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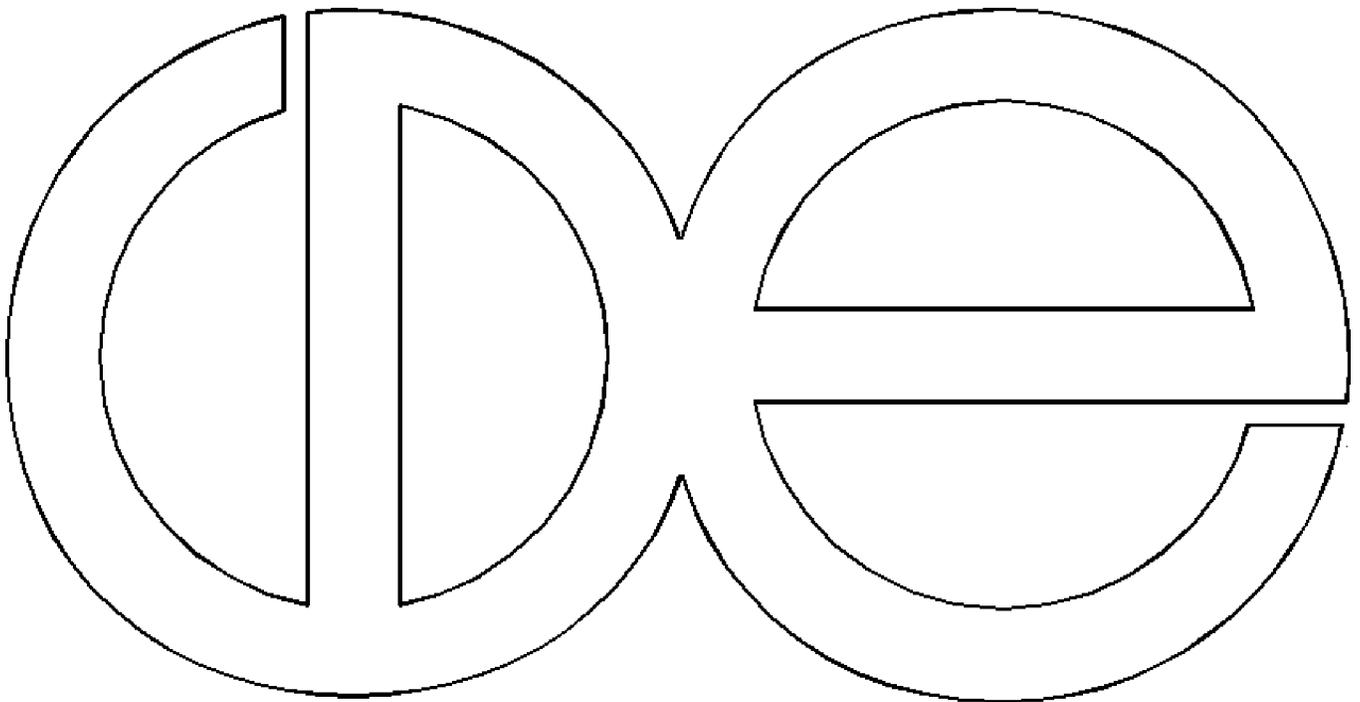
**Sexual Decision-Making
by Inner-City Black Adolescent Males**

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CDE Working Paper No. 95-04



Sexual Decision-Making by Inner-City Black Adolescent Males¹

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CDE Working Paper 95-04

March 1995

The Center for Demography and Ecology receives core support for Population Research from the National Institute for Child Health and Human Development (HD-05876). This research was funded by the National Institute of Mental Health, Behavior Change Program, Grant No. R01 MH 48630. It was conducted as part of Sonia Gilmore's master's thesis in Sociology, under the direction of John DeLamater. We thank Melvin Pugh for his invaluable assistance in carrying out the fieldwork. Direct all correspondence to John DeLamater, Ph.D., Department of Sociology, University of Wisconsin, 2438 Social Science Bldg., 1180 Observatory Drive, Madison, WI 53706.

