender role strain: trauma, discrepancy, and dysfunction. Men reported experiencing stress, depression, and low self-esteem due to GRS. In addition to negative coping strategies such as substance use, emotional withdrawal, and in one case suicide attempt, many participants also exhibited resilience and redefinition of gendered roles. The redefinition of manhood and seeking alternative narratives was most common among younger, college-educated participants. In addition, older men who had previous histories of active drug use or involvement of crime described avoiding situations that would lead to violence and emphasizing narratives of manhood involving being "humble" and God-fearing. Many participants actively described desiring emotional connection with other men and recognized negative effects of emotional restriction and stress in their romantic and familial relationships.

Chapter 4: Sources of Sexual Scripts and Gendered Sexual Scripts

The purpose of the paper presented in Chapter 4 was to identify sources of and specific gendered sex scripts. Sources of sexual scripts were based on cultural scenarios, which included messages from parents, media, male peers, and religion; interpersonal scenarios were based on interactions with partners and enactment of cultural scenarios; and intrapsychic scripts refer to individual motivations for sexual acts, which included biologic determinism and desire. The specific scripts BHM described included discussion of sexual debut, communication and decision-making around condom use, sexual initiation, communication about HIV and STI status, communication about birth control and pregnancy prevention, and communication about concurrency or exclusivity with sexual partners.

Cultural scenarios included parents, religion, media, and peers. In general, BHM received messages regarding delaying sexual debut from parents and religion. Other parents' sole directives involved not getting the girl pregnant. Participants used religion to inform beliefs around polygamy and abstinence. Participants described media sources such as movies and television as informing romantic scripts in their formative years and were influenced by misogynistic rap lyrics to inform scripts regarding multiple partners. Interpersonal scripts included expectations for women to desire and police condom use scripts and fear of offending female partners by suggesting condom use or testing.

Finally, intrapsychic scripts, which were all informed by both cultural and interpersonal scripts, included most men of higher SES were more concerned with pregnancy than HIV or other STIs and communication around birth control affected their subsequent use of condoms in sexual situations. Conversely, men of lower SES tended to

receive messages and be more motivated around preventing STIs and avoiding AIDS, although pregnancy prevention also was a prominent theme. Men of lower SES desires for pregnancy centered around temporal access to money and being able to provide. BHM in general felt that they were motivated to have multiple casual partners or cheat on main partners by “hormones.” Other reasons for having multiple partners was to “prove one’s manhood” or make up for not feeling good as a man in other areas, such as economically. However, the clear majority felt that women were equally motivated by sexual desire to have multiple partners, but were more likely to have more emotional reasons for cheating on main partners. Men cited emotional reasons for *not* cheating on partners. Almost without exception, men described the importance of being honest in sexual situations and making clear whether the sexual relationship was exclusive. In practice, many participants described the times that they engaged in multiple partnerships were due to lack of clear definitions between relationships, e.g. one relationship ending or in flux while another was beginning.

Overall Dissertation

The reason the dissertation is entitled “a lesson in intersectionality” is because all three studies underscore the need to look at how intersecting identities and systems of oppression work in the lives of BHM, and we would argue in the lives of most people. Although the gender role expectations identified in Chapter 3 map onto existing ideas of dominant masculine ideals, there was often a very strong racial component. Furthermore, the gender role expectations presented were fairly consistent across all participants, but the ways these expectations translated into gender role strain and how they men chose to

cope were greatly affected by their socioeconomic status, age, and ethnicity. The same could be said for how sexual scripts were slightly different for men of different ages and SES.

Taken together, the findings from this dissertation underscore the need to address gender expectations in the context of race, religion, socioeconomic status, and other salient identities in BHM's lives. Gender role expectations are consistent with dominant masculine ideologies based on providing, emotional strength, anti-femininity, and thrill-seeking or violence (Connell, 1987; O'Neil, 1981), but are enacted differentially based on racism experiences and stereotypes, pan-Africanism, and religious beliefs. In addition, age and life course have profound effects on BHM's experience of GRS.

Effects of Racism and SES on GRS

In the secondary data analysis in Chapter 2, SES was not associated with gender role stress, a measure of GRS, nor were experiences of racism, suggesting that although gender role expectations and discrimination may affect men of different education and income levels in different ways, the reporting of stress and the racism experiences is similar. This finding is not surprising given that there have been a number of studies that show men with more education often have higher perceptions of racism and more internalized stress due to racism than men of lower education (Chae et al., 2014; Kwate & Goodman, 2015; Moody-Ayers, Stewart, Covinsky, & Inouye, 2005). The findings from Chapter 3 elucidated how GRS impacted depression and why SES was not significantly correlated. It seemed that experiences of GRS for each group were similar, but the ways in which it was expressed was very different. Participants who were college-educated and had higher incomes were more likely to feel pressure to adhere to

dominant ideals of manhood, which include education, providing financially, and not having children out of wedlock. The strain of fighting against negative stereotypes and performing their racialized gender in inauthentic ways was stronger for those who had more exposure to majority white spaces, where they were expected to be "representatives of their race." In contrast, those who lived in lower-income areas were expected to perform different aspects of racialized gender roles which emphasized toughness, anti-femininity, and reputation. They were less likely to discuss specific racial discrimination, but were more likely to be un- or underemployed and experience discrepancy strain related to inability to provide financially.

