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Recollections of sexual socialisation among marginalised heterosexual black men

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Abstract

This paper describes the sexual socialisation process of marginalised, drug-using heterosexual black men, focusing primarily on the sources and content of sexual information. Analysing qualitative interview data, we discovered that the men in our sample both learn about sex and become sexually active at an early age. They most often learn about sex from the media and least often learn about sex from family members. The content of sexual information varies in specifics, but overall tends to equate sex with pleasure, encourage sexual activity with multiple partners, and emphasise using protection. Our goal is to use this data to better understand how sexual socialisation contributes to the prevalence of multiple sexual partners and high rates of HIV among heterosexual black men in order to inform future risk-reduction intervention programmes.

Keywords

African-American men; sexual socialisation; sources of information; HIV/AIDS

Introduction

In 2010, African Americans accounted for less than 14% of the US population but 46% of new HIV diagnoses in the USA, making them the racial/ethnic group most affected by HIV/AIDS (Centers for Disease Control 2012). The rate of AIDS diagnosis among black adults and adolescents was nearly 10 times that of whites and was higher for black men (75.6) than for any other group (Centers for Disease Control 2012). This high rate of diagnosis among black men also affects black women as a result of the skewed gender ratio among African American adults (Adimora et al. 2001; Pouget et al. 2010). Specifically, disproportionate incarceration and premature death remove black men from the pool of available sex partners (Adimora et al. 2001; Lane et al. 2004; Pouget et al. 2010), encouraging the men who remain to have multiple female partners and making it more difficult for African American women to secure monogamy in heterosexual relationships (Lane et al. 2004). Ultimately, approximately 1 in 16 black men and 1 in 32 black women will be diagnosed with HIV in their lifetimes (Centers for Disease Control 2011a).

Most research on the disproportionate burden of HIV in the black community has focused on men who have sex with men (MSM) and bisexual men (MSMW) (e.g., Benoit et al. 2012; Malebranche et al. 2007) and on heterosexual women (e.g., Bowleg, Lucas, and Tschann 2004; Lane et al. 2004). This is understandable because the primary risk factor for black men is sexual contact with other men, and for black women it is heterosexual contact (Centers for Disease Control 2012). However, heterosexual black men are also at increased

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risk of HIV infection. As members of the black community they are disproportionately exposed to structural factors (e.g., poverty, unstable housing) linked to increased HIV risk (Bowleg and Raj 2012) and they are more likely than white or Hispanic men to have concurrent (overlapping) sexual partners (Adimora et al. 2007). There is a need for research specifically focused on understanding the socioeconomic situations and prevention needs of heterosexual black men. Such research is quite limited to date, but some important work with general community samples has recently emerged, documenting masculine ideology that encourages men to have multiple, often concurrent partners (Bowleg et al. 2011) and examining the influence of sexual socialisation on condom use (Hussen et al. 2012).

Substance use can also contribute to risky sexual behaviour, regardless of sexual orientation, when individuals trade sex for drugs and when intoxication impairs judgment regarding partner selection and/or the use of condoms (Benoit and Koken 2012; Centers for Disease Control 2011b). Although, as we have discussed, substantial research has been done on HIV risk factors, including sexual socialisation and sexual scripts, in the African American community, no studies have focused specifically on marginalised, drug-using heterosexual black men. Our work attempts to address this gap.

Racial disparities in HIV persist despite a lack of differences in individual risk behaviour: for example, research indicates that black men are not more likely than white men to engage in unprotected sex (Adimora et al. 2007). It is important, therefore, to consider the contexts in which black heterosexual men experience risk. Our work adds to the emerging literature by investigating how the sexual socialisation process may contribute to multiple and concurrent sexual relationships, unprotected sex and other high risk sexual behaviours in a population of marginalised, substance-using heterosexual black men. Understanding the sexual scripts of these men – and how they learn these scripts – will help inform more highly focussed intervention strategies designed to decrease the risk of HIV/AIDS among heterosexual African American men and their partners.

