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Young Black men in the Southern United States are disproportionately affected by HIV. Masculinity has an effect on HIV related behaviors for men. Hegemonic or traditional masculinity is masculinity that occupies a dominant space of patterned gender relations and can include examples of toughness, aggression, and sexual dominance. However, marginalized groups such as Black men do not benefit from the advantages of being a man due to racism and discrimination. Thus, Black men may strive to adhere to the cultural standard of traditional masculine norms. College is a transitional period that helps Black men define their manhood and the ways they engage (or not) with traditional masculine norms. This adherence to masculine norms can influence protective (e.g., HIV testing) or sexual risk behaviors (e.g., condomless sex). This mixed-methods study explored the social exchange process of masculinity development among Black heterosexual college men. It also examined the relationship between dimensions of masculinity and protective behavioral intentions and sexual risk behaviors and the role of belief of Black disadvantage. Participants were recruited from four Historically Black Colleges and Universities (HBCUs) and one Minority Serving Institutions (MSI) to complete an online survey ($n=127$). Additionally, three focus groups were conducted with men at three of the five schools ($n=13$). The qualitative data illuminated the ways participants developed their masculinity while in and prior to college through experiences with male role models and their mothers. Participants felt conflicted in their need to adhere or deviate from masculine norms and grappled with the scrutiny they do or would

receive from female partners and the campus community. The quantitative data highlighted how dimensions of masculinity such as respect/toughness were positively associated with the intent to use protective behaviors. Additionally, dimensions such as anti-femininity/hypersexuality were positively associated with condomless vaginal and anal sex. Further, lower belief of Black disadvantage negative relationship between respect/toughness and sexual risk behaviors. These data reflect the processes men go through to develop their masculinity and how certain dimensions of masculinity that influence intent to use protective behaviors and sexual risk behaviors. This highlights the need for interventions focused on masculinity that target the differing processes of masculinity development and dimensions that are helpful and harmful to sexual health among young Black heterosexual men.

EXAMINING MASCULINITY AND HIV VULNERABILITY AMONG
BLACK HETEROSEXUAL COLLEGE MEN

by

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This dissertation is dedicated to my mother, Margaret, the woman that sacrificed so much to ensure that I had a better life and education. She refuses to take credit for the impact she's made on my academic journey, but I truly would not have made it this far without her. Ma, this is for you.

APPROVAL PAGE

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LIST OF ABBREVIATIONS

AIDS	Acquired immune deficiency
HBCU	Historically Black Colleges and Universities
HWI	Historically White Institution
HIV	Human immunodeficiency virus
MSI	Minority-Serving Institution
MSM	Men who have sex with men
MSMW	Men who have sex with men and women
PrEP	Pre-exposure prophylaxis
PWI	Predominately White Institution
U.S.	United States

CHAPTER I

INTRODUCTION

Introduction

Young Black men make up 56% of new HIV infections among all young men (Centers for Disease Control and Prevention [CDC], 2017b) and 68% of new HIV infections among heterosexual young men in the United States (CDC, 2018b). The Southern United States, where the majority of Historically Black colleges and Universities (HBCUs) are located, has the highest rate of HIV among youth, with 52% of new HIV infections (CDC, 2019c). In 2017, 33% of young Black men were enrolled in college (National Center for Education Statistics [NCES], 2018). College campuses reflect the disproportional sexual health disparities as the general population (Buhi, Marhefka, & Hoban, 2010); therefore, heterosexual Black college men at Historically Black Colleges and Universities (HBCUs) and minority-serving institutions (MSIs) have increased vulnerability to HIV.

The factors that impact HIV vulnerability for Black men are also intimately tied to their masculinity. Studies have found that traditional masculinity norms such as hypersexuality (ready for sex at all times) (Bowleg et al., 2017) and multiple partnerships (Carey, Senn, Seward, & Venable, 2010; Frye et al., 2012) have all contributed to HIV risk. Traditional masculinity ideologies state that men are sexually assertive, always ready to have sex, view sex as primarily pleasurable, believe that penetration is the goal

of sex, are sexually controlling, have multiple partners (Campbell, 1995; Ku, Sonenstein, & Pleck, 1992), are tough, and are protectors and providers. Subordinated masculinity is an alternative form of traditional masculinity practiced by Black men as a way to obtain societal power not afforded to them because of systematic oppression such as racism and classism (Hill Collins, 2004; Staples, 1982). Black men are unique in the position of having multiple identities. These identities help shape and frame their experiences and provide a matrix of penalty and privilege (Crenshaw et al., 1991). Masculinity among Black men is described as an alternative form of hegemonic or traditional masculinity practiced by Black men as a way to obtain societal power not afforded to them because of systematic disadvantage such as racism and classism (Hill Collins, 2004; Staples, 1982). These forces of disadvantage also contribute to the HIV/AIDS epidemic among Black men. Their HIV vulnerability is multilayered and multifaceted and cannot be explained by simply examining behaviors alone (i.e., condom use, multiple and concurrent partners) (Watkins-Hayes, 2014).

Throughout their college-aged years, Black men in college must weigh the rewards and costs of adhering or deviating from masculine norms in the context of the college environment through a series of social exchanges with peers, family members, and romantic partners. The adherence of traditional masculinity norms, which include similar constructs as subordinated masculinity such as hypersexuality (ready for sex at all times) (Bowleg et al., 2017) and anti-feminism (Carey et al., 2010; Frye et al., 2012), have contributed to HIV risk. However, other dimensions of masculinity, such as being a leader, have also been shown to contribute to protective health behaviors. The lack of

research examining masculinity is detrimental to the advancement of HIV prevention because it does not take into account other contributing factors, such as racial inequalities and cultural norms that impact sexual behaviors for Black heterosexual college men. Heterosexual men are rarely intervened on in the U.S. due to this notion that they are not negatively impacted by masculinity (Dworkin, 2015a). However, heterosexual sexual contact remains the second most prevalent form of HIV transmission in the United States; thus, there is a critical need to examine masculinity and its association with sexual risk and protective behaviors among Black heterosexual college men.

Statement of the Problem

Despite accounting for 12% of the population in the United States, the Black population comprises about 44% of estimated new HIV infections in the United States, which is highly disproportionate to their representation in the population (CDC, 2018b). Black men have a greater risk than any other racial or ethnic group of acquiring HIV, being diagnosed late, and dying from HIV-related complications (Dailey, Johnson, & Wu, 2017). Heterosexual sexual contact is the second leading cause of HIV infections among Black individuals in the United States (CDC, 2016a). Thus, including heterosexual men in interventions may be an essential element in handling the HIV epidemic among Black men and women (Dworkin, Fullilove, & Peacock, 2009; Raj & Bowleg, 2012). This inclusion in HIV prevention efforts shifts the vulnerability paradigm in public health, that states that women are the most vulnerable group, by giving heterosexual men an active role in HIV prevention efforts. Currently, prevention efforts that include heterosexual men do so intending to protect women, but the consequences of

that stance include viewing women as victims with no sexual agency or power (Dworkin, 2015b) and not viewing men as a vulnerable population, but perpetrators of the spread of HIV. The exclusion of Black heterosexual men also implies that men are unconcerned about their own health and therefore women should be targeted as gatekeepers in HIV prevention (Dworkin, 2005). Additionally, with the lack of emphasis on Black heterosexual men in HIV prevention, Black heterosexual men themselves do not recognize their own HIV vulnerability. In 2017, Black women accounted for 59% of all the HIV diagnoses among women (CDC, 2016c), with 92% acquired through heterosexual sex (CDC, 2019b) and same-race partners, Black heterosexual men. Yet, there is little research on Black heterosexual men to decrease their HIV vulnerability.

Significance of the Study

The contribution of this research will be preliminary data that examines the dimensions of masculinity and its association with sexual risk and protective behaviors. This association can lead to HIV acquisition among Black heterosexual men, and these preliminary data can potentially inform HIV prevention interventions. Additionally, this study will examine how belief of Black disadvantage due to racial inequality contributes to HIV acquisition among Black heterosexual college men. This contribution will be significant because it will provide a strong scientific justification for the continued development of HIV prevention interventions for Black heterosexual men that accounts for structural inequalities. As of 2019, the CDC has only one HIV prevention intervention (unfunded by the Division of HIV/AIDS Prevention [DHAP]) for Black heterosexual men (CDC, 2018d). The only intervention listed under the Compendium of Evidence-

Based Interventions and Best Practices for HIV Prevention targets young Black men recently tested positive for an STD (CDC, 2018a). Most interventions focused on behavioral factors and other populations such as gay, bisexual, and other men who have sex with men (GBMSM) ($n=21$) and Black women ($n=9$). Testing the association of masculinity and sexual risk and protective behaviors will lead to a greater understanding of how masculine ideologies impact sexual behaviors, so more targeted interventions can be created for Black heterosexual men. Additionally, understanding how masculinity is developed among young Black men can aid in the development of interventions that can target development influences among this vulnerable population.

The long-term goal of this proposed study is to identify the influence of masculinity on sexual behaviors in order to further create evidence-based interventions that reduce HIV risk for Black heterosexual men. As a first step toward the attainment of this long-term goal, the overall objective of this proposal is to examine the role of masculinity on sexual risk behaviors and protective behavioral intentions. This study used a concurrent mixed methods approach. The expected outcomes are preliminary data for future research around masculinity in HIV prevention with Black heterosexual men. By exploring the development of masculinity through the process of social exchange and by testing the association between masculinity dimensions and sexual risk behaviors and protective behavioral intentions, this study will subsequently lead to an innovative approach of reducing HIV vulnerability among Black heterosexual men.

The following aims will be examined to attain the overall objectives:

Aim #1: Explore the process of social exchange related to the adherence or deviation of masculine norms among Black heterosexual college men in the South.

Aim #2: Test the association between masculinity dimensions and sexual risk and protective behavioral intentions and the role of belief of Black disadvantage.

This research departs from the status quo by specifically focusing on Black heterosexual men by examining social exchange and its influence on masculinity. In that regard, the research proposed is innovative because it focuses on racial inequalities that can contribute to HIV disparities in Black heterosexual men. The intersection of race, gender, and sexuality have contributed to heterosexual sexual risk, which is the most second prevalent mode of HIV transmission in the U.S. (CDC, 2018b). This study is expected to allow us to overcome the current limitations in masculinity and the use of intersectionality in quantitative studies in HIV prevention research, therefore allowing new horizons for more efficacious HIV prevention interventions for Black heterosexual men.

CHAPTER II

REVIEW OF LITERATURE

HIV Epidemic among Heterosexual Black Men

In the United States, Black men make up 39% of new HIV infections among all men and 61% of new HIV infections among heterosexual men (Centers for Disease Control and Prevention [CDC], 2018b). Black youth are also amongst the highest percentage (52%) of newly diagnosed individuals with HIV between the ages of 18-25 newly diagnosed with HIV (CDC, 2017b); 52% in the southern region of the United States. In North Carolina, 52% of new HIV diagnoses were among young men between the ages of 18 to 29. Similarly, in Mississippi and Florida, the highest number of new HIV diagnoses were among young Black men ages 20-29. In 2017, the rates of HIV infections among Black youth 18-19 were six times higher than their White counterparts and 11 times higher for Black youth 20-24 (National Center for HIV/AIDS, Viral Hepatitis, STD, 2016). Currently, HIV is the sixth leading cause of death for Black men between the ages of 20-29 (CDC, 2018c). Cities that house Black youth at Historically Black Colleges and Universities (HBCU) and minority-serving institutions (MSI) have increased vulnerability to HIV.

Risk and protective factors related to HIV vulnerability. HIV rates disproportionately affect low-income, urban, and predominantly Black communities. Black men live, socialize, work, and worship in the same communities, which are shaped

by economic, social, and political environments (Bowleg et al., 2014; Bowleg & Raj, 2012). Due to racial segregation, these communities are disproportionately affected by poverty, unemployment, unstable housing, and incarceration and share similar cultural traits (norms, values, and expectations) (Bowleg & Raj, 2012). Research shows that poverty, mass incarceration, substance use, unstable housing (Bowleg & Raj, 2012), and sexual risk behaviors (concurrent and multiple partners) contribute to HIV vulnerability among Black men (D. Moore et al., 2010). However, less is known about college campuses that may not present the same structural factors. Even with possibly less similar structural factors, Black college men still remain at increased vulnerability for HIV due to partner concurrency, condom use, and smaller sexual networks, which are heightened on college campuses. Furthermore, HIV research among Black heterosexual men has primarily focused on risk factors with very limited research about protective factors of HIV vulnerability. Therefore, exploring the few studies that examined protective factors for Black men can help glean similar protective factors for Black heterosexual college men. Protective factors such as HIV testing, racial/ethnic pride, and sexual communication.

Individual factors (age, education, attitudes, and skills). Two of the contributing behaviors to HIV vulnerability among Black heterosexual men include inconsistent multiple and concurrent partnerships (overlapping sexual partners) and condom use (Frye et al., 2013).

Multiple and concurrent partners. Concurrency can increase the spread of HIV in sexual networks by increasing the possibility of having sexual contact with an infected

person (Morris, Kurth, Hamilton, Moody, & Wakefield, 2009). However, research about concurrency among heterosexual Black men has been mixed (Bowleg et al., 2017).

Studies have shown that young heterosexual Black men are more likely to have more sexual partners and concurrent partners than their White counterparts (Buhi et al., 2010), while other studies have shown no significant differences between races (Astone et al., 2013). Additionally, Black college men have been shown to have more sexual partners in the past year than Black college women (Mcelrath, Stana, Taylor, & Johnson-Arnold, 2017). No conclusive results showed that Black heterosexual men have more sexual partners than other races or genders, but having multiple concurrent partners remains a contributing factor to HIV vulnerability among Black heterosexual college men.

Condom use. As stated previously, Black men report more consistent condom use than other races, but studies with an exclusively Black sample have identified barriers that contribute to inconsistent condom use such as the influence of drug and alcohol use (Frye et al., 2013; Hicks, Kogan, Cho, & Oshri, 2017). Alcohol and drug use can lower inhibition, impair cognitive functioning, alter risk perceptions, and contribute to riskier sexual behavior (Fromme, D'Amico, & Katz, 1999). With the Black college sample, there have been similarly mixed results of condom use as partner concurrency. In a national sample of college students, Black college men reported similar if not increased condom use than their White counterparts (Buhi et al., 2010; Hou, 2009). However, in other studies, Black college men were more likely to engage in condomless sex than other males (Younge, Wade, Geter, Holliday, & Trawick, 2018). The lack of condom use for Black college students was dependent on low susceptibility of HIV, perception of

their partner's sexual health, and the spontaneity of their sexual encounters (El Bcheraoui, Sutton, Hardnett, & Jones, 2013). Among Black college men, condom use was encouraged for pregnancy prevention when partners and male influences endorsed condom use, and when condoms were readily available on and off campus (Coleman, Gabriel, Coleman, & Carmack, 2018). Condom use is an effective prevention tool for HIV acquisition and transmission (CDC, 2019e).

HIV testing. HIV testing is the first step for preventing HIV acquisition and provides a gateway for HIV treatment and medical care. However, nearly 40% of new HIV infections are transmitted by those who are unaware of their HIV status (CDC, 2020). Early treatment after an HIV diagnosis has been shown to improve health outcomes (National Institutes of Health, 2015). Additionally, HIV testing can link those who are HIV positive to effective prevention treatment that can reduce their viral load to a point where individuals are undetectable and untransmittable (CDC, 2020). For those that are HIV-negative, HIV testing can provide access to HIV prevention resources that can continue to them and their partners HIV negative. Finally, testing can empower Black men to be participants in their health and prevention efforts (CDC, n.d.-a).

HIV testing campaigns on college campuses have been shown to recruit a large number of higher-risk individuals who have not been tested previously (Milligan, Cuneo, Rutstein, & Hicks, 2014). Although HIV testing can serve as a protective factor for HIV, there is a lack of knowledge of HIV testing campaigns on college campuses among Black college men (Jones, Carter, Wilkerson, & Kramer, 2019). Even with this lack of knowledge about campus HIV testing, studies have shown that Black college students

may get HIV tested because of social support and new sexual partners (Jones et al., 2019). With more positive attitudes about testing than White college students (M. P. Moore, Javier, Abrams, McGann, & Belgrave, 2017), Black college men are more likely to get tested for HIV than Black college women (Lindong, Edwards, Dennis, & Fajobi, 2017). Again, it is encouraging that Black college men are using protective behaviors such as HIV testing as a way to make healthy sexual decisions and decrease HIV transmission to their partners.

Racial identity/racial pride. Racial identity and racial pride have been a component in HIV prevention interventions as a protective factor against HIV vulnerability (Distefano et al., 2013). Although there have not been studies that have examined the association of racial pride and HIV risk behaviors among Black heterosexual college men, there have been a few studies with MSM and men who sex with men and women (MSMW). Racial pride has been shown to be positively associated with condom use self-efficacy and condom use intentions with female partners among MSMW (Li et al., 2018) and a protective factor against unprotective anal sex with male and female partners

Intrapersonal factors (family, peers, partners, and social networks). Due to the dense concentration of HIV in Black communities, men are vulnerable despite their sexual behaviors being less risky than their White counterparts (Bowleg et al., 2017). Since Black individuals are likely to choose a partner from their own racial group in the same census tract, their sexual networks are smaller (H. L. F. Cooper et al., 2015).

However, the social networks and support from the campus community and neighborhood context can serve as a protective factor against HIV transmission.

Sexual networks. Sexual networks are salient in establishing the sexual norms of a community and influencing behaviors (Latkin & Knowlton, 2005). Once a behavior is considered normative within a sexual network, it is repeated as a form of reinforcement (Latkin & Knowlton, 2005). The small structure of sexual networks among Black men lends to sexual partners that are more likely to engage in drug use, transactional sex, and partner concurrency (Adimora & Schoenbach, 2005) and have an HIV/STI diagnosis (Hightow et al., 2005). Due to the greatest gender disparity in college enrollment among Black college students (Kimbrough & Harper, 2006), Black college students' sexual networks are smaller due to the sex-ratio imbalance (more women than men) and limited partner availability (Owens Ferguson, Crouse Quinn, Eng, & Sandelowski, 2006). Therefore, Black college men are more likely to have multiple partners, and Black women are more likely to engage in sexual intercourse with partners outside campus, which introduces "high-risk" individuals to their sexual networks (Hightow et al., 2005).

Partner communication. Partner communication such as sharing HIV/STI status, number of current sexual partners, and past sexual history can help inform partners to make sexually healthy decisions and decrease the risk of transmitting HIV (CDC, n.d.-b). Partner communication can include sex agreements which discuss monogamy or alternative consensual partnership dynamics, sexual boundaries, and sexual interests/desires (CDC, n.d.-b). In a study with Black college men in the Southeast, there were several barriers to sexual communication with partners about sexual history and

condom use (Graham, Aronson, McCoy, & Rhodes, 2016). Additionally, for Black heterosexual men, communication barriers included stigma around HIV and low-risk perception. However, men expressed being more likely to engage in sexual communication when there was a high-risk perception or when there were positive reactions to condom use with their committed partners (Bond et al., 2018). Communicating about safer sex and one's sexual history has been shown to serve as a protective effect on HIV and increase condom use (Noar, Carlyle, & Cole, 2006). Among youth, communication specifically about condom use had the strongest effect on condom use (Widman, Noar, Choukas-Bradley, & Francis, 2014), proving to be an effective HIV prevention tool.