ABSTRACT

This research was designed to illuminate the cognitive and emotional bases of the sexual decisions made by young black men. We hypothesized that the black male's understanding and expression of his sexuality reflects a socially constructed interpretation of who he is. More specifically, we believe that sexual decision-making is guided by sexual scripts. Focus groups were conducted with black young men ages 15 to 19. Analyses of the transcripts of these discussions identified four sets of beliefs which influence sexual decisions: what it means to be a man, good and bad things about sexual intimacy, beliefs about condoms, and beliefs about AIDS. Analyses also identified seven concerns: 1) good girls, bad girls; 2) asking for sex; 3) "running the game;" 4) being "hooked up;" 5) the relation between sex and love; 6) fatherhood; and 7) conflicts with other men. Quotations from the transcripts illustrate each of these concerns. The analyses suggest that these young men view sexual behavior, sexual partners, and condom use as elements within a complex script which governs heterosexual interactions.

Sexual Decision-Making by Inner-City Black Adolescent Males

What attitudes and beliefs influence the black adolescent male's decision to have sexual intercourse? What attitudes and beliefs influence his decision to use condoms? To gain insight into the sexual decision-making of inner-city black adolescent males, ages 15-19, we conducted six focus groups that elicited participants' thoughts on their sexual partners, sexual behavior, and condom use.

LITERATURE REVIEW

From interviews and surveys conducted over the past 25 years, we know several things about the sexual behavior of adolescent males in general and African-American adolescents in particular. Black adolescent males initiate intercourse at earlier ages than do white or Latino males (Sonenstein et al., 1991; Zelnick and Shah, 1983). By age 19, 96 percent of African-American adolescent males have had sexual intercourse, whereas 76 percent of white males and 81 percent of Latino males have had intercourse. We know that Black adolescent males report higher levels of sexual activity. By age 19, African-American males report having had intercourse with an average of 11 lifetime partners, compared to white and Latino males who report half as many lifetime partners. Furthermore, sexually active black males 15-19 report an average of 2.4 partners in the past year, whereas same-age white and Latino males report averages of 1.9 and 1.6 partners (Sonenstein et al., 1991). We know that black adolescent males report higher rates of condom use than white adolescent males (Marsiglio, 1993), although both groups report low rates of consistent use of condoms (Pleck, Sonenstein, and Ku, 1991). Further, we are beginning to understand the influence that contextual factors like family structure (Furstenberg et al., 1987; Newcomer and Udry, 1987; Newcomb, Huba, and Bentler, 1986), peer influence (Billy and Udry, 1985a; 1985b; Kornfield, 1985), and partner characteristics (DeLamater and MacCorquodale, 1979) exert on adolescent sexual behavior

and condom use.

Although such studies contribute to our understanding of adolescent sexual behavior, they do not allow young people to tell us, in their own words, what they think about their sexual behavior and sexual partners. Furthermore, they do not allow adolescents to tell us what they think about condom use.

We hypothesized that the black adolescent male's understanding and expression of his sexuality reflects a socially constructed interpretation of the individual, social and societal processes that define who he is. Individual processes reflect the nature of and changes in biological, physical, psychological and emotional states. Social processes reflect the nature and dynamics of the individual's social relationships with family, peers and partners. Finally, societal processes such as the transformation from an industrial to a post-industrial society influence social interactions and individual experience. Clearly, each level provides the individual with materials he uses to define and express, for example, his Manhood.

Less abstractly, we hypothesized that male sexual decision-making reflects his representations or constructions of social "facts" such as adult and child, man and women, and Self and Other. Thus, some of the motivation to engage in unprotected sex may reflect perceived links between intercourse and what it means to be a man (in contrast to a child). If mutual masturbation is linked to the individual's sense of what is appropriate sexual expression for a child, and unprotected vaginal intercourse is linked to his sense of what is appropriate sexual expression for a man, the adolescent may be unwilling to forego intercourse in favor of masturbation.

A theoretical perspective which captures these processes is based on the concept of *sexual scenarios*. A sexual scenario is a social construction of a sexual relationship (Gagnon and Simon, 1973; DeLamater, 1987). It specifies 1) the kinds of sexual behavior that can

occur, 2) the type(s) of persons appropriate as partners for that behavior, and 3) the time(s) and place(s) in which that form of sexual expression is appropriate. A scenario provides general behavioral guidelines; when specific actors interact following these guidelines, their behavior constitutes a script (Gagnon and Simon, 1973). Sexual scenarios are captured by such everyday descriptions as "a one-night stand," "living together," and "having an affair."