Sexual socialisation

Sexual socialisation is the process through which individuals gain knowledge, values and attitudes about sexuality and sexual relationships. It is a lifelong process that begins in childhood and is influenced by specific cultural and social contexts (L'Engle and Jackson 2008; Ward 2003). Through sexual socialisation, these attitudes become scripts that guide sexual behaviour (Bandura 1977; Gagnon and Simon 1973; Simon and Gagnon 1984). In sexual script theory, *cultural scenarios* provide social norms and narratives that influence sexual conduct; *interpersonal scripts* govern the ways in which individuals express sexual conduct norms in their interactions with sexual partners or potential partners; and *intrapsychic scripts* are sexual dialogues and “rehearsals” within the self that reflect one’s understanding of being sexual and of sexual desires (Simon and Gagnon 1984). In this paper we focus on sources of cultural scenarios among a sample of low-income, heterosexual black men.

Social learning theory (Bandura 1977, 1986) provides a framework for understanding sexual socialisation by positing that individuals acquire knowledge through cognitive processing of information. Appraising experiences (one’s own or others’) and anticipating consequences, for example, influences motivation and behaviour. Individuals process sexual conduct information received in a number of ways – observation, direct instruction or experience – from a number of sources, including family, peers, media and the community (Bakken and Winter 2002; Hussen et al. 2012; L'Engle and Jackson 2008; Oliver 2006; Ward 2003). A highly relevant example comes from a recent qualitative study of 90 Black men (86.7% heterosexual), in which lower-risk men (measured by condom use) were more likely than

higher-risk men to question sexual scripts they had been exposed to and to consider alternatives (Hussen et al. 2012).

Although sexual socialisation is a universal experience, the norms and behaviours learned by children and the processes by which they are conveyed are not. Rather, they are influenced by race, ethnicity, gender, socioeconomic status and other social and environmental forces (Bowleg and Raj 2012; Conger et al. 2010; Hill 1997; Hughes et al. 2006; Hussen et al. 2012; Lytton and Romney 1991; Rotherman and Phinney 1987). With respect to sexual norms, for example, compared with other segments of the American population, low-income heterosexual black men initiate sexual intercourse at earlier ages, have more sexual partners in their lifetime, more frequently engage in intercourse, are more likely to form casual sexual relationships (Laumann and Michael 2000), and are less likely to expect their marital or cohabitating partners to be their lifelong and only sexual partners (Mahay, Laumann, and Michaels 2001). Additionally, African Americans are more likely than their white counterparts to have had three or more sexual partners in the recent past (Mahay, Laumann, and Michaels 2001) and are more likely to engage in concurrent sexual relationships (Adimora et al. 2007).

Relationship norms also vary. For instance, poor black adults in central cities are rarely married; rather, cohabitation is far more common (Pinderhughes 2002; Wilson 1996). Additionally, well over half of poor black families with children are headed by women who have never married (Dunifon and Kowaleski-Jones 2002; Mahay et al. 2001; Pinderhughes 2002). Our prior research has shown that low-income black adolescents often report having between two and five residential men – referred to as *transient men* – in their household while growing up with an unmarried mother. Often these men are economically marginalised, generating income through alternative street employment or hustling, most commonly the sale and distribution of illegal drugs. In this environment, boys may receive relatively detailed instruction about the importance of having several female sex partners, modelling the player script or the drug-seller script (Dunlap, Golub, and Johnson 2006).

These variations in norms and behaviour may be attributable to the fact that young black men are frequently socialised to be hypermasculineⁱ (Anderson 1999; Majors and Billson 1992; Oliver 2006; Reese 2003; Whitehead 1997; Wolfe 2003). Hypermasculinity is defined as exaggerated stereotypical male behaviour that consists of, among other things, the display of callous sexual attitudes toward women and the experience of danger as exciting (Mosher and Serkin 1984). As such, in communities where hypermasculine norms are dominant, masculinity and sexual conquest become conflated and high risk sexual behaviour, such as having unprotected sex or having sex with multiple partners, comes to be defined as both exciting and masculine (for more information on this phenomenon, see Wolfe 2003.)

This paper concentrates specifically on the sources and content of information that shape the sexual socialisation process experienced by a sample of substance-using, low-income black men who self-identify as heterosexual. The aim is to better understand how sexual socialisation contributes to the prevalence of multiple sexual partners, concurrent sexual relationships, unprotected sex, and other sexual behaviours that put heterosexual black men and their partners at risk of contracting HIV.