Community factors (school, social, and organizations). The college environment can provide opportunities for risk as well as serve as a protective barrier to HIV vulnerability. Due to structural factors on college campuses such as small sexual networks and sex-ratio imbalance, Black men on college campuses, especially HBCUs, have increased HIV vulnerability and a greater likelihood of engaging in sexual behavior with "higher risk" individuals (Younge, Corneille, Lyde, & Cannady, 2013).

Environment stress. Additionally, studies have shown the stress of the college environment, such as racism and discrimination on college campuses, can lead to alcohol use and sexual risk behaviors among Black college students (Metzger, Cooper, Ritchwood, Onyeuku, & Griffin, 2017). It is theorized that the participation in these risk behaviors is used as stress-coping mechanisms against environmental stressors (Brody, Chen, Kogan, Smith, & Brown, 2010; Metzger et al., 2017). Studies with Black college men show that the college environment increased their attitudes about abstaining from

sex, getting HIV tested, engaging in long-term relationships, and making safe sexual decisions (Younge, Boyer, Geter, Barker, & Corneille, 2014).

Greek membership. Participation in student organizations on campus, such as Greek fraternities, has been shown to provide both social and academic support for Black college men (McClure, 2006). Fraternities that were traditionally created on gender roles and masculine norms can lend to the expectation that members of the organization must sexually dominate women (Jenkins, 2012). This expectation can lead to sexual risk behaviors, such as sexual assault (Mazar & Kirkner, 2016). Although men in fraternities endorse sexual double standards, they do not differ from non-Greek members in sexual risk behaviors such as multiple partners (Waterman, Wesche, Leavitt, & Lefkowitz, 2020).

Societal factors (social and cultural norms and policy). Culture (social behaviors and norms) dictates the selection of sexual partners, sexual attitudes, and sexual decision making. For instance, Black individuals may believe the concurrent partnership is a norm in the Black community, approved by both Black men and women (Carey et al., 2010). Even the smallest deviation from cultural norms can produce negative reactions such as shame and stigma from the community (Latkin & Knowlton, 2005).

Social and cultural norms. Cultural norms can also influence masculinity norms (Hill Collins, 2004; Staples, 1982). Studies have found that traditional masculinity norms such as hypersexuality (ready for sex at all times) (Bowleg et al., 2017), multiple partnerships (Carey et al., 2010; Frye et al., 2012), HIV testing avoidance (Duck, 2009) all contributed to HIV vulnerability. College students often overestimate campus norms

about sexual risk behaviors (Lynch, Mowrey, Nesbitt, & O'Neill, 2015). For Black college men, campus norms about masculinity and sexual behaviors can encourage the endorsement of traditional masculine norms and an increase in sexual partners (Mincey, Alfonso, Hackney, & Luque, 2014b). Black college men at an HBCU stated that they believed the campus norm was centered around more casual relationships (Grundy, 2012).

Campus policy. Policies on college campuses can be conservative and restrictive, especially at private HBCUs which are built on religious foundations. Policies about dress code, homosexuality, and sexual behavior have led to an increase in sexual behaviors. Students in private religious HBCUs have been shown to be sexually active, but the results on whether sexual activity is high or low risk are mixed. In a review of literature, some studies that found the religious affiliation at HBCUs may lead to low-risk sexual activity among Black college males. However, other studies have found that Black college students at religious-affiliated HBCUs participate in high-risk sexual behavior (Younge et al., 2013).

Masculinity

Masculinity has been defined as an inherent expression of the male body and views of masculinity as being the opposite of femininity (Connell, 2005). Connell defines masculinity as not an object (character type, behavior, norm) but as a space in gendered relations, the practices that men and women engage in, and the effects of those practices on the body, personality, and culture (Connell, 2005). Hill Collins describes masculinity as a three-tiered structure: hegemonic masculinity (predominantly upper-class White

men), marginalized masculinity (those who have greater access to White male power but remain marginalized such as working-class White, Asian, and Latino men), and subordinated masculinity, which includes men who are subordinated by both previous groups, such as Black and Indigenous men (Hill Collins, 2004). Similar to Hill Collin's definition, Connell describes hegemonic masculinity, as masculinity that occupies a dominant space of patterned gender relations with current gender practices based on patriarchy which places men in the dominant role and women in the subordinate role (Connell, 2005). Hegemonic masculinity can only be established through cultural ideals and institutional power and maintained as a "currently acceptable" strategy (Connell, 2005). Hegemonic masculinity relies on the dominance of others including marginalized groups, and for it to exist it relies on the subordinate forms of masculinity (Hill Collins, 2004).

Hegemonic or traditional masculinity ideologies emphasize dominance over women and minority groups by men through behaviors such as sexually assertive, always ready to have sex, view sex as primarily pleasurable, believe that penetration is the goal of sex, are sexually controlling, and have multiple partners (Campbell, 1995; Ku et al., 1992). This view argues that Black men lie on the marginalized outside of hegemonic masculinity and practice an alternative form of masculinity called subordinated masculinity. It is theorized that Black men's inability to acquire power from hegemonic masculinity due to racial oppression forces Black men to adapt their own masculinity, similar to hegemonic or traditional masculinity, which revolves around sexual prowess, by "acting out" through elements of sexual promiscuity, hypersexuality, aggressiveness

and violence, hatred for feminine qualities, heterosexuality, and denial of vulnerability (Aronson, Whitehead, & Baber, 2003; Harris, 1995; Staples, 1978, 1982). Wright (1997) states, “[Black] masculine sexuality is, in fact, a metaphor for personal power” (p. 455). It is argued that Black heterosexual men may feel as though they need to prove their manhood through acts that distance themselves from marginalized groups such as women by oppressing them through heterosexism, antifeminism, and sexual violence and assault (F. R. Cooper, 2005).

Black college men and masculinity. College presents a unique experience for Black men in the sense that historically the college classroom was predominantly male-dominated, specifically White men, until women were allowed admission. The first Black person to graduate from college did not occur until 234 years after the first White woman was awarded her bachelor’s degree (JBHE Research, n.d.). Consequently, masculine and gender norms of White privileged men and women were incorporated into the establishment of colleges and universities (Harper & Harris, 2010). However, traditional gender roles and male superiority are still reinforced by Black men at historically White institutions as well as HBCUs. Understanding the environmental context in which masculinity for Black college is developed is especially important when it comes to HBCUs and historically White institutions. The environment at HBCUs provides Black men with a sense of belonging and a community. However, Black college men at historically White Institutions experience racism and discrimination that can create a sense of isolation and alienation. This sense of community versus isolation can shape masculinity for Black college men through differing experiences (Mincey et al., 2014b).

Masculinity is a socially constructed concept (Connell, 2005) and the development of masculinity is tied to social interactions and experiences, some of which occurs in the developing years of college where college men are influenced by friends, classes, jobs, and relationships (Harper & Harris, 2010). Research has shown that the development of masculinity for Black college men is influenced by fathers, mothers, self, and friends. Although described the importance of the outside influences, the development of their masculinity was mainly attributed to themselves. Through college years, men must answer several questions; what is the cultural norm and expectations of masculinity and what are the consequences when they do not adhere to those norms and consequences (Harper & Harris, 2010). Men both police and validate masculine ideologies, but yet are conflicted in the desire to deviate from masculine norms. For Black college men, adhering to traditional masculine norms influenced sexual communication, partner selection, and the use of prevention tools such as HIV testing (Hall & Applewhite, 2013). Lastly, college men may feel more strongly and endorse certain “scripts” than others which differs from man to man (Harper & Harris, 2010). This is especially salient since it is an assumption that masculinity is a socially constructed concept based on shared beliefs, where some beliefs may take more precedence than others.

Masculinity and HIV prevention. Structural factors such as poverty can lessen Black men’s morale and lead them to engage in sexual risk behaviors (District of Columbia. Department of Health, n.d.). Core constructs of traditional masculinity can include sexual promiscuity, hypersexuality, aggressiveness and violence, anti-feminism,

heterosexuality, and denial of vulnerability (Fleming et al., 2016). In a qualitative study with 27 lower-middle-income Black heterosexual men, some men stated that their friends encouraged them to have multiple partners even though they were in monogamous relationships (Bowleg, 2004). Most were in monogamous relationships. Men talked about always feeling the need to be ready for sex, even if they did not want to have sex. Although all the men stated that they had been tested for HIV, there was a varying concern about contracting the virus. Most men reported not using condoms and stated that at times the feeling was mutual between them and their partners (Bowleg, 2004). Elements of hypersexuality may contribute to men forgoing condoms in order to fulfill the stereotype of always being ready to have sex (e.g., having sex even when a condom is not readily available) (Bowleg, 2004).

Furthermore, HIV prevention typically targets women and MSM. Since some core constructs of masculinity include heterosexuality and anti-feminism, diseases that are linked to groups that exhibit elements of homosexuality and feminism, such as HIV, may be dismissed (Dworkin, 2005, 2015b; Dworkin et al., 2009; Higgins, Hoffman, & Dworkin, 2010). Men may also feel the need to prove their heterosexuality by having multiple concurrent women as sexual partners (Ward, 2005). Sexual functioning is considered an important part of Black masculinity and behavior that hinders being able to perform HIV testing, and subsequently an HIV diagnosis, is avoided (Duck, 2009). Black men may be more likely to get tested for curable STIs than HIV (Duck, 2009).

There have been numerous studies on sexual violence, its correspondence with aggression, and the risk it poses to HIV transmission (e.g., via lack of condom use and

physical injury to genitalia) (Raiford, Seth, Braxton, & Diclemente, 2013; Santana, Raj, Decker, La Marche, & Silverman, 2006; Tharp et al., 2013). Studies have shown that men that endorse more traditional masculinity norms are more likely to engage in sexual aggression and violent acts (Doss & Hop, 1998; Santana et al., 2006).

Theoretical Frameworks

Ecological exchange framework. Social exchange theory is a group of conceptual models that explain social life as a series of exchanges between two parties or more that emphasize rewards and costs (Cropanzano & Mitchell, 2005). Rewards are defined as “pleasure, satisfaction, and gratifications the person enjoys” (Thibaut & Kelley, 1956, p. 12, while the costs are negative consequences, which can include ridicule or scrutiny (Blau, 1964). Although the social exchange theory lacks core theoretical constructs, the theory has many adaptations in various fields to include theoretical constructs. In the ecological-exchange framework (see Figure 1), a conceptual model of the social exchange theory, environmental and cultural factors account for exchanges in social life (Sabatelli, Lee, & Ripoll-Núñez, 2018). In this framework, social exchange occurs on ecological levels: macrosystem and the structure and experience of intimate partnerships, macro-level values, cognitive exchange orientations and comparison, and policies and practices of major institutions of society (Sabatelli et al., 2018). Macrosystem and the structure and experience of intimate partnerships describe how patterns of behavior are tied to cultural values, particularly in two dimensions: individualism versus collectivism (Triandis, 1995). Individualism is defined as a lack of concern for others. In contrast, collectivism is described as an interdependence to others.

For instance, both heterosexual men and women working interdependently to endorse traditional masculinity and gender norms, such as men initiating sexual activity. That is, women at times upholding gender norms and men conforming to those norms in order to seem socially and sexually desirable (Sprecher, 1998). Cognitive exchange orientations and comparison levels acknowledge that culture shapes people and relationships. This can include shared norms (i.e., masculine norms) and values acquired through mass media, gender norms, and social interactions (Simon & Gagnon, 1986). Policies and practices of major institutions of society describe practices found in political, economic, religious, and educational institutions that influence patterns of behaviors found in intimate relationships such as personal and family relationships. Those practices can include masculine roles around sexual initiation and economic responsibility for men (Sabatelli et al., 2018). However, this framework has not been examined in understanding masculine norms, particularly for Black men.

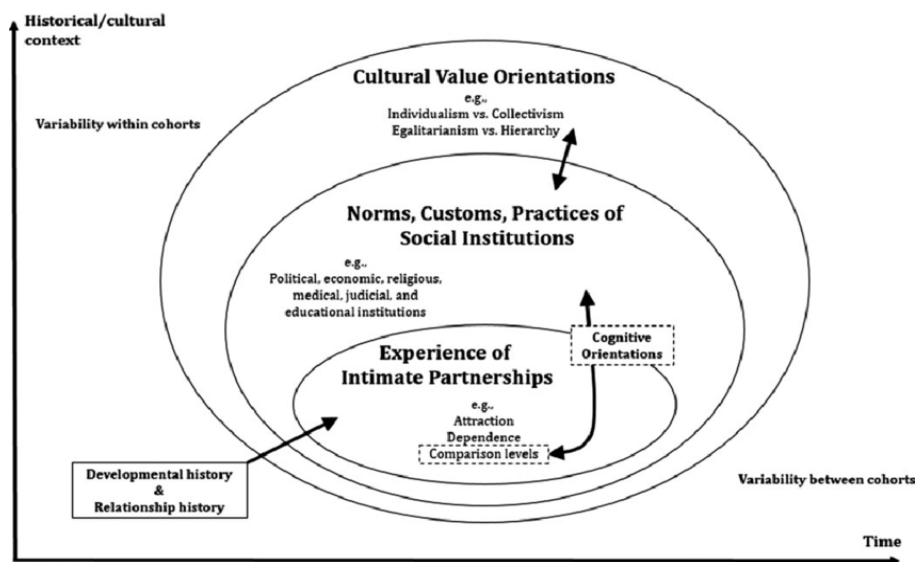


Figure 1. Ecological-Exchange Framework.

Intersectionality/Black disadvantage. The term intersectionality was first coined by Kimberlé Crenshaw in the late 1980s as a term that examined the subtleties of differences and sameness in the setting of anti-discrimination and social movement politics (Crenshaw, 1989). Masculinity is intersectionality by a different name because it highlights Black men 's intersecting identities of race, gender, and SES. It was most salient when considering gender, race, and another axis of power in diverse fields of study. Intersectionality was initially and primarily used by scholars such as Crenshaw and Hill Collins with “American Black and Black Black” women. Intersectionality has been used as an analytical tool to address the contextual dynamics of power. Intersectionality, as a theory, examines overlapping identities and how structures of power construct the settings in which racially and economically marginalized individuals live (Cho, Crenshaw, & McCall, 2013).

Intersectionality explores the problematic nature of examining gender and race as mutually exclusive in antiracist and feminist discourse and theory. It examines the multiply-burdened experiences of Black women and how the experiences for the most privileged group (White women) cannot be used as a reflection of the experiences of those that have an intersect of race AND gender (Black women). Black men's experiences are centered around racial discrimination and, therefore, could be protected by White men if their experiences align. Race and gender become salient when they operate as a disadvantage because Whiteness and maleness are implicit are not perceived as a privilege. Black men are unique in the position of having multiple identities, some of those being a man *and* being Black. These intersecting identities help shape and frame

their experiences and provide a matrix of penalty and privilege (Crenshaw et al., 1991). Black men experience the privilege that their gender dominance in society allows. However, Black men are hindered from pursuing hegemonic masculinity due to oppressive systems because they are Black. These forms of oppression can be expressed through passive racism (microaggression) and overt racism (laws that target Black men) (Tatum, 1997).

In Connell's theory of gender and power, men establish power through several domains. One of those being structures that place men in an economically advantaged standpoint (Connell, 1987). For upper or middle-class White men, their ability to obtain land and employment in different sectors of the workforce has worked in their favor of maintaining their gender dominance (F. R. Cooper, 2005). For Black men, those same avenues to establish dominance has not been afforded to them. Therefore, Black men who have experienced intersecting forms of oppression are positioned at the bottom of the social hierarchy among men (Crenshaw, 1989). Crenshaw uses an analogy to describe intersectionality. There is a basement full of marginalized people (by race, gender, age, sexual orientation, class, disability). They have stacked upon each other's shoulders with those with multiple disadvantages at the bottom and those with a singular disadvantage on the top. Those with a singular disadvantage have access to the ceiling or are brushed up to it. The ceiling is actually the floor for those who are not disadvantaged in any way. The ceiling has an opening that those with a singular disadvantage can crawl through because of their privilege. Those that are multi-burden continue to stay at the bottom or may be able to crawl through the hatch if they can become part of the singular

disadvantaged group. Therefore, Black men, if not presented with other disadvantages, see a way to advance to the ceiling if they are able to push down (use them as a stepping stool) those with multiple burdens.

An intersectional approach to examining Black heterosexual college men exposes social and economic disadvantages that include racism, residential segregation, unemployment, unstable housing, and disproportionately rates of incarceration, which increase HIV vulnerability (Higgins et al., 2010). Although the focus of the HIV epidemic has been towards heterosexual women and sexual minorities, and rightfully so, there is a need for Black heterosexual men to identify with their vulnerability to HIV as well (Raj & Bowleg, 2012). Although, heterosexual men are not a uniform group that wields power, but the examination of masculinity and societal inequalities can shed light on the contributing factors to HIV risk among Black heterosexual men.

Intersectionality and HIV. Dworkin (2005) suggests utilizing intersectionality as a framework to examine those that are vulnerable to HIV. HIV, unlike other illnesses, involves a lot of social issues like sexuality, class, race, gender, and inequalities some historical that have placed certain groups of people as expendable (Watkins-Hayes, 2014). Bowleg (2012) states that the core tenets most relevant to public health include (a) social identities are not independent but are multiple and intersecting, (b) people who experience historic oppression should be the focus, and (c) social identities on the individual level (race, gender, etc.) should also intersect on the macro-level (racism, sexism, etc.). HIV has been fueled by intersecting inequalities at the macro-structural, meso-institutional, and micro-interpersonal levels (Watkins-Hayes, 2014). The HIV

epidemic from a sociologist's point of view states that categories have social meanings that have been assigned to them. However, social identity is not a proxy to risk. The bodies and sexualities of minorities have historically dealt with negative stereotypes, whether feared or fetishized; therefore, there is a danger of linking group categories to health outcomes without examining attitudes, behaviors, and the environment. Exploring gender roles and hierarchies, especially among heterosexual Black men, is important because gender roles are socialized and structural inequalities that contribute to gender power (not gender alone), which then influences behaviors. Thus, HIV research is needed with different groups of men not just dominate male groups, especially men of color. In a study focused on masculinity and the implication for HIV research, Black men were recruited from Philadelphia and conducted open-ended interviews (Bowleg, Teti, Malebranche, & Tschann, 2013). Respondents described their experience as being a Black man as "hard" with "more negatives than positives" (Bowleg, Teti, et al., 2013). The men gave accounts of institutional racial discrimination and everyday microaggression and felt as though they were always a target. The implications for prevention research are exploring what Black men say are their issues and address HIV prevention from that perspective.

Limitations in HIV Prevention among Black Heterosexual Men

One limitation that is frequently cited in work on masculinity and HIV prevention is the lack of quantitative methods to explore the relationship (Bowleg, 2004; Bowleg, Heckert, Brown, & Massie, 2015). Results from qualitative studies are not generalizable since samples tend to be small and unrepresentative of the general

population (B. Johnson & Christensen, 2012). Most of the studies included no more than 60 participants from low and middle-income backgrounds (Bowleg, 2004; Bowleg et al., 2015, 2011). Since qualitative methods/approaches alone cannot assess the associations that occur across observations and constructs (Castro, Kellison, Boyd, & Kopak, 2010), the results of these studies cannot confirm correlations or associations between masculinity dimensions and sexual risk behaviors for HIV. Qualitative studies have had mixed results with BMH endorsing traditional masculinity norms; therefore, the association between masculinity and risk behaviors remains unconfirmed. For example, qualitative data from a study that involved men from multiple races of men (77% Black) that accounted for cultural consensus (including masculinity), the participants did not agree with the traditional masculinity norms (e.g., trusted women, believed women should have equal input in decision-making within the household, and did not agree with sexual promiscuity; Kennedy et al., 2013). However, in another study, some men stated that their friends encouraged them to have multiple partners, even though they were in monogamous relationships, and discussed feeling the need to be ready for sex even if they did not want to have sex, endorsing traditional masculinity norms (Bowleg, 2004). Although all the men stated that they had been tested for HIV, there was a varying concern about contracting the virus, even though most men reported not using condoms. This again shows that although men endorsed many of the masculinity ideologies, they stated that they practiced safe sexual behaviors such as HIV testing but disregard other behaviors such as condom use.