HIV Risk Behavior, Relationship Status, Pregnancy Prevention and HIV Testing

GRS was associated with the presence of concurrency in Chapter 2 and some participants reported having sex with multiple women to make themselves feel better as a man if they were experiencing a lack of confidence in other areas. These findings suggest that messaging around what it means to be a man may include having multiple female partners, as suggested by both qualitative studies where men have described expectations by male peers of feeling pressure to have multiple female partners, consistent with similar studies of BHM (Bowleg, Heckert, Brown, & Massie, 2015; Bowleg et al., 2011; Hall & Applewhite, 2013). We also found men who were more likely to adhere to traditional masculine gender roles were more likely to engage in sex with multiple partners (Ragnarsson, Townsend, Ekstrom, Chopra, & Thorson, 2010; Santana, Raj, Decker, La Marche, & Silverman, 2006).

Although men with high GRS may feel pressure to have concurrent partnerships, the analysis done in Chapter 2 suggests that they are also more likely to use condoms and get tested if they are engaging in sex with multiple partners. In the qualitative study, men who reported monogamy or who had recently started having sex were less likely to report using condoms with their main female partners. Conversely, men who were having sex with multiple women reported getting tested more frequently and always using condoms. Men who were in a monogamous relationship did not feel the need to engage in protected sex and assumed their partner is negative, whether through testing together or conversation about status. Similarly, these men may have less desire or inclination to get tested for HIV because they do not believe they are at risk.

However, reasons for discontinuing condoms differed by SES; those of lower SES were more concerned with HIV and STI testing whereas men of higher SES were more concerned with pregnancy prevention. Similarly, although most participants of all SES levels associated pregnancy desire with ability to provide, what it meant to provide, and live up to gender role expectation of such was more focused on long-term career options for college students and related to employment in general for men of lower SES. Finally, in the quantitative sample, those who had higher SES were less likely to report HIV testing in the past year. This finding was buttressed in the qualitative study; Chapter 4 findings indicate that men of higher SES were less likely to use condoms and to get tested because in general they were more concerned with pregnancy prevention, which was often achieved through oral contraceptives, and HIV was not mentioned as being as much of a concern. In contrast, participants who lived in low-income areas often spoke about having personal experiences with people who had HIV from childhood and had

more everyday opportunities to get tested through free testing services in their neighborhoods. In addition, HIV and STI prevention scripts were more commonly endorsed by parents in low-income neighborhoods and most BHM of lower SES reported using condoms as birth control.

Age and Life Stage Differences of GRS and Sexual Behaviors

Age, perhaps as a proxy for life stage, was associated with all of the variables in the model in the paper presented in Chapter 2. Although men of all ages may feel gender role stress, older men were significantly less likely to report gender role stress than younger men suggesting that younger men may be more susceptible to feelings of inadequacy and pressure to conform to specific gender roles such as being a provider, having a family, and being physically strong. In the qualitative study, BHM of all ages reported different types of GRS, but younger men attending predominantly white universities were more likely to report feeling like they needed to "represent their race" in social and academic settings. Whereas younger men who were not college-educated indicated more pressure to prove one's manhood through physical violence and not allowing one's pride to be tarnished. In contrast, older men (late thirties to mid-forties) reported having aged out of the posturing phase and generally avoiding situations where they felt their manhood would be challenged. Men in their mid-twenties to early-thirties were often struggling to achieve in terms of providing and those who were not married described familial pressure to get married and have children.

Taken together the findings seem to indicate that certain gender role expectations are more pronounced depending on age, life course, relationship status, and familial context than others, but older men seem to feel less stress about adhering to gendered expectations. Older men may be in greater alignment with gendered expectations, thus experiencing less stress. Liu et al. described this as real vs. ideal gender role conflict, i.e. you do not necessarily feel strain if you adhere to an expectation that you also endorse (Liu, Rochlen, & Mohr, 2005). Younger men in the qualitative sample tended to push back on traditional notions of gender *and* race. Older men may still be under these pressures but not feel stressed about them as younger men who are navigating and forming their own definitions of manhood.

