

Cult Health Sex. Author manuscript; available in PMC 2014 September 01.

Published in final edited form as:

Cult Health Sex. 2014 September; 16(8): 883-897. doi:10.1080/13691058.2014.919028.

# Amigos and Amistades: The role of men's social network ties in shaping HIV vulnerability in the Dominican Republic

Paul J. Fleming $^{a,b}$ , Clare Barrington $^{a,b}$ , Martha Perez $^c$ , Yeycy Donastorg $^c$ , and Deanna Kerrigan $^d$ 

<sup>a</sup>Department of Health Behavior, University of North Carolina, Chapel Hill, NC, USA

<sup>b</sup>Carolina Population Center, University of North Carolina, Chapel Hill, NC, USA

<sup>c</sup>HIV Vaccine Trials Unit, Instituto Dermatológico y Cirugía de Piel 'Dr. Huberto Bogaert Díaz', Santo Domingo, Dominican Republic

<sup>d</sup>Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

#### **Abstract**

While men's social networks have been identified as a source of influence on sexual behaviour, less is known about the different types of friendship ties within men's networks. We analysed data from qualitative in-depth interviews with 36 men in Santo Domingo, Dominican Republic who were current or former sexual partners of female sex workers to understand how a) men describe trust and communication with different types of friendship ties, b) characteristics of trust and communication reflect norms of masculinity, and c) these friendship ties influence HIV-related behaviours. We identified a distinction between *amistades*, social drinking buddies who are not trusted, and *amigos*, trusted friends. The majority of men lacked any *amigos* and some had neither *amigos* nor *amistades*. In general, men reflected traditional norms of masculinity and said they did not feel they could discuss their relationships or emotional topics with other men. Trust and communication dynamics, and how norms of masculinity shape those dynamics, should be understood and addressed in the design of HIV prevention efforts with men's social networks as they have implications for the potential effectiveness of such efforts.

# Keywords

sexual behaviour; HIV prevention; men; masculinity; Dominican Republic

# Introduction

Norms of masculinity across cultures can facilitate HIV transmission by encouraging sexual risk behaviours, such as the having of multiple sexual partners (Bowleg et al. 2011; Shearer et al. 2005; Gage 2008), and discouraging HIV protective behaviours, such as consistent condom use (Flood 2003; Stutterheim et al. 2013; Santana et al. 2006. In his foundational

Theory of Gender and Health, Courtenay (2000) describes how men use their behaviours, including sexual behaviours, to enact their masculinity among friends, who then evaluate the social value of those behaviours. Risk-taking, invulnerability, and virility are all socially constructed as masculine and, therefore, men who engage in such behaviours can increase their masculinity and social status in the eyes of their peers. Courtenay's theory is supported by Hirsch et al.'s (2007) ethnographic study in rural Mexico in which they examined men's extramarital sexual practices and found that protecting one's social reputation as a man was much more salient to men than protecting oneself from sexual risk. Additionally, among Australian military men Flood (2008) found that "sexual activity is a key path to masculine status, and other men are the audience, always imagined and sometimes real, for one's sexual activities." (p. 342). These authors and others have also found that men build friendships through talking about casual sex with women (Hirsch et al. 2007, Flood 2008, Barrington and Kerrigan 2014).

Typical characteristics of masculinity include heterosexuality, self-reliance, sexual prowess, and restrictive emotionality (Levant and Richmond 2007; Connell 1995). Norms related to men's sexual behaviours are shaped, at least in part, by communication within men's networks (Knight et al. 2012; Johnson and Meinhof 1997; Flood 2008). Furthermore, what is discussed within men's networks is limited by the degree of trust between network ties, as evidenced by qualitative studies across settings (Hyde et al 2009; Fleming, Andes and DiClemente 2013). These authors found that even among men with close social ties, there was a hesitation to discuss emotions or protective sexual behaviours such as abstinence that were counter to prevailing masculine norms, for fear of criticism and social rejection (Hyde et al. 2009; Fleming, Andes and DiClemente 2013). The men in these studies felt vulnerable to being teased or rejected if they talked about certain topics or experiences that were inconsistent with norms of masculinity. This perceived vulnerability can also occur in settings where HIV protective behaviours, such as condom use with female sex workers, are considered normative by silencing men who have not yet adopted such behaviours and fear judgement from their friends (Barrington and Kerrigan 2014). A recurring theme across these studies is that men had low trust to have open, sincere communication about sexual behaviours and relationships. This lack of communication can propagate the hegemonic masculinity since a lack of trust to break norms stifles alternative discourse and prevents deviation from the norm (Cook 2005; Fleming, Andes, and DiClemente 2013).

Norms of masculinity also play an important role in the types of bonds that men form with other men. In men's networks that lack the trust to deviate from masculine norms, the communication about sexual behaviours that does occur tends to emphasise masculinity. In order to effectively portray their masculinity, men must distinguish themselves from that which is feminine, often by restricting emotions and objectifying women (Bird 1996; Reeser 2010; Flood 2008). Across the globe, research with all-male groups has shown that men's talk about their sexual experiences serves as a metric of masculinity (Flood 2008; Eyre, Hoffman, and Millstein 1998; Senn et al. 2011; Siu, Seely, and Wight 2013). Furthermore, empirical evidence shows that men's friendships are less supportive and intimate than women's friendships (Fehr 1996; Bank et al. 2000) and that men's homophobia and restriction of emotions are the key reasons (Bank et al. 2000). Thus, among men that endorse traditional masculinity, friendships between men are predicated on a rejection of the

feminine and self-promotion as masculine. Under these circumstances, the masculine norms of sexual behaviours go unchallenged and are influential on men's sexual behaviours.