Utilizing current masculinity measurements can begin to examine the association between masculinity dimensions and sexual behaviors. For instance, there are several masculinity measures, which include the Male Role Attitudes Scale (Pleck, Sonenstein, & Ku, 1994), the Hypermasculinity Index (Mosher & Sirkin, 1984), and the Gender Equitable Men Scale (Pulerwitz & Barker, 2008). Comprehensive measures are still needed as these existing measures of masculinity are do not examine race and class inequalities of Black men for HIV prevention studies with Black heterosexual men. This is important if we are to understand the disparities that occur among this population. This study will close the gap in research by examining the association between masculinity and risk and protective sexual behaviors for HIV prevention.

Conclusion

Black men account for 61% of new HIV infections among heterosexual men in the United States (CDC, 2018b). It has been suggested that including heterosexual men in interventions may be the essential element in handling the HIV epidemic among heterosexual men and women (Dworkin et al., 2009; Raj & Bowleg, 2012). Yet, HIV prevention focused on heterosexual individuals tends to target women (Dworkin, 2005). Heterosexual sexual behavior is a dyadic practice that happens between both men and women. A strategic plan for decreasing transmission cannot be positioning public health interventions and messaging solely towards one part of the dyad (Exner, Dworkin, Hoffman, & Ehrhardt, 2003). Creating gender-based interventions for women has been seen as successful in decreasing risk among that population, so targeting men should also prove as successful (Dworkin, 2005; Dworkin et al., 2009; Higgins et al., 2010). More

importantly, including heterosexual men expands the vulnerability paradigm in public health and views them a venerable population worthy of research, programs, and policy that tackle their vulnerability to HIV. Sexual scripts help govern what is considered appropriate sexual behavior through shared gender and masculinity norms. Several scholars have cited masculine ideologies as a needed focus in HIV prevention research among heterosexual men (Dworkin, 2015b; Fleming et al., 2016; Higgins et al., 2010; Raj & Bowleg, 2012). Dworkin, a vocal advocate for the inclusion of heterosexual men in HIV prevention research, has stated that “An emphasis on masculinity and gender relations within the United States would move HIV prevention further in the direction in which key masculinity scholars have progressed for decades and public health scholars have started to shift to more recently” (Dworkin, 2015b, p. 38). The examination of masculinity is important because it is influenced by beliefs and social practices that are supported by structural institutions that shape men’s and women’s health (Dworkin et al., 2009).

There has been significant research done in HIV prevention over the past several decades, but there remain gaps in research that need to be addressed in order to move the field forward. First, there needs to be an inclusion of Black heterosexual men in HIV prevention to change the vulnerability paradigm, the examination of the dimensions of masculinity to present alternative views of masculinity dimensions, to increase awareness among Black heterosexual men, and finally the use of appropriate methods that allows the testing of associations between masculinity and HIV risk and protective behaviors.

CHAPTER III

METHODOLOGY

Study Design and Setting

This study used a concurrent mixed-methods study to examine the influences of masculinity through the ecological-exchange framework. It further examined the associations between masculinity and sexual risk behaviors and protective behavioral intentions, and the effects of belief of Black disadvantage. The southern region of the United States has the highest incidence and prevalence of HIV within the United States. The states of North Carolina, Florida, and Mississippi provide a diverse setting of Black college men due to the number of HBCUs in those states.

A mixed methods approach was used to answer the research questions in this study. The mixed methodology features the distinct integration of both quantitative and qualitative data within a single study (Creswell et al., 2011). The rationale for using this approach is that the integration of quantitative and qualitative data to answer each research question will provide rich insight and context that could not be gathered by qualitative or quantitative methods alone (Creswell et al., 2011). This advantage of mixed methodology is especially useful for studying complex constructs such as masculinity.

The U.S. Southern states account for 51% of new cases of HIV every year, but only account for 38% of the U.S. population (CDC, 2019c). This is especially alarming, considering that the southern region additionally has the greatest proportion of new HIV

cases than all the other U.S. regions combined. North Carolina (7) and Florida (1) are two states that have one of the highest rates of new HIV cases (CDC, 2018b). In the Southern states, Black individuals are disproportionately affected by HIV, accounting for 53% of new HIV cases within the region (CDC, 2019c). The disparity continues, with individuals in the South having the fewest people aware of their HIV diagnosis, and therefore the fewest individuals to receive needed HIV medical care and treatment (CDC, 2019c). Consequently, this also means the individuals in the Southern states high mortality to AIDS-related complications, with some states experiencing death rates three times higher than other states (CDC, 2019c). Additionally, uptake of other prevention tools such as pre-exposure prophylaxis (PrEP) has been slow in this region. Although the uptake has been limited, the Southern region accounts for 27% of PrEP utilization, even though the region experience more than half of new HIV cases annually (CDC, 2019c).

Theoretical frameworks. The ecological-exchange framework was used in the analyses of the qualitative portion of the study. The ecological-exchange framework helps to make meaning of the process of social exchange in the context of the college environment. Meaning, the framework help making meaning of the process in which Black college men adhere or deviated from masculine norms. Additionally, the theoretical framework of intersectionality guided the study design and analyses. As mentioned in Chapter II, intersectionality is an analytical tool to capture the contextual dynamics of power. Black men are unique in the position of having multiple identities, such as being men, being Black, being college students, and being part of a student organization. These intersecting identities help shape and frame their experiences and

provide a matrix of penalty and privilege (Crenshaw et al., 1991). Specifically, Black men experience the privilege that their gender dominance in society allows, but because they are hindered from pursuing hegemonic masculinity due to oppressive systems, they are face structures of inequality due to the racial identity. These forms of oppression can be expressed through passive racism (microaggression) and overt racism (policies such that target Black men) (Tatum, 1997).

It is theorized that men establish power through structures that place men in an economically advantaged standpoint (Connell, 1987). For Black men, those same avenues to establish dominance has not been afforded to them due to years of racism and classism that have left them both racial and economically marginalized. Therefore, Black men who have experienced intersecting forms of oppression are positioned at the bottom of the social hierarchy among men (Crenshaw, 1989). Although these variables (oppressive systems) themselves do not directly lead to HIV acquisition, they can influence attitudes that lead to HIV related behaviors that subsequently lead to HIV acquisition.

Due to the exclusion of Black men from the top tier, hegemonic or traditional masculinity, Black men must compensate for their manhood through performances of their gender that oppress others and emulate hegemonic/traditional masculinity. For that reason, Black men still endorse many of the masculinity ideologies that are found within hegemonic masculinity, such as heterosexism, conformity to societal gender roles, aggression, and thrill-seeking. Although these forms of gender performance by themselves may not produce direct consequences, in the field of HIV/AIDS, these forms

can manifest as sexual risk and protective behaviors in HIV transmission (Dworkin, 2015b). Research has shown that factors that impact HIV risk for Black men are also tied to their masculinity. For instance, Black men believe that having multiple concurrent partners defines their manhood (Bowleg, 2004; Carey et al., 2010). Men may also feel the need to prove their heterosexuality by having multiple concurrent women as sexual partners (Ward, 2005). Other times elements of hypersexuality can make men forgo getting condoms in order to fulfill the stereotype of always being ready to have sex, even when a condom is not readily available (Bowleg, 2004). There have been numerous studies on sexual violence, its correspondence with aggression, and the risk it poses on HIV transmission (lack of condom use and physical injury to genitalia) (Raiford et al., 2013; Santana et al., 2006; Tharp et al., 2013).

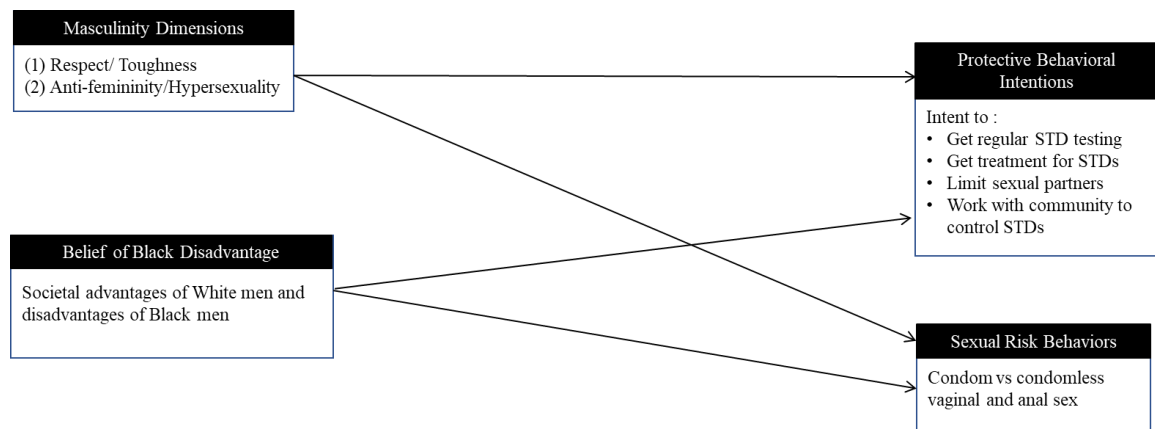


Figure 2. Conceptual Model.

Sampling and Recruitment

Sampling frame. The sample population was Black college students (undergraduate and graduate). The sampling frame included students from four

Historically Black Colleges and Universities (HBCUs) and one Minority Serving Institution (MSI) in North Carolina, Florida, and Mississippi. This specific population was sampled because of the HIV burden among Black youth and emerging adults (CDC, 2015, 2016b, 2017a). Since HBCUs enroll 25% of all Black college students, HBCUs, in particular, have been noted as a “bridge” between high and low-risk communities, contributing to an increase in HIV incidence (Younge et al., 2013). Black students, particularly at HBCUs, have been shown to have an overall high rate of HIV due to their enclosed small sexual networks/pools (Leblanc, Sutton, Thomas, & Duffus, 2014). This means that Black students are more likely to engage in sexual activity with students who may engage in riskier behaviors, increasing the likelihood of spreading HIV (Leblanc et al., 2014; Trepka et al., 2008). The combination of a higher prevalence of HIV and close-knit sexual networks can create an increased HIV burden on Black college students, hence why this study is targeted towards them.

Recruitment. Purposive sampling was used with emails being sent to departmental listservs across the five universities to invite students to participate. Additionally, flyers were placed in high traffic areas across three of the university campuses, and emails were sent to student organizations. A member of the research team was available at three campuses to assist with active recruitment (tabling, handing out flyers to students, and speaking in classrooms). Recruitment of Black college males proved to be extremely difficult, so quota sampling was used to recruit Black men to complete the surveys by targeting two additional schools, and snowball sampling was used to recruit men for the focus groups. Black males who stated that they were interested

in participating in the focus groups were asked to invite their friends or send the focus group information to other Black males they knew on campus. Participants were asked to contact the primary investigator via text message or email if interested in the focus group and were screened by the primary investigator to ensure that they met the eligibility criteria as 18-29 years old, identifying as Black and attending one of the five universities. The study and recruitment methods were both approved by IRB at the University of North Carolina-Greensboro.

Data Collection

This study is part of a larger concurrent mixed methods study that examined the sexual health needs of Black college students. The study specifically explored the association between STI knowledge, substance use, testing behaviors, Black masculinity, Black Female self-efficacy, and sexual decision-making skills as predictors of unprotected sex among Black college students. Students enrolled at a Historically Black Colleges and University (HBCU) or Minority Serving Institution (MSI) in the South ($n=5$) and who were sexually active at least once in their lifetime were recruited. The study included a 70-item survey that assessed the predictors of the study. At the end of the survey, students were then invited to participate in a focus group which included participating in an HIV/STI prevention intervention, a focus group about masculinity, sexuality, and pleasure, along with a discussion about their sexual health needs. The focus groups were conducted at three out of the five schools and were divided by gender. Altogether there were seven focus groups—four female focus groups and three male focus groups. The goal of the study was to (a) address the sexual health needs of Black

college students; (b) implement and examine the efficacy of an HIV/STI prevention intervention; and (c) utilize the quantitative and qualitative data to adapt the HIV/STI prevention intervention for Black college students. Students were provided a \$25 gift card incentive for completing the survey and a \$50 incentive for completing the focus group. For the purposes of this study, we explored the qualitative data from the three males focus groups as well as survey responses from heterosexual Black men.

Participants for this study were invited to participate via email and flyers, with a URL link to the online survey in Qualtrics, a web-based data collection tool. Eligible participants were prompted to review the study information and provide informed consent before completing the survey. Surveys are beneficial because they are not time-consuming, inexpensive, and allow for a quick turnaround of results. They provide a good measurement of attitudes, especially attitudes towards masculinity. Also, for well-constructed measurements, they provide high validity. For sensitive topics such as HIV and sex (Tourangeau & Yan, 2007), surveys allow for anonymity (B. Johnson & Christensen, 2012).

Focus groups were scheduled using an online scheduling poll, and participants were asked to confirm their participation. Focus groups occurred in the spring and summer of 2019. Each focus group occurred on the respective college campus in private rooms. Participants were provided a copy of the informed consent and asked to review it before the focus group began. Participants were asked to provide their own pseudonyms. After the completion of the HIV/STI intervention, participants were asked several questions about masculinity, sexuality, and pleasure using semi-structured interview

questions. Questions included: How do you define being a man? How is your masculinity connected to your sexuality? What parts of your identity (male, Black, college student, athlete, Greek, etc.) influence your masculinity? Probing questions were asked in each focus group to help guide the conversation based on their previous answers. Focus groups ranged from 47 minutes to 1 hour and 45 minutes.

Focus groups are useful for exploring ideas and concepts. Focus groups can also provide in-depth information by allowing researchers to get a window into the participant's internal thinking (B. Johnson & Christensen, 2012). Focus groups are especially beneficial for the examination of masculinity because it allows for the examination of participants interaction amongst each other. Finally, it allows for probing, which can provide clarification on concepts that may be misunderstood (B. Johnson & Christensen, 2012).

Study Measures

Covariates. Items included basic demographics (age, ethnicity, current year in school, housing, and student organization affiliation) needed for descriptive, comparative analysis, and control covariates.

Predictor variables. *Masculinity dimensions* were measured by a mean score from a modified version of the Male Role Attitudes Scale (MRAS) (Pleck, Sonenstein, & Ku, 1993). The MRAS was developed with a diverse sample (White, Black, and Hispanic) of adolescent males. The original scale includes eight items with three factors: toughness, avoidance of overt femininity, and hypersexuality. "I admire a man who is totally sure of himself" was removed because it did address the constructs of masculinity

in the current study to create a 7-item scale. Additionally, the item “It bothers me when a guy acts like a girl” was reworded to “It bothers me when a man acts like a woman” to reflect the age group to which the scale was to be administered. Finally, “Men are always ready for sex.” was reworded to “Black men are always ready for sex.”, again, to reflect the population included in this study. The original scale has a 4-point response option (that is, 1: “agree a lot”; “agree a little”; “disagree a little”; 4: “disagree a lot). The scale was changed to a 5-point response option (that is, 1: Strongly disagree; Disagree; neither agree or disagree; Agree 5: strongly Agree). Mean scores were calculated. After a factor analysis, two factors emerged: *respect/toughness and anti-feminism/ hypersexuality*. Cronbach’s alpha for responses of this study’s sample of participants was 0.72 for respect/tough, and 0.700 for anti-femininity/hypersexuality. *Belief of Black disadvantage* was measured by a mean score taken from a subscale from the Masculinity Inventory Scale (MIS) (Mincey, Alfonso, Hackney, & Luque, 2014a). This scale was developed with Black males from HBCUs and PWIs. The subscale called “Mainstream society/Black masculinity,” consisting of items that stressed what being a Black man is (e.g., “I have to prove stereotypes against Black men wrong”; “Life is easier for White men than Black men”; “The road to success is easier for White men than Black men”), suggested awareness of the privileged societal positionality of White men. Cronbach’s alpha for responses of this study’s sample of participants was 0.90.

Outcome variables. *Protective behavioral intentions* served as an outcome variable. It was measured by a mean score taken from a subscale in the STD Attitude Scale (Yarber, Torabi, & Harold Veenker, 1989). The STD Attitude scale contains 27

items with three subscales: Belief, Feeling, and Intention to Act. The Intention to Act subscale measures protective intentions, which includes eight items that focus on STD prevention (can be translated to HIV prevention) (e.g., “I will avoid sexual contact anytime I think there is even a slight chance of getting an STD”). This subscale has a 5-point response option (that is, 1: “Strongly disagree”; “Disagree”; “Undecided” “Agree”; 5: “Strongly agree” exception for one item, which is reverse coded). The Cronbach’s alpha for the subscale for this study’s sample was 0.83.

Sexual risk behaviors served as another outcome variable. It was measured by examining the lack of condom use during vaginal and anal sex. Lack of condom was measured by taking items from the 37-item Sexual Risk Survey (Turchik & Garske, 2009), which measured a broad range of sexual behaviors. The scale asks about the frequency of activities in the past 6 months. The prompt for the study was changed to 3 months to avoid recall bias (Dillman, Smyth, & Christian, 2014). Condom use was measured with two items including vaginal sex without a condom and anal sex without a condom and unprotected anal penetration that was dichotomized into two categories: those who had had condomless vaginal or anal sex in the last 3 months (elevated risk), and those who had not had sex or who had used a condom during their every vaginal and anal sex encounter in the last 3 months (no/low risk).

Table 1

Descriptions of Measurements

Variable Type	Construct	Level of Measurement	Citation	Potential Response	Alpha	Mean (SD)
Independent Variable	Belief of Black Disadvantage	Ordinal scale	Mincey et al. (2014a)	(1) Strongly disagree to (5) Strongly agree	.90	3.89 (0.84)
Independent Variable	Masculinity Dimensions <ul style="list-style-type: none"> • Respect/toughness • Anti-feminism/hypersexuality 	Ordinal scale	Pleck et al. (1993)	(1) Strongly disagree to (5) Strongly agree	0.72 0.70	3.88 (0.84) 2.86 (0.83)
Dependent Variable	Risk Behaviors	Nominal	Turchick et al. (2009)	Condomless vs. condom vaginal and anal sex	—	—
Dependent Variable	Protective Intentions	Ordinal scale	Yarber et al. (1989)	(1) Strongly disagree to (5) Strongly agree	0.83	2.18(0.69)

Research Aims and Questions

Aim #1: Explore the process of social exchange related to the adherence or deviation of masculine norms among Black heterosexual college men in the South.