ⁱSome scholars have taken issue with the term hypermasculinity, arguing that it is too often used to refer to marginalised masculinities (Pitt and Sanders 2010).

Methods

Our research was primarily qualitative in design; utilising ethnography and interviews we sought to highlight the voices of the participants. Our work did not assume responses in pre-set categories but relied on the perspectives of the participants. Highly trained and experienced staff observed and collected interview data from 94 black men who report having multiple female partners. Staff built strong rapport with participants, conducted lengthy in-depth interviews over multiple sessions, visited participants in their households, wrote extensive field notes, and conducted follow-up interviews. Participants provided informed consent and chose code names before taking part in observations or interviews; all research protocols were approved by the institutional review board at National Development and Research Institutes. The initial interview, which took from one to two hours to complete, focused on current sexual behaviours and scripts but also included a life-history section with retrospective questions about sexual socialisation. Follow-up interviews took approximately one hour and elicited updates on sexual scripts, relationships and practices, including condom use. Most participants completed baseline and follow-up interviews within 12 to 15 months. The analyses in this paper are limited to retrospective accounts obtained in the initial interviews, specifically in response to a question asking men to tell us when and how they learned about sex. If participants did not cite family as a source, we followed up with a probe about parents, guardians or other household members, based on prior research that has established the importance of family as a source of sexual information (e.g., Bakken and Winter 2002; Hussen et al. 2012).

Study sample

This paper focuses specifically on marginalised heterosexual black men. As used in this paper, “marginalised” black men are those who have no or limited legal employment or low earnings. Black men with annual legal incomes of US\$25,000 or more and/or full-time legal employment were excluded from this study. Field staff recruited 94 participants living in inner-city sections of New York City, primarily Harlem, South Bronx and the Williamsburg section of Brooklyn. Black men include those from African American, Caribbean, and African backgrounds, as well as those from Hispanic backgrounds who consider themselves black. The target age range was 18–50 (i.e. adults), but 60 per cent of participants were younger than 30ⁱⁱ. All participants self-identified as heterosexual and as being involved in sexual relationships with more than one woman at the time of recruitment; they also reported having at least three female intercourse partners in the two years prior to their participation in the study. All participants reported the use or sale of illegal drugs (i.e. marijuana, heroin, cocaine, or crack) in the past year and most reported regular and current use of one or more of these illegal drugsⁱⁱⁱ. Most of the men initially said that they almost always use condoms, but many of them also reported not using them with mates or primary partners, and, in some cases, when under the influence of alcohol or drugs. Table 1 displays selected participant characteristics.

Analysis

All interviews were audio recorded and transcribed, then entered into FileMaker Pro, a relational database program that the research team has used for many years to manage qualitative data. The narrative responses were then analysed using methods based on

ⁱⁱVery young (age 18–20) heterosexual black men were targeted because these men were establishing their first long-term relationships. Young (age 21–29) heterosexual black men were included to document the experiences of somewhat more seasoned adults with regard to male-female relationships and multiple partners. Middle-aged (30–50) heterosexual black men were sampled to document the experiences of males in their prime adult years.

ⁱⁱⁱIndividuals who reported injection drug use in the past five years and individuals who self-identified as gay or bisexual were excluded from this study.

phenomenology and grounded theory, in which themes and patterns emerge from lived experiences related in participants' own language (Charmaz 2006). This requires multiple readings of the data, starting with line-by-line coding of verbatim phrases, then making constant comparisons and grouping responses into categories, repeating the process until no new categories emerge. For this paper, coding was initiated by the first author, then completed and verified with co-authors. Because the question was open-ended, participants could and often did describe more than one source of sexual information.

Thematic analyses were informed by social learning theory (Bandura 1977, 1986) and sexual script theory (Gagnon and Simon 1973; Simon and Gagnon 1984). Thus in coding sources of information, we also paid particular attention to the methods of learning that men described (e.g., observation, verbal instruction, direct interaction). Following sexual script theory, we looked for men's descriptions of cultural scenarios and the implicit influences on interpersonal and intrapsychic sexual scripts. Using these frameworks, we were able to discern patterns in how men learned about sex and what they learned about it.

Findings

Age

The participants in our study indicated that they both learned about sex and had their first sexual experiences early in life. Specifically, participants were, on average, 10 years old when they first learned about sex and 13 years old when they had their first sexual experience.