Men's condom use has been shown to be associated with perceptions of other men's attitudes and behaviours (Barrington et al. 2009; Yang 2010; Ford, Wirawan, and Muliawan 2002) and number of sexual partners (Ali and Dwyer 2011). Like the population in our study, these studies were all conducted with men who were partners of female sex workers. Other important factors associated with HIV sexual risk behaviours, such as drinking alcohol and illicit drug use are also influenced by perceptions of social network norms (King et al. 2012; Iwamoto et al. 2011). Perceived norms may be an especially powerful force on a man's behaviours when he lacks trust that his networks ties will continue to consider him masculine if he deviates from the norms.

While men's social networks norms as a whole have been shown to be influential, there is a need for a more nuanced understanding of the composition of men's networks, the types of friendships within them, and how these different friendships influence behaviour. In this paper, therefore, we use qualitative methods to improve understanding of the types of network ties, communication, and trust dynamics that exist among heterosexual men who are at relatively high-risk for HIV in Santo Domingo, Dominican Republic. We assess how men describe trust and communication with different types of friendship ties, how characteristics of trust and communication reflect norms of masculinity, and how these friendship ties influence HIV-related behaviours. We consider the implications of these findings to inform the design of more effective HIV prevention interventions with men's networks.

#### **Methods**

#### Study Setting

The HIV epidemic in the Dominican Republic is characterised as concentrated, with a disproportionate burden among specific populations including female sex workers and their sexual partners, men who have sex with men and individuals who use drugs (COPRESIDA 2008; Halperin et al. 2009). Compared to the 0.7% national HIV prevalence among 15–49 year olds, HIV prevalence among female sex workers ranges from 3.3% to 8.4% (COPRESIDA 2008). While female sex workers have been the target of HIV surveillance and prevention efforts since the early days of the epidemic, there are no estimates of HIV prevalence among their male clients or partners. In a 2009 study examining the social networks of the regular male partners of female sex workers, Barrington et al. (2009) found that the majority of men had fairly small networks (median size 3 individuals) in which most people knew each other and talked about condoms frequently. They did not, however, assess in-depth the characteristics and types of social ties within these networks. In the current study, we aim to expand upon these findings by obtaining a deeper understanding of the meaning of different types, structures, and characteristics of network ties in this population of men at heightened risk for HIV.

# Sample, data collection, and analysis

Our data collection and analytic process were informed by the interpretive description approach (Thorne, Kirkham, and MacDonald-Emes 1997) that is focused on pragmatic knowledge creation from qualitative data to improve health outcomes (Thorne 2011). In our case, we aimed to produce knowledge related to the network ties of heterosexual men at high-risk for HIV in order to improve HIV-prevention interventions targeting this population.

We purposefully sampled heterosexual men at high-risk for HIV due their prior or current sexual relationships with female sex workers in Santo Domingo, the capital city, with approximately 3 million inhabitants (IX Censo 2012). Men were referred to our study team by female sex workers who were currently participating in our team's research activities. Participants (n=36) ranged between 18 and 52 years old, with an average age of 33. Most had stopped their formal schooling sometime during secondary school, though a few stopped during primary and one was university educated.

We conducted in-depth semi-structured interviews with the men in Spanish. Initially, in 2010, sixteen men were interviewed by the second author. In those interviews, which lasted 60-90 minutes, she elicited a social network inventory and probed on communication dynamics within networks, how men spent time together, and what level of trust they had with these individuals. Using preliminary findings from these interviews, we then recruited 20 more men in 2011, who were affiliated with our NGO partner through on-going HIV outreach efforts, to further explore characteristics of their networks and male friendships. We again asked how they characterised their network ties, how they spent time together, and the extent to which they trusted those individuals. A male Dominican member of our study team conducted all but one of the second-round interviews, which was done by the third author. All of our interviewers are trained to conduct semi-structured interviews and have extensive experience working on HIV prevention with male partners of female sex workers in the Dominican Republic. All participants received a small cash incentive to cover their travel costs to the study site. Both studies were approved by the ethical review boards at Johns Hopkins Bloomberg School of Public Health, the University of North Carolina, and the Instituto Dermatalogico y Cirugia de la Piel Dr. Huberto Bogaert Diaz in Santo Domingo.

All interviews were audio-recorded and transcribed verbatim by Dominican transcriptionists. Our study team is fluent in Spanish and we analysed the interview transcripts in Spanish to prevent losing authenticity and meaning in translation. The first author, a public health and masculinities researcher from the USA, led the analysis and regularly consulted with co-authors to discuss interpretation of the data. In cases where there was disagreement about interpretation, we discussed the relevant data in a group and came to a consensus. We also consulted Dominican members of our larger study team to ensure cultural salience of our findings. Each member of our study team conducts behavioural HIV research, typically with a gendered lens, which influenced our focus on the role of masculinity in the discussion.

In this analysis, we examine male friendship ties, which in some cases were family members (e.g. brothers, cousins). After an initial round of reading transcripts and memoing, we wrote an analytic summary of each man's social network experience (Sandelowski 1995). From our memos and summaries, we identified recurring themes and iteratively developed inductive codes to complement our deductive codes, which we had derived from our research questions. We coded the transcripts using Atlas.ti 7 (2012). We then systematically reviewed the coded text by individual code and co-occurring codes. We used matrices to compare each man's social network experience and code summaries for HIV-related codes such as drinking, condom use, and advice. Each initial finding was verified by reviewing the relevant segments in each transcript a second time to ensure that the interpretation of the finding was still valid within the context of the broader interview. We incorporated memowriting throughout to aid in exploration of the data and to record our ideas and process (Saldaña 2009).