Rational for Aim 1: Hegemonic or traditional masculinity occupies a dominant space of gendered relations that not all men receive that advantages of that dominant space, particularly Black men. Since hegemonic or traditional masculinity is idolized by Western society, Black men are judged by those standards. While masculinity is the innate qualities of a man, manhood is developed through interpersonal and intrapersonal relationships and experiences. Black men develop their sense of manhood during their college years through a process of social exchange. This process involves experiences with intrapersonal and interpersonal relationships that determined whether Black college men will adhere or deviate from masculine norms. Adherence to masculine norms can

impact both harmful and healthy sexual behaviors such as which impacts HIV. Therefore, in order to understand the potential of HIV vulnerability for heterosexual black men, it is important to explore how social exchange and perception of masculine norms.

Research Question #1: How do interpersonal relationships influence Black college men's adherence or deviation from masculine norms?

Research Question #2: How does the college environment influence Black college men's adherence or deviation from masculine norms?

Aim #2: Test the association between masculinity dimensions and sexual risk and protective behavioral intentions and the role of belief of Black disadvantage.

Rationale for Aim #2: The factors that impact HIV vulnerability for Black men are also intimately tied to their masculinity. Black men have liberal sexual attitudes (Bowleg et al., 2017) that are influenced by Black masculinity, which can impact sexual risk behaviors (Dworkin, 2015b). Black masculinity is an alternative form of traditional masculinity practiced by Black men as a way to obtain societal power not afforded to them because of systematic disadvantages such as racism and classism (Hill Collins, 2004; Staples, 1982). These forces that contribute to the HIV/AIDS epidemic among Black men are multilayered and multifaceted and cannot be explained by simply examining behaviors alone (i.e., condom use, multiple and concurrent partners) (Watkins-Hayes, 2014). Studies have found that traditional masculinity norms such as hypersexuality (ready for sex at all times) (Bowleg et al., 2017) and multiple partnerships (Carey et al., 2010; Frye et al., 2012) have all contributed to HIV risk.

Question 1: What is the association between masculinity dimension and protective behavioral intentions?

Hypothesis 1: Lower adherence to masculinity dimensions will be positively associated with protective behavioral intentions. Specifically, those that did not adhere to respect/tough and anti-femininity/hypersexuality will be predisposed to protective behaviors.

Question 2: What is the association between belief of Black disadvantage and protective behavioral intentions?

Hypothesis 2: Lower belief of Black disadvantage will be negatively associated with protective behavioral intentions. Specially, those that did not believe that there was Black disadvantage would have a higher intent to use protective behaviors.

Question 3: What is the association between masculinity dimensions and sexual risk behaviors?

Hypothesis 3: Higher adherence to masculinity dimensions will be more likely to engage in sexual risk behaviors. Specifically, those that adhere to respect/tough and anti-femininity/hypersexuality will be more likely to engage in condomless vaginal and anal sex.

Question 4: What is the association between belief of Black disadvantage and sexual risk behaviors?

Hypothesis 4: Higher belief of Black disadvantage will be positively associated with sexual risk behaviors. Specially, those that had a higher belief in Black disadvantage would be more likely to engage in condomless vaginal and anal sex.

Sample Characteristics

Descriptions of the thirteen focus group participants as well as the pseudonyms provided by each participant. Most participants were between 20 and 22 years, were upperclassmen, and belonged to some student organizations (e.g., Greek organization, ethnic/minority organization, or intramural athletic team).

Participants who completed the survey were 158 heterosexual Black males who were enrolled in a college/university in the South. The majority were 21 years old or younger (61%), lived off-campus (52%), and had sex in the last 3 months (79%). After being categorized into a risk category, most students' behaviors were classified as elevated risk (59%).

Bivariate analyses were conducted to determine whether means in masculinity scores differed by participant characteristics. In a *t*-test analysis, we examined the means scores of masculinity subscales. Most participant characteristics did not differ in mean score except for membership to an athletic team. With participants not on an athletic team having higher respect/strength score ($M = 4.01$, $SD = 0.79$) than those who were on an athletic team ($M = 3.58$, $SD = 0.88$), $t(119) = 2.621$, $p = 0.01$. See Table 2.

Table 2

T-test Results of Masculinity Subscale by Participant Characteristics

	Respect/Strength				Anti-femininity/Hypersexuality			
	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Athletic Team			2.62	0.010			-1.08	0.25
Yes	3.58	0.88			3.03	0.83		
No	4.01	0.79			2.82	0.98		

Table 2

Cont.

	Respect/Strength				Anti-femininity/Hypersexuality			
	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Student Org.			0.597	0.55			0.43	0.67
Yes	3.85	0.91			2.84	0.94		
No	3.94	0.79			2.92	0.94		
Greek			0.75	0.45			1.28	0.20
Yes	4.01	0.89			3.11	1.01		
No	3.87	0.83			2.83	0.91		
Age			-0.22	0.82			-0.13	0.90
21 or younger	3.87	0.84			2.85	0.97		
22 or older	3.90	0.85			2.88	0.87		
Housing			1.29	0.20			1.43	0.16
Off-campus	3.97	0.78			2.97	0.96		
On-campus	3.78	0.90			2.74	0.89		
School			-1.10	0.27			-0.73	0.47
MSI	3.78	0.94			2.81	0.95		
HBCU	3.95	0.77			2.94	0.91		

Analytic Plan

Aim #1: Explore the process of social exchange related to the adherence or deviation of masculine norms among Black heterosexual college men in the South.

Research Question #1: How do interpersonal relationships influence Black college men's adherence or deviation from masculine norms?

Research Question #2: How does the college environment influence Black college's men adherence or deviation from masculine norms?

After each focus group, team members completed a reflexivity sheet that provided space to reflect on thoughts and feelings during the focus groups, as well as identify emerging themes, or any outstanding moments that came up during the focus groups.

These emerging themes guided the themes used during the coding of transcripts. Using a narrative analysis approach, transcripts were coded manually for themes. Narratives are composed for a particular audience and focus on “taken-for-granted” discourses and values of a particular group of people (Riessman, 2008). Narratives allow the participant to recall their accounts and actively engage in the research. Narratives also provide insight into an individual’s experience and allow the audience to be engulfed in the participant’s world (Riessman, 2008). Transcripts were examined vertically and then horizontally while coding the transcripts for themes. So, there was an in-depth look at a single transcript and coding of themes using theories, then after reviewing all the transcripts, looking across the focus groups to find similar themes. Themes were determined by the frequency of the codes, the number of times participants spent on each theme, and if the theme was discussed across focus groups. Themes were reviewed with the principal investigator for consensus. Later those themes were mapped on the ecological-exchange framework by the first author, with themes that coincided with each level of the ecological-exchange framework.

Aim #2: Test the association between masculinity dimensions and sexual risk and protective behavioral intentions.

Data preparation and exploration. Data analysis was completed using SPSS version 25. After cleaning the data by removing missing/incomplete data, coding the variables, and creating new variables, if necessary, basic descriptive statistics (frequencies, means, standard deviation, and distribution) were conducted to identify the makeup of the sample and normality of the data.

Psychometrics were conducted for all scales. An exploratory factor analysis was conducted to confirm the set of items. To determine what items and factors to preserve, Eigenvalues greater than 1 (Kaiser criterion) or a scree test was conducted. Since all of the items were assumed to be correlated, an oblique rotation was utilized. The items that loaded onto two factors (using a .05 criterion level). To test the reliability and validity of the scales, the internal consistency was assessed by calculating the scale's Cronbach's alpha. All scales and subscales had a large coefficient alpha (.70 for exploratory measures), which indicates a strong item covariance.

Univariate, bivariate, and multivariate analyses were conducted to inspect the distributions and associations between masculinity dimensions, risk, and protective outcome variables, and possible covariates.

Question 1: What is the association between masculinity dimension and protective behavioral intentions?

Question 2: What is the association between belief of Black disadvantage and protective behavioral intentions?

A stepwise linear approach was used to test if masculinity dimensions (respect/toughness and anti-femininity/hypersexuality) independently were independently associated with protective behavioral intentions, accounting for belief of Black disadvantage. Model 1 includes respect/toughness and anti-femininity/hypersexuality, and model 2 includes both masculinity dimensions as well as belief of Black disadvantage; finally, model 3 includes age.

Question 3: What is the association between masculinity dimensions and sexual risk behaviors?

Question 4: What is the association between belief of Black disadvantage and sexual risk behaviors?

To test the association between masculinity dimensions and risk behaviors, a step-wise logistic regression analysis was conducted to examine the association between masculinity dimensions and risk behaviors. In the logistic regression models, model 1 includes respect/toughness, feminism/hypersexuality, model 2 adds belief of Black disadvantage, and model 3 adds age. Missing cases on outcome variables were removed from multivariate analyses. Logistic regression is beneficial for analyzing the simultaneous effects of multiple variables, and the parameters provide the strength of the association (Benoit, 2011).

Conclusion

This study used a concurrent mixed methods design from a primary data source to explore the process of social exchange related to the adherence or deviation of masculine norms. Additionally, the study examined the direct relationships between masculinity dimensions and risk behaviors and protective behavioral intentions as well as examining the effects of belief of Black disadvantage. Preliminary results revealed that there was a significant mean differences in respect/toughness for those that were member in an athletic organization but other participant characteristics were not significant.

The next two chapters outline two papers: (a) Exploring the process of social exchange related to the adherence or deviation of masculine norms; and (b) Testing the

association between masculinity dimensions and sexual risk and protective behavioral intentions and the role of belief of Black disadvantage.

CHAPTER IV

“I WANNA BE A TYPE OF WAY AND THEN SOCIETY TELLS US WE HAVE TO BE SOME OTHER TYPE OF WAY”: EXPLORING THE SOCIAL EXCHANGE OF MANHOOD AND MASCULINE NORMS AMONG BLACK HETEROSEXUAL COLLEGE MEN

Abstract

Traditional masculine norms state that men are tough, providers, and sexually assertive. As an essential part of the life, Black heterosexual college men must weigh the rewards and costs of adhering or deviating from traditional masculine norms in the context of the college environment. Adherence to masculine norms can be detrimental to young Black men’s sexual health. Given this, we looked at how Black heterosexual college men adhere to or deviated from masculine norms through the ecological-exchange framework. Analyzing data from three focus groups with a total of 13 Black heterosexual college men at two Historically Black College and Universities (HBCUs) and one Minority Serving Institution, we found that participants developed their masculinity while in and prior to college through experiences with male role models and their mothers. Participants felt conflicted in their need to adhere or deviate from masculine norms and grappled with the scrutiny they do or would receive from female partners and the campus community. These accounts reflect the multiple levels of processes men go through to develop their masculinity and highlight the need for interventions focused on masculinity that target those levels.

Introduction

Connell (2005) defines masculinity as not an object (character type, behavior, norm) but as a space in gendered relations, the practices that men and women engage in, and the effects of those practices on the body, personality, and culture.

Hegemonic/traditional masculinity is masculinity that occupies a dominant space of patterned gender relations and is described as current gender practices based on patriarchy, which places men in the dominant role and women in the subordinate role (Connell, 2005; Erausquin & Faller, 2020). Hegemonic/traditional masculinity norms state that men are sexually assertive, always ready to have sex, view sex as primarily pleasurable, believe that penetration is the goal of sex, are sexually controlling and aggressive, and hypersexual (Campbell, 1995; Ku et al., 1992). Hegemonic/traditional masculinity is idolized by Western culture as the standard to which all men are judged (Connell, 2005; Griffith, Gunter, & Watkins, 2012). However, not all men benefit from the social, economic, and political advantages of hegemonic/traditional masculinity and occupying the dominant space of gendered relations (Connell, 2005; Hill Collins, 2004; Staples, 1982). For marginalized groups, such as Black men, years of discrimination, racism, and structural barriers have forced alignment with hegemonic or traditional masculinity (Staples, 1978, 1982). Although *masculinity* is viewed as innate qualities of a man, *manhood* is an identity developed through intrapersonal and interpersonal relationships (Griffith, 2015). The development of manhood, similar to masculinity, strongly depends on the cultural, social, and political context in which the formation occurs. During college years, Black men develop their sense of manhood (Harper &

Harris, 2010) and transition through a process of social exchanges that influence their adherence to masculine norms. In the process of social exchange people weigh the rewards and costs of social relationships to determine if they will continue with a social behavior. Adherence to masculine norms can influence sexual health (Fleming et al., 2016), including negative outcomes such as HIV and STIs. Trying to understand the construct of masculinity by examining the influences of masculinity contextuality because research has shown the masculinity is linked to health outcomes. However, there need to be an understanding of masculinity first. Therefore, it is important to explore how perceptions of masculine norms may affect HIV vulnerability among Black heterosexual college men through a process of social exchange.

Construction of manhood and masculinity in college years. An important goal of college-aged years is to develop and form an identity. The identity of a man is often linked to his manhood and masculinity, and their formation is said to be attributed to relationship experiences (e.g., trust, intimacy, etc.) in a young man's life (Erikson, 1968). For instance, the formation of one's manhood can be influenced by personal experiences, family background, friends, classes, sociocultural factors, and career and life goals (T. L. Davis, 2002; S. R. Harper & Harris, 2010).

For Black men, the college environment presents a unique social experience as the higher education setting has been historically White male-dominated. Consequently, masculine norms of privileged White men were incorporated into the establishment of colleges and universities (Harper & Harris, 2010). It is theorized that Black men reinforce traditional masculine norms and male superiority by adhering to and endorsing

hegemonic/traditional masculine norms at predominantly White institutions (PWIs) as well as historically Black colleges and universities (HBCUs) (Harper & Harris, 2010). Thus, Black college men may inadvertently oppress other marginalized groups.

Often, Masculinity among Black men is not associated with academic excellence (hooks, 2004), which can deter Black men from attending college (“intellectual sissies”) and make them scarce on college campuses (Hill Collins, 2004). Black men in college may feel less masculine, then, enact their masculinity on campus through pursuing romantic relationships with women and engaging in competition with other men with less attention on academic achievement or leadership roles (Harper, 2004). The need to prove their masculinity affects Black college students, both individually and collectively (Ford, 2011).

Through college years, Black men must answer several questions relating to individualism (i.e. lack of concern for others) and collectivism (i.e the interdependence on others) that include what are the cultural norm and expectations of masculinity and what are the outcomes when they do not adhere to those norms (Harper & Harris, 2010). Black college men both police and validate masculine ideologies, yet may be conflicted in the desire to deviate from masculine norms. Gender role conflict theory states that men go through a gender role conflict when they admire men that step outside the bounds of masculinity norms but fear being seen as feminine or homosexual and therefore do not act out their admiration (O’Neil, Helms, Gable, David, & Wrightsman, 1986). More work is needed to understand how Black men engage with traditional masculine norms.

Adherence to masculine norms and risk behaviors. Young Black men are disproportionately affected by HIV and their adherence to masculine norms can contribute to HIV vulnerability (CDC, 2018b). There is mixed research about Black men's adherence to masculine norms and masculinity's impact on sexual risk behaviors with most research on masculinity and HIV vulnerability has focused on a community sample of Black men and not college men. Most HIV research have focused on other populations but fail to acknowledge Black heterosexual men as vulnerable due to their adherence to masculine norms.

In HIV research, literature, and interventions, the targeted group has been men who have sex with men (MSM) and women. Since core constructs of Black masculinity include heterosexism and anti-feminism, diseases such as HIV that are linked to groups of people who exhibit elements of homosexuality and feminism may be dismissed by heterosexual Black men as unsusceptible (Dworkin, 2005, 2015b; Dworkin et al., 2009; Higgins et al., 2010). For instance, Black college men discussed how they avoided being tested for HIV because they did not want to be perceived as gay by their peers and since HIV is often linked to MSM (Hall & Applewhite, 2013).

Black men may also feel the need to prove their heterosexuality by having multiple concurrent women as sexual partners (Ward, 2005) or forgoing condom use in order to fulfill the stereotype of always being ready to have sex, even when a condom is not readily available (Bowleg, 2004). There have been numerous studies on sexual violence, its correspondence with aggression, and the risks it poses for HIV transmission, including lack of condom use and physical injury to genitalia (Raiford et al., 2013;

Santana, Raj, Decker, La Marche, & Silverman, 2006; Tharp et al., 2013).

Traditional/hegemonic masculinity ideologies state that men are sexually assertive, always ready to have sex, view sex as primarily pleasurable, believe that penetration is the goal of sex, are sexually controlling, and have multiple partners (Campbell, 1995; Ku et al., 1992).

The lack of ability to acquire power from traditional masculinity forces Black men to adapt their own masculinity. Wright (1997) states, “[Black] masculine sexuality is, in fact, a metaphor for personal power” (p. 455). At times this form of masculinity revolves around sexual prowess, by “acting out” through elements of sexual promiscuity, aggressiveness, violence, thrill-seeking, suppression of emotions, mistrust of authority, hatred for feminine qualities, heterosexuality, and denial of vulnerability (Aronson et al., 2003; Harris, 1995; Staples, 1978, 1982). Heterosexual Black men feel as though they need to prove their masculinity through acts that distance themselves from marginalized groups such as women by oppressing them through heterosexism, antifeminism, and sexual violence and assault (F. R. Cooper, 2005).

Given these gaps, this study examined how Black heterosexual college men in the U.S. South adhere or deviate from masculine norms through the process of social exchange. Guided by ecological-exchange framework, this study aimed to explore the process of social exchange related to the adherence or deviation of masculine norms among Black heterosexual college men in the South. The study centered on two questions: (a) How do intrapersonal and interpersonal relationships influence Black college men’s adherence or deviation from masculine norms?; and (b) How does the

college environment influence Black college's men adherence or deviation from masculine norms?

Methods

As part of a larger mixed methods study, we conducted seven focus groups with forty-one Black college students aged eighteen to twenty-nine between March and July 2019. Focus groups are useful for exploring ideas and concepts and provides in-depth information by allowing researchers to get a window into the participant's internal thinking and beneficial for the examination of masculinity because it allows for the examination of participants' interaction amongst each other (Johnson & Christensen, 2012). For this analysis, we used qualitative data from the three heterosexual male focus groups (N=13 participants). Data (demographic and quotes) presented excludes two participants: one self-identified gay male and one self-identified bisexual male; as the focus was on masculinity and heterosexual Black college men.

Sampling and recruitment. Purposive sampling was used to recruit participants from two Historically Black Colleges and University (HBCU) and one Minority Serving Institution (MSI) in the U.S. South. At each university, participants were recruited through emails sent to departmental listservs and student organizations. Additionally, flyers were strategically placed in high traffic areas across three of the university campuses. A member of the research team was available at three campuses to assist with active recruitment (tabling, handing out flyers to students, and speaking in classrooms). Students were asked to contact the principal investigator via text message or email if interested in participation and were screened by the principal investigator to ensure that

they met the eligibility criteria as 18-29 years old, identifying as Black and attending one of the three universities. Participants were provided a \$50 gift card incentive for completing the focus group. The study and recruitment methods were both approved by the Institutional Review Board at [blinded for review].

Data collection and analysis. Focus groups occurred on the respective college campuses in private rooms. Informed consent occurred before focus group initiation, and participants were asked to provide their own pseudonyms. Focus group questions included: How do you define being a man? How is your masculinity connected to your sexuality? What parts of your identity (male, Black, college student, athlete, Greek, etc.) influence your masculinity?

The research team members, whom all identify as Black, were trained in, and had extensive experience, utilizing qualitative methods. The male focus groups were facilitated by a Black male facilitator who assisted with building rapport with the participants and ensured that the research reflected the social and cultural contexts of Black college men's lives. Focus groups were digitally audio-recorded and transcribed by a professional transcription company. The three focus groups ranged from 47 minutes to 1 hour and 45 minutes.