Sources of sexual information

Although all the major agents of socialisation play a role in the sexual socialisation process, the men in our study most commonly learned about sex via media outlets such as television, pornography, and "peep shows." Additionally, many participants reported learning about sex from their peers or at school. Family, despite being cited as a common source of sexual information in prior studies of black adolescent men (Bakken and Winter 2002; Tucker 1991), was the least common source of information about sex among our participants.

Media—Well over one-third of participants (37.8%) reported that they first learned about sex from the mass media. For instance, Excel (age 22) explained: "I used to have this homeboy.... And he gave me a porn tape one day and I went home, I popped that porn tape in, I studied that shit, and it was a wrap from then. You know. I just started going with that flow... I'll never forget that shit." Similarly, Daniels (age 48) said, "You know, I use to watch movies, I use to sneak and watch porno tapes, stuff like that, you know." And Malcolm X (age 22) reported:

"Me and my brother, we used to sneak and watch Showtime late at night, Blind Date, and all these shows so I don't think we really, totally understood what sex really was but we knew it was something... this was from TV. I guess the media taught me and that is sad when the media teaches your kids about sex and all that."

Quintel (age 27) said, "I definitely learned a lot from watching TV... more from TV than from my dad or somebody telling me."

Peers—One-third of participants (33.3%) reported that they learned about sex from their peers. For example, John (age 24) said:

"I learned from like, you know, my peers and stuff like that. You know, my peers would talk about it. They, uh, basically would describe like the physical... you know, the physical nature of fornication, of having sex."

And Rayjones (age 20) explained: “He [my father] wasn’t around. So basically all the main stuff that a father supposed to do I had to learn from on my own or learn from a friend or a good person I look up to.” Likewise, Gregory (age 42) explained that he learned from “the guys in the neighbourhood” and Wise (age 48) said that he “had to learn all that about sex in the street.” These findings are consistent with prior work that indicates that “the streets” play a significant role in the socialisation of marginalised black men (Oliver 2006).

School—Fewer than one in five participants (19.6%) reported learning about sex at school. Daniels (age 48), however, did learn about sex in school, explaining: “We had sex education when I was in junior high school.... [we learned] how to put on a condom properly, you know and about the diseases you can catch by doing certain sexual things.” Similarly, Gee (age 23) said, “Who taught us? School. We had boys in one room and they had girls in another room, and they just broke everything down to us.... They were talking about STDs, condoms, safe sex, everything that come with the territory of sex.” And JD (age 23) explained: “I think I picked up having sex at the beginning of high school. Cause, you know, you go through that whole like tape-video tape thing. You know, like miracle of life and all that stuff.”

Family—Only 16.6% of our participants reported learning about sex from their families. Notably, if a participant reported that he learned about sex from family members, it was typically from older male family members. For instance, Fabian (age 20) reported learning from his older cousins, John (age 48) explained that he learned about sex by spying on his uncle and his girlfriend, and Red (age 19) said his older brothers and a 20-year-old woman taught him how to have sex when he was about 10 years old. A few participants reported straightforward instruction from parents. For example, one man who chose the code name 540 (age 40) told us: “I learned about sex early. I learned about maybe 8 or 9 years old.... I learned women had vaginas. My father taught me.” Likewise, Robert (age 30) said, “She [my mother] gave me a book... [about] where the babies come from or something.... It explained in detail what, you know, what parts you use and, you know, to be safe and so forth and so on.” And Lionel (age 44) said his father taught him “a lot about sex” including “how to have sex... [and] that you need to use a condom when you have sex.”

Some participants speculated about why their families did not play a more integral role in their sexual socialisation process. Some surmised that their lack of sex education within the family had to do with their generation. For instance, Robert (age 30) said, “Back in those days parents were afraid to talk to their kids about sex.” Similarly, Bob (age 50) reported: “It’s just that the time that I was brought up, the parents, you know at that era, just never sat us down and just discuss sex.” Others asserted that it had to do with families, and parents in particular, having to deal with competing demands and priorities. For example, Wise (age 48) explained: “I guess they didn’t have time and just didn’t never have the patience to talk about it. And then my brothers and them was always in jail and my mother was running to prisons and going to prison camps and... my father was going to work. So nobody was teaching me nothing. I had to learn all that about sex in the street.” As Wise alludes to, the prevalence of single-motherhood and the accompanying lack of consistent male role models may also explain why families play a limited role in the sexual socialisation process of some marginalised black men. For instance, Jonez (age 50) said, “My mother didn’t really know what to tell me, a man child.... [And] the men in my life I don’t know.... I didn’t have no male figures to go to answer any questions. You know. So I had to find out through trial and error.... from the street.”

