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“What Does it Take to be a Man? What is a Real Man?”: Ideologies of masculinity and HIV sexual risk among Black heterosexual men

**Lisa Bowleg¹, Michelle Teti², Jenné S. Massie¹, Aditi Patel¹, David J. Malebranche³, and
Jeanne M. Tschann⁴**

¹Department of Community Health & Prevention, Drexel University School of Public Health,
Philadelphia, USA

²School of Health Professions, University of Missouri, Columbia, USA

³Division of General Medicine, Emory University School of Medicine, Atlanta, USA

⁴Department of Psychiatry, University of California, San Francisco, USA

Abstract

Research documents the link between traditional ideologies of masculinity and sexual risk among multi-ethnic male adolescents and White male college students, but similar research with Black heterosexual men is scarce. This exploratory study addressed this gap through six focus groups with 41 Black, low to middle income heterosexual men aged 19 to 51 years in Philadelphia, PA. Analyses highlighted two *explicit* ideologies of masculinity: that Black men should have sex with multiple women, often concurrently; and that Black men should not be gay or bisexual. Analyses also identified two *implicit* masculinity ideologies: the perception that Black heterosexual men cannot decline sex, even risky sex; and that women are primarily responsible for condom use. The study's implications for HIV prevention with Black heterosexual men are discussed.

Keywords

Masculinity, HIV/AIDS; Black heterosexual men; Condom use: USA

In the USA, ideologies of masculinity, or culturally endorsed and internalised standards for how boys and men should behave (Pleck et al. 1993), include norms or rules for boys and men such as have sex with lots of women, endorse negative attitudes towards gay and bisexual men, and hold women responsible for contraception. An abundant theoretical literature posits that these specific ideologies are among those that many Black heterosexual men, particularly low income young urban men, endorse and enact (Majors and Billson 1992; Whitehead 1997; Wolfe 2003). Although the relationship between gender role ideologies and sexual risk have been a core focus of much of the HIV prevention theory and research focused on women in general (Amaro 1995), and Black heterosexual women in particular (Bowleg et al. 2000; Fullilove et al. 1990; Wingood and DiClemente 1998a), research on gender ideologies and sexual risk among Black heterosexual men is relatively scarce.

Escalating rates of HIV/AIDS among Black men *and* women in the USA underscore the importance of understanding how masculinity ideologies may facilitate HIV risk in Black communities. Black men represent approximately 13% of the US male population, but in 2006 accounted for 65% of newly reported HIV cases among Blacks (Centers for Disease Control and Prevention 2007). Black men also represent 64% of the HIV cases among men attributed to “high risk heterosexual contact” (CDC 2009).

Advocacy for a greater emphasis on heterosexual men’s ideologies of masculinity and sexual risk in general (Campbell 1995; Kippax et al. 1994), and those of Black men in particular (Bowser 1994; Wright 1997; Wright 1993) is not new. Although there is a plethora of HIV-prevention focused research and interventions on the ideologies of masculinity among men in countries such as Brazil, Ethiopia, India, Nicaragua, Tanzania, South Africa, and Zimbabwe (Pulerwitz et al. 2010), considerable gaps exist in empirical knowledge about how the masculinity ideologies of Black heterosexual men in the USA are associated with increased or decreased HIV risk.

In the USA, Black (Kerrigan et al. 2007) and multi-ethnic (Pleck et al. 1993) adolescents (36% of whom were Black) and White college students (Noar and Morokoff 2002; O’Sullivan et al. 2006; Shearer et al. 2005) have been the focus of most of the research on masculinity ideology and HIV risk. These studies document that endorsements of traditional ideologies of masculinity are related to having more sexual partners, less consistent condom use, and less belief in male responsibility for contraception (O’Sullivan et al. 2006; Pleck et al. 1993), and more negative attitudes towards condoms (Noar and Morokoff 2002; Pleck et al. 1993).

Although these studies have advanced knowledge about masculinity ideologies and HIV risk, they may have limited external validity for non-college men or minority ethnic men such as Black heterosexual men (Sue 1999). The few quantitative studies that have included Black heterosexual men have documented links between more traditional ideologies of masculinity and sexual risk (Santana et al. 2006; Shearer et al. 2005). Findings from qualitative studies suggest that it is normative for many Black men to report multiple sex partners (Bowleg 2004; Carey et al. 2008; Corneille et al. 2008; Whitehead 1997).