After each focus group, team members completed a reflexivity sheet that provided space to reflect on thoughts and feelings during the focus groups, as well as identify emerging themes, or any outstanding moments that came up during the focus groups. These emerging themes guided the themes used during the coding of transcripts. Transcripts were coded manually for themes using a narrative analysis approach.

Narratives are composed for a particular audience, and they focus on “taken-for-granted” discourses and values of a particular group of people (Riessman, 2008). Narratives allow the participant to recall their accounts and actively engage in the research. Narratives also provide insight into an individual’s experience and allow the audience to be engulfed in the participant’s world (Riessman, 2008). The first author read over transcripts several times and additionally listened to audio recordings of the focus groups to contextualize quotes. Transcripts were examined vertically and then horizontally while coding the transcripts for themes. So, there was an in-depth look at a single transcript and coding of themes using theories, then after reviewing all the transcripts, looking across the focus groups to find similar themes. Themes were determined by the frequency of the code, the number of times participants spent on each theme, and if the theme was discussed across focus groups. Themes were reviewed with the principal investigator for consensus. Later those themes were mapped on the ecological-exchange framework by the first author, with themes that coincided with each level of the ecological-exchange framework.

Ecological-exchange framework. Sabatelli and Ripoll (2003) introduced the ecological-exchange framework to extend the perspective of social exchange theory to incorporate cultural and contextual factors. The framework evolved to include ecological levels (see Figure 1) (Sabatelli et al., 2018). Social exchange theory is a group of perspectives that explain social life as a series of exchanges between two or more parties, and which emphasizes rewards and costs (Cropanzano & Mitchell, 2005). Rewards are defined as “pleasure, satisfaction, and gratifications the person enjoys” (Thibaut & Kelley, 1956, p.12), while costs are negative consequences that can include ridicule or

scrutiny (Blau, 1964). The process of social exchange is influenced by a collection of ecological factors such as social, economic, and political factors impact the rewards and costs of adhering to masculine norms.

In the ecological-exchange framework, social exchange occurs on ecological levels that work interdependently: macrosystem and the structure and experience of intimate partnerships, policies and practices of major institutions of society, and macro-level values, cognitive exchange orientations and comparison (Sabatelli et al., 2018). Macrosystem and the structure and experience of intimate partnerships describe how patterns of behavior are tied to cultural values, particularly in two dimensions: individualism versus collectivism (Triandis, 1995). Cognitive exchange orientations and comparison levels acknowledge that culture shapes people and relationships. While policies and practices of major institutions of society level describe traditions found in political, economic, religious, and educational institutions that influence patterns of behaviors found in intimate relationships such as personal and family relationships (Sabatelli et al., 2018).

Models of social exchange have rarely examined masculine norms. However, the social exchange theory has been proven beneficial in examining social patterns in various fields of research. In examining Black college men's behaviors, it is important to contextualize their lived experiences which calls for the use of the ecological-exchange framework. Situating Black men's experiences in a social, economic and political context helps eliminate biases and stereotypes (Bowleg et al., 2017), including those related to masculinity among Black men. Previous research indicates an association between

adherence to masculine norms and sexual risk behavior (Fleming et al., 2016; Jacques-Aviñó et al., 2018), but little research has examined the potentially unique masculine norms of Black heterosexual college men, a vulnerable population for HIV acquisition.

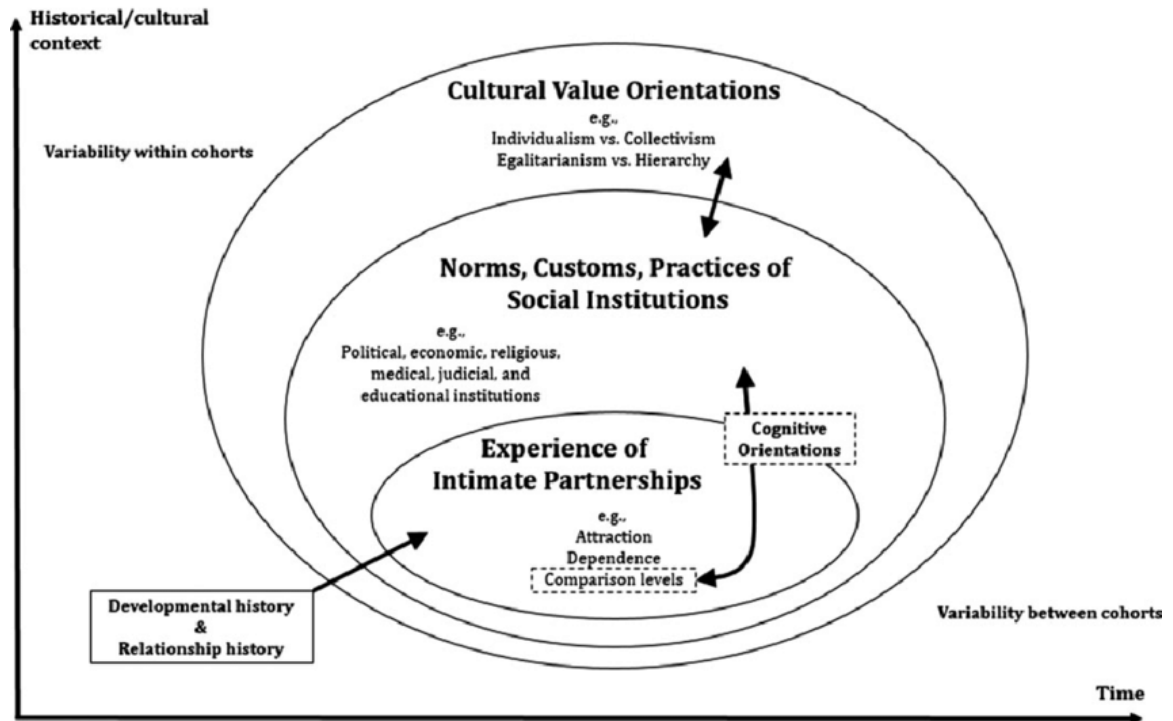


Figure 3. Ecological-Exchange Framework.

Participants. Table 1 describes the 13 focus group participants, as well as the pseudonyms provided by each participant. Most participants were between 20 and 22 years old, were upperclassmen, and belonged to some student organizations (e.g., Greek organization, ethnic/minority organization, or intramural athletic team).

Table 3

Focus Group Demographics

Pseudonym	Age	Year in School	Student Organization Membership
Caleb	22	Junior	Intramural athletic team and minority/ethnic organization
Daddy	21	Junior	Greek organization
Finesse	20	Sophomore	Minority/ethnic organization
James	20	Junior	Intramural athletic team
James B.	>25	Graduate student	No student organization membership
Jarome	22	Junior	Intramural athletic team
Jerome	20	Freshman	No student organization membership
Marcus	21	Graduate Student	No student organization membership
Nas	22	Sophomore	Intramural athletic team
Rico	>25	Junior	Student religious organization and minority/ethnic organization
Tyrone	19	Sophomore	Greek organization and minority and ethnic organization
Tyson	21	Senior	No student organization membership
Wayne	21	Sophomore	Unspecified student organization

Findings

Themes mapped onto the three levels of the ecological-exchange framework: (a) experience of intimate partnerships; (b) norms, customs, practices of social institutions; and (c) cultural value orientations. In the spirit of using participant's voices to illustrate their lived experiences, quotes were used to illustrate each construct of the framework (see Figure 4). Due to the nature of the ecological-exchange framework, levels within the

framework do not influence masculine norms independently but may work collaboratively together to influence masculine norms. Therefore, quotes discussed in the findings are not exclusively at one level but focused primarily on a certain level.

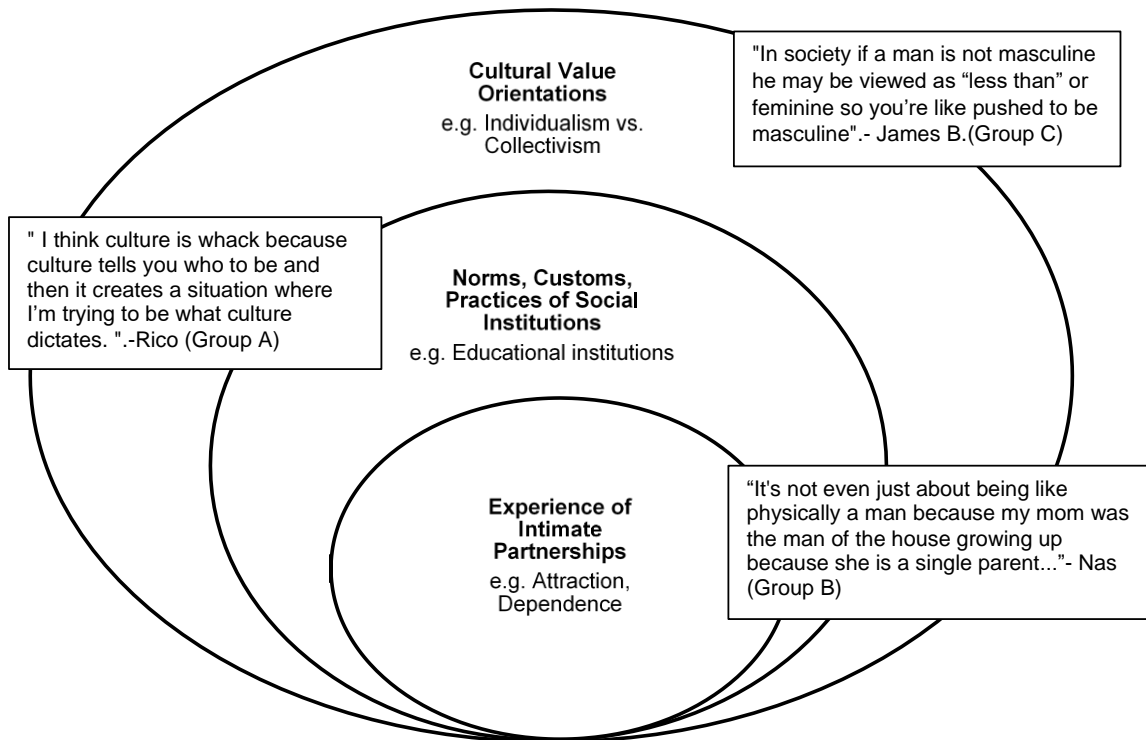


Figure 4. Heterosexual Black College Men’s Masculine Norms Adapted from the Ecological-Exchange Framework.

Experiences of intimate partnerships. Black college men’s masculinity was described as being initially shaped in their developmental years through intimate relationships such as personal and family relationships. The young men described how intimate and romantic relationships, as well as adult role models, influenced their adherence to or deviation from masculine norms.

Attraction to romantic partners. Experience with romantic female partners was a reoccurring theme for participants and emerged in other levels of the ecological-exchange framework. Participants described adhering to masculine norms and participating in “feminine” activities to be seen as sexually active to female romantic partners. Participants reported that they perceived women as being sexually attracted to masculine men. Caleb (Group B) shared the following,

Like we were discussing earlier like I was talking about why people have to be aggressive . . . I feel like women find masculinity like attractive or they’re sexually attracted to it. So like that’s what men are trying to become, but they are not like even if they’re not masculine, but you’re trying to portray that to have a sexual attraction for women.

Caleb described how the benefit of being seen as sexually attractive motivates some men to adhere to masculine norms even when it goes against how they want to act. As such, participants discussed how women reinforced stereotypical masculine norms by rejecting men that did not fit the masculine norms of being tough or aggressive.

Some participants stated that women were justified in their sexual attraction to men who were masculine because of their need to feel protected and secure, while some participants discussed how analyzing cost and reward within relationships meant that they had to forgo certain masculine norms and stereotypes to pursue romantic relationships. Nas (Group B), for instance, shared,

Like masculinity is brawn, big, like she just wants to feel protected. So that masculinity is what she’s going to because it makes her feel comfortable like you feel like if I’m with somebody who’s masculine like, how can something happen to me?

While some men felt upholding masculine norms made them sexually attractive for romantic partners, other participants were willing to face ridicule for “feminine” activities, such as getting a manicure, to please their partners. Jerome (Group A) stated,

They will point out your flaws, they will point out things that they like about you, and you will adapt, especially if there is someone that you like. If a female friend just wants for you to get your nails done and get your feet done, there’s certain stereotypes or certain perceptions of males getting their hands and feet done that may change when you are with them because you really like them, so you’re going to change.

Several participants discussed how they rejected women that expected those stereotypes and pursued women that allowed them to deviate from those stereotypes. Tyson (Group B) stated, “Like sometimes the girl consider you like feminine or soft, if you don’t keep up with those stereotypes of being aggressive or tough or something. But those are the girls that I don’t really mess with.” Tyson highlight how he chose partners that did not pressure him to follow stereotypes and still consider him sexually attractive.

Traditional and non-traditional norms. When asked about what influenced their definitions of masculinity or being a man, participants discussed important adults in their lives. Participants discussed how their mothers and other men (e.g., coaches and uncles) were role models helped to dismantle stereotypical masculine norms to diminish the costs of deviating from those stereotypes.

Participants described how the roles their mothers played as the “man” of the household, helped them learn how to be the head of the household and how to raise a family. Tyson (Group B) discussed the role his mother played in a single-mother household as a provider and role model,

She had to do what she had to do to provide. That's what I look up to. What I would do as a man obviously when I would have kids and stuff, that's what [provide] I'm going to do.

Jarome discussed that although he was raised in a two-parent household, the absence of this father due to the military, allowed him to see his mother as a provider, a role typically reserved for men. Jarome (Group B) stated,

Well, I have both my parents in my house. So I have got both sides. My dad is deployed all the time. So my mom is there about when he comes home, but he still taught me like how to be a man when he was there, and my mom like providing for the family when he is gone.

Jarome's relationship with his father was unique to him and similar household dynamics were not echoed by other participants.

In the absence of their fathers, several participants discussed male role models who served as a father figure in the development of their masculinity. As an example, Nas shared the following about his coach,

. . . we had a coach who is part of the Greek fraternity. I can say he changed my idea of masculinity because he's a big dinosaur-looking, huge, big. Yea, you know what I'm saying but at the same time he's a teddy bear. I already know like you just like me. Like breaking the norms of what you're supposed to be. Or what you've been labeled as because just because you're a football player, and you're an Omega doesn't mean you got to be an asshole and this and that. Just be a man. You can be caring, and like do what you gotta do, it's cool. It's cool to be caring like especially toward another guy. That's where I think me and him grew close because my dad passed when I was three years old.

Nas described how his coach, whom he described as big in physical stature, a former football player, and a member of historically Black Greek-letter fraternity, showed that

men can be emotional and caring; that allowed him to feel comfortable deviating from stereotypical masculine norms. Coaches were described as showing emotions and vulnerability.

Participants also discussed male family members as role models. Wayne (Group A), for instance, described how family role models helped him define his masculinity. He described core components of his masculinity as tough, respectful, and hardworking (seen as traditional components of masculinity),

Just watching my father, my grandfather, and my uncles, how they carried themselves as a man. My uncle, Steve, he's a deacon out at a church in Boston, Massachusetts. So just watching how my uncle, and my grandfather, and my older cousin, how they carried themselves kind of defined me. All of them are tough guys, respectful guys, hard-working guys. So that's what I use for me growing up, how to define me and how I should carry myself in society, and how I should treat people, and talk to people.

Wayne's family role models highlight the importance of family role models in how his masculine norms were shaped.

Norms, customs, and practices of social institutions. Policies and practices of social institutions describe traditions found in institutions that influence patterns of behaviors. The norms, customs, and practices in college present guidance for Black men to enact masculine norms and participants described the cultural influence.

Refine, not define. Norms, customs, and practices on their college campuses included discussion on the influence of Greek life, clubs and campus culture. The college environment provided Black men with the opportunity for social mobility but also added stress. Participants described how norms at HBCUs of being exemplars of the Black

community, forced Black men to constantly present themselves in a certain light. For instance, James B. (Group C) shared, “You can’t do certain things because of how society will look at you.”

James (Group A) discussed the masculine stereotypes associated with certain historical Black Greek-letter fraternities on campus. When asked to describe how their membership in a fraternity shaped their definitions of masculinity, James added,

I wouldn’t say it [Greek life] would be like—it defines your masculinity. And you don’t join an organization based off what the organization can do for you, you join the organization for what you can do for that organization, and that’s how people get involved into it. And I feel like you got to already have your masculinity intact before you get into that organization because, otherwise, you wouldn’t be bringing nothing to the table.

James explained that, for him, the culture of student organizations on campus did not define masculinity. He suggested that Black men needed to find organizations that support their masculinity assuming that masculinity was already established when joining historical Black Greek-letter fraternities.

Other participants discussed how some Black men found the need to fit into the social environment to avoid scrutiny or rejection by the college community. They discussed how college was meant for refining “self-identity” and how labels of masculinity can be an attempt to fit in. Daddy (Group A) validated this by sharing,

I just think it’s a thin line between defining masculinity and the culture, and just fitting in. As people, we try to label things like masculinity and femininity. Why don’t you just look at us humans and just see we’re fitting in spaces. I feel like we get caught up on those two words a lot, so I feel like if you just say it’s fitting in or self-identity. That’s what college is about. College is about self-identity and finding who you are, so I don’t think—if we just look at it as fitting in or just

being a person in this community, and that's all you should look at it as instead of being, oh, he's too masculine or he's too feminine. Just say he just fits in.

Overall, participants were mixed in how college culture (e.g., student organizations and clubs, Greek life) influenced their masculine norms. Some acknowledged the need to fit in on their college community while others dismissed the influence of Greek organizations, mass media, and other cultural influences of their educational institutions. For instance, Wayne stated, "I define myself as a man—it wasn't the culture. So yeah, so like clubs and Greeks and that, that would not affect—that wouldn't define me."

Cultural value orientations. The above levels of experience of intimate partnerships and social institutions are tied to cultural values that influenced patterns of behavior, particularly concerning individualism versus collectivism.

Internal struggle. Participants acknowledged the societal stereotypes of "being strong and being aggressive" (Tyson, Group B), "dominant" (Marcus, Group C), and "always ready to protect everything" (Finesse, Group B). Participants discussed the internal struggle they encountered the struggle related to being true to their own values compared to the expectations of society about Black men. Participants discussed how costs such as scrutiny and judgment could lead them to pursue societal masculine norms. James B. shared, "I wanna be a type of way and then society tells us we have to be some other type of way so we kinda have to be in those roles to face the least scrutiny as possible." This quote highlights how men balance their individual definition of masculinity with the definition presented to them by society. In his evaluation, James B.

weighed the costs and benefits of adhering to society masculine norms and determined that aligning with society's definition presented the least amount of cost and the added benefit of not being scrutinized. Marcus (Group C) agreed that there was a cost of being judged that men paid for not aligning with masculine norms such as being a provider and reported, "Society tells us that men have to be breadwinners but that's not necessarily true because a woman can be the breadwinner but when a woman does something a man should be doing they [the man] gets judged."

Participants described the struggle of wanting to deviate from masculine norms but knowing that they would be faced with scrutiny if they were different. Finesse, for instance, discussed how following societal norms of being a protector could have costs, but he believed that backlash from not conforming had even greater consequences both as an individual and from a collective standpoint. He stated,

I feel like it's subconscious, like we don't really decide to follow those things. I feel like we just put in those positions where we just can't really move any way else, but we have to do it. We are like-moving differently wouldn't be okay, but we would kind of feel uncomfortable with that. If you are walking around with your girl, you can be holding hand or whatever and other people sitting there are talking about her. She wants you to say something, even though you know that "oh they probably got guns we should probably walk away". She like saying something to them is small. And she's like "what you about to do about this?". I feel like it's really just like we feel like we have to do something. It's like not really making a smarter decision.