Content of sexual information

Our work also sought to uncover what participants learned about sex from these agents of sexual socialisation. The main themes present sex as a pleasurable activity that can be enjoyed with multiple partners, but which also carries significant risks that must be guarded against. These themes emerged in socialising messages from all the sources we have mentioned, including family, although family was mentioned less often than media, peers and school as a primary source of sexual information. This finding was somewhat surprising, given the prominence of family in sexual socialisation literature, and it raised the question of what men *did* learn from family members. Therefore, as we analysed men's sexual learning experiences, we paid particular attention to the cultural scenarios that were presented in their childhood homes.

Equating sex with pleasure—Many participants reported being taught that sex is simply a form of pleasure and is separate from commitment. For instance, Tom (age 20) said, “I learned that sex.... don’t gotta be for love only. It could be for pleasure too.” Likewise, Johndoe (age 22) said his cousin told him sex “feels good” and that he learned that “sex is one of the best things that happened to us.” JBoogie (age 18) was told, “you probably gonna have sex with a girl... [but] don’t get in love too quick.” Similarly, Fame (age 20) reported: “My moms told me briefly like, ‘Look, sex is when two people interact with each other. They don’t necessarily have to love each other.’”

Partnering—Alongside messages that equate sex with pleasure, participants also reported being provided with information about sexual partnering. For instance, a handful of participants were encouraged to be monogamous, as Carmello (age 27) explained: “My mom and my dad taught me about sex. [They said] wait till you get married.” SP’s (age 34) mother also told him “not to have sex until you get married.” And Lionel (age 44) said his “pops” told him to “make sure when you have [sex] it’s the right girl... don’t go out there and everybody you see you want to have sex with.”

Along similar lines, other participants were given information on how to select sexual partners. For example, Roy (age 20) said his father warned him about “them fast girls,” telling him to “be careful.” Likewise, Blackie (age 40) reported that his mother told him “not [to] mess with girls that mess with a lot of guys.” And Daniels (age 48) explained: “My mother always told me that if a female give it up too fast, something ain’t right.... She said that a female should make you work for it.” In fact, many participants reported being encouraged to be choosy. For instance, M&M (age 52) said his family told him, “if I’m going to do it with a girl, do it with somebody that is going to be worth my while. Not just any ole’ floozy.”

More commonly, though, participants reported that their sexual socialisation process condoned engaging in sexual activity with multiple partners. Some parents simply assumed that their children would be with multiple partners and thus tacitly sanctioned it. Mark (age 31) exemplifies this well, explaining that his mother told him, “I know you getting older now, you know. It’s alright for you to bring your girls over here. You know, I won’t interfere.” MalcolmX’s (age 22) mother also assumed he would be engaging in sex with multiple partners, telling him that if he is “going to fuck these heifers [he] better use a condom.” Others, like TyroneB (age 33), learned via observation: “My other uncles... used to bring they little shortys and side pieces and stuff like that.” Similarly, John (age 48) said, “My uncles would take them [women] out and all that and respect them until they got the sex.” Some participants reported that they were explicitly encouraged to have sex with multiple partners. For instance, Young (age 19) said he learned from uncles, friends and other “male figures in Jamaica” that “you have sex with more than one girl.” And Ray (age

18) said, “My uncles, they were like you have to have like 5 of them [girls], and you have to have that one main girl, that whenever you are trying to get it, you got it.” Jonez (age 50) said the “guys in the street” taught him that “a man always had a woman. And it was a dumb rat that only had one hole to get out of, which mean that you didn’t just have one woman. You had one over here. You had one for every different thing that you needed.”

