# ARTICLES

TONY L. WHITEHEAD
Department Of Anthropology
University Of Maryland

# Urban Low-Income African American Men, HIV/AIDS, and Gender Identity

*In a 1993* Human Organization *article, Jerome Wright called for more research on African American male sexual behavior and the risk for HIV infection. The present article is a response to that call. Wright pointed out a well-known fact of HIV/AIDS prevention programs: such programs have not been very successful in reaching low-income African American males. The present article suggests that perhaps the key to better understanding sex-related health-risk behavior is to conduct more systematic research on gender identity, and the historical and sociocultural origins of such identities. I argue that if we are truly interested in developing effective HIV/AIDS programs targeting low-income African American males, then the sociocultural "meanings" that this population attaches to AIDS-related phenomena must be understood in the broader contexts of American constructs of masculinity, and in the real and perceived experiences of black men in America. Data from several ethnographic and qualitative research projects carried out among low-income African American male and female residents of Baltimore, other parts of Maryland, and Washington, D.C. are used in support of my primary arguments. [HIV/AIDS, African American Males, Gender Constructs, Sociocultural Meaning, Plantation America]*

Ⅰn the United States, ethnic minority groups, particularly African Americans (and Hispanics) suffer disproportionately in morbidity and mortality from the human immunodeficiency virus and the acquired immunodeficiency syndrome (HIV/AIDS). Between June 1981 and October 1995, 501,310 cases of AIDS were

reported to the U.S. Centers for Disease Control and Prevention (CDC), and 311,381 (62%) were reported to have died (CDC 1995). Thirty-four percent of these cases were among African Americans, although this ethnic group makes up only 12 percent of the U.S. population (CDC 1995; Wright 1993). Among newly diagnosed cases, 38 percent are African Americans. In areas heavily populated by African Americans, the prevalence among blacks is even higher. For example, in Washington, D.C., where African Americans comprise 66 percent of the population, 81.1 percent of AIDS cases in 1993 were among African Americans. This was a jump from 62.8 percent of its AIDS cases in 1988. In actual numbers, we saw an increase in AIDS cases among African Americans in the District from 362 cases to 975 cases, an increase of 169 percent in just 5 years. In addition to greater incidence and prevalence rates, it has also been documented that African Americans survive for a shorter period than whites, after having been diagnosed with AIDS (CDC 1986; Duh 1991).

The disparity between blacks and whites is even greater among the female population, particularly among women of child bearing age, and among youth. Although African American women make up only 13 percent of the U.S. female population, they represent an astounding 53 percent of all AIDS cases among females. While AIDS presently ranks among the top ten causes of death for all American women in their childbearing years, it is one of the top five killers of African American women. In New York City, where 84 percent of the adult female AIDS cases are black or Hispanic, AIDS is now the number one killer of women between the ages of 25 and 34.

While the problem of HIV disease among African American women and children is a cause for alarm, there is also a need to give more attention to the AIDS-related problems of African American men. The evidence shows that a primary method of contracting HIV/AIDS for African American women is through sexual relationships with male partners who are injection drug users (IDUs) (Wright 1993). In the winter 1993 issue of *Human Organization*, Jerome Wright pointed out that even though the role played by African American men in the spread of HIV disease in their communities is a significant one, there is still surprisingly very little research on this population. Wright cites the work of Schilling and colleagues (1989) who found that the problem is exacerbated by the fact that IDUs who have begun to engage in safer drug behaviors (e.g., less sharing of needles) continue to practice unsafe sexual behavior. Also, African American male IDUs are also more likely to have multiple IDU female partners, according to Freucht, Stephens, and Roman (1990, cited in Wright 1993). Because of these relationships between drug use and sexual behavior, Wright points out that for the IDU segment of the African American community, "AIDS is often a disease of the whole family, fathers, mothers and their offspring" (1993:43).

Factors related to poverty, cultural differences, differential access to care, and distrust of the formal health care system, combined with other factors, are making the challenge of AIDS a difficult one, particularly with regard to African Americans and other ethnic minorities. The purpose of the present article is to contribute to our understanding of the perception of HIV disease, the risk behaviors for transmitting the disease, and the sociocultural contexts for transmission among low-income, inner-city African Americans.[1] The article reports on a number of qualitative research studies carried out with persons of these demographic characteristics

between 1989 and 1992 in Baltimore, other Maryland locations, and Washington, D.C. The findings from these studies are then discussed in broader historical and sociocultural contexts and processes as explorations into why African Americans suffer disproportionately from this illness.

## Research Methods

The findings in this article are based on qualitative data collected by members of the Cultural Systems Analysis Group (CuSAG), an applied research and technical assistance unit of the Department of Anthropology at the University of Maryland, College Park (UMCP). Between the fall of 1989 (the year CuSAG was initiated) and the spring of 1992, CuSAG was involved in eight AIDS-related qualitative research and technical assistance projects in Baltimore, other Maryland locations, and Washington, D.C. Through open-ended, group, and ethnographic interviews, and full neighborhood ethnographies, we interviewed more than 600 men and women in these studies. Because this article focuses more on the families and social marginality of black men, most of the data for this article came from our interviews with the more than 350 males that we have interviewed.

The ages of the males we interviewed ranged from 10 to 49 years, with most falling between 14 and 29 years. They were recruited with the assistance of research assistants who resided in the study neighborhoods, from community-based organizations, health departments and other public agencies, STD and pediatric clinics, and through network "snowball" techniques. Because methods of recruitment varied and were nonrandom, and interviewing methods varied, the interpretations provided here are only exploratory, raising issues that require more systematic research. The reader is also warned against generalizing to all African Americans, or to all low-income African Americans, or to all African Americans or low-income African Americans residing in Baltimore and Washington, D.C.

## Masculine Gender Identity: Homosexuals, Gays, "Real Men," and Safe Sex

While HIV/AIDS in the United States is no longer viewed as primarily a "gay" disease, there is an ongoing problem with developing *effective* prevention programs targeting black *men who have sex with other men* (MSWMs).[2] When HIV was first diagnosed during the 1980s, the disease was overwhelmingly associated with homosexual men, and numerous prevention programs emerged targeting this population. These programs, which emphasized "safe sex" practices such as the use of condoms and single partner sexual relationships, have had some impact on changing the risk behaviors of white middle-class homosexual men. They have had little if any impact, however, on African American men involved in homosexual activities (men who identify themselves as homosexuals, as well as those who do not identify themselves as such, but periodically have sex with other men) (Bowser 1994). Moreover, as Hawkeswood (1993) found in his study of 156 uninfected black gay men, almost all (98%) of the sample believed that AIDS was mainly a gay men's illness. At the same time, one third of the men thought that it was a disease peculiar to "white" gay males. These findings corroborate those of Wright (1993) that homosexual African American men use the word *gay* as a label for white homosexuals, but not for themselves. Wright's (1993) principal thesis is

that the present categorization of men as heterosexual, bisexual, and gay or homo-
sexual is inadequate for assessing the sexual behaviors of African American men
who put themselves, their partners, and their children at risk for HIV disease. His
alternative is a more useful categorization of (1) men whose sexual activities are
totally homosexual; (2) men who are predominantly homosexual and occasionally
heterosexual; (3) men whose sexual activities are predominantly heterosexual but
occasionally homosexual; (4) men whose sexual activities are bisexual, that is,
equally homosexual and heterosexual; and (5) men whose sexual activities are ex-
clusively heterosexual (with females).

Categories 3 and 4 include complicated attitudinal and behavioral patterns
that put such men and their partners at risk. Within the third group, homosexual en-
counters serve usually to meet sexual and sometimes economic needs; but the self-
identity of these men is often heterosexual. This gender identity, Wright suggests,
is sustained by: (1) maintaining sexual relationships with women; and (2) in homo-
sexual encounters, being the *passive* partner in oral sex and the active partner in
anal sex.

Wright found that there were men in category 4 (bisexuals) for whom main-
taining heterosexual relationships made them "feel complete," or protected them
from the stigma of being viewed as being exclusively homosexual. Moreover,
Wright found men in categories 3 and 4 who shared the common belief that as long
as they were the active partners in anal sex and passive in oral sex, the "inserter" (of
the penis) and not the "insertee," [3] they would not contract HIV. At the same time,
such males seldom use condoms with either partner. The problem of HIV transmis-
sion is exacerbated, according to Wright, because these men reject health care pro-
grams that focus on homosexuals or homosexuality.

There is a particular subcategory of males that cuts across Wright's third and
fourth categories: *the male who self-identifies as heterosexual, but engages in ho-
mosexual activities in exchange for money, drugs, or other commercial goods or
services.* There are at least two ways that such activities put networks of people at
risk for HIV transmission. The first is their frequent participation in unprotected
homosexual activities with numerous partners. Peterson and colleagues (1992)
found in their study of 250 randomly selected homosexual and bisexual men that
men who were low income and had been paid for sex were less likely to use con-
doms. They also found that men who were uncomfortable with publicly disclosing
their homosexuality were more likely to practice unprotected anal intercourse.