Scenarios are influenced by processes at the three levels referred to earlier (DeLamater, 1987). Macro social institutions such as religion, economy and medicine influence our constructions of behavior and beliefs about what kinds of persons are appropriate partners for sexual activity. Subcultural values and group membership also influence scenarios; they define particular behaviors and types of relationships as acceptable, and they define other behaviors and types of partners as unacceptable. Finally, individual processes such as childhood experiences, maturation, and characteristic level of sexual desire influence the individual's behavior.

Although studies have attempted to map the cognitive reality of white adolescents and young adults (e.g., Moffatt, 1989), we can find no comparable study of African-American youth. Thus, we conducted a study that would allow adolescents to tell us what they think about themselves, their sexual partners, their relationships, and their use of condoms.

METHODS

Subjects

The sample was a convenience sample of African-American males, ages 15-19. Participants were recruited through the use of a flyer distributed at various sites providing employment and services to minority youth in Milwaukee, Wisconsin. The flyer informed participants of the time, date, and location of the focus group; and it gave them some information on the topics to be covered. Most of the participants were clients of one of four

social service agencies in Milwaukee. These agencies are minority-operated and provide services to a client population that is largely African-American.

This study and the procedures used to recruit subjects were reviewed and approved by the IRB at the organization sponsoring the parent project, an STD/HIV prevention intervention for high-risk black adolescent males (DeLamater, Wagstaff, and Havens, 1994). The participants were assured of confidentiality. Only first names were used in all contacts and during group sessions.

Procedures

There were six focus groups involving a total of 33 participants. The first group was used to pretest the procedures and the interviewer guide; data from this group were excluded from this analysis. This paper includes data gathered from the 27 participants in the five remaining groups.

Groups consisted of four to six participants. Each group met for one session, usually lasting 75 to 90 minutes. Sessions were conducted at circular or rectangular tables in enclosed rooms and recorded on audiotape. An omni-directional microphone placed in the center of the table was used to capture group members' verbal responses. An assistant was present to record nonverbal communication and to handle technical difficulties as they arose. The assistant was placed so that participants had their backs to her.

The facilitator (the senior author) was a 23-year-old African- American female. In conducting the groups, she used language with which the young men were familiar and employed the terms they used whenever possible. The frank discussion which occurred suggests that the facilitator's being female did not inhibit discussion.

A 14-minute videotape entitled "Put It On" was shown at the beginning of the session as a segue into the discussion. This video was developed for the Milwaukee STD Prevention

Project by black male adolescents participating in a school program for at-risk students. The video shows black male adolescents from Milwaukee discussing their sexual behavior and condom use. In the video's most dramatic scene, a black male who is infected with HIV speaks regretfully about his past risky sexual behavior.

Throughout the session, the facilitator used several of the techniques described in the focus group and cognitive interviewing literature (Stewart and Shamdasani, 1990), including retrospective think-alouds and comprehension probes. In *retrospective think-alouds*, the respondent tells the facilitator what he was thinking of as he answered a specific question posed earlier in the interview (Presser and Blair, 1994). Comprehension probes are follow-up questions which interviewers use to get respondent's definitions of questions. For example, the facilitator may ask, "What did you mean by 'last week' in the question 'How many times did you use a condom last week?'"

A list of questions and appropriate probes was prepared prior to the first focus group. Specific questions were designed to investigate adolescents' definitions of sex, beliefs about their sex partners, and sexual behavior, particularly condom use. For example, participants were asked what they thought about a young man who always used condoms, and one who never used condoms. Questions were included about drugs, including alcohol, and sexual intercourse. Adolescents were asked to think about protective behaviors such as abstinence, condom use, limiting the number of sex partners, asking sex partners about their drug use, and so on. In addition, adolescents were asked to think in terms of how these behaviors might be encouraged in young men like themselves. Questions about potentially sensitive behaviors such as oral and anal sexual contact, masturbation, and drug use were placed later in the topic guide. Several persons who work with black adolescents assisted in the preparation of the question guide. It should be noted that there was some variation in the way questions were

asked and that not all questions were asked in every session.

Analysis of Transcripts

Transcripts of the discussions were prepared by a graduate student, who attempted to transcribe every statement made and to identify who made it. In addition to the audiotape, the transcriber had access to the notes taken by the assistant during each discussion; the notes often were helpful in identifying speakers. In cases where it was difficult to determine what was said or who said it, the facilitator was consulted. The transcriptions were made within four months after the group session.