To address the gap in empirical knowledge about ideologies of masculinity and sexual HIV risk among Black heterosexual men, we conducted six focus groups with a sample of Black heterosexual men to explore two research questions: (1) What are the *explicit* (i.e., directly stated) masculinity ideologies that Black heterosexual men express that have implications for sexual HIV risk behaviours?; and (2) What are the *implicit* (i.e., not directly stated but inferred from our analyses) masculinity ideologies that have implications for Black heterosexual men’s sexual HIV risk?

Methods

Participants

Participants were 41 Black men who ranged in age from 19 to 51 ($M = 33.68$, $SD = 8.42$). The sample was socioeconomically diverse with reported annual incomes ranging from less than US\$10,000 to US\$59,999. Fifteen (37%) of the 41 participants reported annual incomes of less than US\$9,999 and 18 (44%) reported annual incomes at or greater than \$20,000. The majority ($n = 35$, 85%) of the sample reported having at least a high school or equivalency degree. Demographic characteristics of the total sample and by focus group are shown in Table 1.

Procedures

We recruited a convenience sample of participants from various venues (e.g., stores, street corners, etc.) in Philadelphia, PA. The venue sites were selected based on US Census block sites with a Black population of at least 50%, and as part of the development of a random sampling frame for the quantitative phase of the study focused on the effects of structural factors (e.g., unemployment, incarceration, poverty), sexual scripts, and ideologies of masculinity on Black heterosexual men's sexual risk.

Trained recruiters approached Black men who appeared to be at least 18 years old. The study's recruitment postcards invited men to participate in a confidential study about the "health and sexual experiences of Black men." Prospective participants were screened by phone to determine whether or not they met the study's eligibility criteria of: identifying as Black/African American, being at least 18 years old, and reporting heterosexual intercourse during the last 2 months. Two trained Black men conducted each of the six focus groups and served as note-takers during the groups. The groups, which were digitally recorded, ranged in length from 70 to 111 minutes and included on average, seven men. Participants received a US\$50 cash incentive. The Institutional Review Board at the primary author's institution approved all study procedures.

Measures

We used the interview guide approach to elicit narratives about the men's lives and experiences, ideologies of masculinity for Black men, and sexual risk behaviours. The interview guide approach provides for topics and issues to be outlined in advance and grants facilitators the flexibility to decide the sequence and phrasing of questions (Patton 2002). We chose this approach because we wanted to systematically collect comprehensive responses to specific questions across the study's six focus groups, even if this meant inadvertently missing important topics that participants may have spontaneously raised (Patton 2002).

To lead the discussion about ideologies of masculinity, a black male facilitator provided each participant with a piece of paper divided into two columns. The first column read "Black men should ..." and the second read "Black men should not..." After participants listed their responses individually, the facilitator asked participants to share their responses with the group and wrote all responses on a whiteboard. Thereafter, he facilitated discussion about all of the items on the list, using prompts such as: "Tell me more about this?" and "What things are not on this list, but should be?". Sample questions about sexual risk asked men to define sex, risky sexual behaviour and rules that Black men had about sex.

After reviewing the transcripts for the first four focus groups, the analysis team agreed that we had reached saturation about sexual risk behaviour. In qualitative research, saturation describes the point at which new themes or ideas cease to arise in the data (Charmaz 2006). It was still unclear, however, whether or not participants in the first four groups perceived the masculinity ideologies that they discussed to be relevant to Black men, a key focus of our research, or to men in general. Given our interest in Black men's ideologies of masculinity, we decided to conduct two additional focus groups to assess this. The guide for these groups included the identical format and sequence of questions about ideologies of masculinity that we had posed in the first four groups, but excluded questions about sexual risk. To be sure that we were capturing Black men's ideologies sufficiently well, after each key question, we included the probe: "Is this experience specific to Black men or men in general?"

Data Analysis

Focus group discussions were professionally transcribed, edited for clarity and to remove personal identifiers, and then imported into NVivo 8.0, a qualitative data analysis software package. The first and third authors used NVivo 8.0 to manage the data (i.e., import demographic data) and create analyst-generated topic and analytical codes (Richards 2009). To code analytically, analysts wrote memos in NVivo to record their interpretations of the topic codes and the relation of these codes to the study's main research questions. Finally, we created coding matrices, which highlighted codes per focus group, and allowed us to assess the depth and breadth of our topic and analytical codes and interpretations across all of the groups. We assessed the trustworthiness of our analysis as previously described (see Bowleg et al. 2004) and determined that our analyses demonstrated credibility, transferability, and confirmability (Lincoln and Guba 1985).