The second problem is related to the fact that some of these males vigorously
pursue heterosexual relationships to maintain their identity as "real men" and not
"fags." In his study, Wright (1993) found that men who participate in commercial
homosexual activities will frequently not use condoms because, they say, their cli-
ents or their female partners don't want them to. They also state that if they initiate
the use of condoms with their female partners, the latter will think they have been
"fooling around" (having sex with other women). Bisexual males who engage in
commercial homosexual activities are thus at great risk for contracting HIV them-
selves as well as for being conduits for the transmission of the virus between het-
erosexual and homosexual populations.[4]

## Constructs of Sociocultural Meaning: What's Wrong with Condoms?

Another problem with health programs that advocate the use of condoms for preventing transmission of HIV is that merely increasing one's knowledge often does not necessarily lead to behavioral change. A plethora of evidence now exists that increased knowledge *alone* rarely does lead to such change. CuSAG studies in Baltimore (Whitehead 1990a, 1990b, 1992b, 1993, and 1996) have consistently revealed that even though a study population may have a very high level of knowledge about how to prevent the spread of HIV through the use of condoms, condoms are still seldom used. The 270 men (98 percent African Americans) interviewed by CuSAG in Baltimore and D.C. voiced a range of reasons for disliking condoms: "condoms are irritating and uncomfortable"; "condoms cut off my circulation"; "they make you lose [sexual] momentum"; "condoms break easily . . . if you do some serious stroking, man, them things you know, they pop"; "they take away that good sexy feeling"; and "I just don't like them," and "I just don't use them!"

These findings are not new. Since the early 1960s, male opposition to condom use has been broadly documented cross-culturally in scores of national family planning knowledge, attitudes, and practice (KAP) surveys and elsewhere. Since the mid-1980s, AIDS prevention studies have contributed to this knowledge base. Yet the condom is still broadly advocated as the primary mode of HIV/AIDS prevention. Moreover, family planning and HIV prevention programs in various parts of the world initiated condom campaigns targeting women. Little attention is being given, however, to the impact of such a strategy on conjugal and broader social relationships.

CuSAG found in the Baltimore and other Maryland sites that a number of women were also reluctant to have their male partners use condoms. Their reluctance was based on their need or desire to maintain their ongoing relationships, and the fear that men would leave them because of the strong male dislike for condoms. Women in the CuSAG studies pointed out that women have to be careful about initiating condom use in their sexual practices because some men associate such practices with a woman being "sexually loose." Moreover, as CuSAG found in Baltimore, because condoms have been traditionally associated with disease prevention, they are also associated with women who are "dirty" or diseased. Thus, condoms are used with "outside" women who "you don't know who they have been lying with," but not with one's primary mate. If a man's mate initiates the discussion of condoms, she runs the risk that he will suspect that she is sleeping around. Men in Baltimore also report that if they know that their "main" woman has the virus, they would either kick her out or leave her immediately. There is also the potential for conjugal discord when women bring up condoms. It is said that men interpret this action as an insinuation that they are sleeping around and carrying disease.

In summary, our findings indicate that for some populations condoms have symbolic power or sociocultural "meanings" that may clash with the desired program outcomes. For example, among some of the participants in the CuSAG research, the public health message of using condoms to prevent sexually transmitted diseases has become part of a construct for using condoms only with women thought to be diseased. Most of the men in our studies did not deny that they sleep

with a number of women. In fact, many of them boasted about this as a display of masculine strength (more on masculine sexual prowess later). Yet they said they did not sleep with "dirty" or diseased women, and some said that they can tell a dirty woman by the way she looks, smells, or carries herself. Because of this construct of "not sleeping with dirty women," the use of a condom is considered unnecessary.

## "Freaks," Fast Women, and Negotiating Condom Use in Male-Female Relationships

Our CuSAG studies have also increased our awareness of the need to better understand people's perceptions of parts of the body, sex, and the dynamics of using symbolically powerful technologies like condoms. In the preceding section I discussed how some of our female study participants mentioned the potential danger to a relationship if they initiated the use of condoms during sexual encounters. A number of intervention programs now help high-risk females to develop skills for negotiating condom use with sexual partners. The CuSAG data, however, reveal another potential problem: a general distrust of men by females such that even when they reach an agreement with men regarding condom use, they believe that the men will find ways of not using them. A good number of our female study participants spoke of male partners who tricked, or attempted to trick them by pretending to put on a condom, but "they ain't doing nothing but fumbling around down there. . . . and you so hot [with passion] . . . you don't know what's going on."

Interventions could be designed (and probably have been) that encourage women to put condoms on men. In fact, such a strategy could be included in a session on sexual foreplay. Our work, as well as that of others, suggests that females have greater interest in sexual foreplay than males, and that some men may be receptive to this strategy because of their desire to have female partners handle their penis.

There were also some men in our study, however, who stated that they were uncomfortable with women who were "forward." Similarly, the CuSAG studies also suggest that such a strategy might be a problem with females who are afraid that just bringing up the use of condoms, or being the one who brings the condom to the relationship, could threaten the survival of the relationship. For these women, the idea of handling a male's genitalia was out of the question. Even some of our female participants, who stated they were comfortable with bringing up the idea of condom use, or even providing it, said that they left it to the man to "put it on." To "touch the man down there" was a further indication of sexual forwardness associated with sleeping around, or of "being too schooled" sexually—perceived as something a woman learns only by sleeping around. For some of our study participants, touching a man's genitalia was "nasty."

In conclusion, intervention programs that advocate that women put condoms on men must first assess how the program's target population feels about raising the issue of condom use, providing condoms, and putting condoms on men. Such assessments should also explore women's expectations of men's reactions to these strategies. Where possible such assessments should also explore men's reactions directly.

## The "Gender Self and Barriers to Condom Use": The Role of Paternity and Sexual Functioning in Masculine Gender Identity

There is a theoretical tradition in social psychology that a "sense of self," or subjective identity, is an important source of sociocultural meaning (e.g., Goffman 1963; Mead 1934). An abundance of anthropological research indicates that across cultures a central component of one's sense of self, or self-identity, is "gender self." [5] Gender self is a cultural construct. It is a perception of self that is strongly influenced by the culture-based notions of masculinity and femininity that are attributed to people within a cultural system.

Our research suggests that there are at least three attributes of masculine gender identity that can act as barriers to the adoption and utilization of condoms by men: (1) ideas about paternity in constructs of adult masculinity; (2) sexual prowess (conquests) as evidence of masculine attractiveness; and (3) economic capability as an attribute of masculine status and power.

In most societies, biological parenthood is an important attribute of adult masculinity and femininity. In my own research in Jamaica two decades ago (Whitehead 1976), I, like Blake (1961), found that young girls in rural communities were expected to have children by their mid-teens, or would be seen by others as "mules." This reference to young women as sterile animals rendered them unattractive to men because paternity represented one of the most important attributes of ideal adult masculinity (see Whitehead 1976, 1986, 1992a). Family planning professionals have long been frustrated by the traditional male belief found in numerous societies that *the more children a man fathers, the more of a man he is* (Castiglia 1990; Friedman 1990; Van Oss Marin et al. 1993; Whitehead 1976, 1992a; Wilson 1973).

There were popular views among inner-city African Americans and Jamaicans in the 1960s and 1970s that family planning programs attempted to deny black men their paternity and were a form of genocide (Darity et al. 1971; Polgar 1975; Rauch 1970; Weisbord 1975; Whitehead 1971, 1976, 1978) or male castration, and in some cases were acts perpetuated against the will of God.[6] I experienced these views personally in Jamaica, where I was chastised by men and women for being childless at 33 years of age. I found it interesting that Jamaican family planning professionals saw low-income men as "socially irresponsible" for their fertile paternity, while low-income Jamaican males viewed childless higher-status males as irresponsible. These contrasting views of male responsibility were based on similar views of the paternal role of economic responsibility. Thus for family planning professionals it was irresponsible for low-income men to have "pickni (children) all over the island" because they could not and did not economically provide for them. Among low-income males, however, the fatherless status of a "big" (high socioeconomic status) man like me was a symbol of selfishness—evidence of not being willing to share my status and wealth (Whitehead 1976, 1986, 1992a).

Although none of the CuSAG research was designed to explore whether or not inner-city U.S. residents associated fatherlessness with selfishness, a similar construct came up in one focus group in which women talked of their opposition to males using condoms. "I feel that when a man uses a condom, he is not giving all of himself to me." Such sentiments were also similar to those expressed by Jamaican

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men talking of using condoms so that women would not "take their 'strength' (semen) when they gave it up in sexual encounters" (Whitehead 1976, 1992a). In these cases, it appears that people consider a man's semen a metaphysical essence and the source of his strength, his soul. Similar attributes associated with semen have been found in other cultures.[7]

I have long been interested in subjective paradigms about what it means to be male or female (i.e., constructs of gender) because they can provide potentially new insights into an array of social problems that are associated with male-female relationships (e.g., decisions regarding the adoption of contraceptives, domestic violence, father-daughter incest, rape, childhood prostitution, pornography, and so on [see Whitehead and Reid 1992]). While CuSAG's work on the meanings of male body parts and functions related to sexual behavior is sketchy, it does suggest the need for more focused and systematic research on the topic.

## Attributes of the Masculine Gender Self: Sexual Attractiveness and Sexual Prowess

In CuSAG's research in Maryland and Washington, D.C., and in my earlier work in Jamaica (Whitehead 1976, 1986, 1992a), I found that both men and women cited loss of male sensual pleasure as a reason for their opposition to condoms. Both men and women reported that condoms caused men, in the words of a female Baltimore study participant, to lose that good "sexy" feeling. Another woman in Baltimore summarized the discussion by saying that when "men pull out condoms," she knows that the sexual session is not going to be an enjoyable one. Such sentiments on the part of females have been used by males to support their reasons for not using condoms: "women don't like them." What these persistent findings suggest to me is that for some people, condom use may be part of a larger gender-related construct: *attractiveness/unattractiveness to the opposite sex.*

As part of the construct of attractiveness to the opposite sex, some men may see condom use as detrimental to achieving another ideal attribute of young adult masculinity in many societies: seductive capabilities or "sexual prowess." I have discussed elsewhere the significance of this attribute in Jamaica (Whitehead 1976, 1984, 1986, 1992a) and in inner-city communities in the Baltimore-Washington urban corridor (Whitehead et al. 1994). I have also discussed (Whitehead 1986) the difficulty I experienced in conducting ethnographic research in Jamaica during the mid-1970s because of the community's expectations that I skillfully display a certain level of sexual prowess, as is expected of the "big" (high in social status) men.[8] Discussions with colleagues doing family planning and HIV/AIDS work in a number of African countries have also focused on the value of masculine "sexual prowess" as possibly one of the greatest contributors to the spread of the AIDS virus.