"Ethnograph," a software program for computer-assisted analysis of text-based data, was used by the facilitator (SG) to code and analyze the transcripts (ref). "Ethnograph" allows the analyst to mark text and develop coding schemes that reflect key themes dealing with sexual behavior and sexuality. Several themes were investigated using the package and an effort was made to assess differences of opinion as well as consensus in the data.

RESULTS

Short demographic surveys were administered to 23 participants. The mean age of these youth was 16.6 years. On average, they had completed 9.6 years of schooling. Eight of the 22 (36%) were at a grade level appropriate for their age. Sixty-nine percent had no children, 22% had one child, and 9% had two children. All reported that they were sexually active. The median age at first intercourse for the group was 12 and they (n=19) had an average of 9.7 lifetime sexual partners.

Analyses of the transcripts suggested that four sets of beliefs influenced the sexual decisions made by these young men. These were beliefs about: what it means to be a man, the good and bad things about sexual intimacy, condoms, and AIDS.

Beliefs

Being a man. We were interested in how these adolescents define being a "man," or an adult.

- Facilitator *What does it mean to be a man?*
- Participant T¹ *Take care of responsibilities . . . be independent. You're able to live on your own.*
- Participant B *Take care of yourself.*
- Participant A *When you have a job, you take care of yourself - pay rent, have your own place.*

At least one participant in each group said that one became a man when he became independent and was able to take care of himself. Thus, for these youth the transition to adulthood occurred when one became independent of parents and others, financially and in terms of living arrangements.

The facilitator asked if there was a specific age at which one became a man. The participants agreed that age per se was not a criterion, that one could become independent at various ages.

These young men evaluated having children in the context of whether one was independent. They believed that if one fathered a child, he needed to be able to support his child.

- Participant T *Uh, if you have a child, you are lookin' out for them. You just can't walk out on the, uh, mother and stuff. You've got to, uh, you know, get a job.*
- Participant R *Keepin' your job, like keepin' you job and takin' care of your, your family and your babies.*

The facilitator asked how old someone should be when he had children. The

¹ Participants are identified by acronyms of one or two letters. Each participant is identified by the same acronym throughout the paper.

participants said that he should be old enough to have a job and take care of the children.

Some young men said they would not have a child until they finished school and had a job.

Thus, these young men have conventional attitudes about when to have children and about accepting one's responsibility to take care of them.

GOOD AND BAD THINGS ABOUT SEX When asked what are some good things about sex, participants often named physical pleasure or having children. At the same time, having children (more specifically, being a father) was also frequently listed as a bad thing about sex.

Participant A *If you plan that child, if you're capable of taking care of that child, and you mature enough to be responsible for that child, then that's good.*

Disease was often listed as a bad thing about sex. This was followed by unwanted pregnancies. Abortion, miscarriage and illegitimate births were also mentioned as bad things about sex. Thus, these young men recognized that the act of having a child generally has positive consequences associated with it; at the same time they recognized that having a child and "being a father" has obligations and responsibilities associated with it. One participant said having sex too early could be a bad thing because it might cause one to lose respect for one's partner. When asked what he meant by "too early," he responded,

"You shoulda waited more time before having sex with the girl or both of you could be too young for sex."

CONDOM USE The focus group participants seemed to endorse condom use as an effective method of preventing sexually transmitted disease and pregnancy. Participants were asked, "What would you think of a guy who never uses condoms?"

- Participant Y *He playin' Russian Roulette.*
- Participant I *Playin' craps.*
- Facilitator *Why would a guy who never uses condoms be dumb?*
- Participant O *Because you're playing Russian Roulette, cause you know, you could have a baby which you're going to end up with for the rest of your life - or you could get some kind of disease that might be curable, or you could end up with AIDS and die.*

However, they also felt that condoms diminished sexual pleasure. One young man said,

"Good sex is without no condoms cause you ain't gettin' into it."

Another participant said,

"[With condoms] You lose feelin's, you know."

A few of the participants admitted to not using condoms regularly.