### Results

In this section, we first describe the types of ties men have in their social network, focusing on male friendship ties. Next we describe three types of social network experiences identified in our analysis and consider how trust, communication, and network experiences influence HIV risk.

#### How do men define social network ties?

Men used two terms to describe their social network ties: *amigos* and *amistades*. When asked what the word *amigo* meant to them, trust emerged as the defining characteristic. Reflecting the multiple categories of trust (Simpson, 2007), three dimensions of trust were identified as most important: confidentiality, availability, and financial support. Confidentiality referred to a man's ability to trust an *amigo* with his personal life, as reflected below:

'Amigo is when you have someone that you trust with everything, you can tell them a lot of things that are intimate things, you know? Stuff that you won't tell anyone, you can tell him. You trust him. That is your amigo.'

(Emilio, ages 28)

Like Emilio, most men emphasised confidentiality, not the *amigo*'s response or advice subsequent to disclosure of secrets or sensitive topics. In addition to confidentiality, men said that an *amigo* could be trusted to be available and present during difficult times, such as being in jail or the hospital. Finally, *amigos* could depend on each other to help provide material or financial assistance in a time of need. For example, Moises, an 18-year-old student, described the dynamic between his *amigos*: 'If you need this and I have it, I'll give it to you, and if I need that, he'll give it to me'. The men's relationships with *amigos* were built on these three dimensions of trust where they could count on their *amigos* to keep personal matters private, be available, and help provide material support.

While men usually used the word *amigo* to describe a social tie that they could trust, they used the word *amistad* to describe any other man who they could socialise with but did not trust. Bernardo, aged 40, makes this distinction explicitly:

'An *amigo* is someone trusted...you tell each other good things bad things ...but, amistades are those that you drink with when you're out...[but] when you turn your back they're talking about you.'

*Amistades*, in contrast to *amigos*, did not meet the standards of trust (e.g. confidentiality, availability, and material support) but were individuals that men spent time with socially, often in the context of drinking. The men did not report any other defining characteristics of *amistades*, other than the lack of trust.

Composition of men's network—Participants fit into one of the following three categories regarding the composition of their network ties: (1) both *amigos* and *amistades*, (2) no *amigos* but some *amistades*, or (3) no *amigos* and no *amistades*. No men described having only *amigos* but no *amistades*. The men were distributed fairly evenly across the categories and men of all ages, marital status, and living arrangements were present in each category. While most men fit easily into one of the three discrete categories, some men's descriptions fell on the edge of two categories, suggesting a more fluid spectrum of social network composition exists. We present descriptions of the three categories separately to highlight general themes and differences in the trust dynamic, types of conversations, where they interact, and influence on HIV risk.

Men with both *amigos* and *amistades* typically had a social network composition consisting of 1 or 2 trusted amigos and then varying numbers of *amistades*. They usually spent time with both amigos and *amistades* together in the evening somewhere outside the home. They almost never referred to going to a friend's house, instead they visited drinking establishments, played dominos at a *colmado* (corner store), or simply hung out in the street.

Manny was a 23-year-old fruit-seller who has had the same group of *amigos* and *amistades* since he was a boy. He described drinking as central to his relationship with his network: 'I like to drink beer, and they do too, so it's basically a reason for us to get together.' Most men with both *amigos* and *amistades* echoed the centrality of drinking as a way to spend time with their friend group.

Men frequently described looking for sex partners while with their group of *amigos* and *amistades*. At most of the drinking establishments the men frequented, female sex workers work formally or informally and some men mentioned picking up sex workers with their group of friends. Felix, a 24-year-old construction worker described the progression of a typical evening with his friends:

'When we go out we say, 'let's go there, let's make the rounds and drink some beers and we'll give something [money] to one of those sex workers'

Felix's quote reflects how men's social networks can help facilitate opportunities to engage in HIV risk behaviours.

We also asked participants what they talked about with their group of *amigos* and *amistades*. There was no difference between conversation topics with *amigos* or with *amistades*. Some shared stories about women that they had slept with or talk about women from the street:

'We talk about women...about the neighbour girl, about a girl that someone knows, about the girl that someone met at the same bar...sharing experiences.'

- (Manny, aged 23)

Men also indicated that they felt comfortable sharing stories about their sex life or their sexual health problems with other men, but not with women. Santo, who had the same group of eight *amigos* and *amistades* since childhood, reflected, 'In a group of guys, there are no taboo topics.' Another man elaborated specifically about men's relative comfort talking about a sexually transmitted infection (STI) with other men, compared to talking with women:

'A guy is scared that a woman would tell another woman that maybe he likes, and that woman finds out that the guy has something. You see? But a guy, no. Another guy you go and tell him whatever, "I've got this"...You're not going to go to a woman and tell her, but to another guy you'll tell him without hesitation.'

-(Edwin, aged 38)

Since women could be potential romantic partners, men were hesitant to share their vulnerabilities about sex and sexual health with women. These men did, however, indicate feeling comfortable sharing their vulnerability about a sexual health problem with other men. Even though Santo said there are no taboos among male friends, notably absent from these men's conversations were discussions of their long-term partners or families, as well as other topics involving sensitive emotions.