Although the masculine attribute of sexual prowess has not been the focus of much published anthropological or social science research cross-culturally, we have many anecdotes of its prevalence cross-culturally, especially among young adult males prior to marriage. If more research were to focus on male sexual prowess, and it is shown that it is widely prevalent in those societies that have high or increasing rates of HIV/AIDS, it could be assumed that this attribute is probably a contributor to the transmission of the disease. In the inner-city communities of the

Baltimore-Washington urban corridor, where the bulk of CuSAG research has been carried out, HIV/AIDS is now one of the leading causes of mortality for young adults. We have also had male study participants from those communities suggest that they value sexual prowess so highly that *neither marriage nor the possibility of catching HIV/AIDS would prevent them from displaying it*. Because of the significance of such comments for possible HIV transmission, we need more systematic research to explore the source and breadth of this masculine theme.

## Economic Capacity and "Fragmented" Masculinity in America

A well-documented attribute of a male's sexual attractiveness in America is his economic capacity. Economic capacity becomes internalized by males and is important to their definitions of themselves as men, their sense of (gender) self. A number of sociological studies have discussed the negative impact of job loss on the ego of American males and on family functioning. Literature on African American family life is replete with references to the impact of lower socioeconomic status, unemployment, and underemployment on the sense of the gender self of young black men.[9] As I will discuss in more detail in the next section, economic capacity in the United States has become interwoven with more global male attributes of *sociopolitical* and *sexual* power to create the construct of ideal masculinity in America. I will also discuss how American institutions socialize all American males into this integrated (economic, sociopolitical, and sexual) gender self. I will then argue how the socialization of this sense of the gender self, and persistent contextual barriers that prevent the achievement of all three components of this construct of ideal masculinity, can contribute to a sense of a "fragmented" sense of the gender self.

I will argue that at the core of this fragmented sense of the gender self are persistent contextual (historical and sociopolitical) barriers to achieving a "socially acceptable" economic status (being able to economically provide for a family). I also argue that because of the role of capitalism in American cultural history, masculine sociopolitical status is highly related to economic status, and that a man who is weak in economic capacity runs the risk of also having low sociopolitical status. Finally, I argue that masculine fragmentation due to low levels of economic and sociopolitical status may contribute to men's exaggeration of their sexual capacities, that is, exaggeration of their *need to sexually control and/or conquer females* (Anderson 1990; Whitehead et al. 1994). In other words, I am arguing that "fragmented" sense of the gender self is a primary contributor to low-income male behavior, which in turn puts them and their partners at greater risk for HIV transmission and other health and social problems associated with sexual relationships and gender identity than men of higher socioeconomic status.

The concept of a fragmented masculinity recalls my interpretation of the Jamaican use of the concept of "masculine balance" (Whitehead 1986, 1992a). I was told of the importance of males maintaining balance between the expression of masculine "respectable" behavior (e.g., economically providing for one's partner and their children) and masculine "reputation" (e.g., demonstrations of sexual prowess). Imbalance in respectable and reputational masculine attributes can lead to masculine imbalance. If a man does not correct a state of imbalance, it leads to

an even greater and accelerated state of imbalance: a sense of a loss of control and discipline, which are two other important attributes of masculinity.

In the Jamaican context, I was trying to understand constructs of gender as they relate to masculine conjugal and family functioning, including contraceptive-related attitudes and behaviors. In the Maryland-Washington, D.C. context, I am trying to understand gender constructs as they might put men and their partners at risk for HIV transmission. (It would be interesting to return to Jamaica to reexamine the concept of balance and how it is being used to explain AIDS and the traditional notion that it is a gay disease. My interest results from my research there during the 1970s and 1980s, during which my informants explained what happens to men who allow their imbalance to continue at an accelerated pace, leading to the lowest state of masculine imbalance and wickedness—homosexuality.) Some of the similarities in the constructs of masculine gender in the two research sites are due to the fact that both research enterprises were trying to understand such constructs as they are associated with conjugal relationships and related health issues. But, I argue below, they are similar because of the cultural and historical role of capitalism in gender-construct formation in both societies, including the role of plantation slavery.

## Historical and Cultural Contexts of Masculine Gender Formation in America

### The Impact of Plantation Society on the Formation of Masculine Gender Constructs and Its Expansion as a Cultural Area

Most of the themes of masculinity discussed in this article are not exclusive to African American males, or to American males generally; they are similar to those found in numerous other societies (Whitehead 1992a). Cross-culturally, ideal masculinity seems to revolve around constructs of sociopolitical, sexual, and in some cases economic power.[10] Male sociopolitical power is usually expressed in terms of social status vis-à-vis other men. Masculine sexual power is most often characterized by the social subordination of females to males and male control over female sexuality. Male control over female sexuality includes the power to determine who has sexual access to specific females, and the control of female reproductive capacity.[11] Masculine sexual power is maintained through cultural rules and social institutions that regulate marriage, dowries and bride-price systems, and kinship. The interrelationship between the three types of masculine power noted above is highlighted by the fact that in most societies men's economic, social, and/or political power are translated into sexual power.

The formation of gender constructs in the Americas, and particularly in the United States, has to be understood in terms of the development of capitalism and the emergence of the United States as the leader of world capitalism. Plantation slavery in the Western Hemisphere was a primary contributor to the emergence of capitalism because for the first time in human history the primary factors of production, land, labor, and capital were being moved from continent to continent (Williams 1994[1944]). Within this context, plantation society played a significant role in the formation of New World (after European contact) gender constructs. Historical, social, and economic domination by the rhythms of plantation life gave

rise to sociocultural constructs that were greatly influenced by considerations of ethnicity (European and African) and race (white and black).

Plantation slavery had a powerful impact on the definition of the status and patterns of interaction between men and women, and between blacks and whites. The extreme wealth that plantation slavery afforded to men of the planter class provided the power to define the sexuality of the women of their socioeconomic class, and the sexuality of the female and male slaves.[12] Extreme wealth made possible the construction of economic capacity as a core component in the definition of ideal masculinity. Economic power was controlled by of the ideal (white) male, and everyone was dependent on this male for his or her economic well-being. At the household and family level, this construct was expressed in terms of the importance of men being economically responsible for their families. For white males of Europe and America, the wealth generated by plantation slavery, colonialism, and a greater control over the world's resources, both economic and human, made it possible to maintain and strengthen economic capacity as a core construct of ideal masculinity. The impact of the transition from plantation-dominated economies to industrialization on an emerging globally connected economy brought greater wealth and a continued strengthening of the role of economic capacity in defining masculinity.

The areas of the Western Hemisphere where plantation slavery dominated for centuries—including countries in northeastern South America (Brazil, Surinam, and Guyana), the islands of the Caribbean, and the American South—have been grouped into a cultural area and are referred to by scholars as "Plantation America" (Wagley 1952). Having directed numerous research projects for CuSAG over the past 7 years, I have come to include areas of the U.S. inner cities that are predominantly peopled by African Americans as part of the Plantation America cultural area, although these locations were never dominated by plantation agriculture. My observations in the inner cities of the similarities in social relationships, language structure, belief systems, and reality constructions to those found in the plantation societies that I have studied for years, and my experiences growing up in a plantation area in the southeastern United States, led me to consider this inclusion.

The expansion of the Plantation America cultural area to include nonplantation urban areas becomes even more plausible when one considers that the majority of the black people who reside in the inner cities of the United States migrated (or their parents migrated) from areas in which the economic and social domination of plantation society had a long history. The concept of Plantation America as a cultural area, however, includes more than just the migration of African Americans. Cultural constructs that are significant to white Americans should also be considered. For example, consider the influence of the founding fathers of this country on the formation of the political, economic, and social institutions, and the cultural construction that are produced and reproduced by these institutions. Many of the founding fathers were themselves plantation owners. It would be logical then to assume that many of the cultural constructions that emerged from plantation society were transported into the constructions that are now valued in the United States, including constructs of race, gender, and class.

Finally, the legacies of plantation society are still visible in urban centers today. The juxtaposition of the slave and the master classes of plantation society can be seen in urban settings in both the West Indies and the United States. Students of

Plantation America have long commented on the visual continuity between the "big house" and slave shanties of plantation society, and the more recent manifestation in the mansions in the hills surrounding major West Indian cities that overlook the poverty-stricken shanties below. Visions of a similar type of structural continuity can be seen in the racially segregated, poverty-stricken U.S. inner-city communities of Washington, D.C. and Baltimore, Maryland, which are surrounded by some of the wealthiest suburban communities in the nation and even the world.