Older men were less likely to report concurrency, use condoms with their partners (both main and non-main) and get HIV tested. This may be due to older men being more likely to be married. Younger men having grown up in the AIDS era and condom use has been more normalized throughout their life, thus even when in a relationship, they may opt to use condoms with their wives or girlfriends as a form of birth control and/or STI prevention. Older men, contrarily, may not be as concerned with preventing pregnancy nor believe that condoms should be used during marriage or a monogamous relationship. In the qualitative sample, condom use varied widely across age. There were men of all ages that either did not use condoms or used condoms exclusively; however, there were more younger men who had never had sex without a condom. These findings are consistent with studies that found that increasing age among Black *women* was associated with less frequent condom use, lower condom use intentions and perceptions of partners' attitudes towards condom use to be less favorable (Corneille, 2008).

Evaluation of the dissertation research: Strengths and Limitations

The dissertation presented here is not without limitations, which should be considered when evaluating the results. First, all the papers presented here (Chapters 2-4) were conducted within a small geographical location, thus the results cannot be generalizable to other populations, but due to the high rates of sexually transmitted infections (STIs) and HIV within the southeast among this population and the regional effects of masculine roles and scripts, it is important to study this population. However, there was good variability in terms of education, income, and employment status. All of these studies are cross-sectional in design thus there is no ability to draw causal inference between GRS and behaviors. However, in the qualitative papers (Chapters 3 and 4), we asked about life course, childhood experiences, and how things have changed over time thus there was an attempt to understand how different views impacted and shaped their current behaviors. Although SEM is a robust tool for identifying relationships, model fit does not imply causality; the relationships depicted in the structural equation model presented in Chapter 2 could be flowing in different directions or bidirectionally, and other models may fit the data equally well. As with all secondary analyses, there is a limit to the control the researcher has in terms of specific measures, recruitment, and data collection methods. The sample was predominantly monogamous and due to differential measurement of condom variables between men who were in a relationship and those who were not, we had to restrict our analysis to men in relationships. However, limiting the sample to those in a relationship provided specific context of sexual risk among an understudied population.

For the qualitative study, our sample was limited in that although we attempted to purposively sample to achieve diversity in age, SES, and relationship status, participants were primarily referred to the study through other participants and personal contacts of the primary author (snowball sampling). This may lead to increased homogeneity since several of the participants were referred by the same person. However, participants reported very different experiences and the data generated great variability in the demographic variables that were measured. In addition, the study slightly oversampled college-attending and college-educated men because they are so rarely the subject of investigative query particularly in the field of HIV prevention. There is reason to believe that educated, high-income men are more likely to experience race-based stress (Chae et al., 2014; Kwate & Goodman, 2015; Moody-Ayers et al., 2005), and thus it was important to oversample this group.

Validity and Reliability of the Qualitative Data

Although traditional measures of reliability and validity are rooted in the positivist framework and not applicable to qualitative methods (Golafshani, 2003; Noble & Smith, 2015), consistency and rigor in qualitative inquiry requires researchers to ensure consistency and truth value (Noble & Smith, 2015). In order to ensure consistency, several methods were utilized. The first and second authors coded a small subset of interviews independently and met regularly to discuss and compare coding and revise the codebook. Meaningful differences between coding were discussed and resolved before the first author coded the remainder of the transcripts. Throughout the coding process, memos were generated to document meaning and challenge assumptions of the coding

structure and interpretation of findings. The first author practiced reflexivity throughout data collection and analysis by journaling after each interview, reflecting on her positionality in relation to the participants and the subject matter.

The qualitative data were collected and analyzed by the same person, the primary author, which could serve as both a benefit and a limitation. Because the primary author collected all data, she was able to verify all transcriptions as accurate and had intimate knowledge of each participant's demeanor, cadence, and nonverbal cues given during each interview to add depth of meaning to the transcribed text. In addition, since in qualitative research, the interviewer is the instrument (Hennink, 2011; Raheim et al., 2016), and thus collected the data in a relatively consistent way throughout the study and reflect and process each interview to iteratively adapt recruitment, the interview guide, and probes for each subsequent interview. This may also serve as a limitation in that each researcher comes to the research with their own unique biases. Without the benefit of a team approach to data collection and analysis, there was relatively little examination of methodological and theoretical issues as they arose. However, the primary author met with her dissertation committee members frequently to discuss findings and interpretations and employed a second coder to code a subset of interviews. This second coder met with the primary author to compare codings and discussed discrepancies until there was agreement on all key themes.