Unique to the men with *amigos* and *amistades* was that about half of them also mentioned female friends or relatives as central members of their social networks. When asked about their conversations with these females, the men often said that they would talk with the women about their wives or family. Rafael, a 52-year-old with a wife and child said, 'With my sister, we talk about a lot of things in life...anything, could be personal, or the family.' Manny, a fruit-seller, was close with his mother and with his brothers. He described his brothers as *amigos* and emphasised trust in his conversations them, 'We have the trust to tell each other anything.' But, he later said, 'I talk with my mum about my wife and my son because I can tell her about any problem I have. I feel more trust sharing my problems with my mom than with my brothers.' Manny's comments highlight the limits of trust between *amigos*. Most men expressed greater comfort talking about their sexual relationships with other men, but more comfortable talking about their emotional relationships with their trusted female friends and relatives.

Because participant's conversations with their *amigos* and *amistades* revolved around women and sex, their conversations often involved elements related to HIV risk. When these men are out drinking with their friends, they help each other select their partners based on their perception of the potential partner's sexual history, relationship status, or reputation.

Moises, the 18-year-old student described his *amigos* as being 'like brothers' to him, and said they are important to his sex partner selection:

'I ask them, "Look, I like this girl, what do you guys think about her?"...if they tell me, "no, that girl is this and that", I'll go and find another girl.'

The input from *amigos* played an important role for Moises in considering whether a potential partner was 'risky' or not. While this determination of risk may simply reflect stereotypes about which types of women have HIV or STI, it demonstrates the role of *amigos* in making this assessment. This dynamic was unique to men with *amigos* and represents an example of their intentions to protect each other from HIV and other STIs.

Men in this group also described protecting each other from HIV/STIs by promoting condom use. For example, men's friends reminded them to *cuidarse* [protect yourself] just before leaving to be with a woman. While these reminders may have been timely, they were also generic and brief. Missing from participants' account of condom conversations were examples of the challenges or barriers to condom use and condom use with regular partners.

In contrast, men with only *amistades* considered themselves to have friends, but not friends they trusted. These men described going to bars or playing dominos with their *amistades*, but said they were unable to confide in them or rely on them for support.

Denny, a 50-year old auto mechanic, described himself as sometimes going to drink with *amistades*, but he was adamant that he 'doesn't trust any of them.' He described throughout the interview that friends could never be trusted because they would inevitably steal each other's girlfriends or money. His perspective highlights the often tenuous and untrusting nature of relationships between *amistades*.

Men mostly spent time with their *amistades* at bars or other drinking establishments. But, men also expressed some reticence about going out drinking with *amistades*, because as Felipe, a 25-year-old baseball player, describes, he usually 'runs into trouble.' Most men in this category agreed that hanging out with their *amistades* sometimes put them in situations they would prefer to avoid. Another man, Erick, age 39, described himself as sociable but did not feel he had any *amigos*. He expressed his reluctance to have too many *amistades*:

'When you have a lot of friends, there are more chances that some of them don't share the same values as you, they're different. And they might sometimes convince you to do something that you don't want to do.'

Erick and the other men in this category were cautious about spending too much time with *amistades* because of their potential negative influence.

Because of the inherent lack of trust, the conversations between *amistades* were usually described differently from the types of conversations found among *amigos*. A few men from this category described conversations, like those described in the previous section with *amigos*, where any topic about women or sex was openly discussed. But, the other men with *amistades* also mentioned how their *amistades* had never told them anything about their sex lives. We asked Felipe whether the *amistad* he spends the most time with uses condoms. His response, 'I don't know if he protects himself or not because I've never touched the topic

with him,' underscores the difference in conversations between *amistades* and those between *amigos*. While men with *amigos* openly discussed condoms and their sex lives, most men with just *amistades* did not describe a dynamic where 'there are no taboo topics'. Likewise, no men in this category mentioned the role of *amistades* in partner selection or condom use.

While men with only *amistades* described a certain sense of disinterest in these relationships, there was a desire among some of the men in this category to have more substantive conversations with his network ties. Bernardo, a 40-year-old who was betrayed by men he trusted in the past, described lacking someone in his life to have in-depth conversations with:

'In many cases there are times when you can't find anyone to talk with about important things. Usually it's just chatting like, "let's go drink a beer."

Many men echoed Bernardo's feelings about the superficiality of conversations between *amistades* and desired a more substantive connection with friends beyond just drinking alcohol. At the end of most interviews we asked all men how they felt during the interview. The men generically said they enjoyed the interview; however, men from this category expressed an even greater satisfaction from participating. These men said they had shared personal details about their sexual relationships and friendships during the interview like they never had before.

'I've felt comfortable and relieved because it's like I got rid of something, something I had guarded inside me.'

-Freddy, age 24

The lack of trust between *amistades* left men who only have *amistades* wishing they had other support in their lives. In contrast, the next category, men who did not have amigos or *amistades*, did not express these sentiments and were more likely to doubt the benefits of having friends in their lives.

The final subset of participants described themselves as not having any male *amigos* or *amistades*. These participants generally had had *amigos* or *amistades* in the past but now felt negative feelings towards those individuals, or having social ties with men in general. Most of these men described their lack of *amigos* or *amistades* as a personal choice. They cited previous trust violations by the men in their lives, rather than extraneous factors such as moving to a new location or struggling to make friends, to explain their self-describe lack of network ties.