### Respectability and Reputation: A Paradigm for Exploring Masculine Gender Constructs in Plantation America

Building on the work of Peter J. Wilson (1973), I have argued that ideal adult masculinity in America has two major themes: "respectability" and "reputation." Attributes of masculine "respectability" include: (1) having enough economic power to provide for one's family; (2) being law abiding; (3) winning through competing successfully; and (4) exhibiting a strong Judeo-Christian sense of morality and fair play. Attributes of masculine "reputation" themes include (1) sexual prowess; (2) defiance of authority and general rowdiness; and (3) winning through gamesmanship or "outsmarting" others (see Whitehead 1986, 1992a; Whitehead et al. 1994). Wilson suggested that the construction of masculinity was divided along class and economic lines. He proposed that European and middle- and high-status West Indians value respectability, and lower-status West Indians rebel against respectability by valuing reputation. In my Jamaican research, however, I found that West Indian males of all classes valued both categories of masculinity (Whitehead 1992a).

In my CuSAG work in the United States I have also argued that in the United States, too, males from all classes value both sets of masculine themes. In fact, themes of masculine respectability and reputation exist cross-culturally and are practiced by males of differing sociocultural status. The themes that Wilson categorizes as respectability are found in other societies as *themes that contribute to social order,* while those that he classifies as reputational are *themes that threaten social order* (Whitehead 1992a). Moreover, in most human societies, although it is potentially disruptive to social order, young males are allowed to express reputational traits. Masculine maturity, however, is marked by bringing an end to such expressions and channeling them into *culturally defined units of time, space, style,* and *sociocultural contexts.* For example, "respectable" men provide economically for their families, are law abiding, and follow the rules of Allah or God. There are certain times, places, and people with whom men can express such reputational attributes as sexual prowess, rowdiness, and gamesmanship without conflicting with their respectable status. Thus there are certain times (e.g., days that are not religious or sacred), certain places (e.g., in all-male gatherings), and certain categories of women (the culturally constructed whore), with whom a respectable man can express himself reputationally (e.g., see Ralston 1988). Men keep the value of these reputational expressions through sharing tales of their exploits in all-male groups, and through their support of, and pride in, young unmarried men who exhibit these traits before settling into the respectable status frequently marked by marriage and the readiness to father children.

In comparing gender constructs in the West Indies and the United States, the variable of race, which has been so important in the cultural history of the United States, has not been as significant in the West Indies. Many of the cultural constructs that are highly influenced by class in the West Indies are influenced by race in the United States. Wilson differentiates between masculine respectability and reputation in terms of ethnicity (European and West Indian) and class (middle and upper versus lower). In the United States, this differentiation is made along racial lines; that is, white males are "expected to be" respectable and black males are expected to be reputational. Thus, while there are black males and white males who value both respectability and reputational masculine themes in the United States, cultural constructs create the illusion of gender differences along racial lines.

The evolution of the United States as a powerful global cultural influence resulted in the social and linguistic separation of themes of masculine respectability and reputation. This separation was necessary in order to maintain meaningful cultural boundaries for differentiating between white and black men, and between white and black women (Collins 1996; Sacks 1979). The denial of economic, sociopolitical, and sexual power to black men has contributed to the production and reproduction of racial differences in male achievements in economic, educational, and family matters.

Historically, the physical proximity between white and black men, that is, of constructed ideal masculinity and its opposite (first as masters/slaves, and then as employers/employees) has tended to perpetuate and strengthen along racial lines the differences in constructs of masculinity. In fact the production, reproduction, and strengthening of these racial constructs of differences in masculinity have been perpetuated in the evolution of all institutional life in mainstream American society. American economic institutions have provided white men with the rewards of capitalism, and thus assured them that the image of the white man as the model provider for the family was valid. American institutions of slavery, racism, and discrimination have historically denied the black man equal access to such economic rewards. Mainstream educational, research, and media institutions have consistently depicted black men as "irresponsible" in matters of the family. The socioculturally constructed image of black men characterizes them as "interested in sex and spreading uncared-for babies all over the place" without providing for them economically (see Whitehead 1971, 1992a). These same institutions (education, research, media), along with the U.S. judicial institutions, have historically perpetuated the image of black men as having natural tendencies toward criminality (see hooks 1992; LeMelle 1995; Thackara 1979; Van Dijk 1987). Early colonial associations of black men with low moral character were supported by religious beliefs such as the idea that slavery in a Christian country was good for blacks because it extracted them from the "sinful habits of Africa."

At the same time, these same institutions have consistently contributed to the "illusion" that white men are law abiding and morally superior to black men (Billingsley 1968; Weatherspoon 1994). White men have been constructed as hard workers who demonstrate the "Christian work ethic"; black men, in contrast, are depicted as interested only in getting something for free, "conning" [cheating] others, and/or robbing them. The construct of "welfare cheats," for example, combines the reputed notions that black men get things for free and cheat. These illusions of difference between white and black men have been maintained by

historical shifts in the meaning of words such as *irresponsible* or *hustler*, and by the association of such labels primarily with black men (Whitehead et al. 1994). The persistent institutional reproduction of these constructs makes it easy for us, who have been socialized by these institutions, to blame low-income black men for their own circumstances.

The emergence of economic capacity as a core construct of the masculine gender self in Plantation America played a major role in defining the black man's status as a man in the wider society (sociopolitical status), in his conjugal relationships (sexual status), and in his relationship to his children. Men of low economic capacity are not desirable as husbands and fathers to most women (or valued by other male protectors of male sexuality, i.e., fathers and brothers). Also, such valued mainstream roles of husband and father are frequently not attractive to the most *powerless* of men (Liebow 1967). In fact, legal marriage and family responsibility in some cases reminds the economically, sociopolitically, and sexually powerless Plantation America male of his lack of status as a man. A male informant in Washington, D.C., for example, told me that going to jail was a sort of reprieve from his wife and everyone else who frequently reminded him of what a failure he was: "At least in jail, I don't have to see it in their eyes all the time. At least here I can feel like a man."

## The Impact of the Valued Masculine Theme of Economic Capacity on Male-Female Relationships

### *Masculine Economic Capacity and the Attractiveness of Males as Sexual Partners*

As a researcher of African American health issues in both the United States and the Caribbean for the past 30 years, and as a black man living among African Americans for the past half century, I have often heard black men lament their inability to give their women the material things they desire. Some black men also complain that the only thing that black women are interested in when in relationships is getting as much as they can (material possessions) out of men. I have also frequently had black female study participants dismiss men who had nothing (material) to offer them.

At present, CuSAG is finishing a research project of inner-city African American adolescent (13–20 years of age) female clients of a sexually transmitted disease clinic. One of the strongest themes to come out of this research is the association of a male's attractiveness as a sexual partner with his material possessions, particularly ownership of a late model luxury car, and whether he has money to spend on a female. Frequently the ownership of a car is interpreted as symbolic of a man having money. Such interpretations of materialism or wealth have resulted in some of these young women "hopping into cars" (literally called "car hopping" by some of these girls) with men that they don't know, and being compromised sexually, or even worse, raped, beaten, or murdered.

In both the Jamaican and the U.S. inner-city research, female study participants in common-law marriages to men who were legally married to other women confirmed their desire to maintain these extramarital relationships with statements such as: "He is a *good* man, and there are not too many of those out here." In these

instances "good" is defined in economic terms: "he helps to pay the rent, buy gro-
ceries, and put clothes on my children's backs." I have also reported on the West
Indian custom in which men put off marrying the mother of some of their children
until they are able to own a home. Home and land ownership are evidence of a
man's economic capability, and of his ability to provide for his wife and to give her
material things (Whitehead 1976, 1992a). It is interesting that the practice of mar-
rying a woman later in her life is said to make her "respectable." It suggests that in
Plantation America, a man has to be respectable in order to make the woman re-
spectable, and his economic capacity is what brings him respect.

### The Cultural Construction of the "Black Woman as Whore" in Plantation America

Categories similar to those of respectability and reputation apply to women as
well as men in Plantation America. Respectable women are mothers, wives, and
potential wives. For all of these women, their sexuality is ideally controlled by
men, first by their fathers and then by their husbands. Alternatively, there are
women with (sexual) reputations who are constructed linguistically and cogni-
tively as "whores." These are women with whom men can easily meet their sexual
needs (and fantasies) and express the reputational masculine theme of sexual prow-
ess. These constructs of femininity also have broader Judeo-Christian and cross-
cultural contexts.

The Judeo-Christian foundation for respectability and reputational attributes
as they are applied to women in Plantation America is the "Madonna-Whore" com-
plex. This paradigm, created for women by men, which can be found in cultures
throughout the Mediterranean and Moslem world, became rigidly institutionalized
in Europe during the Calvinist/Puritan periods (see Bastide 1968). As Europeans
settled the new world, they brought this paradigm with them. Again, because of the
power that white men of the planter class had to construct the sexuality of everyone
on the plantation, white women became depicted as models of respectability and
*black women became depicted as whores.* These constructs were supported by the
Puritan view of sex as sinful (Worth 1990:113), and the subjective interpretations
of the Bible that black skin was a sign of sin (Bastide 1968:40). Thus white
women—the preferred wives of white men and the preferred mothers of white chil-
dren—were cloaked in themes of respectability; sex with these women was pri-
marily for reproduction. Black women, by contrast, were represented as the "sex-
ual temptresses"—whores (Kaljee 1990). The association of both sex and black
skin with sin contributed to the idea that black males and females were hypersexual
(Thomas and Sillen 1972:103). Thus white women had to be protected from black
men, and black women could be accused of inviting the rape they often suffered at
the hands of white men.

Black male economic powerlessness (inability to provide for his woman and
children) and sexual powerlessness (inability to protect and control the black
woman's sexuality), and the economic barriers to black women in their efforts to
provide for their children and protect themselves from the sexual advances of
white men, sometimes did result in their use of sexual strategies to advance their
own and their children's lives. Such tactics, however, only strengthened the con-
struction of the black woman as whore for both white and black men. But while

white males may not publicly verbalize this construct, the persistent economic powerlessness of low-income black men has brought some of them to publicly refer to black women as "Hos" (whores) and bitches.