Because group dynamics and interactions are a key feature of the focus group method (*Seal et al.; Krueger and Casey 2000; 1998), we highlight in the results specific verbal and nonverbal interactions between participants and between participants and the facilitator. We note when and how participants responded to other speakers verbally and nonverbally; highlight the discussion trail that produced reported findings; and indicate interactions that signalled agreement and disagreement with stated comments, including interruptions, side-talk, and laughter

Results

Across the six focus groups, men engaged in lively discussions about their lives and experiences and societal expectations for them as Black men. Participants reflected often on the many challenges of ideologies of masculinity for Black men, as this narrative from Joe, age 51 highlights:

How do we deal with the consequences of being a man in [the Black] community? Especially when it comes to the tough guy image -- Screwing [having sex with] all the women; all the different women. You know, knocking somebody upside the head when they so-call disrespect you kind of stuff. And sometimes, we fall into our own trap of what does it really mean to be a man. We get that really confused and distorted. And that is a good question: What does it take to be a man? What is a real man?

We present below our findings relevant to the study's two research questions about explicit and implicit ideologies of masculinity and implications for sexual risk behaviours.

Explicit Masculinity Ideologies and Implications for Sexual Risk Behaviours

Our analyses indicated that participants articulated two main ideologies of masculinity: that Black men should have sex with multiple women, often concurrently; and that Black men should not be gay or bisexual. Discussions about both themes were often spirited, with men speaking simultaneously and interrupting each other to make their points.

Sex with multiple women, often concurrently—Recurrent across the six focus groups were discussions about societal expectations for Black heterosexual men to have sex with multiple women, often concurrently. Demonstrating the perceived link between being a Black man and having multiple partners, Mike, age 29 summarised the issue this way:

Black men feel like you're not a man unless you have a whole lot of partners, multiple partners, and [that if you do not] have as many so-called freaky [sexually uninhibited] experiences as possible, you're not a man. That's society's expectations on us, and we of course [have] bought into those similar stereotypes.

Participants were especially vocal in endorsing the view that having sex with *many* women was intrinsic to being a Black heterosexual man. Typical of the conversation was one in which a participant declared emphatically that most Black men would disagree with the notion that “you can’t have no other women.” He Larry, age 43 stated: “every one of those men that you tell [you can’t have no other women] is gonna go outside their circle; at least 99%. What? Are you kiddin’ me?” Another man in the group, Nate, age 29 asked rhetorically: “What Black heterosexual man don’t want all the pussy he can get?” Other men in the group responded to this comments with laughter and general agreement; with Sam, age 21 chiming in, “I’ll take [sex] in a heartbeat.”

In addition to noting that it was normative for Black men to have sex with many women, some men explained why they had sex with multiple women concurrently. Chris, age 37 implied that sex ratios, the fact that Black women outnumber Black men, facilitated Black men’s abilities to have sex with many different women: “Bottom line, other women jockeyin’ for your position. Remember: Black man is in fucking popular demand.”

Many men described being in emotionally committed relationships with one woman, but noted that they also had other “jawns” on the side.” Jawn is a Philadelphia slang term that can be used to describe a variety of things from inanimate objects to sex partners. Some participants shared their respect and admiration for Black men who had many women. Nate, age 29 offered that “the average Black man” who had lots of partners was admired because it suggested that he was a good lover. Will, age 21 interrupted to challenge this statement by noting that he had “been with one girl” since coming home from prison.

A similar discussion about respect and admiration for men with multiple female sex partners occurred in a group where Corey, age 36 noted that Black men who did not have lots of women respected men who did: “Most men that I know that are real men be like, ‘Damn, that’s what’s up! He gets a lot of jawns.’ Because real men don’t hate. ... Real men look up to [that] dude and give them their props [respect].” Others countered that because sexual female partners were so readily available, the issue of respecting men with multiple sex partners was largely irrelevant. Tommy, age 19 explained that getting sex was often as simple as placing a phone call:

[A male friend will call another male friend and say]: “I know a freak [promiscuous woman]. I’ll drop her off at your house.” You know? Keep it moving. That’s just how it is at our age. You don’t look up to nobody [because he’s having sex with lots of women]. It’s just a phone call.