- Participant O *Most of the time I use a condom with a girl I don't know that good.*
- Facilitator *How well do you have to know a girl before you stop using condoms?*
- Participant O *It gotta be a girl that I go with.*
- Facilitator *When you say go with, you mean--*
- Participant O *Love, love . . . I gotta at least know her over three weeks.*

Participants who said they consistently used condoms often gave fear of an unwanted pregnancy and disease as motivating factors. Evidence of this is presented in the following excerpt.

- Participant R *...usin' a condom is mandatory to me. Because I cannot afford another child, and I prefer to keep myself safe, cause you never know what your girl doin'. You know you can only trust them so far, at least I do. So, I, it's mandatory to me. It's -- it's just mandatory.*

There were a variety of opinions among participants about a sexual partner's asking

them to use a condom. Many participants felt that condoms are a man's responsibility and that a woman who asks a man to use one is at best being presumptuous and, in the worst case, is the carrier of a sexually transmitted disease. The latter belief was prevalent among the participants.

Some of the young men reported that they would see their sexual partner's request that they wear a condom as an indication that their partner is infected with an STD or that she believes that they are so infected. One participant stated:

"Is she giving me a hint, does she got a disease or what?"

Another participant felt his partner might be suspicious of his health status:

"She must think I got a disease or somethin."

However, other participants stated that their partner's asking them to use a condom would be seen as a sign of her maturity or legitimate desire to protect herself.

AIDS The participants recognize that AIDS is a serious threat. Some of the young men think of AIDS as punishment for "bad behavior." Some felt that it is a genocidal plot or that it is the wrath of God.

Participant W *Our whole race is going to die out pretty soon.*

Facilitator *You think so, W?*

Participant W *Man, I know so. I don't know . . . Like God, said he goin' to bring all kinds of diseases in the Bible, now they're here. Cancer, AIDS, all that.*

Many of the participants expressed the belief that there are HIV positive women and less frequently men who are intentionally infecting others with the virus.

Participant R *Some people, they be tryin', um, make you, they give you AIDS because they mad they got it and they want somebody else to get it 'cause they don't wan to go by theyself.*

In two of the five groups, a popular tale entitled, "Welcome to the World of AIDS" was cited. The story is always introduced as a fact and proceeds to relate the experience of a man who meets a woman who is often described as beautiful or seductive or rich. In the following variation, as told by participant D, the victim is portrayed as a female.

Yeah, she was a lady. She, um, was in college, she was in college. I said she was a lady, but she was in college and everything. She went to the Bahamas, right, and she met a man over there in the Bahamas. He was rich, and he was a rich man. He owned all these laces and stuff, and he was buyin' her diamond rings and these fur coats and all this good stuff, right? You know they, they had sex and whatever, then she came back, cause, um, she had to go back to college, right? Well, um, on the way over he dropped her off in the limo at the airplane and gave her a shoebox, right, and told her not to open it up 'til they got, 'til she got home, right. Well, she got on the airplane, right, and then she was so excited because she thought it was full of money or somethin', right. She opened the box up it was a little casket inside and she opened the casket. She opened up the casket and it said welcome to the world of AIDS inside. That's a true story.

This tale depicts those infected with HIV as vengeful against those who are not infected and carries the implication that one has a good chance of contracting AIDS after one sexual contact with an infected person.

Sexual Decision-Making

A series of questions was asked in an attempt to learn what these adolescents consider in making decisions about sexual behavior. The analysis of responses to these questions identified seven issues or concerns. The issues were: 1) good girls, bad girls, 2) asking for sex, 3) "running the game," 4) being "hooked up," 5) the relation between sex and love, 6) fatherhood, and 7) conflicts with other men. We also discuss participants' views about how to influence other young men to protect themselves.

GOOD GIRLS, BAD GIRLS We noted earlier that physical pleasure was frequently named as the best thing about sex. This suggests that sex need not occur in the context of a committed relationship. It was interesting, therefore, that participants divided sex partners into two broad categories. Type I was the "clean" sexual partner. When asked to define "clean", the participants responded with references to respectability or general hygiene. The Type I sexual partner was a potential or present girlfriend. She would often be someone the participant had met at school or work. These young men assumed that this sex partner was relatively sexually inexperienced or had had a steady boyfriend. Type II was the "dirty" sexual partner. This person was not necessarily physically unclean, but a person who had either had several sexual partners or a reputation for being sexually promiscuous. Such a woman was referred to as a "trick," a "ho," or a "hootchie." One participant summed up this distinction.