*"Hos," Dogs, and "Freaks": The Public Verbalization of Black Hypersexuality in Contemporary American Cultural Settings*

The construct of the black woman as whore is reproduced primarily by young black males in contemporary settings through music and humor (e.g., "gangsta" rappers, comedians, and other "black artists"). This construct has been marketed by the U.S. capitalist system, which has learned that there are large profits to be made from black-on-black displays of disrespect. Out of this construct, the notion of the "freak" or "skeezer"—a female who is known to provide any type of sexual service in exchange for a "hit of crack cocaine"— has evolved in contemporary urban youth and drug cultures.

Unfortunately, these types of semantic/cognitive labels contribute to many of the conjugal problems experienced between low-income black men and women, and, I am afraid, make it easier to exploit black women as objects for commercial sex—as whores. Just as we expect brotherly behavior from someone we call "brother," or motherly behavior from someone we call "mother," we may consciously or subconsciously expect "bitch"-like behavior from someone we call "bitch," "whore"-like behavior from someone we call whore, and "freak"-like behavior from someone we call freak.

In CuSAG research, we continue to explore the "domains of meaning" that underlie these constructs of black femininity. One of the methods we use in this inquiry is a technique of "free association" in which study participants are provided with a list of terms and are then asked to say the first thing that comes to mind. We included in our list of terms the words *men* and *women*. Young black male participants between the ages of 24 and 35 sometimes freely associated the words *whores* and *bitches* with "female." Female participants frequently gave the response of "dogs" ("anything that wears a skirt") to the word *men*. Some of the males also referred to men as dogs either in the word association or in long narrative responses in other sections of the interviews. But in contrast to women's use of the term, men's use of the term *dogs* was discussed approvingly by thus reflecting the masculine value of sexual prowess. Women used the term with anger or to voice sharp criticism of males in general.

The term *dog* discussed in our research is the same dog referred to in rap music, which is popular among young black men and women in the 1990s. Rap music has experienced such popularity and commercial success that it has crossed over and become popular with many white youths as well. The dog of rap (or hip hop) music, however, does not simply glorify the dog who is good at sexual gamesmanship or prowess. This dog also speaks to young men who are part of a long intergenerational chain of black males who have been denied access to economic and sexual power in a society that highly values these attributes in men. The anger in the lyrics and images of gangsta rap is often directed at the perceived source of the barriers that block the full participation of black males in the totality of ideal American masculinity: females who have been traditionally perceived as the primary pawns of masculine sexual power (Lott 1992).

## What Does All of This Have to Do with AIDS?

### *The Fragmented Gender Self and Health Research Exploring Self-Esteem*

Most readers of this article who are familiar with literature on health risks might view my concept of fragmented masculinity as similar to the popular concept of self-esteem. Indeed there is a relationship between the two constructs. The bulk of the health-related research on self-esteem, however, are simple correlational studies that show a relationship between self-esteem and health-related behavior. The lower a person's self-esteem, the greater is the probability that a person will behave in ways that put him or her at risk for specific illness conditions (e.g. Sobo 1995). Little of this research, however, is informed by theorizing about the formation of self emerging from interactions with others. Although most of this research utilizes validated psychometric scales as a means to test the strength of this relationship, it cannot explore the sociocultural contexts and processes in the meanings of the risk behaviors that may be exhibited by persons with low self-esteem. Finally, much of the self-esteem literature focuses on females and adolescents; little attention is given to males.

I suggest that research on self-esteem can be strengthened by qualitative approaches to the study of gender identity. For example, I mentioned earlier a male study participant who reflected that jail provided a refuge from seeing himself as a failure in the eyes of his wife, his children, and others who are close to him. His comment suggests that people's sense of self is influenced by evaluations of their performance of certain social roles. Although such evaluations may lead to low self-esteem, they may not, particularly in reference to the evaluation of adult gender roles. Thus an adult might conceivably score high on a self-esteem test, and still have a low sense of self in terms of adult gender-role performance. In either case, however, society may adopt the language, attitudes, and behavior that it associates with a status. For some economically, sexually, and sociopolitically powerless black men, this phenomenon has lead to what Franklin (1994:281) refers to as "retreatist" masculinity, which is characterized by a withdrawal from society. These are men, says Franklin, who have "grown weary of participating in a system that denies them the means of achieving what most members of society achieve. So they drift into high rates of joblessness . . . drug addiction, alcoholism, and homelessness" (1994:281)—all considered to be directly or indirectly risks for HIV/AIDS.

### *Socioeconomic Marginality, Crack Cocaine, and the "Hustling Life"*

Ideal constructs of male economic and sexual power, and the lack of access to that power by black males, has given rise to new problems in the 1970s and 1980s that have implications for HIV/AIDS. Persistent poverty, chronic unemployment, and employment with menial pay have historically characterized the plight of the majority of black men in American society, and have led some of them to what we term America's "hustling culture." Male study participants, for example, have talked about how black men have had to "hustle" in order to survive in America. They defined hustling to include both legal moneymaking activities (e.g., holding several menial jobs simultaneously) and illegal activities (e.g., running "con"

games). They also defined *hustling* to mean exhibiting the generally accepted en-
trepreneurial skills that all American men are socialized to have as a means for
achieving the core ideal American male attribute of wealth (Whitehead et al.
1994). The difference between rich white males and themselves, they said, is that
white males have the entire globe to hustle, and they have only one or two poor in-
ner-city blocks. They also explained profoundly that the more a man in America is
denied legal employment and hustling opportunities, the higher the probability is
that he will turn to illegal activities to achieve the economic capacity that will bring
him "respect" as a man.

     With the tremendous decline in opportunities for legal employment and legal
hustling among low-income black males in the 1980s, drug trafficking, particu-
larly in crack cocaine among young black men (and women), increased the crack
trade and helped to facilitate other illegal facets of the hustling culture including in-
expensive commercial sex and "crack houses" (see Inciardi 1993, 1995). Crack is
very marketable in poor communities because its processing makes it possible to
sell cheaply (Inciardi 1993, 1995). Moreover, crack traffickers make as much as
six times the amount that they could make on the same amount of pure cocaine
(Ratner 1993a). The drug is also said to have a powerful but short-lived "high,"
which translates into inexpensive but frequent purchases.

     The craving for crack cocaine is said to be so strong among addicts that not
only do they engage in frenzied activities to get the drug, but they may give up nor-
mal sexual inhibitions and sacrifice personal hygiene to get it (Ratner 1993a; see
also Gorman this issue). Thus sexual exchanges offering all types of sex desired by
a client may occur many times during a single day to feed the need for the drug. For
example, Bourgois and Dunlap (1993) reported that in some inner-city communi-
ties female crack addicts offered oral sex for as little as three dollars. Inciardi has
also reported that some women in crack houses provide sex at bargain-basement
prices in order to get as much of the drug as they want. Crack houses provide
women with a "safe haven" for using drugs without being hassled by members of
their family, by the police, or by the violence on the streets (Inciardi 1993, 1995).
Men are said to be attracted to crack houses in order to procure cheap sex. In sum,
crack houses provide the ideal situation for crack entrepreneurs to prostitute eager
crack-addicted females and at the same time to sell more drugs to male customers
for their own use or for its use in exchange for sex.

     Such scenarios provide multiple opportunities for HIV transmission. In crack
houses numerous unsafe sexual activities are carried out with multiple partners in a
single day. When drugs are involved in such settings, using condoms or any other
form of protection is not a consideration. According to Inciardi, many of the males
who participate in crack-house sexual activities want oral sex. At the same time, a
number of them have difficulty achieving erections because of their frequent drug
use, a situation that often results in long sessions of fellatio that can lead to a break-
ing of the penile skin. Women in these situations are also placed at risk by swal-
lowing semen and because they have sores or cracks in their lips from sucking
crack pipes or the penises of clients (Inciardi 1993, 1995).

     The interplay among American constructs of ideal masculine economic-sex-
ual power, the increasing lack of access to those ideals for some men, the American
male "hustling" culture, the rise in recent usage of crack cocaine in poor neighbor-
hoods, and the exchange of sex for crack described by Ratner and his colleagues

(1993b) not only created a milieu for increased HIV transmission, but in some in-stances provided an illusion of providing access to long-denied masculine eco-nomic and sexual power. Young men ready to take the risks of becoming involved in the crack trade found themselves with payoffs beyond their wildest dreams. Money and drugs also gave them access to, and control over, women who in the past might not have given them any attention.

When I first started urban research in 1990, I was astonished that young men talked of "drugs," particularly crack cocaine, as replacing a man's "rap" (verbal ability), or even material possessions, as means to get a woman. One of the most disturbing comments on crack's attraction as a vehicle for masculine transforma-tion from powerless to powerful (economically and sexually) was provided by a male focus-group participant in Baltimore in 1990. This young (late 20s) drug traf-ficker, who wore a very expensive leather coat, gold chains around his neck, and had three gold teeth with one of his initials on each, stated:

> Look man, two years ago, I didn't have anything. I couldn't buy anything, couldn't get a woman . . . and my family thought that I was worthless. I was getting fucked over by everyone. Now I have clothes, money, cars, and women living in 20 different houses. I provide for them. I provide for them. They don't have to turn to nobody else. I did it all myself, and nobody messes with me! You know why? Because I have scratch [money].