Researcher influence on the data

Furthermore, because the primary author identifies as a Black, first-generation American of African descent, cis-gendered, heterosexual woman, in her late 30s but appearing younger, both her appearance and presentation as such to BHM in the study may have affected the data. Having been recently engaged and then married during the course of the data collection period, the primary author's views on relationships, Black men, and sexuality were informed by this recent change in her marital status as well as her years of dating and interaction with BHM peers may have caused her to assume meaning in certain instances and not probe effectively. She reflected on this after every interview and attempted to seek clarification of terms and probe for richer detail whenever possible. Conversely, her being racially matched to the participants may have led to easier rapport building through a fore knowledge of certain cultural contexts and an insider/emic perspective (Davis et al., 2012; Krueger, 1994). This certainly proved true when discussing pop cultural references such as "Love and Hip Hop" and songs by local rappers, of which the author knew. Although some argue that it is better to gender match as well when conducting in-depth interviews, her being an "outsider" to the group, particularly considering the subject matter was specific to gendered expectations allowed her to probe more effectively for meaning and difference (Gailey & Prohaska, 2011; Pini, 2005). In addition, men often will posture for other men and may be able to be more vulnerable in the presence of a woman (Prohaska & Gailey, 2010).

Although her presentation as a woman may have led to social desirability bias, she conveyed to participants that she wanted to know their honest thoughts and feelings and not what they may think she "wants to hear" either as a woman or as a researcher.

Certainly, her presentation was not without some effect on participants' responses, however given the depth of detail participants provided on their childhood experiences, past and current sexual practices and gendered beliefs, some of which were misogynistic, homophobic, and/or embarrassing to the participant, we believe that if there was social desirability, there is considerable evidence that the information provided was valid.

Social Context

Finally, the social and political climate during which interviews took place may have amplified feelings of stress, depression, racial consciousness, and gender role strain. The research took place during April 2016 to December 2016 which was during one of the most polarizing presidential campaigns in history that would replace the incumbent first Black president. Much has been written on the effects of the Obama presidency on the state of Black men, and the idea of a "post-racial" America (Burnham, 2008; Hughey, 2014; Wachtel, 2014). However, Obama and the presidential election was not a major theme in the interviews, only receiving brief mention. This research also occurred during a time period where there were several high-profile cases of unarmed Black men being shot and killed by police. The Black Lives Matter Movement, a grassroots umbrella organization for those protesting in word or action these shootings, was created in 2012 after the fatal shooting of teenager Trayvon Martin by a civilian George Zimmerman. Since its inception, several other high profile murders of unarmed Black men have occurred, and the following murders were highly publicized during the study period: Alton Sterling (July 5, 2016), Philando Castile (July 6,2016), Terrence Crutcher (September 9, 2016), Keith Scott (September 20, 2016), and Carnell Snell (October 1, 2016). The constant barrage of media attention and debates about Black Lives Matter

Movement, prominent Black men being interviewed in the media, and variety of think pieces and social media attention may have had an immediate effect on shaping participant's views, and what they shared during the interview in regards to racism, defining a Black man, and "what is hard about being a Black man." The effects of these events were certainly prominent in the data with about a third of the men mentioning police brutality, Black men being killed, and/or the Black Lives Matter movement directly. This may have also caused some selection bias as men who were deeply passionate about issues of race may have been more apt to join the study during this time frame. Nevertheless, the existence of these social and political factors did not detract from the data but enriched it as many participants had reflected on issues of masculinity and racism within recent months and were quite eloquent in their descriptions of such.

Implications for Research and Practice

Future Research Based on the Dissertation Data

This dissertation research represents a selection of the possible findings from the data collected and there were far more data generated than could be presented here. In order to address the myriad layers of complexity of BHM's experiences of identity, discrimination, and mental and sexual health outcomes, there are several additional analyses that we have identified. The following analyses are suggested to be done with the data from the Adofo study (the secondary data used to inform Chapter 2):

1) *Relationships between police interactions, racial discrimination and sexual and mental health outcomes*. The role of police brutality and mentions of police in terms of racial discrimination came up repeatedly in the qualitative research and although experiences with law enforcement scale was collected, it was not used in

our analysis. A little over half of the overall Adofo sample (633) had police experience and 17% had been to prison. There is a plethora of data indicating that prison experience impacts sexual behaviors(Hammett, 2006; Hudson et al., 2009; Pinkerton, Galletly, & Seal, 2007; Vlahov & Putnam, 2006), and given the recent political climate of the police killings of unarmed Black men and the Black Lives Matters Movement, the identification of experiences of police brutality and the effect on mental health may be useful for future community-wide interventions.

2) *Incorporation of coping skills, ethnicity, and religiosity into models of GRS and sexual behaviors*. The Adofo survey included measures of John Henryism coping, and coping behaviors as well as a question asking about religiosity and another asking about ethnicity (whether you were born in the U.S. and whether your parents were and if not, where) that were not assessed in this dissertation research. Given the qualitative findings about pro-social and negative coping strategies for GRS as well as the impact of religion and ethnicity as salient identities for BHM, it would be beneficial to explore the relationships between these constructs and GRS.