Sometimes participants were provided with conflicting messages about partnering from different agents of socialisation. For example, although we saw earlier that John’s (age 48) uncles encouraged him to have multiple partners, telling him to “always get the sex,” John says his parents taught him otherwise: “My mother and my father was like different.... He was like, ‘Treat your woman right.... If you treat her right this is what you should get from her...the same way your mother treat me. She always have food on the table, she is going to look out for you, she will take care of you, provided you take care of her.’ My uncles didn’t see it like that.”

Protection—Many participants also reported learning about the importance of using protection to avoid contracting diseases or impregnating a woman. For instance, Cash (age 19) explained what his guardians told him: “All they said was make sure you’re wearing a condom if you’re having sex. Make sure you’re protected. That was basically it. They didn’t tell me much.” Similarly, Peezie (age 23) said, “They [my parents] told me to just be protective and stuff like that... Don’t have no kids and always wear a condom. They talked about the diseases and shit that is out. Be careful of them shits.” And GG (age 19) reported that he was told by his parents to use protection “because everybody was having a bunch of... kids and they don’t want me to catch any kind of diseases. They know people that died from HIV and stuff so always wrap it up.”

The use of slang, such as “wrap it up,” when discussing protection was quite common. For example, Clyde (age 24) was told by his parents to “strap it on” because “you can catch things out here and you don’t want to make no children.” Likewise, GG (age 19) reported simply being told by “everybody” to “wrap it up.” He goes on to explain that to “wrap it up” means to “put a condom on.” However, GG also explained that when he first heard this advice (at age 9), he “didn’t know what they meant by wrap it up then,” illustrating that the information provided to young black men during sexual socialisation was not always understood. The repeated use of slang such as “wrap it up” and “stay strapped,” which we encountered frequently in the data, may contribute to a lack of understanding about the uses and necessity of phylacterics like condoms.

Discussion

The marginalised, drug-using black men in our sample learned about sex at an early age (10) and became sexually active at an early age (13) as well. Our research indicates that they most often learned about sex from media outlets and least often learned about sex from family members. The content of sexual information varied in specifics, but overall tended to equate sex with pleasure, encourage sexual activity with multiple partners, and emphasise using protection. What little our participants did learn from family generally corresponded to the messages they received from outside sources, reinforcing the hypermasculine norm of having multiple partners, while occasionally placing greater emphasis on relationships and protection.

The minimal role that family played in the sexual socialisation of our participants may be due, at least in part, to the nature of our sample, which is comprised entirely of marginalised black men who were selected for inclusion in the study due to their low earnings, participation in concurrent sexual relationships, and involvement in the drug market. These

selection criteria may have produced a sample of men who have less contact and interaction with family than other men. It is also worth considering the role of drugs and alcohol in the development of sexual scripts among our sample. The interviews included several questions on this topic, including childhood exposure to drug sales and the role of drugs in sexual interactions. Our initial review of the data indicates that many men reported growing up in households where family members used and/or sold drugs and several described ways in which alcohol or drug use impaired their judgment in sexual encounters. Analysing their accounts of these experiences is beyond the scope of this paper, but it is an important next step in understanding these men's sexual scripts.

The implications of these findings for HIV-related interventions are significant. Specifically, knowing that at least some marginalised heterosexual black men both learn about and engage in sexual activity by the age of 13 suggests a target window for intervention (e.g. prior to age 13). Additionally, our data reveal that relatively little sexual learning currently takes place within the home or at school. Since research has shown that stronger connections to parents and schools are associated with less susceptibility to initiating sexual intercourse and less sexual behaviour (L'Engle and Jackson 2008), interventions encouraging healthy, well-informed family-based and education-based sexual socialisation – relatively infrequent sources of information among our participants – would likely help combat HIV.

Our data also indicate that an abundance of sexual socialisation occurs via the media within this population; the media are, in fact, the most common source of sexual information among our participants. This suggests two possible approaches to tackle HIV in this community. First, since these marginalised black men are already receiving an abundance of sexual socialisation messages from the media, media-based interventions that seek to educate the community about the risks of HIV/AIDS and encourage healthy sexual practices have the potential to be highly effective. A second, complementary type of intervention might seek to limit the exposure of young black men to *sexually oriented* media genres, since there is “evidence that frequent and involved exposure to sexually oriented [media] genres... is associated with greater acceptance of stereotypical and casual attitudes about sex, with higher expectations about the prevalence of sexual activity and of certain sexual outcomes, and, even occasionally, with greater levels of sexual experience” (Ward 2003, 1).