In this quote, Finesse describes a scenario where individuals could be making lude comments to his female partner and stated that even though those individuals could be armed with weapons, he would need to protect his female partner by addressing those lude comments even when it placed him in harm's way. Similar to Marcus and James B.,

Finesse discussed how he felt pressure to conform to societal definitions of masculine norms and also felt uncomfortable deviating for those norms.

At times, the decision to comply with society's masculine norms could be harmful. As Finesse mentioned, following stereotypes of aggression to prove one's masculinity can place one in physical harm. However, deviating from those stereotypes can cause societal harm, such as rejection, which could include not being selected as a suitable partner. Other focus group participants, like Tyson, mentioned that they were unconcerned with other's approval of stereotypical masculine norms and discussed the ideals of individualism, "I just do my own thing. I don't fall into the stereotypes or whatever . . ."

Discussion

The ecological-exchange framework illustrates that social exchange of rewards and costs between two parties or more in an environmental and cultural context. This framework was used to guide the analysis of how Black heterosexual college men negotiated the rewards and costs of adhering (or not) from masculine norms within the context of their college environment. Participants discussed their internal struggles valuing the individual and societal rewards and costs related to masculine norms and the influence of romantic female partners and other role models.

Societal pressure to adhere to masculine norms. Black men in this study described the internal struggle they experienced while enacting particular masculine norms. Understandably, men described how the fear of feeling uncomfortable or being scrutinized prevented them from deviating from masculine norms. Similar to previous

research with college and heterosexual men (Dworkin & Sullivan, 2005; Murray, 2018), men expressed a desire to deviate from masculine norms especially concerning expectations of gender roles but the fear of being judged prevented them from deviating. Within this study, participants discussed the influence of family members and romantic partners in their adherence to masculine norms. Influence from family, friends, and peers can aid in the process of masculine norm formation and deviating can cause social sanction (e.g. social disapproval) and negative reactions (Latkin & Knowlton, 2005).

Black men in academic settings are already deviating from the norm and their attendance on college campus compounds this deviation. Because academic achievement and masculinity are not typically associated with Black men, Black college men may already be viewed as less masculine (hooks, 2004). Research has shown that there is a pressure on Black college men to exceed expectations and they feel as though they cannot be authentically themselves (Mincey et al., 2014b). Similarly, participants in our study described feeling “less than” when they did not adhere to masculine norms. This view of feeling less than may be compounded for Black college men who do not adhere to masculine norms or even exhibit feminine traits. The pressure to adhere to traditional masculine norms can be determinantal to men’s health (e.g., mental health, physical health) (Courtenay, 2000) and social relationships (Burn & Ward, 2005). Although masculine norms may provide advantages for some men, adherence to masculine can also cause Black men harm (Moss-Racusin et al., 2010).

The adherence to masculine norms such as hypersexuality and aggression has been theorized to influence risk behaviors (Vincent et al., 2016). Black men are

disproportionality affected by HIV and STIs, which are linked to sexual risk behaviors (Bowleg et al., 2017). Additionally, Black men's pressure to adhere to societal masculinity norms by itself can present Black men as a vulnerable population (Dworkin, 2015a). Understanding the ways in which Black college men adhere to masculinity is useful in identifying intervention leverage points to support sexual health

Cultivating positive masculinity. Experiences with male role models such as coaches, family members, and members of student organizations influenced masculinity development and provided participants with an example of traditional and nontraditional masculine norms. Male role models have been shown to have a salient impact on the development of positive masculinity (Roberts-Douglass & Curtis-Boles, 2013). For example, in previous research, Black men have described their coaches as having dimensions of masculinity that included self-discipline, respect for others, moral values, and accountability (Roberts-Douglass & Curtis-Boles, 2013). Additionally, male family members (e.g., grandfathers) have been shown to align with traditional masculine norms and portray positive images of Black men for young Black men (Mincey et al., 2014b; Roberts-Douglass & Curtis-Boles, 2013). Finally, Black Greek-letter fraternities helped refined positive aspects of masculinity, such as leadership. Similar to previous research (McClure, 2006), Black men who joined these types of organizations had already established leadership potential and aimed to continue that in their respective organizations.

Participants in this study discussed the positive influences of male role models has in dismantling some masculine norms. Role models allowed them to be vulnerable and

provided them with examples of positive masculine norms. There are opportunities to build support for Black men to develop other dimensions of masculinity and assist with the compounded pressure of being a Black college man through relationships with role models and cultivation of leadership skills through Black centered organizations. This research can aid in creating interventions that address negative masculine stereotypes for Black men by incorporating the role models and organizations that influence masculinity development and adherence.

Deviating from masculine norms. Experiences with female partners and role models influenced participant's deviation from masculine norms. In our study, experiences with female partners was an overarching influence in the adherence to masculine norms. Similar to previous research (Murray, 2018), concern about how female partners would perceive them was an important and predominant factor in adhering or deviating from masculine norms. Social exchange theory in sexuality research describes an unequal exchange between heterosexual men and women in sexual relationships with men's desires taking precedent (Baumeister & Vohs, 2004; Byers & Wang, 2004; Rudman, 2017). Additionally, research has presented the need to be seen as desirable as a feminine trait because it requires an element of vulnerability (Connell, 1987). However, in our study, men conformed to norms to be seen as sexually attractive, at times deviating from masculine norms and participating in feminine activities to satisfy women's desires. Female partners sometimes motivated men to present themselves in a traditionally masculine way to garner sexual attention. In recent studies, the pressure to adhere to masculine norms, such as appearing hypersexual, made men feel pressure to

appear “normal” to the female partners (Murray, 2018) and believed that women wanted them to adhere to traditional masculine norms. Participants in our study discussed how adhering to societal masculine norms by presenting a masculine image to women could, in turn, make them a more sexually desirable partner than other men.

The influence of mothers in the lives of young Black men has been shown to have a positive impact on their lives by providing them with emotional intelligence and perceptions of nontraditional masculine norms (Bush, 2004; Vargas, Park-Taylor, Harris, & Ponterotto, 2016). The role of mothers was a significant contribution to how masculine norms were shaped for our participants, whether they grew up in single-parent or double-parent households. Participants often discussed how their mothers stepped in the role of head of the household, a position traditionally reserved for men, and became providers for the family. Black single mothers have been shown to provide and protect their children knowing their children are growing up in a racist society that see them as aggressive (Elliott et al., 2015). Participants discussed how seeing their mothers in this role allowed them to develop the norms that they would later instill in their households and families. Such as previous research, their mothers provided them with perceptions of nontraditional masculine norms (Vargas et al., 2016). Participants did not present feelings of anti-femininity in having a woman take on a position traditionally held by a man, instead, they admired their mothers as exemplars as heads of the household. Mothers have been shown to challenge masculine norms and in turn instill elements of femininity (Bush, 2004). Often single-mother households are viewed negatively, but our participants highlighted how their mothers were a positive influence in their masculinity

development. Participants in this study demonstrated that mothers provided guidance and dismantled some traditional masculine norms such as anti-feminism.

Current conceptualizations view Black masculinity as problematic (Pelzer, 2016), our results begin to present counter-narratives of young Black men's masculinity. While participants discussed their need to be seen as desirable, they also alluded to elements of vulnerability. Further, they described engaging in "feminine" activities (e.g., manicures) and valued the support of female-led households. Further, counter to what is presented in masculinity research about Black men (Hall & Applewhite, 2013; Harris, 1995; Wade & Rochlen, 2013), our participants did not present elements of anti-feminism. They encountered pressure to adhere to masculine norms and deviated from particular masculine norms. As all of our participants were college students, we were not able to assess the role of academic attainment in their deviation; this serves as an area for future research. The benefits of participating in the educational system for Black men can be more than upward mobility and its influence of masculinity should be explored more.

Limitations

This study fills a void in the literature about masculine norms among Black heterosexual college men utilizing the ecological-exchange framework; however, there are important limitations worth consideration. This study is unique in that it included men attending HBCUs and an MSI in the U.S. South. More work is needed to more fully understand the experiences of Black men at other institutions, including primarily white institutions, and in other regions. Additionally, our study includes a small sample of Black college men who self-selected to participate and therefore is not transferrable to all

Black college men who attend colleges in the South. Also, some of the participants knew each other before the focus group; thus, their answers could be shaped by social desirability and beliefs of more dominant members of the group.

Conclusion

The purpose of this study was to explore masculine norms among Black heterosexual college men. Utilizing the ecological-exchange framework, we begin to understand the processes and influences of enacting masculine norms within the college context. Through understanding these processes, we are able to expand the notion of masculinity and manhood for young Black men. This expansion of masculine norms is critical to dismantle the power of hegemonic masculinity and support the overall health and well-being of Black college men.

CHAPTER V

MASCULINITY DIMENSIONS AND BELIEF OF BLACK DISADVANTAGE ASSOCIATED WITH PROTECTIVE BEHAVIORAL INTENTIONS AND SEXUAL RISK BEHAVIORS

Abstract

Young Black heterosexual men in the South are disproportionately affected by HIV. Additionally, many young Black men attend universities such as HBCUs, which are located in the South. Hence, there is an increased vulnerability for HIV among Black heterosexual college men in this area. Sexual health behaviors that impact HIV vulnerability may be associated with dimensions of masculinity. Persistent racial inequality and discrimination have positioned Black men below White men, which in turn encourages Black men to engage in behaviors that help them acquire power and dominance but place them at risk for HIV, such as condomless sex. However, other dimensions of masculinity related to responsibility to their family/community may encourage preventive behaviors. In our study, we examined how dimensions of masculinity could impact sexual risk behavior and protective behavioral intentions. Additionally, we examined the effects of belief of Black disadvantage. Our results showed that respect/toughness ($b = 0.62, p < 0.001$) and anti-femininity/hypersexuality ($b = -0.24, p < 0.05$) were significant predictors of protective behavioral intention. Additionally, anti-femininity/hypersexuality was a positive significant predictor for sexual risk behaviors ($b=0.43, p<0.05$). Our study highlights the importance of certain

dimensions of masculinity and awareness of racial inequality in HIV risk prevention among Black heterosexual college students and the need to include context within research with Black men.

Introduction

In the United States, young Black men ages 15-24 make up 87% of new HIV infections among all young adults (Centers for Disease Control and Prevention [CDC], 2017b) and 68% of new HIV infections among heterosexual young men (CDC, 2018b). Additionally, 52% of new HIV infections occur in the southern region of the U.S. The Southern United States (CDC, 2019c), where the majority of Historically Black colleges and Universities (HBCUs) are located, has the highest rate of HIV among youth. College campuses reflect the disproportional sexual health disparities seen within the general population (Buhi et al., 2010). Thus, Black heterosexual college men have increased vulnerability to HIV. HIV vulnerability has been linked to sexual risk behaviors, such as concurrent and multiple sexual partnerships and condomless vaginal and anal sex (CDC, 2019d). Conversely, decreased HIV vulnerability has been linked to protective behaviors such as sexual communication and HIV testing (CDC, 2019d). Behaviors that impact HIV vulnerability among Black men have been influenced by masculine norms such as aggression, anti-feminism, and hypersexuality (Fleming et al., 2016).

Furthermore, how masculinity is enacted is theorized to differ among Black men due to racial inequalities that place Black men at a disadvantage to White men (Hill Collins, 2004). Accordingly, the relationship between adherence to masculine norms and behaviors for young Black men may differ based on belief of Black disadvantage. Hence,

this study tested the association between masculinity dimensions and sexual risk behaviors and protective behavioral intentions. Furthermore, this study examined the role of belief of Black disadvantage on the above relationships among Black heterosexual college men.

HIV vulnerability and sexual risk and protective behaviors. One contributing factor to HIV vulnerability is behaviors, whether risk or protective. Condomless vaginal and anal intercourse is one of the most common behaviors that contribute to HIV acquisition (CDC, 2019d). Some studies have shown that Black college men are more likely to engage in condomless sex than college men of other races of men (Younge et al., 2018). Condomless sex for Black college men was dependent on their HIV risk perception as well as their perception of their partners' sexual health (El Bcheraoui et al., 2013). Additionally, in some studies, Black college men have reported more sexual partners than Black college women (McElrath et al., 2017) and their White counterparts (Buhi et al., 2010). HIV vulnerability increases among Black heterosexual men who have multiple and concurrent sexual partners while engaging in condomless vaginal and anal sex (Frye et al., 2013).

Behaviors such as sexual communication and HIV testing have been listed as preventive tools for preventing HIV acquisition (CDC, 2019d). Sexual communication that includes a discussion of sexual health history and current and past sexual partners can aid in informing sexual health decisions that decrease HIV vulnerability (CDC, n.d.-b). Sexual communication about sexual history and condom use has been shown to increase condom use (Noar et al., 2006; Widman et al., 2014). Another HIV prevention

tool is HIV testing, which provides access to HIV prevention resources and also serves as a gateway to HIV treatment and care (CDC, 2020). Black college men are more likely to get tested for HIV than Black women (Lindong et al., 2017) and have more positive attitudes about HIV testing than White college students (M. P. Moore et al., 2017). Although Black college men engage in protective behaviors such as HIV testing, there are still some who do not and there is still a need to understand the factors that are linked to the use of protective behaviors.

Masculinity and HIV vulnerability. Behaviors alone may not contribute to HIV vulnerability. Masculinity also influences behaviors among Black heterosexual men. Hegemonic/traditional masculinity has been described as the observable traits, expected roles, and performances of men that occupy dominate spaces of gendered relations (Connell, 2005; Dancy, 2010; McClure, 2006), and emphasizes dominance over women and minority groups (Connell, 1987, 2005). Most importantly for HIV vulnerability, Hegemonic/traditional masculinity suggest that men should be sexually assertive, always ready to have sex, view sex as primarily pleasurable, believe that penetration is the goal of sex, sexually controlling, and have multiple partners (Campbell, 1995; Ku et al., 1992).

Scholars have theorized that men are “hardwired” to have multiple partners and unprotective sex for reproduction (Fine, 2010; Hagen, 1979). In several studies, Black men have discussed multiple partners as “natural” (Bowleg, Mingo, & Massie, 2013; Carey et al., 2010). Since dimensions of masculinity require dominance over others, men feel a sense of conquest by having multiple partners (Fleming et al., 2016). Obtaining

multiple partners has been a strategy of acquiring social status among other men as well (Senn, Scott-Sheldon, Seward, Wright, & Carey, 2011; Younge et al., 2014). Being able to perform sexually is an important dimension of masculinity, and men have discussed not using condoms because they believed it contributed to their inability to maintain an erection (K. C. Davis et al., 2014; Limmer, 2016). Other dimensions of masculinity include anti-feminism, sexual aggression, and violence (F. R. Cooper, 2005) and additionally influence sexual risk behaviors (e.g., concurrent and multiple sexual partnerships and condomless vaginal and anal sex) (Kennedy et al., 2013). Furthermore, concern of their sexual performance can lead men to forgo protective behaviors such as HIV testing (Hall & Applewhite, 2013), with the assumption that testing positive for HIV would disrupt their sexual functioning (Duck, 2009).

Alternatively, masculinity has also been shown to promote healthy behaviors and the prevention of risk behaviors (Griffith, Gilbert, Bruce, & Thorpe, 2016; Levant & Wimer, 2014; Wade & Rochlen, 2013). There remains a gap in the research that focuses on HIV protective behaviors associated with masculinity, and the current research is scarce. The role of masculinity in protective behaviors is, however, complex. Studies have found that dimensions of masculinity such as respect or respectability can discourage multiple female partners (Fleming, Andes, & DiClemente, 2013; Younge et al., 2014) and subsequently decrease HIV acquisition. Additionally, ties to family shape healthy and preventive behaviors for both Black and college men (Griffith, Brinkley-Rubinstein, Bruce, Thorpe, & Metz, 2015; Levant & Wimer, 2014). In previous studies, the use of condoms signified masculinity because it represented sexual activity

(Barrington & Kerrigan, 2014; de Bro, Campbell, & Peplau, 1994; Mankayi, 2009); therefore, men were more inclined to use them. These studies show that masculinity influence is multifaceted and can serve to promote healthy and risky sexual behaviors (Fleming et al., 2016; Fleming, Lee, & Dworkin, 2014). Accordingly, the current study tested the association between masculinity dimensions and protective behavioral intentions and sexual risk behaviors among Black heterosexual college men.

Theoretical framework: Intersectionality. Intersectionality, a term first coined by Kimberlé Crenshaw, is a framework that examines overlapping identities and how structures of power construct the settings in which racially and economically marginalized individuals live (Cho et al., 2013; Crenshaw, 1989). Black heterosexual men are unique in the position of having multiple identities that make understanding their behaviors complex and multifaceted. These intersecting identities help shape and frame their experiences and provide a matrix of penalty and privilege as they navigate society (Crenshaw et al., 1991). Black men experience the privilege that their gender dominance in society allows while, at the same time, experience racial disadvantage due to racism and discrimination.

In Western culture, White heterosexual men occupy this dominate space of masculinity. Hegemonic/traditional masculinity is idolized as a standard of masculinity that all men should enact. However, due to the sociohistorical factors such as years of racism and discrimination, Black men are hindered from enacting hegemonic/traditional characteristics (Chaney, 2009). It is theorized that Black heterosexual men may feel as though they need to prove their manhood through behaviors that distance themselves

from other marginalized groups, such as women, to emulate hegemonic/traditional norms. It is theorized that because of a hindrance to obtaining hegemonic masculinity, due to racial disadvantage, Black men practice an alternative form of masculinity called subordinated masculinity (Hill Collins, 2004). To acquire power, Black men adapt their own masculinity revolving around sexual prowess, by “acting out” through elements of sexual promiscuity, hypersexuality, aggressiveness and violence, hatred for feminine qualities, heterosexuality, and denial of vulnerability (Aronson et al., 2003; Harris, 1995; Staples, 1978, 1982). It is assumed that through these acts, Black men acquire what they perceive as power. Wright (1997) states, “[Black] masculine sexuality is, in fact, a metaphor for personal power” (p. 455). Intersectionality acknowledges that not all men benefit from masculinity and that Black men experience disadvantage because of their race. Thus, it is important to examine the role of belief of Black disadvantage.

Present study. This current study addressed the gaps in research related to masculinity and HIV related protective behaviors. Additionally, this study tested the association between masculinity and HIV related sexual risk behaviors. Importantly, this study examined the role of belief of Black disadvantage that could influence both protective behavioral intentions and sexual risk behaviors. Figure 5 displays the conceptual model in this study and the corresponding research questions.