Participant O *What you call them [sex partners] and what you do, what your actions are might be the same, but after it's all over with, when you get up to take a shower and wash up, if it's your girl you gonna make sure she got a way home, say how is you, you gonna carry on a conversation with her, and see how she's doin' the next day. If it's some trick you met out on the street you wouldn't give a fuck if she got home or not.*

The participants mentioned several characteristics or behaviors that distinguish the two types of women. A "dirty girl" is one who *"has sex one minute, go get another guy the next minute."* Another participant said:

Participant E *I'm talkin' about a woman...ain't got no respect for herself at all, no respect.*

Facilitator *How can you tell if a woman has no respect for herself?*

Participant J *She walkin' around with her legs wide open . . . in a little skirt.*

Another young man said that he tests a woman by calling her a "bitch" or "ho;" if she does not

say anything, he believes that means she is a "ho."

This division seemed to serve as a screening tool for the young men. Someone who is perceived as clean is someone with whom you don't need to use a condom unless there is a fear of unwanted pregnancy. One participant gave the following as a reason for his not using condoms:

Participant O *I ain't messin' with nobody else. (pause) And I know she's [girlfriend] truthful to me, so I don't got nothin' to worry about AIDS, or HIV, C Vay V or whatever you all---*

Facilitator *How do you know she is truthful to you?*

Participant O *Cause, cause I know she's truthful.*

One of the participants reported that he stopped going out with a girl when he decided she "just want to get up on everybody." Some participants stated that they could tell when a young woman is infected with a STD. There was some variation in responses as to how this was done. The following exchange provides an illustration.

Facilitator *I'm a woman. If I had a sexually transmitted disease, how would I act?*

Participant O *The broad get to cussin' you out.*

Participant X *They probably act normal.*

Participant O *They're gonna try to give it to you.*

Participant X *That's another thing. Most girls here, they want to give you a disease and let you get what they got.*

ASKING FOR SEX The facilitator asked how the men communicated their desire to have sex with a woman. Their responses were quite diverse.

Participant D *I didn't want to aks her, cause when guys ask girls, something like that, they'll think that that's all you want.*

Facilitator *So you didn't ask her? But how, then how did you let her know?*

Participant D *I was like, askin' questions, like when was the last time she did it, stuff like that.*

Another participant said,

"She could be layin' on the bed, somethin' like that, I be like can I lay with you, somethin' like that."

A third participant said,

"I just, uh, hold the condom up and smile at them."

Some participants said they do not ask; that if the two people are in love, sex will just happen.

The young men agreed that there are wrong ways to ask a partner to have sex. One participant said it would be wrong to just *"Take it."* Asked what he meant, he replied, *"Rape."*

Several participants stated that being too direct, for example, saying *"Let's fuck,"* or *"I want to fuck you"* is inappropriate. Also, they agreed that it is risky to just assume that she wants to have sex and initiate physical intimacy.

RUNNING THE GAME "Running the game" refers to maintaining control in one's relationships.

Often it involves talk, saying what the other person wants to hear. An example of "running the game" in terms of "getting sex" from a young woman is seen below:

Participant J *. . . some people plan and some people wait for it to happen. They just wait for the girl house to be empty and then a guy try and, like, um, a guy try to figure out if the girl... mother going to be home, and if they know her mother not going to be there, they try to sweet talk a girl, like, um, 'your mom's not home so, um, how you doin'. . . then, um they try to rub the girl, like most men know how to rub a girl in the right place then they'll get horny again, and once they horny, that's -- then you in there.*

In general, participants elaborated on this "sweet talk" as telling a potential sex partner that they would take care of her and/or buy her things. The young men believed that this is

not only what the young woman wants to hear, but that they would be rejected as a sexual partner if they did not say such things. One participant stated, "*I tell 'em what they wanna hear and they believe it.*" When asked to elaborate, he replied in a falsetto voice, "*But you love me don't you?*" The implication is that one of the things the young woman wants to hear is that she is loved, whether or not this is true.

In another group, the following exchange occurred:

Participant O *there's white girls that give it up faster than black girls, but . . . over by my house there's this white girl and I can't bone her yet.*

Participant C *You know why, cause you ain't got no game.*

BEING "HOOKED UP" The participants spoke of several instances of a friend or acquaintance being "hooked up." This expression describes a situation in which a young man becomes an unwilling father. Participants believed this to be a fairly common occurrence. One participant spoke of a recent sexual partner in this manner.