Black men should not be gay or bisexual: “A man wasn’t made for a man”—

The second explicit ideology, articulated across the six focus groups, was that Black men should be heterosexual. Discussions about Black men who have sex with men (MSM) centred around two key themes: Real Black men are heterosexual, not MSM; and concerns that bisexual men, particularly those considered to be on the “down low” were vectors of HIV transmission to Black heterosexual communities.

Black MSM are not real men: Demonstrating the perceived link between heterosexuality and Black masculinity, Richard, age 38 summed up the norm this way:

Us, as African-American, Black men, we macho! You know? Manly men. Forts and stuff like meat and potatoes. And for us, ... we don’t want to be represented by some fairy... We talk about being Black *men*, and they’re [gay and bisexual Black men] the antithesis of that.

Analyses of the language that participants used to describe Black MSM demonstrated a variety of stereotypes that Black MSM were weak, like women, and thus essentially

different from “real” Black heterosexual men. For example, Floyd, age 39 opined that homosexuality in Black communities reflected society’s concerted effort to “conquer” Black heterosexual men:

So they’re killing [Black men]. They’re drugging us. They’re making us kill each other, and they’re turning us into sissies. So, so when they come down and roll on us, there is no strength there. They can just roll on us like it’s nothing.

Two men interrupted the speaker to state that they did not share his views. Mike, age 29 explained: “I work with a couple of homosexual people. They don’t bother me. If you gay, do you [be yourself]. [Once you] ain’t trying to crack on [flirt with] me or come at me, I don’t have a problem.”

Bisexual men as vectors of transmission: Several discussions focused specifically on bisexual men. Chief among these conversations was the fear that Black MSM or as participants frequently referred to them, “men on the DL [down low]”, were vectors of HIV transmission to Black heterosexual communities. Typical were the sentiments of Phil, age 27 who noted:

And then you have the switch hitters. That’s what I call ‘em: guys that like men and women. So when people are just having casual sex out here like that, it gets scary because you won’t know what the switch got you. And you bringing it in, transmitting diseases and stuff over to the straight community.

“Dangerous” was how another man described Black MSM who were closeted about their sexual preferences. Echoing this theme, Lloyd, age 24 said that he worried that he might have sex with a woman who might have had sex with a MSM:

Because I don’t want them to transmit any potential diseases that they might have because of their homosexuality, or because they’re promiscuous...I don’t know if that’s the case or not. But if that is, I just don’t wanna be involved in any of that.

Perceptions that Black MSM were promiscuous were also common, as Floyd, age 39 in the group opined: “In terms of brothers on the DL, [they are] just out of control.”

Implicit Masculinity Ideologies and Implications for Sexual Risk Behaviours

To explore the more implicit ideologies of masculinity that have implications for Black heterosexual men’s sexual HIV risk, we analyzed narratives relevant to sex, sexual risk behaviours, and condom use. Our analyses illustrated two key implicit masculinity ideologies: men’s perceived inability to decline sex when confronted with their own or a female partner’s sexual desire; and women should be responsible for condom use.

Inability to decline sex: Sex and women as the “most powerful thing[s] on Earth”

Across the focus groups, men described instances of being overpowered by their own sexual desire for women or the sexual desire of female partners. A discussion in which James, age 32 posed this question to his group best exemplified participants’ perspectives on this theme: “What do you think is the most powerful weapon on earth?” He answered: “Woman. The most powerful thing on earthy is pussy,” a comment that Don, age 40 affirmed with, “A woman. A woman. Without a doubt, a woman.” This perception of perceived inability to overcome sexual desire was a core feature of narratives in which men discussed engaging in sex that they themselves perceived to be risky.

A recurrent theme throughout the focus groups was the notion that sexual desire could be so overpowering that it often robbed men of their agency to use condoms, even with a sexual partner that they perceived to be risky. Many participants noted that they were motivated to

use condoms with casual partners to prevent STIs, and especially to prevent the transmission of STIs to their main partners, which would in essence confirm their infidelity. Although most of the men noted that their goal was “for 100%” condom use with casual partners, many admitted that they often fell short of this goal.

“Weakness” was the term that men used to describe why they had sometimes engaged in sexual behaviours with casual partners that they knew to be risky; “laziness” was the term that others invoked. Asked by the focus group facilitator whether the group perceived that “a lot of Black men take risks [of not using condoms with casual partners],” some men laughed or uttered “Mmm-hmms.” Andrew, age 28 illustrated how a man’s sexual arousal could readily thwart his best intentions to use a condom:

Like, you could plan to use a Trojan. Like you could have a Trojan anything, or *she* could have one. ... You [get] ... heated you know... and y’all whatever kissing and whatever...like grinding, whatever the situation is. And stuff...clothes start coming off, like—but your intention was to strap up [put on a condom], but you got heated! Like, shit happens.