Crack use reportedly began to decline during the middle 1990s, and heroin re-turned as a leading drug in the inner city. While heroin is sometimes now mixed with crack cocaine and smoked, its traditional mode of use, needle injection, is still popular, and thus further contributes to injection drug use as the primary mode of HIV transmission among African Americans. Given the demonstrated relation-ships among drug use, sexual behaviors, and HIV transmission, one of the most damaging consequences for low-income African Americans is the probability that the construct of black woman as whore was strengthened.

*"Rapping," "Sweet Talk," and Young Women at Risk*

Earlier, I cited the U.S. Centers for Disease Control's report (CDC 1995) that HIV/AIDS is growing faster among African American females than among any other U.S. population with the exception of adolescents. Among black females, the disease is spreading fastest among adolescents. Some of the reasons for the prob-lem among adolescents are the same reasons that we continue to have increases in pregnancies among both black and white adolescents: (1) more adolescents are in-itiating sexual intercourse at earlier ages than in past decades; (2) adolescents are less likely to use condoms or other forms of contraception than older population segments; and (3) despite the evidence regarding adolescent sexual activity, a siz-able proportion of American parents and policy makers oppose targeting adoles-cents for contraceptives, including condoms. African American adolescents have been found to initiate sexual intercourse earlier than their white counterparts and to use condoms less frequently. Another factor that may contribute to the high rates of sexual activity among African American adolescent females in low-income com-munities is the way in which they are targeted as sexual prospects by older males.

The evidence for sexual liaisons between adolescent females and older males is still sketchy. Anecdotal evidence coming from all around the country justifies a call for more systematic research on this phenomena. One of the reasons that CuSAG was asked to carry out the adolescent female STD study in which we are presently involved is because the local health department requesting the research discovered that some of the adult male clients utilizing their sexually transmitted disease (STD) clinics reported having female partners 17 years of age and younger.[13] Our preliminary analysis of the data from this study suggests a general consensus among our study participants that such liaisons are common in their communities. There is also a near consensus among our adolescent study participants that older males are preferred as sexual partners over adolescent boys because they are more "mature," "romantic," and "know how to treat females with respect."

In earlier CuSAG studies in Baltimore STD clinics (Whitehead 1990a, 1990b), there were adult male study participants who talked of targeting adolescent females for sex because young girls are more susceptible to romance and the male "rap" than the "woman who has been around" (although other males were adamant that age or one's rap did not make a difference as long as you had some "drug"; that "drug is all you need to get anything you want from bitches around here").

I first observed this pattern of older males targeting "school girls" for sex in Jamaica during my ethnographic research there in the mid-1970s. I first encountered this phenomenon while conducting participant-observation with adult males who made overtures toward adolescent females on the way home from school (Whitehead 1986). My male study participants shared with me reasons for their participation in such activities, which were similar to those shared by males in the later Baltimore studies: "school girls love sweet talk, and that's how you get them." Adult Jamaican female study participants who had also observed this male behavior, had daughters, or knew other young females who had become impregnated by older men agreed with this assessment of adolescent female susceptibility.

The female study participants, however, provided some insight on the types of males that participated in this kind of activity. They proposed that males who pursued adolescent females were males who were unsuccessful in attracting older, more mature, women. They further suggested that such men were unsuccessful with older women because these men usually had low incomes and had nothing to offer a woman in terms of economic support. Moreover, male economic support is more relevant to older women than it might be to school girls, because older women often have children or others for whom they are economically responsible. And finally, older women often have had disappointing experiences with such men and are less reticent, or are more skilled, at rejecting them than are school girls.

Certain occurrences during the 1990 CuSAG Baltimore studies (Whitehead 1990a and 1990b) made me begin to wonder whether or not women's perceptions of the ways in which males pursue sexual partners was age based. Those studies were sponsored by research contracts that requested focus-group interviews with primarily African American males and females seeking services at STD clinics. During discussions that included the earlier mentioned references to males as "dogs," we began to notice that adolescent female participants between 15 and 19 years of age were considerably less critical of men than were older female participants. Anger at and criticism of men seemed to be strongest in women ranging in age from about 22 to 37. Interestingly, comments from female participants in their

40s and 50s were for the most part more subdued and tinged with sarcastic resigna-
tion ("most men are just no good").

We also noticed similar age differences among male participants. First, we
noted males in their middle and late twenties coming to the focus groups with girl-
friends who appeared to be in their middle teens (15 to 17). We also observed that
there was much more braggadocio on the part of the young men (roughly in ages
from about 17 to 29), particularly with regards to sexual conquests and control.
Conversely, men in their late 30s and 40s, some of whom did partake in some of
the sexual boasting, tended to be much more serious about their personal condition,
and the conditions of African Americans in general. (This is an important point to
which I will return later in a discussion of what I call "gender maturity.")

The narrative and observational data from both the Jamaican and the U.S. re-
search sites has brought me to the inference that males of low economic, sociopoli-
tical, and sexual status are more likely than high-income males to target adolescent
females for sexual liaisons because young females are less likely to expect as much
out of them economically as older, more experienced females, and are more sus-
ceptible to male sweet talk. I also hypothesize, within the general themes of this ar-
ticle, that more systematic research on this topic would show that older males who
target adolescent females are doing so not only to meet physical sexual needs, but
also to demonstrate sexual prowess, a masculine reputational trait perceived as en-
hancing a man's social status with male peers.

These hypotheses, if correct, would suggest that the low-income males in our
research are not that different from males of other cultural backgrounds. Even the
idea of males in their late twenties having sexual partners in their middle teens is
not outside of the realm of traditional human mating patterns—although it is not
desirable in contemporary American culture for females in this age category to be
involved in such relationships. Perhaps, most cultural groups would find most dis-
turbing the prospect of these young females being drawn into helping males estab-
lish their economic status. It is not that this construct does not exist in other cul-
tures. In fact, according to Lévi-Strauss, the role of females as a commodity in
male economic activities is probably as old and as widespread as the organization
of human communities around rules of kinship.[14] Most disturbing is the contempo-
rary evolution of this construct into behaviors (commercial sex and trade in sex for
drugs) that may be destructive to the institutions of family and community.

The young drug trafficker quoted above with the gold teeth, leather jacket,
and "women in 20 houses," and his focus group pals, offered detailed information
on how "small businessmen" like himself get their business "off the ground and
moving." They explained how females are targets both as drug clients and as
potential commodities in the sex for drug/money marketplace. Young women be-
come targets as a result of their curiosity about sex and drugs. Welfare mothers
become targets because they are known to have monthly incomes. Once these
women are "hooked," drug dealers can take over their apartments, turn them into
crack houses, and, if they have daughters, even recruit their children into the trade.

Of course, such narratives are only anecdotal. They could also represent male
braggadocio, rather than factual scenarios; other groups of drug traffickers evinced
great disdain for such behaviors and a surprising sense of concern regarding such
destructive elements in their communities. Such comments, however, are worthy
of more systematic research in light of the data that suggest the possibility of

entrepreneurial strategies. For example, the participants in the adolescent female study almost unanimously stated a preference for older men over adolescent males as sexual partners because of their perception that older males are more likely to have jobs and money to spend on females. Where this construct makes females vulnerable to risky sexual practices, however, is in their assessment of visible material male possessions, particularly, as discussed earlier, the possession of a late model luxury car, as a symbol of economic capacity. This type of assessment has led some adolescent females in the Washington area to get into cars with men they do not know, because cars symbolize men's ability to spend money on females. Being seen with a male who has such a car also affords the adolescent female an elevated social status with her female peers. Such behaviors, of course, place these young women at great risk for contracting HIV/AIDS or some other STD, or even to be beaten or killed.[15]

Another finding from the CuSAG research that might indicate that adolescent females in low-income, inner-city communities could be at risk for involvement in sex-drug activities is the fact that they are attracted to older men, not males in their 40s and 50s, but males in their late teens, 20s, and early 30s. These are the years when male sexual drive is strongest, and when the reputational theme of sexual prowess might be most pronounced. This assumption is supported by the comments and behaviors of young males in the Baltimore male focus groups. These are also the ages of many of the young African American males who became involved in drug trafficking during the late 1980s and 1990s. Thus, young women who initially enter heterosexual relationships for romantic reasons, or even in expectation of monetary rewards or enhanced social status, found their relationship evolving into one characterized by commercial sex and drugs.

In conclusion, I would like to reiterate the need for more focused research on the inferences that I have pulled out of our ongoing CuSAG research activities in inner-city communities. If the scenarios that I have been discussing here do occur in these communities, they indicate not only serious risks for the transmission of HIV/AIDS among African American females, but they have serious long-term implications for African Americans as a human community. First of all, such findings could indicate that some adolescent African American females might be initiated into commercial sexual activities before they are aware of what is happening to them. Second, the survival of blacks in the Americas has been greatly facilitated by "networks of mothers" who have traditionally taken on much of the burden of raising black children to adulthood. If mothers on welfare or poor working mothers are being recruited by drug entrepreneurs as drug clients or sexual commodities, who will carry on this tradition of taking care of African American children? And finally, when we consider the fact that drug trafficking was one of the fastest growing sectors of the global economy during the 1980s (Harrison 1990), we wonder if global capitalism has found a way to continue to use the bodies of poor women for profit, when it can no longer find any use for their labor.

This last issue brings us back to the persistence of the social and cultural constructs from the plantation past. On the plantation, the sexuality of female slaves was exploited for pleasure and profit. Neither black women nor black men had control over who had sexual access to black women. Nor did they have any control over female reproductive capacity as children provided free labor for the plantation owner and profit when they were sold. Today, poverty and drug addiction contribute to

women's loss of control over their sexuality. For some females in low-income, in-
ner-city communities who have fallen prey to drug addiction and commercial sex,
the plantation construct of the black woman as whore has been maintained and
strengthened.