In addition to these suggested quantitative analyses, several additional qualitative analyses will be done using the data collected. These include:

1) *Racial Experiences and Expectations based on Ethnic Differences*. Participants described a myriad of racial discrimination experiences and racial stereotypes beliefs and we found differences across ethnic, socioeconomic, and age categories. Since racial discrimination has been correlated with sexual risk behaviors among BHM, it would be beneficial to understand how men of different

ethnicities, socioeconomic statuses, and ages are impacted by race and how these experiences intersect with their definitions of manhood.

2) *How BHM feel about Homosexuality and Religion's impact on Sexual Behaviors*. Several participants identified feelings about homosexuality that were often informed by their religious beliefs and upbringing. Several studies have explored the relationship between heterosexual masculinity and homophobia in a quantitative way,(Lemelle & Battle, 2004; Theodore & Basow, 2000) and still others have explored how lesbian, gay, bisexual, and transgendered individuals feel about the Black community being more homophobic, (Arnold, Rebchook, & Kegeles, 2014; Hill, 2013; McCormack, 2014; Nieblas, Hughes, Andrews, & Relf, 2015; Ward, 2005), particularly in relationship to religion, but to our knowledge very few have specifically qualitatively assessed BHM's attitudes on homosexuality. The impact of homosexuality on how BHM perceived their own risk of HIV, the risk level of the environment (i.e. Atlanta being a "gay mecca" and men on the "down low" infecting women in Atlanta), and their own feelings of homosocial behaviors and same sex attraction will be explored.

3) BHM's experiences of Fatherhood as it pertains to definitions of Manhood: Participants in this study talked in great detail about their fathers and father figures and how the relationship impacted them as men as well as their conceptualization of fatherhood (whether actualized or imagined) and what it means within the context of their manhood. Participants who identified as being fathers or father figures spoke about the challenges of raising children and what they would teach their sons and daughters about Black men. Many of these

accounts contribute to a positive narrative around Black fatherhood that is needed in the literature. This research would add to the growing body of literature on Black fatherhood and masculinity meaning among fathers (Browne, 2011; Moran & Barclay, 1988; Smith, Tandon, Bair-Merritt, & Hanson, 2015; Vasquez Guerrero, 2009).

4) Childhood Experiences' Effect on Manhood formation. Participants described both narratives of happy childhoods (e.g. 2-parent homes, loving extended families) and childhood trauma (parental deaths, violence, and drug abuse) as antecedents to their beliefs about relationships, sex, and family. These experiences speak to both trauma and resilience as well as coping strategies and may inform antecedents to intervention for young men.

Future Research Building from Dissertation Results

This dissertation provides important findings related to how BHM experience racialized gender role expectations and how these impact their sexual behaviors and mental health. The findings also indicate several directions for future research in the area of intersectionality and GRS among BHM. To address the limitations of cross-sectional research, we suggest conducting longitudinal mixed methods research to explore how the relationships between gender role expectations and sexual behaviors change over time and to identify causal pathways.

Given the age differences described herewith, more research on GRS and sexual scripts should be done with younger, adolescent men as well as men over the age of 45. The percentage of new HIV diagnoses among people aged 45-64 have increased from 15 to 23% in the last 5 years (Centers for Disease Control and Prevention, 2011, 2016)

Black males make up 71% of the AIDS cases among adolescents (ages 13-19) and 59% of the AIDS cases among young adults (age 20-24). Black males make up 62% and 70% of the AIDS cases among adolescents (ages 13-19) and young adults (ages 20-24) in the U.S., respectively. Although there are several studies on the social context of the HIV epidemic among young and adolescent MSM, comparable studies demonstrating rates of HIV infection among adolescent and young adult Black heterosexual males are lacking, as are studies documenting the social context of the HIV epidemic among Black males of varying age groupings in the United States, particularly among Black men over the age of 50. Among Black women, increasing age has been found to be associated with less frequent condom use, lower condom use intentions and perceptions of partners' attitudes towards condom use to be less favorable (Corneille, 2008). However, studies examining the role age plays in the social context of HIV risk promoting or protective behavior among Black men are lacking. In addition, African American gender roles and sexual scripts would most likely differ by age but there is little research addressing age or cohort differences on these dimensions.

In addition to exploring these issues among various age groups, stark differences between men of differing educational backgrounds and income levels. Men enacted gendered expectations and reacted to racial stereotypes in unique ways depending on their positionality in regards to social status and education and it would be useful to collect data more widely in low income areas and compare the lived experiences of men from high-income areas in terms of how they internalize, reify, and react to racialized gender role expectations that inform sexual scripts and behaviors.

Finally, given that many of the sexual scripts that were identified involve communication with partners, it would be useful to understand how couples communicate with each other in various scenarios and at various stages of their relationships. Participants identified several different types of sexual partners and had unique scripts for each type of partner in terms of what they did sexually, navigating condom use, and romantic and dating scripts.