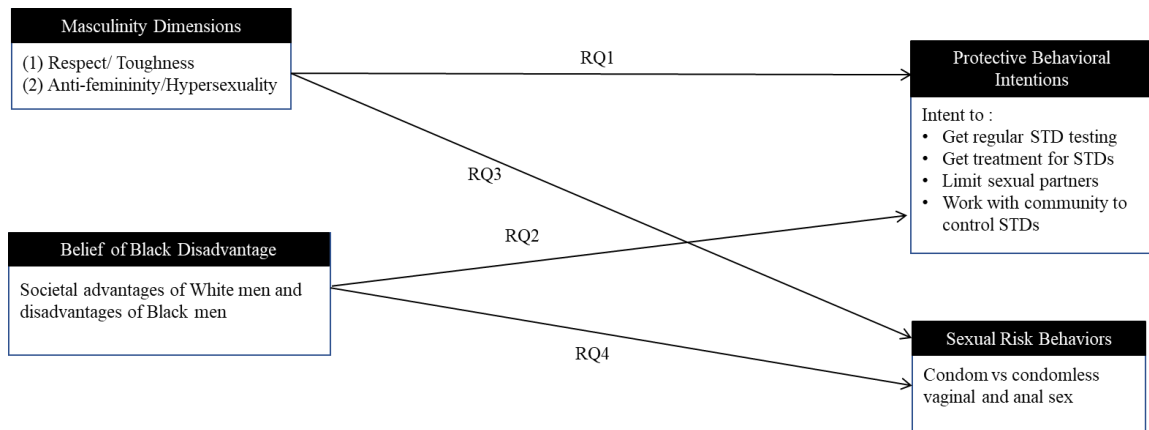


Figure 5. Conceptual Model.

The first research question tested the association between masculinity dimensions (respect/toughness and anti-femininity/hypersexuality) and protective behavioral intentions. I hypothesized that lower adherence to masculinity dimensions will be negatively associated with protective behavioral intentions. Specifically, those that did not adhere to respect/tough and anti-femininity/hypersexuality will have higher intent to use protective behaviors.

The second research question was to test the association between belief of Black disadvantage and protective behavioral intentions. I hypothesized that a lower belief of Black disadvantage will be negatively associated with protective behavioral intentions. Specially, those that did not believe that there was Black disadvantage would have a higher intent to use protective behaviors.

The third research question was to test the association between masculinity dimensions (respect/toughness and anti-feminism/hypersexual) and sexual risk behaviors. I hypothesized that higher adherence to masculinity dimensions will be more likely to

engage in sexual risk behaviors. Specifically, those that adhere to respect/tough and anti-femininity/hypersexuality will be more likely to engage in condomless vaginal and anal sex.

The fourth research question was to test the association between belief of Black disadvantage and sexual risk behaviors. I hypothesized that higher belief of Black disadvantage will be positively associated with sexual risk behaviors. Specially, those that had a higher belief in Black disadvantage would be more likely to engage in condomless vaginal and anal sex.

Methods

This study is part of a larger concurrent mixed methods study that examined the sexual health needs of Black college students. To be eligible to participate in the larger study, students needed to be enrolled at one of the participating four HBCUs or one MSIs in the South ($n=5$), identify as Black/African-American, and have engaged in sexual activity once in their lifetime. Participants completed a 70-item survey and were provided a \$25 gift card incentive for completing the survey. This study focused on participants who identified as male and heterosexual ($n=158$). Human protection oversight and approval were provided by the University of North Carolina-Greensboro Institutional Review Board.

Recruitment. Purposive sampling was used, and emails were sent to departmental listservs such as academic departments, athletic departments, and student organizations, across the five universities to invite students for participation. Additionally, flyers were placed in high traffic areas across three of the university

campuses, and emails were sent to student organizations. In order to ensure adequate representation of Black men in the study, quota sampling was used to recruit more participants by targeting two schools. These schools were used to recruit only men until a reasonable sample of one hundred men was reached at which time the recruitment was open to women.

Data collection and analysis. Participants completed the survey via a secure online survey in Qualtrics, a web-based data collection tool. Eligible participants were prompted to review the study information and provide informed consent before completing the survey.

Measures. The outcome variables were sexual risk behaviors and protective behavioral intentions. *Sexual risk behavior* was based on participants' self-reports of sexual behavior and condom use in the past 3 months. Sexual risk behavior was dichotomized into two categories: those who had had condomless vaginal or anal sex in the last 3 months (elevated risk), and those who had not had sex or who had used a condom during every vaginal or anal sexual encounter in the last three months (no/low risk). *Protective behavioral intentions* was measured by an 8-item subscale in the STD Attitude Scale (Yarber, Torabi, & Harold Veenker, 1989), which included items that focused on STD prevention (e.g., "I will avoid sex contact anytime I think there is even a slight chance of getting an STD"). This subscale has a 5-point response option (1 = *Strongly disagree* to 5 = *Strongly Agree*). The mean scores were calculated. Higher scores indicated a higher intent to use protective behaviors, and lower scores indicated a

lower intent to use protective behaviors. The Cronbach's alpha for the subscale for the study sample was 0.83.

Predictor variables included two separate subscales (*respect/toughness and anti-femininity/hypersexuality*) that measured masculinity dimensions, modified from the Male Role Attitudes Scale (MRAS) (Pleck et al., 1993). The modification of the scale included changing language such as "guy" and "girl" to "men" and "women" and removing "I admire a guy who is totally sure of himself". This item was removed because the dimension of self-confidence was not supported by previous literature on Black men. Additionally, the item related to hypersexuality was modified to focus on Black men. The two subscales were determined by exploratory factor analysis using a varimax rotation and the first analysis was used. Respect/toughness includes four items such as "It is essential for a man to get respect from others." Anti-femininity/hypersexuality included four items such as "It bothers me when a man acts like a woman." Both subscales had a 5-point response option (1 = *Strongly disagree* to 5 = *Strongly Agree*) included in models as separate predictor variables. Mean scores were calculated for each predictor. High scores indicated a higher endorsement of the dimension. The Cronbach's alpha with this study's sample for respect/toughness was 0.72, and anti-femininity/hypersexuality was 0.70.

Belief of Black Disadvantage served as a predictor variable. It was measured by the 9-item Black Masculinity subscale in the Masculinity Inventory Scale (MIS) (Mincey et al., 2014a). The subscale consisted of items that stressed what being a Black man is like in relationship to White men (e.g., "Life is easier for White men than Black men")

and “The road to success is easier for White men than Black men”). This subscale had a 5-point response option (1 = *Strongly disagree* to 5 = *Strongly Agree*). The mean scores were calculated. A higher score indicated a higher belief of Black disadvantage. The Cronbach’s alpha with this study’s sample was 0.90. *Age* was used as a control variable and was measured in years (continuous variable).

Statistical analysis. Participants that responded to items related to the study’s research questions were included in the following analyses. The data in this study were analyzed using SPSS (IBM SPSS Statistics for Windows, 2016). Due to the small sample size, a significance level of 0.10 was used in the analyses (Plackett & Fisher, 1974). A stepwise linear approach was used to test if masculinity dimensions (respect/ toughness and anti-femininity/hypersexuality) was independently associated with protective behavioral intentions, accounting for belief of Black disadvantage. Model 1 includes respect/toughness and anti-femininity/hypersexuality, model 2 includes aware of Black disadvantage, and finally model 3 adds age. Furthermore, we used a stepwise binary logistic approach to test the relationship between masculinity dimensions and sexual risk behaviors. Similarly, in the logistic regression models, model 1 includes respect/toughness and feminism/hypersexuality, model 2 includes belief of Black disadvantage, and finally model 3 adds age.

Results

Participant characteristics. Participants were 127 Black heterosexual men who were enrolled in a college/university in the South. The majority were 21 years old or younger (61%), lived off-campus (53%), and had sex in the last 3 months (77%). After

being categorized into a sexual risk category, most students' behaviors were classified as elevated risk (59%). Table 4 provides details of participant characteristics.

Table 4

Participant Characteristics ($N=127$)

Demographic	n (%)	$M \pm SD$ (Min, Max)
Age		
21 or younger	77 (60.6)	
22 or older	50 (39.4)	
Housing		
On-campus housing	60 (47.2)	
Off-campus housing	67 (52.8)	
Classification		
Lower classman (Freshman & Sophomore)	45 (35.4)	
Upper classman (Junior & Senior)	71 (55.9)	
Graduate	11(8.7)	
Member of Intercollegiate/Intramural Athletic team		
Yes	35 (29.2)	
No	85 (70.8)	
Member of Student Organization		
Yes	67 (58.8)	
No	47 (37.0)	
Member of Greek Organization		
Yes	22 (18.0)	
No	100 (82.0)	
Sex in the last three months		
Yes	98 (77.2)	
No	29 (22.8)	

Table 4

Cont.

Demographic	<i>n</i> (%)	<i>M</i> ± <i>SD</i> (Min, Max)
Sexual Risk Behaviors/Categories		
No/Low Risk	52 (40.9)	
Elevated Risk	75 (59.1)	
Respect/Toughness		3.89±0.83 (1,5)
Anti-femininity/hypersexuality		2.86±0.93 (1,5)
Belief of Black disadvantage		3.89±0.84 (1,5)
Protective Behavioral Intentions		3.75±0.69 (1,5)

Bivariate analyses: Correlations. Table 5 shows preliminary results, in which Respect/toughness was significantly correlated with protective behavioral intentions ($p<0.01$) and anti-femininity/hypersexuality was significantly correlated with sexual risk ($p<0.05$). Additionally, belief of Black disadvantage was significantly correlated with protective behavioral intentions ($p<0.01$) and sexual risk behaviors ($p<0.01$). Additionally, age was significantly associated with sexual risk behaviors ($p<0.05$), justifying the use of age as a control variable in regression models.

Table 5

Correlations

Variable	Anti-femininity/ Hypersexuality	Belief of Black disadvantage	Protective Behavioral Intentions	Sexual Risk Behaviors	Age
Respect/ Toughness	0.26***	0.66***	0.56***	0.12	0.60*
Anti-femininity/ Hypersexuality		0.12	-0.06	0.18**	0.13
Belief of Black disadvantage			0.56***	0.26***	0.16*
Protective Behavioral Intentions				0.12	0.14
Sexual Risk Behaviors					0.21**
Age					

Note. * indicates $p < 0.10$. ** indicates $p < 0.05$. *** indicates $p < 0.01$.

Multivariate results: The association of masculinity dimensions, belief of Black disadvantage, and protective behavioral intentions. Table 6 provides the results of the stepwise linear regression analysis with the two dimensions of masculinity: respect/toughness and anti-femininity/hypersexuality and protective behavioral intentions. A stepwise linear regression was conducted to examine whether respect/toughness, anti-femininity/hypersexuality, and belief of Black disadvantage were associated with protective behavioral intentions. In model 1, respect/toughness and anti-femininity/hypersexuality were shown to be significant predictors ($b = 0.62, p < 0.001$; $b = -0.24, p < 0.05$). That is, those who scored higher on respect/toughness scored higher on protective behaviors intentions and had a higher intent of using protective

behaviors. However, those who scored higher on anti-femininity/hypersexuality had a decreased intent to use protective behaviors. In model 2, belief of Black disadvantage was also a significant predictor of protective behavioral intentions ($b = 0.08, p < 0.001$). Additionally, those who had a higher belief of Black disadvantage had a higher intent of using protective behaviors. Finally, age was entered into model 3 but was not a significant predictor ($b = 0.02, p > 0.10$).

Table 6
Associations for Protective Behavioral Intentions

Variable	Model 1		Model 2		Model 3	
	β	t	β	t	β	t
Respect/Toughness	0.62***	8.31	0.41***	4.28	0.41***	4.25
Anti-femininity/hypersexuality	-0.23**	-3.13	-0.21*	-2.95	-0.22**	-3.01
Belief of Black Disadvantage			0.31**	3.38	0.31**	3.29
Age					0.06	0.81

Note. * indicates $p < 0.10$. ** indicates $p < 0.05$. *** indicates $p < 0.01$.

Multivariate results: The association of masculinity dimensions, belief of Black disadvantage, and sexual risk behaviors. To examine the association between the two dimensions of masculinity: respect/toughness and anti-femininity/hypersexuality with sexual risk behaviors, logistic regression was conducted (see Table 7). Results of the binary logistic regression in model 1 indicated that there was a significant association with sexual risk behaviors for anti-femininity/hypersexuality ($b=0.43, p < 0.05$). That is those the scored higher on anti-femininity/hypersexuality were more likely to engage in condomless vaginal and anal sex. In model 2, there was also a significant association

between sexual risk behaviors and belief of Black disadvantage ($b=0.76, p<0.05$). In model 3, sexual risk behaviors were associated with age ($b=0.19, p<0.05$).

Table 7

Associations for Sexual Risk Behaviors

Variable	Model 1		Model 2		Model 3	
	β	90% CI	β	90% CI	β	90% CI
Respect/Toughness	0.07	0.73,1.57	-0.49	0.36,1.05	-0.54	0.34,1.01
Anti-femininity/ Hypersexuality	0.43	1.09,2.19**	0.52	1.16,2.42**	0.49	1.13,2.38**
Belief of Black Disadvantage			0.76	1.27,3.59**	0.75	1.24,3.61**
Age					0.19	1.02,1.42*

Note. * indicates $p<0.10$. ** indicates $p<0.05$. *** indicates $p<0.01$.

Discussion

Black heterosexual men are disproportionately affected by HIV. Previous research on factors that contribute to their HIV vulnerability has theorized that behaviors tied to masculinity may contribute to HIV acquisition among Black heterosexual men (Dworkin, 2015b). Additionally, experiences with racial inequality and belief of Black disadvantages, such as the societal advantages White men receive related to Black men, influenced Black men to “act out” and engage in sexual risk behaviors to gain power within society. However, these relationships have rarely been tested among Black heterosexual college men. In our study, there was a positive association between respect/toughness and protective behavioral intentions, but a negative relationship between anti-femininity/hypersexuality and protective behavioral intentions. Thus, our hypothesis was partially correct. Although those who scored higher on anti-

feminism/hypersexual had a lower intent to use protective behaviors, those who scored higher on respect/toughness had a higher intent to use protective behaviors. Also, anti-femininity/hypersexuality was associated with sexual risk behaviors. Thus, our hypothesis was correct in that those that scored higher on anti-femininity/hypersexuality were more likely to engage in condomless vaginal and anal sex. Additionally, those that scored higher on belief of Black disadvantage were more likely to engage in condomless vaginal and anal sex. Finally, negative relationship between respect/toughness and sexual risk to be stronger with those have a lower belief of Black disadvantage.

Masculinity was originally measured using an adapted masculinity scale, but after factor analysis, the scale showed two distinct subscales: respect/toughness and anti-femininity/hypersexuality. In our analyses, these subscales had opposite effects on protective behavioral intentions. Respect/toughness was shown to be negatively associated with protective behavioral intentions. Research has shown that certain aspects of masculinity and definitions of manhood can be protective buffers and health promoters for Black men (Griffith et al., 2016; Levant & Wimer, 2014; Salgado et al., 2019). Particularly, roles and responsibilities for community and family have shaped health behaviors among Black men. A commitment to roles as a leader and protector in their families and community has been conceptualized as “healthy” aspects of masculinity by Black men (Griffith et al., 2015). Having roles and responsibilities can present Black men as respected members of the community. This particularly explains why those who scored higher on dimensions of masculinity, related to being respected and tough, also had increased intent of using protective behaviors. This shows the significance of

dimensions of masculinity that are often labeled as detrimental to sexual health and provides an opportunity to highlight and intervene on dimensions that can promote risk prevention and sexual health promotion (Levant & Wimer, 2014).

However, anti-femininity/hypersexuality had a positive relationship to sexual risk behaviors. This finding is similar to previous literature (Bowleg et al., 2011; Carey et al., 2010; Fleming et al., 2016) that has described elements of masculinity as predictors of engaging in sexual risk behaviors, such as condomless sex. Previous literature has stated that “acting out” is caused by the acknowledgment of the belief of Black disadvantage Black men face compared to White men and a sense of powerlessness (Staples, 1978; Wright, 1997). When Black men believe that they experience racial disadvantage in society and are unable to meet the economic and sociopolitical requirements of traditional masculinity they experience a fragmented masculinity that increases their HIV vulnerability. Furthermore, previous research on masculinity and HIV risk behaviors has focused on a community sample (Jacques-Aviñó et al., 2018), whereas the current sample focuses on the target population and within the context of a specific social environment (i.e., college setting). Black college men are presented with more opportunities for education and awareness of racial inequalities through classes, campus organizations, and peers (Nathenson, Castro Samayoa, & Gasman, 2019) in comparison to Black men who are not enrolled in institutions of higher education. However, this belief of Black disadvantage and specific social identity markers was still linked to them to “act out.” Black college men are at times not seen as a vulnerable population because of their enrollment in higher education and opportunity for upward mobility; however, belief of

Black disadvantage still had a direct effect. This study highlights that racial inequality has an impact on both masculinity and risk behaviors and just be explored more when examining HIV vulnerability.

Implications. Interventions that work with men to equalize gender relations between women and men (Dworkin et al., 2015), such as gender-transformative HIV prevention interventions, are effective in altering negative elements of masculinity such as hypersexuality, aggression, heterosexism, and hypermasculinity that can serve as risk factors for HIV (Dworkin, 2015b). To avoid emasculating men, by equating masculinity itself as detrimental, examining positive aspects of masculinity is also crucial. A few qualitative studies have uncovered some positive aspects, such as self-determinism and accountability, the importance of family, pride, and spirituality (Hunter & Davis, 1992). This study uncovered that being respected was positively related to the use of protective behaviors for Black heterosexual college men. This continued examination of assets of masculinity that can contribute to protective behaviors and sustain sexual health is needed not only to dismantle ingrained stereotypes of Black heterosexual men but promote displays of healthy masculinity.

Additionally, our study aimed to use an intersectional approach by examining belief of Black disadvantage, which posits that social identities are not independent of each other but are multiple and intersecting (Bowleg, 2012), not often used in quantitative analyses. The use of an intersectional approach acknowledges the intersecting social identifies that Black men encompass (Bowleg et al., 2017). An intersection approach allows for the contextualization of Black men's lives without

reinforcing negative stereotypes (Nunn et al., 2011). Additionally, the use of intersectionality allows scholars to analyze sexual health disparities that are multidimensional, reflecting the experiences of those most affected (Bowleg, 2012). Although intersectionality has faced challenges in quantitative research (Bowleg, 2012), this study shows the feasibility and its needed use in quantitative methodology.

Limitations. Although this study allowed for the examination of dimensions of masculinity among Black heterosexual college men, it is not without its limitations. The current study contains a small sample of Black heterosexual men and, due to low power, could be the reasoning for certain insignificant results. Additionally, our sample included a purposive sample of heterosexual Black college men and may not be generalizable to all Black heterosexual college men in the South. Our study focused specifically on four HBCUs. HBCUs are not homogeneous and have varied characteristics in student population, size, and campus culture/environment. Therefore, the findings from this study cannot be generalized to all HBCUs in the South. Thirdly, sexual risk was a self-report behavior. Although self-report of behaviors is a reliable technique in data collection, there can still be discrepancies between practiced behaviors and reported behaviors (James et al., 1991).

Furthermore, protective behaviors were measured as intent and not practiced behaviors. Further research should examine practiced protective behaviors. However, in the Theory of Planned Behavior, intention is an important predictor of behaviors (Ajzen, 1985). Lastly, masculinity was measured using a modified version of MRAS, which was

not created for Black college men. Psychometrics were conducted to ensure the measurement was a reliable and valid measurement for analyses.

Conclusion. Black heterosexual men are a vulnerable population who are at risk for HIV acquisition based on how they perceive their risk and lived experiences. The results from the study indicated that respect/toughness was a significant predictor of protective behavioral intention, and the construct of anti-femininity/hypersexuality was significantly associated with sexual risk behaviors and a decrease in predisposition to use protective behaviors. Our study highlights the importance of certain dimensions of masculinity and belief of Black disadvantage in HIV risk prevention among Black heterosexual college students. Also, this study allows for the use of intersectionality in quantitative methods and contextualizes masculinity in the lives of Black heterosexual college men.