Some of the men who did not have *amigos* or *amistades* described that male friend groups could be risky or dangerous and were best to be avoided. Other men avoided forming ties with other men because they simply did not trust them. They often referenced stories of betrayal by former *amigos* as justification for their distrust. Hector, age 23, described his decision to abandon his friendships:

'A while ago I had some friends, but they are the type of people that they like to talk about others...I didn't like that. I decided to, like they say, *andar solo* [go it alone].'

This feeling of being let down by men they trusted usually related to the trust-defining characteristics such as breaking confidence, not being reliably available, or not providing material support.

Like Hector, other men in this group commonly stated their preferences to *andar solo*, or 'go it alone'. Men who *andar solo* went out to bars or nightclubs but chose to go by themselves. While Hector said he goes out alone because his former *amigos* talked behind his back, many others expressed that they were trying to avoid problems associated with groups of men such as pressure to drink, have sex, or get into fights. Like others, Carlos, a 38-year-old construction worker, was concerned about the potential severe consequences when 'the group takes you where you don't want to go.' Many participants had previously been to prison and there may have been a concern among men in this category that being in a group made you more at-risk for being arrested. As Carlos stated, 'When the police see that you're with a group and it's late at night...you'll be arrested.' These men responded to the potential negative influence of other men by avoiding forming ties with them.

The desire to *andar solo* was only expressed by those who did not have any *amigos* or *amistades*. In contrast, Rafael, age 52, who had both *amigos* and *amistades*, indicated that he would feel safer being out in s group rather than alone: 'I never go out alone...because in these places things always come up and what you don't see, the other guy will see.' For Rafael, a group of men can be protective, but for the men without *amigos* and *amistades*, a group was perceived as dangerous.

Part of the perceived risk of *amigos* and *amistades* is related to the alcohol use prevalent among men in this setting. Jorge, age 52, indicated that drinking was such an integral part of his relationships with other men that now that he has quit drinking due, he no longer has any *amigos* or *amistades*.

'I don't drink, before I'd hang around and they'd buy a can of beer and they'd want to obligar [force] me to drink and I was like, "no, no", they'd respond, "take a try" and me, "no, it's that I just don't drink", so when I drank, yeah, I had a lot of friends.'

Jorge's comments not only demonstrated the importance of drinking to his former friendships, but his use of the word *obligar* [force] emphasises the pressure men can put on each other to drink.

Some men in this category talked about their former *amigos* or *amistades*. When they described conversations and activities, they tended to mirror the descriptions by the category of men that have *amigos* and *amistades*. They said that they used to go out drinking with their *amigos* and they would sometimes advise each other on partner selection. But, since these men do not currently have *amigos* or *amistades*, there were no current conversations with other men about condom use or warnings about partners. While these men lacked these

potential protective benefits of *amigos*, they were also better able to avoid dangerous and risky situations.

# **Discussion**

In this study, we aimed to improve understanding of men's social networks to inform future intervention strategies that seek to leverage men's network ties to prevent sexual risk behaviours. We found that three dimensions of trust, including confidentiality, availability, and provision of material support, were key to men's definitions of *amigos* and *amistades*, and that a majority of men lacked trusted *amigos*. Even among trusted *amigos*, we found that men's conversations were limited to certain topics deemed acceptable among men. We suggest the need to more critically examine the characteristics of men's social networks, especially trust and communication that may render HIV prevention efforts targeting men's networks ineffective.

Our findings provide insights for HIV prevention efforts with men. First, formative research should assess the levels of trust between men's network ties prior to designing network-based interventions to determine if such efforts can work with existing ties or need to promote additional ties. Second, we found that trusted male friends can and do deviate from norms of masculinity to promote abstaining from sex when a potential partner is perceived as risky. HIV prevention programmes in the Dominican Republic, and potentially elsewhere, can build upon these instances of health-promotion to expand their impact. Third, when network ties are weak, interventions may be more successful if they invite men to challenge certain male friendship norms and aim to build trust and communication skills within men's networks. We discuss each of these findings in further detail below.

The existence of trusted network ties among men is sometimes taken for granted in interventions that aim to build on relationships between men as tools for health promotion (NIMH 2010). And yet, our findings suggest that many men lack close, trusted ties. Research with white middle-class US men also identified a distinction between close friends and 'buddies' (or 'comrades') and that some men had more of one type than the other (Levy 2005). Social network interventions target men's networks for behaviour change by trying to leverage trusted relationships between similar kinds of people (Kelly 2004; NIMH 2010; Barker et al. 2010). But, a third of the men in our sample described themselves as not having any amigos or amistades and were reluctant to spend their time with other men socially. Another third of men in our sample said they did not have any trusted friends. Some men's choice to 'go it alone' resulted from trust-breaking experiences (Simpson [2007, p. 265] calls these 'trust diagnostic situations') where they concluded their friends could not be trusted. This choice to avoid friendships after being disappointed reflects masculine ideals of self-reliance and suppression of emotions (de Moya 2003; Connell 1995). These findings suggest a need to assess the availability of friends and the degree of trust between friends before intervening.

The men in our sample who did describe spending time with *amigos* and *amistades* described a combination of positive and negative influences on their HIV-related risk behaviours. Yet, our data also provide some evidence that trusted network ties can be a force

for promoting protective behaviours. Reminding friends to use condoms with new partners was commonly reported. Also, our participants with close trusted *amigos* reported *preventing* their friends from having sex with a woman they perceived to be 'unsafe'. In other words, despite masculine norms of promiscuity and sexual risk-taking (Connell 1995), these men attempted to prevent a sexual relationship between a friend and a potential sexual partner if they felt it might put their friend at risk for HIV. Waldby et al. (1993) also found a discourse among young men that characterised sexually active young women as 'unclean' and that norms of masculinity encouraged condom use to remain 'clean.' While these risk assessments can be problematic due to their reliance on stereotypes about women's sexuality and HIV risk, this encouragement to be more selective challenges the idea that men's networks only encourage sexual conquests, disregard sexual risks, and promote a willingness to have sex at any time, with anyone.