Intervention Development and Practice

This study lends important insight into the ways BHM's experience of racialized gender role expectations affects their mental health and sexual risk behaviors. BHM experience gender role strain due to stringent, and often conflicting, gender role expectations and racial stereotypes. BHM are expected to be emotionally restrictive, yet many of the participants expressed that they wished they could talk to other BHM about these issues in a safe space. Although BHM are often considered "hard to reach," men in this study were very open to discussing these issues and most participants thanked me for the opportunity to speak about relationships in such detail, many remarking that it was the first time they had ever spoken in great depth about issues of intimacy, sex, emotions, and fatherhood with anyone and likening it to "therapy." Several participants remarked that there is a "brotherhood" amongst Black men due to their shared experience of racism and discrimination that created a bond, one participant likening it to that of soldiers in combat. Others when asked "what advice would you give to young Black men about relationships and sex" stated that young Black men needed more role models and older men to talk to that were in committed relationships. These suggestions seem to indicate a

strong need and desire for mentorship programs and/or group sessions to explore issues of sexual and mental health among BHM of all ages.

Given the intersectional nature of the data collected and similar suggestions made by Brawner et al. regarding Black women's HIV risk, interventions for BHM should be multi-leveled and consider psychosocial, physical, and structural factors (Brawner, 2014). Both the quantitative and qualitative data suggest that socioeconomic status, depression, gendered beliefs, racial discrimination, and relationship status all contribute to a man's risk perception and subsequent behaviors and cannot be addressed in a vacuum. This research adds to the growing literature on BHM's sexual risk by addressing that men of different ages, ethnicities, and other salient identity categories may experience effects of depression, racism, and gender role strain differentially and their subsequent condom use and HIV testing behavior is impacted not only by their social status, but by risk perceptions and beliefs that are both gendered and racialized. Thus interventionists must create culturally appropriate messaging that addresses men at different life stages, which include age, relationship status, and schooling. Men reported much of their gender socialization related to sexuality happening in high schools and colleges, so these may be places of intervention.

Theoretical Implications

GRS describes different types of strain, but given the coping strategies BHM employed to counteract sources of strain, there is a great need to also describe positive aspects of gender role coping. Perhaps creating a pro-social counteracting of gender role expectations, can lead to identifying a complementary gender role adaptation theory where one could explore how men react and cope with gender role strain.

Historically, the study of intersectionality has been used in Black feminist discourse (Collins, 2009; Townsend, 2008; Van Ausdall, 2015; Williams, 2011), and more recently in the field of queer studies (Anderson & McCormack, 2010; Bowleg, 2013; Button & Worthen, 2014; Crisp, 2014; Cronin & King, 2010; Henderson, 2014; Levy, 2014; McCormack, 2014; Robinson & Ross, 2013; Rogers, Scott, & Way, 2015), disability populations (Henderson, 2014), and nationalist discourse (Bastia, 2014), but still remains relatively underutilized in the study of BHM (Bowleg, Teti, Malebranche, & Tschann, 2013; Dworkin, 2005). In general, too often the "unmarked categories" such as masculinity, whiteness, heterosexuality, are not examined or problematized as much as intersecting oppressed identities (Hae Yeon & Ferree, 2010). However, this view fails to recognize that just as white people are affected by white supremacy in both positive (read: privilege) and negative ways, men are impacted by gender role expectations. In fact, women are amongst the strongest policers of codified gendered behavior for men as they contribute to the socialization of their sons and reify stereotypes and expectations within their romantic relationships. All people have intersecting identities and BHM are no exception as age, race, and socioeconomic status may all affect their masculine identity and expressions. Black men do not lose their privilege as men in all Black spaces, but Black men's bodies are brutalized and feared in a way that is different than their female counterparts (Hill Collins, 2004). In addition, the relative success of Black women in many sectors compared to Black men, including higher education, may lead to men feeling inadequate and acting out *because* of the perception of deserved privilege. This study is one of few studies that explicitly look at BHM in an intersectional way, and

our hope is that intersectionality scholars will begin to explore other dimensions of privilege and oppression intersections.

Conclusion

These findings complement the work done by Bowleg et al exploring intersectionality, sexual scripts, and gendered expectations among BHM. We have identified ways in which BHM experience racialized gender role expectations and how differences in age, ethnicity, stage of life, and SES affect the ways in which they interpret, react to, and challenge these expectations in the expression of their sexual scripts and behaviors. These data will be added to the growing body of literature answering the call for more focus on masculinity ideologies among BHM, particularly in the field of HIV prevention. Our hope is that the findings presented here will be used to develop culturally competent interventions for BHM, boys, and female partners in order to decrease sexual risk and disease in Black communities in Atlanta and beyond.