Women should be responsible for condom use

The second implicit ideology that men across the groups articulated was the notion that women, rather than men, should be responsible for condom use. The flip side of this ideology was that men also blamed women for the lack of condom use. Across the groups, men discussed instances of not using condoms in ways that absolved them of their responsibility for condom use. As Mike, age 29 explained, women sometimes requested that men not use condoms in casual encounters, a request with which some men unquestioningly complied:

No, we don’t talk about condoms much [with casual partners]. Not me. I never raise it. Before we had sex it’s like [she says], “Yo, take off the condom,” or “You ain’t gonna use the condom.” It’s like, rarely do I have ever have a girl that say, “Here you go [use this condom]” before we even get down [start having sex].

Other men were unanimous in their assertion that, “A lot of [women] don’t say nothin’ [about using condoms.]” “They don’t care” chimed in Kevin, age 26: “They don’t care and that could stop a lotta of the issues [in terms of the transmission of STIs].” High rates of pregnancy provided further proof, some men noted, of women’s silent assent to not use condoms. For example, although Phil, age 27 called using condoms a “necessity for most [women],” Andrew, age 28 refuted this comment by noting that, “Well, basically the way I look at it right now, like, [women] ain’t saying too much, ‘cause every time you turn around, they’re pregnant.” Echoing this theme, Evan, age 41 said that the topic of using condoms rarely arose: “Nope [the topic of condoms] don’t [come up]; it mostly, it’s mostly everybody around the hood in South Philly...got a baby mom.”

Charles, age 31 noted that a woman who did not ask about condoms made him anxious about STIs: “If she don’t wanna [use condoms, if] she just wants you to pound at her...now you cautious, you know what I’m saying. You don’t know what to think now. You’re like, “Dang. She ain’t gonna ask [about condoms]?” This comment elicited what appeared to be nervous laughter from other men in the group, as if they too had found themselves faced with the option of having sex with a woman who they suspected might be risky. Some men said that they denied their HIV risk by hoping, as one man explained, “that [contracting a STI] won’t happen to me.” Men who had had these experiences described them as being fraught with anxiety. “It bad to go to bed haunted” was the way that the same man described the aftermath of having unprotected sex with a woman he suspected might have a STI.

Some participants also perceived that women's use of substances or involvement in exchange sex also influenced women's lack of interest in using condoms, as Andrew, age 28 opined:

A lot of these females today is about money. So, like, you could get girl for a couple of hours like sometimes, sometimes, you probably don't even got to put no Trojan on, she don't even care. Like real rap. And they get so high these days now, right? They taking all kinds of pills, smoking weed, dust, wet [PCP], - whatever. So they stuck already. Like, some of them don't even look at you, see if you got a Trojan on, you know what I mean?

Narratives of men leaving condom use to the women's volition were not unanimous however. Some men noted that a woman's disinterest in condom use signalled danger either of the woman's desire for greater emotional intimacy, pregnancy, or that she might have a STI. A handful of men discussed how they had declined to have sex with women who did not want to use condoms. Adam, age 21 recounted how a woman had told him that she was allergic to condoms. His response: "I never bopped [had sex with] her, man... I just nipped it in the bud 'cause I couldn't trust it, know what I'm sayin'?"

Discussion

This study provides insights into both explicit and implicit masculinity ideologies that may be associated with sexual risk for a sample of Black heterosexual men in Philadelphia. Explicit ideologies of masculinity included that Black men should have sex with multiple women, often concurrently; and not be gay or bisexual. Implicit masculinity ideologies included the perception that Black men lack the agency to use condoms when confronted with their own or a female partner's sexual desire, and that women should be responsible for condom use.

The ideology of masculinity that men are socialised to have more non-relational attitudes to sex compared with women is not new (see Levant 1997). An abundant empirical base documents that men, regardless of race, ethnicity, and nationality affirm the masculinity ideology that men should have sex with multiple women (see Schwarz et al. 2008). Black men's endorsement of this ideology in the context of HIV epidemic, however, has grave consequences for heterosexually transmitted HIV in Black communities. Several factors underscore the need to address this ideology in HIV prevention including that: the virus is more efficiently transmitted from men to women (Nicolosi et al. 1994); Black men are disproportionately represented among men with HIV (CDC 2009); and that young Black men with three or more sexual partners are more likely than those with two or fewer partners to use condoms incorrectly (Crosby et al. 2008).