Participant T *Yeah, she think, she wanted to be pregnant so I could be for her for the rest of her life. 'Til the end, 'til I'm old and grey, something like that.*

The group sympathized with the participant and several members were eager to relate their own stories. While the participants felt that it is wrong not to take care of a child they fathered, they felt justified in not marrying the mother who may have had ulterior motives behind her pregnancy.

The fear of being hooked up influenced the men's attitudes toward allowing their sex partners to put a condom on them. Participants were divided in their opinions regarding this.

Participant R *I, I, if it's a girl that I've known for a long time but, if it's a girl that I don't know, I wouldn't let her do it.*

Facilitator *Why wouldn't you let her put a condom on you, R, if you didn't know her?*

Participant R *Because she might not put it on right, put a hole in it or something.*

Participant V *Yep, on purpose.*

Facilitator *On purpose, V? Why do you think a woman would put a hole in a condom?*

Participant V *So that she can get pregnant. By you.*

Fear of being "hooked up" also led to distrust of women's statements about birth control.

Facilitator *Why would a woman say she's on the pill if she's not?*

Participant Y *She's settin' you up for somethin'.*

Participant O *She just, she want to hook you up.*

CONFLICTS WITH OTHER MEN Some of the young men felt that women used them as pawns in their relationships with other men. One participant gave this example.

Just because you have sex, say like you had sex with a girl, and then she goes over on somebody else, then he want to come back to you and step in your face with bullshit and it causes a problem, and somebody might lose they life because of this girl . . . Or the ex pop up, I'm sittin' there, I'm takin care of her daughter, now he comes over, he ain't got no right to see this child. And if he comes over tries to snatch this child up, she says no, he swings at her, I hit him, he shoots me. Now I was in the right for tryin' to take care of my family and my household, but I end up gettin' killed. And there there's a lot of that goin' on.

The following exchange provides further illustration of this belief.

Participant E *Yeah, it happens every day. Cause I'm serious, everyday a female might be kickin' it with [dating steadily] this guy, she might get mad at him and go to the next guy, tell him 'Oh, he did me like this.' And his mind just flip, cause this girl, he thinks that she's serious about him--*

Participant J *He's in love with her and shit.*

Participant E *You know he goin' to this man and askin' no questions, cause you know he fightin' on the shoot [fighting with guns]. You*

know, both of 'em end up shootin' each other, she don't care, she off to the next man. Don't make no difference.

Sex versus Love In response to the question, 'What is the meaning of sex?' the response given most often was pleasure. A few participants opted for technical definitions of sex such as "a penis in a vagina" or the term "sexual intercourse." One participant defined sex as a way to release anger. Another said that sex was a release for stress:

Participant O *If you stressed out and if you just want to relax . . . she [sex partner] hit the right spot, and she can take your pain out for you.*

Participants often made distinctions between sex and love on the basis of emotional context. "Making love" was seen as a highly emotional and spiritual act whereas "having sex" was the mere physical expression of sexual desire. In the words of one participant, "*Sex is just doing it to do it. Love is doing it for the both of you.*" Making love was also seen as something spontaneous over which one has little control.

Participant O *Makin' love involves an emotional thing with you and somebody you care about."*

Participant *What happens is you layin' in the bed, you holdin' her, you say yeah, ba'y, I love you, that's makin' love."*

Participant *Making love is somethin' different. You can't plan love makin'. Love just happens."*

A few of the focus group participants reported "falling in love" after knowing a sex partner only a few weeks. This suggests that getting to know a person is a prerequisite for love.

MALE ROLES AND FATHERHOOD Most of the young men, especially those who were already fathers, felt that they could and should live up to the responsibilities of fatherhood.

This dude got this girl pregnant and he sells dope and now he ain't even claimin' the baby. I know he makin' some money if he sells dope. But she says she knows he

got her pregnant. Now he ain't claimin' the baby. Every time he see her, he go, 'That ain't my baby,' It's his baby, that's what I'm sayin'. He shouldn't have had it if he didn't want it.

One participant used his relationship with his stepfather as a model:

He [stepfather] showin' me, you know, like if my son, if I don't spend enough time with my son, he be like man, what's up with your kids, man what you doin'!? You know, and I go get my kids and I bring 'em over and we, you know it's a family type thing, you know?