Figures:

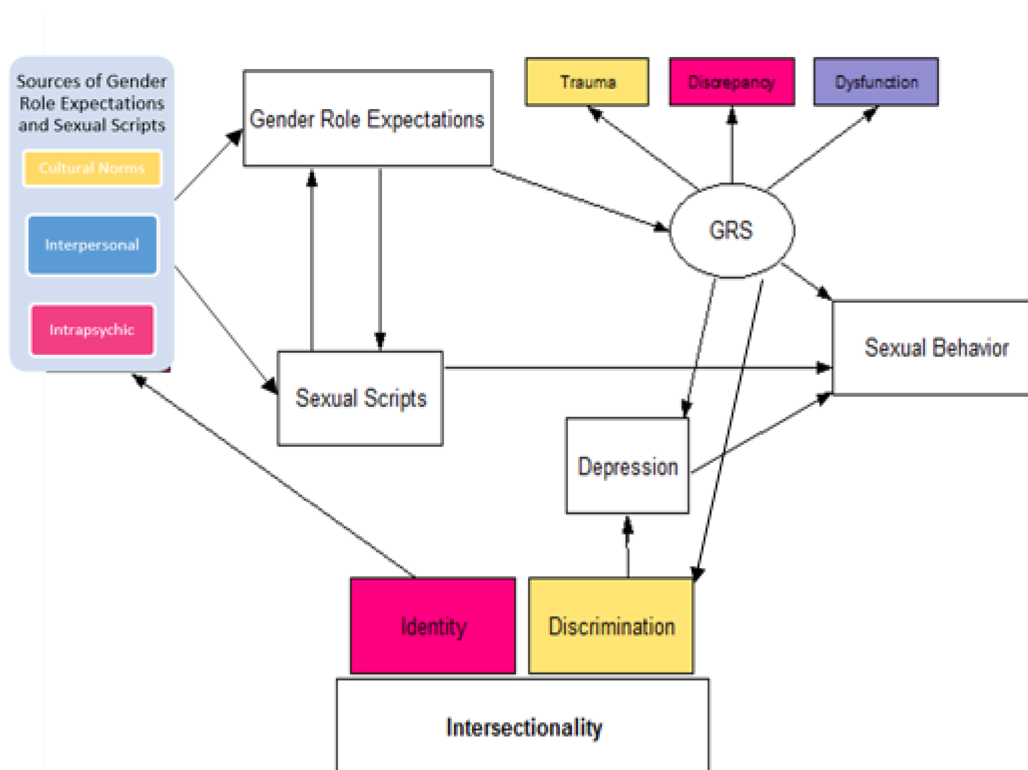

Figure 1. Conceptual Model for Dissertation

GRS = Gender Role Strain

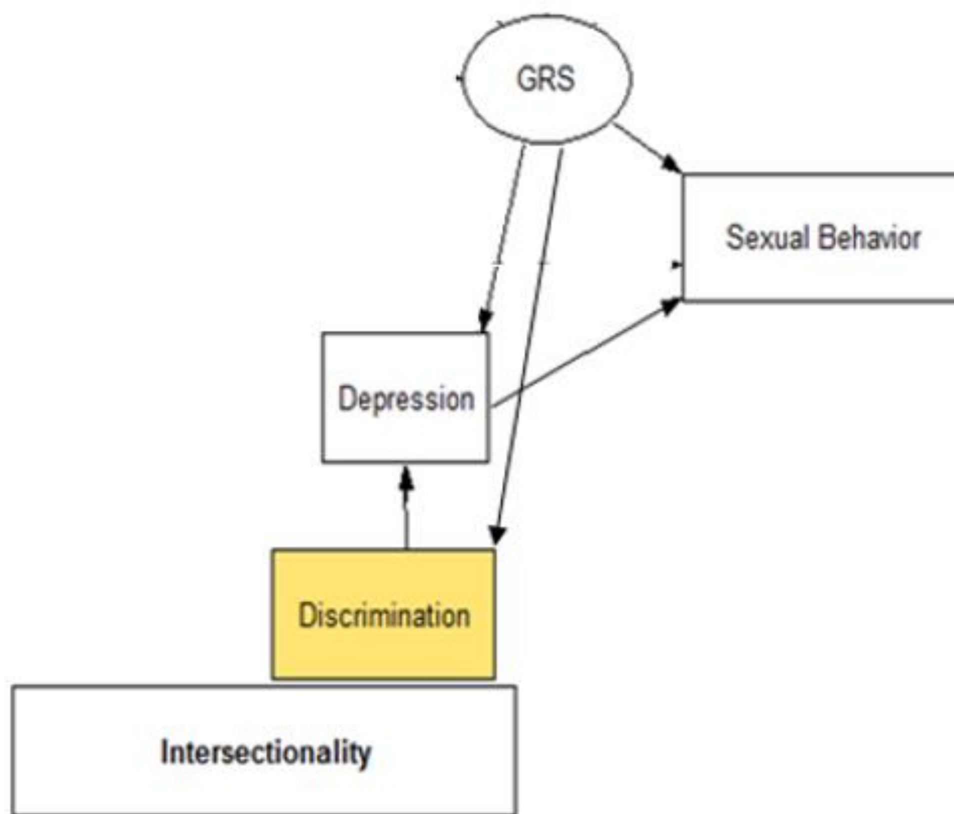

Figure 1a. Conceptual Model Relating to Analysis for Chapter 2

GRS = Gender Role Strain (as measured by gender role stress)