Another powerful finding from our study is that our participants were commonly told by a variety of socialising agents about the importance of using protection. This is obviously important in the context of having multiple, concurrent partners. As noted above, most of the men in the study reported fairly consistent condom use, with some exceptions. It is possible that for some participants inconsistent condom use stems from the fact that, as our data clearly show, the agents of socialisation often send messages about using condoms that are unclear or too vague. For example, simply telling young men to “wrap it up,” although well-intentioned, may not prepare them for situations in which actually trying to use a condom might be challenging (e.g., a female partner may not like condoms; alcohol or drug use can encourage carelessness). Consequently, interventions should also focus on creating messages promoting consistent condom use that are disseminated across a variety of community outlets including schools, family, and the media.

On the other hand, the generally high rate of condom use reported by our participants is supported by research showing that black men have equal or higher rates of condom use than white men (e.g., Adimora et al. 2007), suggesting that higher HIV rates in the black community are related less to individual behaviour than to other, contextual factors (Bowleg and Raj 2012). The well-documented socioeconomic disadvantage of African Americans (US Census Bureau 2010) may be a contributing factor because low-income black men are likely to have limited access to high-quality health care and HIV prevention education

(Centers for Disease Control 2011). Fatalism and hopelessness among the impoverished (Anderson 1999; Wilson 1996) may also help to explain high risk behaviour among marginalised heterosexual black men (Bolland 2003; Meyer-Weitz 2005). The prevalence of hyper masculine norms in the African American community – which is well-documented in prior research (Anderson 1999; Majors and Billson 1992; Oliver 2006; Reese 2003; Whitehead 1997; Wolfe 2003) and emerges in our findings – is also a likely culprit, as high risk sexual behaviour, such as having unprotected sex or having sex with multiple partners, has come to be defined as both exciting and masculine (Wolfe 2003).

Limitations

Our sample is limited to low-income, urban heterosexual black men who are actively engaged in drug use and who have multiple female partners. Therefore, our findings and analysis cannot be generalised to the larger population of black men. In addition, our data on sexual socialisation are retrospective, and therefore may be subject to lapses or distortion in participants' memories. Finally, this paper deals only with men's accounts of when and how they first learned about sex, which generally took place in pre-adolescent or early adolescent years. The influences of other, more recent factors, including cultural scenarios related to drug involvement and peer relationships, also likely contributed to the interpersonal and intrapsychic scripts these men developed. Many of these factors are also in our data set, which is extensive, but considering them is the next step in our overall analysis and beyond the scope of this paper.

Despite these limitations, the men in our sample represent an important segment of heterosexual black men at risk of HIV infection and our analysis highlights important cultural scenarios that provided these men with their first impressions of sexual conduct norms. Further analysis of additional data will help to reveal whether and how these men appraised and reappraised these scenarios and subsequent sexual learning experiences to develop interpersonal and intrapsychic scripts over time.

Addressing the disproportionate prevalence of HIV/AIDS among marginalised heterosexual black men and their partners will require not only carefully timed and planned interventions via targeted outlets that utilise clear language and provide specific guidance. Ultimately, it will also require a variety of macro-level changes to address issues such as socioeconomic disadvantage, hopelessness, and the social reproduction of hypermasculine norms.

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Table 1

Participant characteristics (N = 94).

<u>Characteristic</u>	<u>n</u>	<u>%</u>
<u>Age category</u>		
18–20	22	23
21–29	35	37
30–50	37	39
<u>Relationship category</u>		
No main sex partner	24	26
Lives with mate < 3 years	15	16
Lives with mate > 3 years	14	15
Does not live with main partner	29	31
Monogamous	12	13
<u>Education</u>		
Attending now	17	18
Less than high school	27	28
GED	11	12
High school diploma	14	15
Some college	14	15
College degree	10	11
<u>Primary source of income</u>		
Employment	34	36
Public benefits	17	18
Family/friends	18	19
Off books work	6	6
Hustles	10	11
Other	6	6
None	0	0
<u>Criminal justice experience</u>		
Ever incarcerated	42	45
Ever arrested	74	79