Men's social networks are often found to increase risk behaviours including drinking (Rhodes et al. 2009), sexual risk behaviours (Cohan 2009), violence (Kimmel and Mahler 2003), and generally support risk-taking (Courtenay 2000). While our results do not refute that these risk dynamics are at play, we argue that certain norms of masculinity are more nuanced and prone to evolution than often depicted. Interventions for men may be able to build upon natural occurring health promotion efforts already occurring among men and should avoid reinforcing harmful male stereotypes (Fleming, Lee, and Dworkin 2014; Barrington and Kerrigan 2014).

We found that some men reported trusting relationships with other men, and that men described this trust as including a dimension of confidentiality to share aspects of their personal life. But, in men's actual descriptions of their amigos, this trust was shown to be limited and did not include deviations from certain masculine norms. For men in our sample with close trusted ties, their conversations about condom use and romantic relationships were limited to new or potential sexual partners, rather than emotional or intimate relationships. Like the findings of Bank and Hansford (2000), this limit likely reflects the norms of masculinity in this setting related to restrictive emotionality and potentially homophobia (de Moya 2003). As further evidence, Bowman (2008) found that men who were more adherent to normative ideas of masculinity were less likely to engage in selfdisclosure in same-sex friendships. In most societies, including in the Dominican Republic, relationships and emotions are traditionally the domain of women, and sex and virility are considered masculine traits (Gilmore 1990; Kerrigan et al. 2001; de Moya 2003). Since emotions and feelings are strongly associated with femininity, the men may feel reluctant to talk with their amigos and amistades about their emotional or intimate relationships (Connell 1995). Rather, men we interviewed connected with other men by drinking or talking about their sexual conquests of women, which ensured that their connection was not perceived as feminine. The lack of sufficient trust with these network ties may have prevented men from breaking these gender norms related to restrictive emotionality and conversing about their main partner or family life (Fleming, Andes and DiClemente 2013).

These patterns of communication in our sample and other studies have implications for HIV prevention interventions. Certain topics are not discussed among men because of a lack of trust related to breaking masculine norms and interventions targeting those topics could

prove ineffective. In terms of HIV prevention priorities for our study population, promoting consistent condom use with trusted or long-term sexual partners is critical since most of these men had multiple concurrent partners, often with women who work as sex workers. Previous efforts in the context of the female sex industry of the Dominican Republic have achieved significant increases in condom use within both new and regular sexual partnerships, though condom use within regular partnerships remains low (Barrington et al. 2009; Kerrigan et al. 2006). We found minimal discussion about intimate partnerships, which could limit the success of any programme since men do not naturally talk about those topics.

Since trust and communication with friends was lacking for most participants, interventions addressing men's networks could have success by first breaking down strict masculine behavioural norms. Gender-transformative programmes that ask men to challenge the strict norms of masculinity can create greater acceptance within men's networks for deviations from masculine norms (Barker et al. 2010). This process can build trust within networks to facilitate greater comfort sharing alternative masculinities with network ties. When men feel sufficient trust to share their non-normative behaviours, the masculine norms related to sexuality can start to change naturally since men who choose to be monogamous or to not drink alcohol will be represented in discourse of the network (Dworkin, Treves-Kagan, and Lippman 2013; Barker et al. 2010). The newfound trust and shifting norms would not only facilitate an environment where men have increased support to adopt risk-reduction strategies, but also public health programmes could more effectively transmit health promotion messages. Additionally, opening up new lines of communication between men could help young men prevent or better manage the negative trust breaking experiences (e.g. stealing money or a girlfriend) that were described by participants and created a social void in the men's lives.

## Limitations

Our findings should be interpreted in the context of certain limitations. In particular, they may not be generalisable given the purposeful sampling approach and focus on a single country; nevertheless, we believe the key themes could be transferable starting points across settings. Additionally, while our data provides important information on certain characteristics of men's network ties, some areas may have been under explored and the nature of our sample did not allow us to fully describe the complexities of men's networks. For example, our interviews focused primarily on friendship ties and may have ignored the potentially important role of social ordering or other types of network ties.

# Conclusion

Men's social networks could be useful tools for HIV prevention but require in-depth examination to inform context-appropriate strategies. Our findings suggest that creating effective prevention programming using a network approach requires considering the trust and communication dynamics in men's friendships and should build on the organic HIV prevention strategies developed by men themselves. Further research is needed, especially in

low and middle income countries, to better understand the relative influence of trusted and untrusted ties on men's sexual behaviours.

# Acknowledgments

We would like to thank the study participants for sharing their time and stories with us. This research has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development under the terms of the Project SEARCH Contract No. GHH-I-00-07-00032-00. Additional funding was provided by the UNC Junior Faculty Development Award. We are grateful to the Carolina Population Center for training support (T32 HD007168) and for general support (R24 HD050924). We would also like to acknowledge Melchor Moya, Berenice Mercedes, and Santo Rosario for their contribution in developing and carrying out this research.