### The Hustling Culture, the Incarceration Epidemic among Black Males, and the Risk of HIV Disease in African American Communities

When illegal hustling activities are men's primary means of achieving the
American masculine ideal of sexual and economic power, African Americans face
an increased chance of being incarcerated. I have previously cited Washington in-
formants who spoke of hustling as a male attribute of all American men with both
legal and illegal components. Furthermore, Washington informants said that Afri-
can Americans have always had to depend more on illegal hustles than white men
because they have traditionally been denied both legal hustling (holding multiple
menial jobs, for example) and mainstream employment opportunities (Whitehead
et al. 1994). Historically, this helps to account for the consistently higher rates of
incarceration among African American men than among white males.

The increase in drug trafficking opportunities and drug-related violence
among lower-income, black, inner-city males during the 1980s helps to explain the
dramatic increase in the rate of incarceration of African American males during
that decade.[16] An analysis of the U.S. Bureau of Justice statistics for 1990 indicate
that on any given day in 1994, one out of every three African American males be-
tween the ages of 20 and 29 were under the jurisdiction of the judicial system,
either in either prison, in jail, on probation, or on parole (Mauer and Huling 1995).
These statistics coincide with a decrease in both legal unemployment and legal
hustling opportunities for African American men during the 1980s, which is in turn
an outcome of the decline in America's economy and the social and economic poli-
cies of the Reagan and Bush administrations (Phillips 1991; Ratner 1993a; White-
head et al. 1994).

What I have called the "incarceration epidemic" (Whitehead 1994) for young
black men has had a devastating effect on the black family and the black commu-
nity. In particular, it has resulted in the increased risk for HIV transmission in the
community. This epidemic is so extensive that it may be becoming part of the real-
ity of dating/mating patterns in inner-city communities. This possibility emerged
during a focus-group discussion that was part of a study on adolescent females.
Adolescent females were asked to give advice to other young females contemplat-
ing new relationships. This question was intended to elicit their reflections regard-
ing negotiations about sex and/or condom use. The first group interviewed, how-
ever, began talking about "making sure that he hasn't just gotten out of jail"; or
"that the police ain't looking for him."

The risk for transmission of HIV/AIDS in African American communities
may be facilitated by the black male incarceration epidemic and judicial practices
and policies that fail to require HIV testing prior to, during, or at the end of a jail or
prison term, and/or oppose the distribution of condoms and clean needles in jails
and prisons (Hager et al. 1995; Hammett et al. 1994; Hankins 1994; Maguire et al.
1995; Parker 1995; Polonsky et al. 1994; Roberts 1995; Rothon et al. 1994). Some
of these policies are based on the incorrect assumption that primary risk behaviors

such as injection drug use and sex do not occur in jails and prisons. Although the major risk factor for HIV-1 infection and AIDS is injection drug use prior to incarceration (Vlahov 1992), it is widely known that men can get drugs while in lockup. According to a series of articles published in the Washington Post in June, 1990, a number of DC guards were bribed into becoming "drug runners" for certain prisoners (Dash 1990a, 1990b, 1990c, 1990d).

It is also a popularly held notion that there is a fair amount of homosexual activity among members of the prison population (Dynes and Donaldson 1992; Wooden and Parker 1982). Participation in the hustling/drug culture places men at increased risk for contracting HIV—the same behaviors for which they are frequently incarcerated. Incarceration places them in a setting where such behavior is likely to continue and thereby increase their risk of HIV transmission. Additionally, men who engage in drug use and/or homosexual acts while in prison are frequently released into the community before preventive procedures are taken to protect the community. Moreover, as members of the D.C. hustling/drug culture intimated, lockup is not a disruption in the perpetuation of the hustling culture, but a stage in which hustling behavior and skills are enhanced ("the place where you really learn your hustling skills"). The high percentage of young black men going through the prison system saddles black communities with male members who are further marginalized and stigmatized and unable to contribute constructively to their community.

These are men whose chances for regular employment are further limited, but whose hustling skills, as well as orientations toward violence, might have been enhanced by their prison experience. These are men, some of whom may have been involved in homosexual relationships while in prison, who strongly identify themselves as heterosexual and are motivated to continue to prove their heterosexuality through the pursuit of heterosexual relationships. At the same time, limited economic opportunities may lead some of these men to continue to participate in commercial sexual activities as part of their hustles. In summary, in numerous ways such men may become instruments of destruction in their communities by further advancing the negative side of the hustling culture, including those behaviors that contribute to potential increases in HIV transmission.

## Conclusions and Recommendations

### Future Research Needs

The issues discussed in this article are very complex. Yet, if we hope to better understand risk behaviors and attitudes so that we can develop more effective prevention and treatment programs, we must move beyond the most popular research method of simply testing investigator-initiated research hypotheses through the use of existing psychometric instruments. While such approaches are usually methodologically sound, they may have little relevance to the complex meaning system that underlies the risk behaviors of interest to prevention and treatment programs.

To reiterate a point made in the methodology section, the findings reported on here can only be considered exploratory, since they were carried out in small scale qualitative studies in which some of the issues discussed were frequently not the

focus of a specific research activity. (As is the case in many open ended, flexible, ethnographic and qualitative research projects, some of the most intriguing findings were not planned for by the investigator.) One of the reasons for presenting this work is to suggest the need for multidisciplinary research and the development of intervention approaches that truly triangulate different theories, methods, and investigators, as suggested by Denzin (1970) more than two decades ago. Such triangulated approaches are necessary to explore the role of sociocultural context, process, and meaning within a systemic model, and to effectively address the needs of African American men whose perceptions underlie the practice of high-risk behaviors.

The qualitative methods used to collect the data reported on in the article are essential to understanding sociocultural context, process, and meaning relevant to HIV/AIDS risks, attitudes, and behaviors among lower-income men in America. It is in the study of historically entrenched gender and power constructs that I believe we will come to better understand the conjugal difficulties encountered by marginalized low-income men and women, particularly those difficulties that relate to sexual behavior and the use of prophylactics. It is through the investigation of larger sociocultural (historical, economic, and sociopolitical) contexts that we can better understand how the value of economic capacity as a core attribute of masculinity may lead men of low socioeconomic status to emphasize reputational traits as a means of expressing their sense of self as men.

Further research on men and masculinity and the role of the relationship between sexual and economic power should include American males of diverse races and classes in study samples. Inclusion of these populations would move the study of masculinity away from simply focusing on African American male reputational attributes and toward a better understanding of American masculinity in general. While the literature on African American family structure has focused on sexual prowess as an attribute of black men, I know of no comparative studies of this masculine attribute that cut across ethnic (except Hispanic "macho") and class groups. In such research, economic capacity rather than race or ethnicity should be the primary independent variable.

*Gender "Maturation" and Transformation*

To some, the interpretations of the CuSAG data that have been presented here might be somewhat bleak. Our research, however, also offers possible strategies for effectively addressing some of the issues discussed, if they are found, through more focused research, to exist broadly in low-income inner-city communities. I have presented the argument that we need to explore male gender fragmentation as a risk factor of HIV transmission in low-income communities. As such, readers might expect that my primary recommendation is simply to provide more employment opportunities for low-income African Americans. Although such a strategy would be part of any intervention program, I also recommend addressing the problems of masculine gender construction and the fragmented gender self. This necessitates a process of empowerment that focuses on constructs of self and community improvement.

I recommend strategies of male empowerment that will lead to what I call *gender or masculinity transformation.* Masculinity transformation involves a change

from existing constructs of masculinity, which are deleterious to the gender self of men of low socioeconomic status, their sexual partners, and their communities. I have argued that existing constructs of ideal masculinity are conducive to a fragmented masculinity. The goal of masculinity transformation is to achieve a sense of masculine gender identity that is whole. Masculine transformation is a strategy of empowerment that moves away from notions of masculinity that focus on gaining economic capacity to achieve sexual control, or on sexual power to achieve social (with male peers) or economic status. It is a process of masculine transformation, the goal of which is enhancement of employment skills and improved heterosexual[17] communication, compromise, and respect. It emphasizes community service, goal-setting, and discipline in achieving goals, and integrates body, mind, and "spirit" (a wholesome outlook on the world, and one's place in it).

In addition to peer training, strategies of masculine transformation should include training older, more mature males, including low-income males, to work with preadolescent and adolescent boys and young adult men. This idea came out of our observations of the many focus groups in CuSAG research that explored domains of meaning. Going back to the first studies conducted by CuSAG in 1990, we began to notice what I have labeled as a process of "gender maturation" that seemed to parallel age. As discussed earlier, young men (males in their teens and 20s) make many more comments about sexual conquests and control than do older men (males in their late 30s and 40s). While some older men do participate in sexual boasting, they are much more serious about the personal difficulties of providing for their families, and about the conditions of African Americans in general. They are quite cynical about the U.S. political system and about the purported goodwill of some whites toward blacks. They are also very critical of blacks who participate in self-destructive behaviors, and were strong advocates of black self-help strategies. They frequently got into debates with young men in their groups, and questioned whether there was anything constructive about their sexual behavior and their treatment of women. Some of the older men were even critical of the speech patterns used by young black males, particularly the frequent use of such terms as *YO!, bitches, niggers, whores,* and so on. For the most part, older men seemed to have moved beyond the "dog" phase of their lives, and were critical of younger men who seemed to still value such attitudes and behavior.

One of the intriguing challenges for me during my years of working with health promotion programs has been to develop an effective method for reaching adolescent males. Based on our observations of focus-group discussions in which some males were able to persuade others to avoid high-risk behaviors, we believe that such group discussions could serve as an excellent format of interventions.