Participants' affirmation of the ideology that men should have multiple sexual partners echoes the findings of other qualitative HIV prevention research with Black heterosexual adolescents (Kerrigan et al. 2007), men (Aronson et al. 2003; Bowleg 2004; Corneille et al. 2008; Whitehead 1997) and women (Bowleg et al. 2004), as well as a recent study on sexual partner concurrency among urban Black men recruited from a STI clinic (Carey et al. 2008). Yet, theory and research on sexual concurrency with adult heterosexual men in the USA is relatively rare (for exceptions see Adimora et al. 2007; 2006; Carey et al. 2008) compared with the plethora of theory and research on heterosexual sexual concurrency among men in sub-Saharan Africa (e.g., Epstein 2010; Lurie and Rosenthal 2010a; b; Mah and Halperin 2010a; b).

There was also consensus across the focus groups regarding negative attitudes towards Black gay and bisexual men. This is a consistent finding in research on masculinity in

general (Levant and Fischer 1998; Levant et al. 2007), and on Black masculinity in particular (Lemelle and Battle 2004). Heterosexism is a defining element of masculinity for many heterosexual men (Herek 1986; Kimmel 1994). Some of our participants' narratives reinforce previous scholarship about how heterosexism functions to define who men are (and are not) in Black communities (Lemelle and Battle 2004; Thomas 1996; Ward 2005). The conflation of Black masculinity and heterosexuality has implications for HIV risk because it may motivate some Black men to have sex with multiple women to prove their heterosexuality (Ward 2005;); it may also encourage some Black men to conceal their same-sex relationships for fear of stigmatisation (McKeown et al. 2010). Critically needed are interventions to change heterosexist norms that equate heterosexuality and masculinity for Black men.

Our study also underscores the importance of understanding implicit ideologies of masculinity, those that Black heterosexual men may not directly articulate, but that nonetheless may shape sexual HIV risk behaviours. The notion that sexual desire can overpower men's intentions to use condoms is empirically well documented with multi-ethnic populations of men who have sex with men (see Diaz and Ayala 1999; Malebranche et al. 2009) and heterosexual men (Bancroft et al. 2004; Bowleg 2004; see Flood 2003). A troubling finding in our research however, was the tendency for some men to note that they persisted in having sex even when they perceived that doing so might increase their risk for HIV. This finding suggests numerous avenues for intervention, including but not limited to explicitly addressing and challenging this ideology in health and sexuality programmes and HIV prevention messages targeted to Black boys and men. The female sexual partners of men who persist in having sex despite perceived HIV risk would also benefit by interventions that educate them about this tendency, highlight their increased risk, and teach them strategies to successfully negotiate and use condoms with such partners. Equally noteworthy was the tendency for many (and it is important to note, not all) men to eschew responsibility for condom use in casual sexual encounters, with no apparent sense of their own agency in using condoms. This finding underscores the need for interventions to emphasise men's responsibility for condom use.

Indeed, our research highlights several opportunities for intervention with Black heterosexual men using ideologies of masculinity as a theoretical framework. As we have already noted, changing ideologies of masculinity has been the central focus of global HIV prevention work for heterosexual male adolescents and men, but not for men in the USA. (Dworkin et al. 2009; Pulerwitz et al. 2010; Seal and Ehrhardt 2004). Results from *Project H*, for example a programme in Brazil showed the promise of gender-based interventions for heterosexual men. Designed to change inequitable gender ideologies (e.g., that men should have multiple partners, control female partners) among young men between the ages of 14 and 25 in three low-income communities in Rio de Janeiro, Brazil, results demonstrated increases in men's endorsing equitable gender role norms, increases in condom use, increased communication about HIV with partners, and decreases in STI symptoms (Pulerwitz and Barker 2008; Pulerwitz et al. 2006).

Not only are HIV prevention interventions targeted specifically to Black heterosexual men in the USA rare (Darbes et al. 2008), we are aware of only two that incorporate some aspect of masculinity ideologies (see Kalichman et al. 1999; Operario et al. 2010) and none that feature changing ideologies of masculinity as a core element. In contrast, changing women's traditional gender ideologies is a key component in many HIV prevention interventions for Black women in the USA (Dworkin et al. 2009; Wingood and DiClemente 1998b; Wingood and DiClemente 2000).