#### References

- Ali MM, Dwyer DS. Estimating peer effects in sexual behavior among adolescents. Journal of Adolescence. 2011; 34(1):183–190. [PubMed: 20045552]
- Atlas.ti version 7.0. Berlin, Germany: Atlas.ti Scientific Software Development GmbH; 2012.
- Bank BJ, Hansford SL. Gender and friendship: Why are men's best same sex friendships less intimate and supportive? Personal Relationships. 2000; 7(1):63–78.
- Bird SR. Welcome to the men's club: Homosociality and the Maintenance of Hegemonic Masculinity. Gender & Society. 1996; 10(2):120–132.
- Barker G, Ricardo C, Nascimento M, Olukoya A, Santos C. Questioning gender norms with men to improve health outcomes: Evidence of impact. Global Public Health. 2010; 5(5):539–553. [PubMed: 19513910]
- Barrington C, Latkin C, Sweat MD, Moreno L, Ellen J, Kerrigan D. Talking the talk, walking the walk: social network norms, communication patterns, and condom use among the male partners of female sex workers in La Romana, Dominican Republic. Social Science & Medicine. 2009; 68(11): 2037–2044. [PubMed: 19356834]
- Barrington C, Kerrigan D. Debe cuidarse en la calle: Normative influences on condom use among the steady male partners of female sex workers in the Dominican Republic. Culture, Health & Sexuality. 2014; 16(3):273–287.
- Bowman JM. Gender role orientation and relational closeness: Self-disclosive behavior in same-sex male friendships. The Journal of Men's Studies. 2008; 16(3):316–330.
- Bowleg L, Teti M, Massie JS, Patel A, Malebranche DJ, Tschann JM. 'What does it take to be a man?' What is a real man?': ideologies of masculinity and HIV sexual risk among Black heterosexual men. Culture, Health & Sexuality. 2011; 13(05):545–559.
- Cohan M. 'Adolescent heterosexual males talk about the role of male peer groups in the sexual decision making. Sexuality & Culture: An Interdisciplinary Quarterly. 2009; 13(3):152–177.
- Connell, RW. Masculinities. Berkeley: University of California Press; 1995.
- Cook KS. Networks, norms, and trust: The social psychology of social capital. Social Psychology Quarterly. 2005; 68(1):4–14.
- COPRESIDA. 1era Encuesta de Vigilancia de Comportamiento con Vinculacion Serologica en Poblaciones Vulnerables. Santo Domingo: Dominican Republic; 2008.
- Courtenay WH. Constructions of masculinity and their influence on men's well-being: a theory of gender and health. Social Science & Medicine. 2000; 50(10):1385–1401. [PubMed: 10741575]
- de Moya EA. Versions and subversions of masculinity in Dominican culture." [In spanish]. Perspectivas psicológicas. 2003; 3:184–190.
- Dworkin SL, Treves-Kagan S, Lippman SA. Gender-transformative interventions to reduce HIV risks and violence with heterosexually-active men: A review of the global evidence. AIDS & Behavior. 2013; 17(9):2845–2863. [PubMed: 23934267]
- Eyre SL, Hoffman V, Millstein SG. The gamesmanship of sex: A model based on African American adolescent accounts. Medical Anthropology Quarterly. 1998; 12(4):467–489. [PubMed: 9884994]
- Fehr, B. Friendship processes. Thousand Oaks, CA: Sage; 1996.

Fleming P, Andes K, DiClemente RJ. 'But I'm not like that:' Young men's navigation of normative masculinities in a marginalized urban community in Paraguay. Culture, Health & Sexuality. 2013; 15(6):652–666.