CHAPTER VI

DISCUSSION AND IMPLICATIONS

The aims of this study were to (a) explore the process of social exchange related to the adherence or deviation of masculine norms among Black heterosexual college men in the South, and (b) test the association between masculinity dimensions and sexual risk and protective behavioral intentions and the role of belief of Black disadvantage.

The key findings from this research showed that Black heterosexual college men are influenced mainly by interpersonal relationships with male role models, mothers, and female partners, during their process of adhering or deviating from masculine norms. Additionally, adherence to certain masculinity dimensions such as respect and toughness was associated with the intent to use protective behaviors such as testing and sexual communication. However, other masculinity dimension such as anti-feminism and hypersexuality were associated with condomless vaginal and anal sex. Furthermore, belief of Black disadvantage was associated with protective behavioral intentions and sexual risk behaviors.

Adherence to masculine norms for Black college men was an internal struggle that many of our participants experienced. Even with the positive interpersonal relationships in their lives such as male role models and their mothers, men still felt that they needed to exhibit other dimensions of masculinity that showed them as tough or aggressive. The main influence of this internal struggle was the scrutiny that they

believed they would receive from the campus community and their female partners. Women tend to have similar beliefs in masculine norms like men (Barnett et al., 2017; Norton et al., 2016), and in our study, their views were an important factor to men in the process of adhering or deviating from masculine norms. This provides an opportunity for the inclusion of female partners in interventions that aim to change the negative aspects of masculinity. The inclusion of female partners in HIV prevention interventions acknowledges the important role that partners play in attitudes, beliefs, and behaviors (El-Bassel et al., 2010; Jiwatram-Negrón & El-Bassel, 2014).

In our study, respect and toughness were associated with the intent to use protective behaviors. Few qualitative studies have uncovered some positive aspects of masculinity such as self-determinism and accountability, the importance of family, pride, and spirituality (Hunter & Davis, 1992). These positive images can contribute to encouraging men to adopt alternative forms of masculinity than those displayed in popular culture and media, and work as protective factors against HIV transmission (Bowleg et al., 2015). Several studies have begun to uncover alternative views of masculinity that involves ensuring that their partners are not hurt by behaviors such as concurrent partnerships (Frye et al., 2013). These positive aspects encourage Black men to aid the Black community, including subordinate groups such as members of the LGBTQ community and women (F. R. Cooper, 2005). Thus, protective behaviors such as condom use, sexual communication, and HIV testing can aid the Black community by making men aware of their status and decreasing the spread of HIV in the Black community and HIV acquisition. Gender-transformative HIV prevention interventions

are effective in altering negative dimensions of masculinity such as hypersexuality, aggression, heterosexism, and hypermasculinity that can serve as risk factors for HIV (Dworkin, 2015b). An effort to avoid emasculating men by viewing masculinity as inherently negative, examining positive aspects of masculinity is also crucial. Additionally, the significance of this research is the continuation of examining Black heterosexual men as a vulnerable population to HIV acquisition.

Implications

Vulnerable populations are groups who are believed to be at higher risk for poor health because of social, economic, environmental, and political barriers (Waisel, 2013). The vulnerability paradigm is a term coined by Higgins et al. (2010) used to describe a latent model in HIV research and policy that has viewed women as victims of the virus and heterosexual men as transmitters (Higgins et al., 2010). Recently in HIV literature, women have been labeled as “more” or “especially” vulnerable to HIV than men because of biological and social factors (Dworkin, 2005; Higgins et al., 2010). The vulnerability paradigm has come with several advantages for women, including inclusion in clinical trials, programming, policy, and the increasing awareness of structural inequalities that influence HIV vulnerability (Higgins et al., 2010). This by no means implies that HIV literature should stray away from HIV vulnerability among women, but it does raise the question as to why heterosexual women are the only ones seen as vulnerable and disadvantaged by HIV. Rarely are BHM labeled as “vulnerable” in HIV literature, yet they experience similar social disadvantages that women and other marginalized groups encounter (Bowleg & Raj, 2012).

In HIV literature, Black heterosexual men have been considered actors with masculinity ideologies and greater power who are unable to control their sexual impulses, aggressive, coercive, and promiscuous (Dworkin, 2015a). Few scholars have seen men's pressure to adhere to societal masculinity ideologies as vulnerability. Masculinity has been framed as a vector to perpetuate gender inequity and harm women (Dworkin, 2015c). Homophobia/heterosexism is a central component of masculinity that can lead to HIV risk behaviors (Higgins et al., 2010). The notion that "real men" are separate from the sexual minority population, who are seen as feminine and fragile, has created an "othering" situation that eliminates Black heterosexual men from being viewed as vulnerable (Koelsch & Treichler, 2007; Patton, 2002), which contributes the idea that HIV is a "gay disease." As a result, many programs and interventions target women as a way to empower them in relationships and provide prevention strategies that are initiated by women. Men themselves are not provided the same prevention strategies to reduce their HIV risk. Therefore effective interventions provide women with tools to combat tendencies of BHM or must "help" men control themselves (Campbell, 1995, 1999). Again, reinforcing that heterosexual men are "cause" of HIV and not active in prevention efforts. Heterosexual transmission remains the second most prevalent mode of transmission in the United States. However, a result of excluding BHM from the vulnerable groups has misrepresented them as not being affected by HIV (Higgins et al., 2010). The implication of this study allows for the examination of Black heterosexual men as a vulnerable population for HIV acquisition. Additionally, it contributes to HIV research that aids in the creation of HIV prevention interventions that take into account

not only the positive aspects of masculinity, but also recognizes that the societal pressure to adhere to masculine norms contribute to HIV vulnerability.

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APPENDIX A

SEXUAL HEALTH NEEDS AND AFRICAN-AMERICAN COLLEGE STUDENTS SURVEY

Start of Block: Consent

Q1

WELCOME!

Thanks for taking the time to help with this important study! This survey is part of a pilot study that is focused on addressing the sexual health needs as well as exploring the environmental and psychosocial factors of African-American College Students enrolled at HBCU's and MSI's at risk for HIV. The questions ask about STD knowledge and sexual health and risk behaviors. You must be at least 18 years old, identify as Black/African American, have had sex at least once in your life, and be currently enrolled in or attending college. We still want you to participate even if you are not currently sexually active.

Your responses are important in helping improve the sexual health outcomes for African-American college students. Because of the importance of your responses, we ask that you answer these questions honestly. This survey is voluntary so if you feel as though you are unable to answer a question, simply skip it. You may discontinue the survey at any time with no penalty.

Your personal responses will be kept confidential and will not be shared with your school or peers. To ensure your confidentiality, the data from this survey will be collected using Qualtrics. Qualtrics is an online survey software program that provides secure storage of your information and has trusted data centers. Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. De-identified data may be used for future research. Please be sure to close your browser when finished so no one will be able to see what you have been doing. If you have any questions, please feel free to contact Dr. Yarneccia D. Dyson (Principal Investigator) at yddyson@uncg.edu.

You will receive a \$25 gift card once you complete the questionnaire. You will complete a separate link away from your responses with your contact information so that the PI may contact you for retrieval. Your responses will NOT be linked to our contact information. There are no costs to you for participating in this study. There are minimal psychological risks to study participants. You may feel uncomfortable discussing answering questions regarding STD and HIV knowledge, sexual risk

behaviors, PrEP, as well as decision making and testing. You might feel uncomfortable completing the assessments that ask about your own individual risk and history. Risks will be minimized by the ability to complete the assessments confidentially in that the PI nor research team would be able to associate responses to specific students. Participants who experience effects from psychological risks as a result of the questionnaire can be referred to the campus Dean of Students and/or Student Health Center for additional services.

Society benefits when new knowledge is generated that can assist in decreasing the acquisition of STD's including HIV. African-American College Students will benefit from learning about sexual health prevention and service providers in the Greensboro and Winston-Salem area.

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351. Thank you for your participation and taking the time to assist us with this important study. This survey should take about 15 mins to complete. Once you've completed the survey, please close your browser to exit

- I give my consent to participate.
- I am under the age of 18 and/or do not consent to participate.
- I would like to see the longer, more detailed version of the consent form before deciding.

End of Block: Consent

Start of Block: Survey ID



Q43 Before entering the survey, please create your survey ID. Please enter the corresponding numbers for the prompts provided.

Day you were born (ex., if you were born March 31, the day would be 31)

Last two digits of the year you were born

Last two digits of your student ID

End of Block: Survey ID

Start of Block: Demographics

Q2

Thank you for taking the time to fill out our survey.

If you are uncomfortable in answering a question, you can skip it.

Before we get started, we'd like to know a little bit about who you are to help us better understand your answers to the rest of the survey.

Q3 Which one of these schools do you currently attend?

▼ The University of North Carolina-Greensboro ... North Carolina A&T

Q4 How old are you?

17 or younger

18

19

20

21

22

23

24

25 or older

Q5 What is your current year in school?

Freshman

Sophomore

Junior

Senior

5th year or beyond

Q6 Where do you live?

- Dorm/Residence Hall
 - Fraternity/Sorority housing
 - Other on-campus housing
 - Apartment or house off-campus
 - Live at home with parent(s) and/or other family members
 - Other (please specify)
-

Q7 Are you currently a member of any of the following?

	Yes	No
Greek organization (e.g., Fraternity or Sorority)	<input type="radio"/>	<input type="radio"/>
Student Religious Group	<input type="radio"/>	<input type="radio"/>
Intercollegiate Athletic Team (e.g., NCAA)	<input type="radio"/>	<input type="radio"/>
Intramural or Club Athletic Team	<input type="radio"/>	<input type="radio"/>
Minority or Ethnic Organization	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>

Q8 What is your biological sex?

- Male
 - Female
 - Other (please specify)
-

Q9 What is your gender?

- Male
 - Female
 - Transgender (male to female)
 - Transgender (female to male)
 - Other (please specify)
-

Q10 What is your sexual orientation?

- Heterosexual or Straight
 - Gay or Lesbian
 - Bisexual
 - Other (please specify)
-

Q11 What is your ethnicity?

- Hispanic/Latino
 - Non-Hispanic/Latino
 - Other (please specify)
-

End of Block: Demographics

Start of Block: STD-KQ

Q12 For each statement below, please select true, false, or I don't know. If you don't know, please do not guess; instead, please select "Don't Know."

	True	False	Don't Know
Genital Herpes is caused by the same virus as HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urinary infections can cause Chlamydia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a cure for Gonorrhea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easier to get HIV if a person has another Sexually Transmitted Disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Papillomavirus (HPV) is caused by the same virus that causes HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having anal sex increases a person's risk of getting Hepatitis B.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	True	False	Don't Know
Soon after infection with HIV a person develops open sores on his or her genitals (penis or vagina).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a cure for Chlamydia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 For each statement below, please select true, false, or I don't know. If you don't know, please do not guess; instead, please select "Don't Know."

	True	False	Don't Know
A woman who has Genital Herpes can pass the infection to her baby during childbirth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman can look at her body and tell if she has Gonorrhea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The same virus causes all of the Sexually Transmitted Diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Papillomavirus (HPV) can cause Genital Warts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a natural skin (lambskin) condom can protect a person from getting HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Papillomavirus (HPV) can lead to cancer in women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A man must have vaginal sex to get Genital Warts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Diseases can lead to health problems that are usually more serious for men than women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 For each statement below, please select true, false, or I don't know. If you don't know, please do not guess; instead, please select "Don't Know."

	True	False	Don't Know
A woman can tell that she has Chlamydia if she has a bad smelling odor from her vagina.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a person tests positive for HIV the test can tell how sick the person will become.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a vaccine available to prevent a person from getting Gonorrhea, Chlamydia, and Hepatitis B.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman can tell by the way her body feels if she has a Sexually Transmitted Disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person who has Genital Herpes must have open sores to give the infection to his or her sexual partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 For each statement below, please select true, false, or I don't know. If you don't know, please do not guess; instead, please select "Don't Know."

	True	False	Don't Know
A man can tell by the way his body feels if he has Hepatitis B.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a person had Gonorrhea in the past, he or she is immune (protected) from getting it again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Papillomavirus (HPV) can cause HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A man can protect himself from getting Genital Warts by washing his genitals after sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: STD-KQ

Start of Block: STD Attitude

Q19 Please read each statement carefully. STD means sexually transmitted diseases. Record your reaction which best describes how much you agree or disagree with the idea.

How one uses his/her sexuality has nothing to do with STDs.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

Q16 Record your reaction which best describes how much you agree or disagree with the idea.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
It is easy to use the prevention methods that reduce one's chances of getting an STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsible sex is one of the best ways of reducing the risk of STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting early medical care is the main key to preventing harmful effects of STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choosing the right sex partner is important in reducing the risk of getting an STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A high rate of STD should be a concern for all people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with an STD have a duty to get their sex partners to medical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The best way to get a sex partner to STD treatment is to take him/her to the doctor with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing one's sex habits is necessary once the presence of an STD is known.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 Please read each statement carefully. STD means sexually transmitted diseases. Record your reaction which best describes how much you agree or disagree with the idea.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I would dislike having to follow the medical steps for treating an STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were sexually active, I would feel uneasy doing things before and after sex to prevent getting an STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were sexually active, it would be insulting if a sex partner suggested we use a condom to avoid STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I dislike talking about STD with my peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be uncertain about going to the doctor unless I was sure I really had an STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 I would feel that I should take my sex partner with me to a clinic if I thought I had an STD.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Disagree

Q20 Please read each statement carefully. STD means sexually transmitted diseases.
Record your reaction which best describes how much you agree or disagree with the idea.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
If I were to have sex, the chance of getting an STD makes me uneasy about having sex with more than one person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like the idea of sexual abstinence (not having sex) as the best way of avoiding STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had an STD, I would cooperate with public health persons to find the sources of STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had an STD, I would avoid exposing others while I was being treated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would have regular STD checkups if I were having sex with more than one person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I intend to look for STD signs before deciding to have sex with anyone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will limit my sex activity to just one partner because of the chances I might get an STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will avoid sex contact anytime I think there is even a slight chance of getting an STD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 Please read each statement carefully. STD means sexually transmitted diseases.
Record your reaction which best describes how much you agree or disagree with the idea.

The chance of getting an STD would not stop me from having sex.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

Q22 If I had a chance, I would support community efforts toward controlling STD.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

Q23 I would be willing to work with others to make people aware of STD problems in my town.

Strongly Disagree

Disagree

Undecided

Agree

Strongly Agree

End of Block: STD Attitude

Start of Block: Sexual Risk Survey

Q40 The following questions ask about your sexual behaviors in the past three months. They may be sensitive in nature but answer honestly. Your personal answers will not be shared with your peers, parents, or school.

Q24

If you've had multiple partners, try to think about how long you were with each partner, the number of sexual encounters you had with each, and try to get an accurate estimate of the total number of each behavior. If the question does not apply to you or you have never engaged in the behavior in the question, put a "0" on the blank.

Remember that in the following questions "sex" includes oral, anal, and vaginal sex and that "sexual behavior" includes passionate kissing, making out, fondling, petting, oral-to-anal stimulation, and hand- to-genital stimulation.

In the past three months:

	Number
How many partners have you engaged in sexual behavior with but not had sex with?	
How many times have you left a social event with someone you just met?	
How many times have you "hooked up" but not had sex with someone you didn't know or didn't know well?	
How many times have you gone out to bars/parties/social events with the intent of "hooking up" and engaging in sexual behavior but not having sex with someone?	
How many times have you gone out to bars/parties/social events with the intent of "hooking up" and having sex with someone?	
How many times have you had an unexpected and unanticipated sexual experience?	
How many times have you had a sexual encounter you engaged in willingly but later regretted?	

Q36 In the past 3 months, have you had sex (engaged in oral, anal or vaginal sex)?

Yes

No

Q25 For the next set of questions, follow the same direction as before. If the question does not apply to you or you have never engaged in the behavior in the question, put a “0” on the blank.

In the past three months:

	Number
How many partners have you had sex with?	
How many times have you had vaginal intercourse without a latex or polyurethane condom? Note: Include times when you have used a lambskin or membrane condom.	
How many times have you had vaginal intercourse without protection against pregnancy?	
How many times have you given or received fellatio (oral sex on a man) without a condom?	
How many times have you given or received cunnilingus (oral sex on a woman) without a dental dam or “adequate protection” (please see definition of dental dam for what is considered adequate protection)?	
How many times have you had anal sex without a condom?	
How many times have you or your partner engaged in anal penetration by a hand (“fisting”) or other object without a latex glove or condom followed by unprotected anal sex?	

Q26

For the next set of questions, follow the same direction as before. If the question does not apply to you or you have never engaged in the behavior in the question, put a “0” on the blank.

In the past three months:

	Number
How many times have you given or received anilingus (oral stimulation of the anal region, “rimming”) without a dental dam or “adequate protection” (please see definition of dental dam for what is considered adequate protection)?	
How many people have you had sex with that you know but are not involved in any sort of relationship with (i.e., “friends with benefits,” “fuck buddies”)?	
How many times have you had sex with someone you don’t know well or just met?	
How many times have you or your partner used alcohol or drugs before or during sex?	

Q41

For the next set of questions, follow the same direction as before. If the question does not apply to you or you have never engaged in the behavior in the question, put a “0” on the blank.

In the past three months:

	Number
How many times have you had sex with a new partner before discussing sexual history, IV drug use, disease status and other current sexual partners?	
How many times (that you know of) have you had sex with someone who has had many sexual partners?	

	Number
How many partners (that you know of) have you had sex with who had been sexually active before you were with them but had not been tested for STIs/HIV?	
How many partners have you had sex with that you didn't trust?	
How many times (that you know of) have you had sex with someone who was also engaging in sex with others during the same time period?	

Q27 During your most recent sexual encounter, did you or your sexual partner consume or use the following substances? Select all that apply.

- Alcohol/Liquor
- Marijuana/Cannabis
- Crack/Cocaine
- Ecstasy/X/Molly
- Opioids/Percocets

End of Block: Sexual Risk Survey

Start of Block: Black Masculinity

Q31 Society may view Black men in a certain light, but you may have other views. For the following statements, think about your personal beliefs about what makes you a Black man and not what society states you should be.

Q33

To what extent do you agree or disagree with the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I have to deal with a lot of negative stereotypes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life is easier for White men than Black men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The road to success is easier for White men than Black men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White men have more opportunities than Black men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White men are introduced to more things than Black men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q35 To what extent do you agree or disagree with the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
It's hard to show that I'm not like other Black men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have to prove stereotypes against Black men wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a Black man, I'm up against a lot from birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard overcoming how I'm viewed as a Black man	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q37 To what extent do you agree or disagree with the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I believe it is essential for a man to get respect from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe a man always deserves the respect of his wife and children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe a man will lose respect if he talks about his problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe a young man should be physically tough, even if he is not big	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It bothers me when a man acts like a woman	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I do not think a husband should have to do housework	○	○	○	○	○

Factor Analysis: Masculinity Dimension

<i>Item</i>	<i>Respect/Toughness</i>	<i>Anti-feminism/ Hypersexuality</i>
I believe a man always deserves the respect of his wife and children	0.847	
I believe it is essential for a man to get respect from others	0.725	-0.326
I believe a young man should be physically tough, even if he is not big	0.691	
I do not think a husband should have to do housework		0.841
I believe a man will lose respect if he talks about his problems		0.835
It bothers me when a man acts like a woman	0.532	0.554
Black men are always ready for sex	0.381	0.512