Incorporating structural approaches to masculinity-focused interventions is also important. A recurrent theme in much of the theoretical (Bowser 1994; Wright 1997; Wright 1993) and some empirical work (e.g. Whitehead 1997) on Black heterosexual men's sexual HIV risk is that the structural context of Black men's lives may shape Black masculinity in ways that may increase HIV risk. Black men are disproportionately represented among men who are unemployed (Bureau of Labor Statistics 2009), poor (DeNavas-Walt et al. 2009), and incarcerated (Sabol et al. 2009). Denied access to the ideologies of masculinity that equates manliness with financial achievement, some Black low income men may compensate instead by focusing on the norms that they can fulfill: masculinity through having sex with multiple women, concurrently (Whitehead 1997).

The contributions of our research to advancing knowledge about explicit and implicit Black ideologies of masculinity and implications for HIV risk notwithstanding, this study has several limitations. Among them are that the sampling and qualitative methods that we used do not allow generalisation beyond the study's sample. Another limitation is that the group setting may have motivated men to express more socially desirable norms, such as that Black men should have sex with multiple women or that Black men should not be gay or bisexual. Finally, although we draw inferences about the association between particular ideologies and the men's self-reported sexual risk behaviours, our focus group guide did not include specific questions about this link, something that future studies could do.

At the end of one focus group, a participant mused: "That is a good question: What does it take to be a man? What is a real man?" The voices of the men in our study illustrate that the answer to this question is multifaceted, complex, dependent on structural context, and dynamic. We echo the call of other scholars who advocate for heterosexual men to be partners in HIV prevention and for a focus on ideologies of masculinity to be integrated with HIV prevention research and interventions (Higgins et al. 2010; Pulerwitz et al. 2010). Preventing HIV in Black communities, our research suggests, may lie somewhere between understanding Black heterosexual men's explicit and implicit ideologies of masculinity and the structural contexts that shape these ideologies; and developing culturally grounded interventions that challenge and change ideologies that increase sexual risk in Black communities in the USA

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Table 1

Demographic Characteristics of Focus Group (FG) Participants

Characteristic	Total Sample (N = 41)	FG 1 (n = 6)	FG 2 (n = 8)	FG 3 (n = 6)	FG 4 (n = 6)	FG 5 (n = 8)	FG 6 (n = 7)
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Age Range	19-51	21-44	19-40	21-44	24-39	26-51	33-44
Age Mean	33.68	32.50	31.00	30.17	30.83	38.25	38.00
Age SD	8.149	10.387	8.000	10.265	6.178	8.681	4.397
Annual income range							
Less than \$9,999	15(37%)	4(67%)	3(38%)	3(50%)	0(0%)	0(0%)	5(71%)
\$10,000 to \$19,999	7(17%)	0(0%)	1(12%)	1(17%)	0(0%)	5(63%)	0(0%)
\$20,000 to \$39,999	13(32%)	2(33%)	2(25%)	0(0%)	4(67%)	3(38%)	2(29%)
\$40,000 to \$59,999	5(12%)	0(0%)	2(25%)	2(33%)	1(17%)	0(0%)	0(0%)
Employment status							
Work full-time	12(29%)	2(33%)	1(12%)	2(33%)	5(83%)	2(25%)	0(0%)
Work part-time	11(27%)	3(50%)	1(12%)	2(33%)	1(17%)	3(38%)	1(14%)
Unemployed	12(29%)	1(17%)	2(25%)	1(17%)	0(0%)	3(38%)	5(71%)
Disability	5(12%)	0(0%)	3(38%)	1(17%)	0(0%)	0(0%)	1(14%)
Other			1(12%)				
Highest level of education							
Some high school	6(15%)	0(0%)	1(12%)	3(50%)	0(0%)	1(12%)	1(14%)
High school graduate/GED	16(39%)	5(83%)	4(50%)	1(17%)	1(17%)	3(38%)	2(29%)
Some college/professional training	15(37%)	1(17%)	2(25%)	2(33%)	3(50%)	3(38%)	4(57%)
College degree	3(7%)	0(0%)	1(12%)	0(0%)	2(33%)	0(0%)	0(0%)
Some Master's Work						1(12%)	
Master's degree	1(2%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)