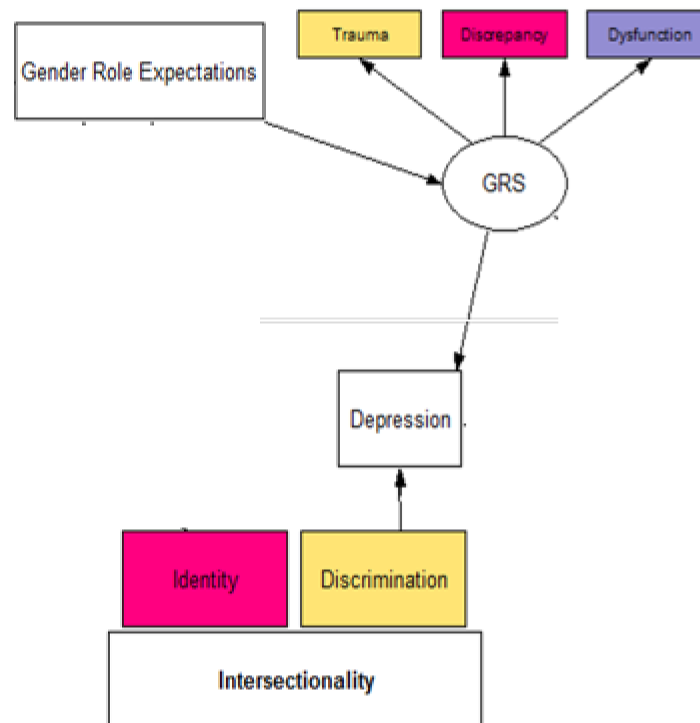

Figure 1b. Conceptual Model Related to Chapter 3 analysis

GRS = Gender Role Strain

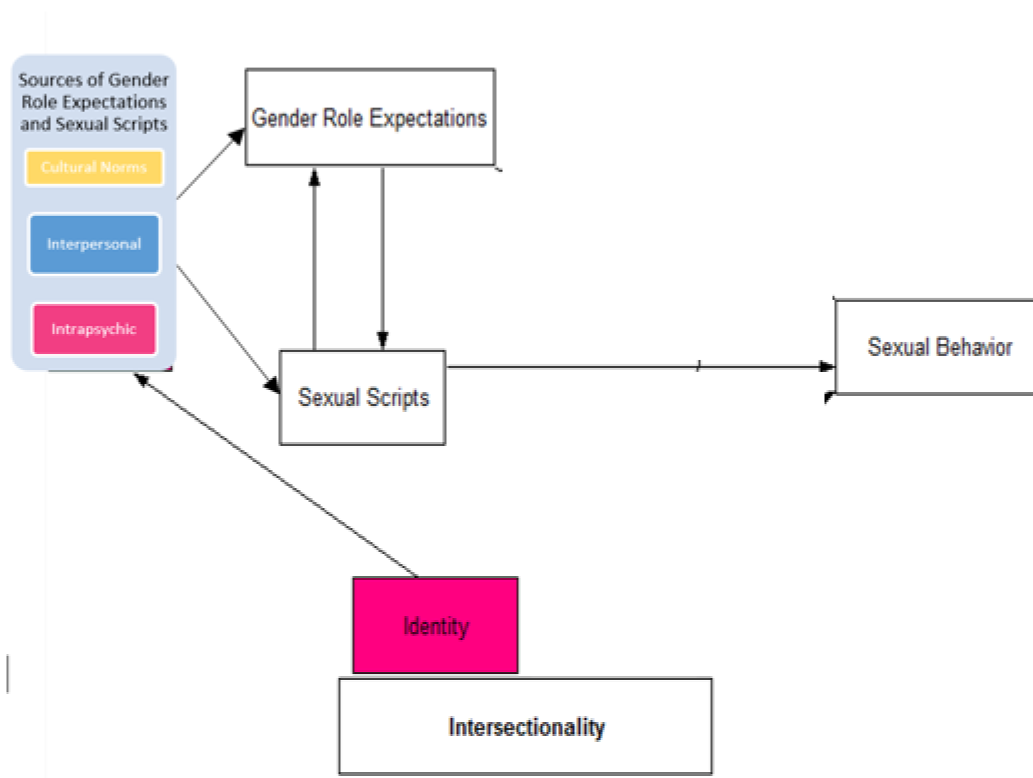

Figure 1c. Conceptual Model related to Analysis in Chapter 4

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