ENCOURAGING YOUNG MEN TO PROTECT THEMSELVES Participants were asked several questions related to encouraging protective behaviors in young men like themselves. In response to the question, "what can be done to get young men like yourself to limit their numbers of sexual partners?" one participant said: *"Long as women around, people are going to have sex."* Another participant felt that fear was an effective deterrent in his experience: *"Well, sometimes I be scared to have sex because I think I be takin' a big risk, 'cause the condom might bust."*

When the question was framed in terms of condom use, answers were varied. One participant felt that health advocates should stop promoting condom use and "let people learn the hard way" by contracting a painful, but curable sexually transmitted disease. Another participant had this idea:

Participant W *I think they [young men] should go to a hospital where a bunch of AIDS patients are at and see how they feelin' when one of those AIDS patients talk to them. And I think they get some kind of heart to start using condoms.*

A few participants believed distributing condoms in schools to be effective. In response to this idea, one participant said:

Participant W *So many got condoms now . . . It's like the American Express Card — don't leave home without it.*

DISCUSSION

The analysis of the transcripts provides many insights into the ways that these young men perceive the world. They differentiate among several types of women, depending upon the woman's sexual conduct and reputation, motives, and race. They perceive relationships as involving such interactional phenomena as having sex, making love, falling in love, running the game, and getting hooked up. Thus, the analysis supports our original assumption. These young men view sexual behavior, sexual partners and condom use as elements within a complex script governing heterosexual interactions (Gagnon and Simon, 1973; Simon and Gagnon, 1987).

Decisions about the use of condoms depend on how the young man classifies the woman (as "clean" or "dirty"), what he knows about her, how long he has known her, and whether he thinks she has an STD. Classifying a woman as "clean" reduces the likelihood of using a condom. Whether he will introduce the topic of condom use depends on his assessment of her likely reaction. It may be risky for either person to suggest condom use; the other may infer that the person suggesting condom use has an STD.

Beliefs about AIDS also influence sexual interactions and decisions about condom use. The "Welcome to the World of AIDS" tale depicts those infected with HIV as vengeful against those who are not infected. The tale has the implication that one can contract HIV infection after one sexual contact with an attractive partner. This may promote condom use with persons judged to be risky, but it does not appear to have led to consistent use.

Male-female interactions are subject to "running the game," in which each partner says what s/he thinks the other person wants to hear. Young men and women are aware of the possibility of lying in dating encounters. The belief or fear that one's partner is lying may hinder effective communication about various topics, including birth control and condom use.

Fear of being "hooked up" relates directly to condom use. In this analogy, the young man is a fish and the woman (more specifically, her sexual favors) is the bait. The idea that the young man may be tricked into becoming a father could lead to consistent condom use. Instead, he believes it absolves him from responsibility for preventing pregnancy, and shifts the control to his partner. Given the more than adequate knowledge about pregnancy and contraception evidenced in the discussions, it may be that even in cases where the young man claims to have been tricked, he is in reality aware of the deception. Sexual behaviors may be so thoroughly scripted that the young man enacts the role even when he suspects that his partner wants to be impregnated by him.

These results cannot be taken as generally representative of the attitudes or behaviors of black adolescents. Studies suggest that there are distinct and important differences between those who choose to participate in a focus group interview and those who choose not to do so. Focus group volunteers tend to be more willing to talk about their beliefs and experiences. In the realm of sex research, participants also tend to be more experienced sexually (Catania, 1986). Within the groups, some individuals speak more than others or not at all, which prevents the formation of overarching theories and may also serve to obscure the diversity of opinion.

It is clear that the focus group format was valuable in exploring the sexual attitudes and beliefs of the black adolescent males who participated. As sexual behaviors involve a number of complex and socially constructed phenomena, it is important that researchers provide opportunities so that individuals at high risk for an STD or HIV infection can express their perceptions and their experiences in their own words. It is our hope that this study is one of the first of many such studies that may serve to challenge the belief that black male adolescents do not value or appreciate the importance of having a job or being a father, or

that black male adolescents do not believe in taking any action to prevent pregnancy or disease. That said, it is the case that our findings suggest that more attention needs to be given to understanding the nature of the relationships between black men and their female partners.

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