- Fleming PJ, Lee JGL, Dworkin SL. 'Real Men Don't': Constructions of masculinity and inadvertant harm in public health interventions. American Journal of Public Health. 201410.2105/AJPH. 2013.301820
- Flood M. Lust, trust and latex: Why young heterosexual men do not use condoms. Culture, Health & Sexuality. 2003; 5(4):353–369.
- Flood M. Men, Sex, and Homosociality How Bonds between Men Shape Their Sexual Relations with Women. Men and masculinities. 2008; 10(3):339–359.
- Ford K, Wirawan DN, Muliawan P. Social influence, AIDS/STD knowledge, and condom use among male clients of female sex worker in Bali. AIDS Education & Prevention. 2002; 14(6):496–504. [PubMed: 12512850]
- Gage EA. Gender attitudes and sexual behaviors: comparing center and marginal athletes and nonathletes in a collegiate setting. Violence Against Women. 2008; 14(9):1014–1032. [PubMed: 18703773]
- Gilmore, DD. Manhood in the Making: Cultural Concepts of Masculinity. New Haven: Yale University Press; 1990.
- Halperin DT, de Moya EA, Perez-Then E, Pappas G, Garcia Calleja JM. Understanding the HIV epidemic in the Dominican Republic: a prevention success story in the Caribbean? Journal of Acquired Immune Deficiency Syndromes. 2009; 51(S1):S52–59. [PubMed: 19384103]
- Hirsch JS, Meneses S, Thompson B, Negroni M, Pelcastre B, del Rio C. The Inevitability of Infidelity: Sexual Reputation, Social Geographies, and Marital Risk in Rural Mexico. American Journal of Public Health. 2007; 97(6):986–996. [PubMed: 17463368]
- Hyde A, Drennan J, Howlett E, Brady D. Young men's vulnerability in constituting hegemonic masculinity in sexual relations. American Journal of Mens Health. 2009; 3(3):238–251.
- Iwamoto DK, Cheng A, Lee CS, Takamatsu S, Gordon D. 'Man-ing' up and getting drunk: the role of masculine norms, alcohol intoxication and alcohol-related problems among college men. Addictive Behaviors. 2011; 36(9):906–911. [PubMed: 21620570]
- IX Censo Nacional de Poblacion y Vivienda: Informe General. Oficina Nacional de Estadistica; Republica Dominicana: 2012.
- Johnson, SA.; Meinhof, UH. Language and masculinity. Blackwell Oxford; 1997.
- Kerrigan D, Moreno L, Rosario S, Sweat M. Adapting the Thai 100% condom programme: Developing a culturally appropriate model for the Dominican Republic. Culture, Health, & Sexuality. 2001; 3(2):221–240.
- Kerrigan D, Moreno L, Rosario S, Gomez B, Jerez H, Barrington C, Weiss E, Sweat M. Environmental-structural interventions to reduce HIV/STI risk among female sex workers in the Dominican Republic. American Journal of Public Health. 2006; 96(1):120–125. [PubMed: 16317215]
- Kelly JA. Popular opinion leaders and HIV prevention peer education: resolving discrepant findings, and implications for the development of effective community programmes. AIDS Care. 2004; 16(2):139–150. [PubMed: 14676020]
- Kimmel MS, Mahler M. Adolescent masculinity, homophobia, and violence -Random school shootings, 1982–2001. American Behavioral Scientist. 2003; 46(10):1439–1458.
- King KM, Nguyen HV, Kosterman R, Bailey JA, Hawkins JD. Co-occurrence of sexual risk behaviors and substance use across emerging adulthood: evidence for state-and trait-level associations. Addiction. 2012; 107(7):1288–1296. [PubMed: 22236216]
- Knight R, Shoveller JA, Oliffe JL, Gilbert M, Frank B, Ogilvie G. Masculinities, 'guy talk' and 'manning up': a discourse analysis of how young men talk about sexual health. Sociology of Health & Illness. 2012; 34(8):1246–1261. [PubMed: 22471843]
- Levant RF, Richmond K. A review of research on masculinity ideologies using the Male Role Norms Inventory. The Journal of Men's Studies. 2007; 15(2):130–146.
- Levy DP. Hegemonic complicity, friendship, and comradeship: Validation and causal processes among white, middle-class, middle-aged men. The Journal of Men's Studies. 2005; 13(2):199–224.

NIMH Collaborative HIV/STD Prevention Trial Group. Results of the NIMH collaborative HIV/sexually transmitted disease prevention trial of a community popular opinion leader intervention. Journal of Acquired Immune Deficiency Syndrome. 2010; 54(2):204–214.

- Reeser, TW. Masculinities in theory: An introduction. Vol. Chap. 2. West Sussex, UK: John Wiley & Sons; 2010. Social Masculinity and Triangulation.
- Rhodes SD, Hergenrather KC, Griffith DM, Yee LJ, Zometa CS, Montano J, Vissman AT. Sexual and alcohol risk behaviours of immigrant Latino men in the Southeastern USA. Culture, Health & Sexuality. 2009; 11(1):17–34.
- Saldaña, J. The Coding Manual for Qualitative Researchers. Vol. Chap. 2. Thousand Oaks, CA: Sage; 2009. Writing Analytic Memos.
- Santana MC, Raj A, Decker MR, LaMarche A, Silverman JG. Masculine gender roles associated with increased sexual risk and intimate partner violence perpetration among young adult men. Journal of Urban Health. 2006; 83(4):575–585. [PubMed: 16845496]
- Shearer CL, Hosterman SJ, Gillen MM, Lefkowitz ES. Are traditional gender role attitudes associated with risky sexual behavior and condom-related beliefs? Sex Roles. 2005; 52(5–6):311–324.
- Simpson JA. Psychological Foundations of Trust. Current directions in psychological science. 2007; 16(5):264–268.
- Sandelowski M. Qualitative Analysis: what it is and how to begin. Research in Nursing & Health. 1995; 18(4):371–375. [PubMed: 7624531]
- Senn TE, Scott-Sheldon LA, Seward DX, Wright EM, Carey MP. Sexual partner concurrency of urban male and female STD clinic patients: a qualitative study. Archives of Sexual Behavior. 2011; 40(4):775–784. [PubMed: 21052812]
- Siu GE, Seeley J, Wight D. Dividuality, masculine respectability and reputation: How masculinity affects men's uptake of HIV treatment in rural eastern Uganda. Social Science & Medicine. 2013; 89:45–52. [PubMed: 23726215]
- Stutterheim SE, Bertens MG, Mevissen FE, Schaalma HP. Factors contributing to inconsistent condom use among heterosexual men in Curacao. Culture, Health & Sexuality. 2013; 15(4):420–433.
- Thorne S, Kirkham SR, MacDonald-Emes J. Interpretive description: A non-categorical qualitative alternative for developing nursing knowledge. Research in Nursing & Health. 1997; 20(2):169–177. [PubMed: 9100747]
- Thorne S. Toward Methodological Emancipation in Applied Health Research. Qualitative Health Research. 2011; 21(4):443–453. [PubMed: 21164035]
- Waldby, C.; Kippax, S.; Crawford, J. Cordon sanitaire: 'clean' and 'unclean' women in the AIDS discourse of young heterosexual men. In: Aggleton, P.; Hart, G.; Davies, P., editors. AIDS: Facing the second decade. London: Falmer Press; 1993. p. 29-38.
- Yang C, Latkin C, Luan R, Nelson K. Peer norms and consistent condom use with female sex workers among male clients in Sichuan province, China. Social Science & Medicine. 2010; 71(4):832–839. [PubMed: 20541859]