Age-based differences in the content of these discussions has led me to a concept that I call "gender maturation." CuSAG research also suggests to me that this concept might be an effective basis for designing intervention programs geared to low-income African American males. Focus-group participants themselves have suggested that mature low-income men—those who have put the dog behind them—should be involved in such interventions. Our focus participants strongly argue that older males with experiences similar to those of troubled young men today could be effective teachers.

Among our participants in the 50 or more male focus groups that CuSAG has carried out in the Baltimore-Washington urban corridor, one-third had spent time

in jail and/or used or sold drugs. In many of these groups, male participants in their late 30s and 40s expressed concern for the younger males in their communities whose lives were taking on a similar direction. Some of them were involved in community-based self-help activities; others expressed a desire to get involved.

Men in our study, "Urban Male HIV Ethnography," provided a philosophy for helping the young. This study included a series of 5 focus groups carried out with a single group of males. Some of the men in this group, in their late 20s and 40s, succeeded in getting their lives back on track, and expressed community service as an attribute of ideal masculinity. They talked about how they were raised, especially about the role of church morality, and of discipline beyond that provided by their parents. Nevertheless, they said that as young men they "lost their way." They expressed great concern for lost young men and women in their communities who did not have the same childhood foundation. Thus they are "lost and have nothing to get back to." As one man explained: "it's like they are drowning and we want to throw them a line, but we don't know where to find the rope."

It seems to me that if we are able to develop strategies that provide training, it will help men on their road to masculine wholeness, and will work to help younger men overcome their fragmented masculinity. In short, I recommend masculine transformation, along with the usual HIV/AIDS education materials, to effectively address HIV/AIDS in low-income American communities.

## NOTES

1. One of the problems with the abundance of social science research on African Americans is that it focuses on low-income communities, and for the most part ignores the majority of African Americans who are not lower income. While recognizing this problem, our work has focused on low-income populations because they suffer more from the social and health conditions that negatively affect their quality of life. While I too call for others to conduct analysis of other segments of society, I will continue my present focus with the ongoing hope that my work might effectively inform efforts targeting these quality of life issues.

2. I share with Wright (1993:422) and Kane (1990, cited in Wright 1993) a reluctance to probe about people's sexuality and the dangers of reporting on it in public discourse. At the same time, however, as an applied anthropologist and a member of the African American community, I am also of the opinion that I have a responsibility to share the work with others in order to reduce the virulence of the conditions under investigation, especially when I am studying a phenomenon that has tremendous significance for the well-being of the wider community. I strongly believe that social scientists, as part of our ethical responsibilities to our study populations and to science, should try to give as complete a picture as possible of the context of the phenomena that we study. Part of our responsibility to study participants is to analyze data in ways that place participants' behavioral and cognitive constructs in larger sociocultural and historical contexts. Narrow descriptive analyses (that do not locate findings in macrostructural contexts) can only provide a one-sided view that is unfair to those we study and is poor science. Thus, if our objective is to use the research to inform the development of programs and policies, then those policies and programs will be limited, misdirected, ineffective, or potentially harmful to those targeted.

3. While I find Wright's article of great value, I think the categorization provided by Laud Humphreys (1970:49) of the "inserter" (the man who inserts his penis, whether anally or orally, into the orifice of another) and the "insertee" (the one in whose orifice the penis of another is inserted) offers a more concise way of conceptualizing this distinction. Whether one is active or passive sexually is more ambiguous than whether one is inserting or receiving the penis.

4. Peterson and colleagues (1992) also found that a small proportion of their sample had engaged in unprotected vaginal intercourse with primary or secondary partners. This led them to conclude that bisexual activity may be an important source of transmission in the African American population.

5. A partial list of scholars of this tradition include Bonvillain 1995; Brandes 1980; del Valle 1993; Dwyer 1978; Mernisi 1975; Paul 1974; Rosaldo 1974; Whitehead 1986, 1992a.

6. An example of family planning interfering with "God's work" came from my research in Jamaica (Whitehead 1976), where some men and women believed that condoms and intrauterine devices (IUDs) "could get lost in a woman's womb." Use of these devices was considered sinful. When babies, who were thought of as preordained by God, were born with physical or mental deformities, people explained these defects as punishment for interfering with God's gift of providing women with children.

7. For example, in the Pacific, R.C. Kelly (1976) reported on a practice in which young boys, in order to become men, are injected with semen because it is believed that they are born without it. Such association of semen with masculine strength has also been found among people who most likely had no contact with one another, such as the Fore of New Guinea and Moroccans of North Africa. Among both of these groups, it has been reported that a man can come under another man's influence if a drop of his semen is found and manipulated in a culturally defined manner (Dwyer 1978; Forge 1970). Also see the work by Eisler (1995), and La Barre (1984). While there is little documentation on similar masculine constructs in European and North American societies, it could be because we have not done the work. Because the cross-cultural evidence of attaching masculine power to semen is so broad, and we do not have the empirical evidence to say that such beliefs do not exist, maybe serious considerations of such an area of study is legitimate. For example, coaches who still imply that athletes should not have sex the night prior to a big athletic event may be making such statements based on similar beliefs, even though they might even exist at a subconscious level.

8. Angrosino (1986) also talked of a similar problem in doing work in the Caribbean where he was expected to exhibit masculine strength much as all "Texans" (American men) were expected to exhibit this attribute.

9. A partial list of writers supporting this point include: Akbar 1991; Anderson 1989, 1990; Hannerz 1969, 1970; LeMelle 1995; Liebow 1967; Madhubuti 1990; Majors and Billson 1991; Majors and Gordon 1994; Taylor 1981; Valentine 1978; Whitehead et al. 1994; Wilson 1987.

10. Scholars who make this point include: Bamberger 1974; Blank 1980; Bonvillain 1995; Bookman and Morgen 1988; Brandes 1980; Campbell 1964; Caplan 1987; Denich 1974; Dwyer 1978; Kimbrell 1995; Morgen 1989; Ortner 1981; Ortner and Whitehead 1981; Poovey 1988; Ralston 1987; Sacks 1974, 1979; Sanday 1974, 1981; Sanday and Goodenough 1990; Schlegel 1977; Schoefel 1978; Strathern 1972, 1987; West and Zimmerman 1985.

11. In traditional societies, control over a woman's reproductive capacity is usually defined by determining the kinship group to which her children are assigned. With the emergence of state-run population control (or family planning) programs, this control over women's reproductive capacity was extended to decisions regarding when a woman could have children. Thus, I found that low-income males in Jamaica did not oppose family planning simply on the basis of the important masculine attribute of paternity. In fact, some men did not oppose contraception but showed a vigorous hunger for knowledge on new and effective methods. But they did oppose the state-run family planning programs, which had taken away their masculine prerogatives over the reproductive capacities of their partners. In the United States today, some feminist groups argue that abortion rights represent the right of a woman to have control over her body and its reproductive functions.

12. In the case of the slave, this also meant that African social and cultural structures, including those relating to gender, intergender relationships, and institutional life, were either destroyed or severely modified. This is significant because in many of the cultures from which slaves were taken, the roles of males and females in the institutions of marriage and kinship, and the regulation of female sexuality (sexual access and reproduction) were well defined.

13. In 1994, the Prince Georges County (Maryland) Health Department Sexually Transmitted Disease Control Program interviewed 358 men between the ages of 20 and 25 who had gonorrhea. They were able to document 27 cases where these men had exposed women 17 years old or younger to gonorrhea. PGCHD states that they have only been able to document a small amount of this behavior.

14. According to Lévi-Strauss (1969), in many human cultures, the institution of marriage can be interpreted as a form of economic exchange between groups of men, wherein the primary commodity is females.

15. An April 19, 1997 New York Times article reported a case in East St. Louis Missouri in which a 28-year-old male targeted young females as sexual partners, some of whom were "barely into puberty " (Nossiter 1997). The young man was described as "smooth talking," dressing in a flashy manner, and the owner of several fancy cars, who took his girl friends on shopping trips in malls in East St. Louis and St. Louis. Although he had been diagnosed with HIV in 1992, he went on to expose 62 young women to the disease, 13 of which tested positive by the time of his death from a suspected drug-related murder in January 1997.

16. Fay Harrison (1990) discusses drug trafficking as an important component of world capitalism during the 1980s and as one of the fastest growing sectors of the international economy during that decade. Gun trafficking also increased in importance in the international economy during this period, and both drug and gun trafficking became part of the underground economies of many local U.S. urban neighborhoods, which contributed to increased violence and homicide rates in the United States. Harrison (1997) has discussed the importance of guns within the paradigm of what I am calling reputational masculinity in urban Jamaica; and I am presently preparing a book on this role in U.S. urban contexts.

17. Our intention is not to exclude homosexual relationships. I believe that similar programs around problems of gender identity are also needed for MSWMs, but this would

require a different type of program. Included here would be the different categories of MSWMs discussed by Wright (1993).

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EUROPEAN CONFERENCE: "MEDICAL ANTHROPOLOGY AT HOME"

The European Conference, "Medical Anthropology At Home," will be held April 15–18, 1998, in Zeist, The Netherlands. The overall aim of the conference is to bring together medical anthropologists to discuss theoretical, methodological, and practical issues of studying health and medicine in one's own society. Paper abstracts are invited. For more information contact Dr. Els van Dongen, Medical Anthropology Unit, University of Amsterdam, Oudezijds Achterburgwal 185, 1012 DK Amsterdam, The Netherlands, Tel. +31 20 5252670; Fax +31 20 5253010; email: vandongen@pscw.uva.nl.