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Masculine ideology, norms, and HIV prevention among young Black men

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Abstract

This study examines the relationship between masculine ideology, adherence to norms, and HIV prevention among young Black heterosexual and gay men on the campus of a historically Black college/university. The data from four focus groups and nine individual interviews (N = 35) were aggregated and two recurring themes emerged: sexual communication, and mate availability. Additional themes related to HIV prevention were stigma, protection, and testing. The importance of investigating masculinity with young men is highlighted and implications for professionals working with college students to prevent the transmission of HIV are included.

Keywords

Masculinity; Ideology; Norms; HIV; Black/African American; men; HBCU

Introduction

Although many of the published HIV prevention and intervention studies utilize general college populations, there has been a lack of focus on Black students attending historically Black colleges/universities ([HBCUs], Payne et al., 2006). If Black youth and emerging adults (YEAs) are at increased risk for HIV when compared with their nonminority peers, and nearly one-fourth of all undergraduate degrees received by Black students are from HBCUs (National Association for Equal Opportunity in Higher Education [NAFEO], 2010), the lack of research of this population is perplexing. Preventing HIV in the HBCU environment is important for several reasons. One is that research indicates that Blacks tend to have sex with those of the same race/ethnicity (Centers for Disease Control [CDC], 2010) —most HBCUs have Black populations of over 80% concentrated on the campus. Secondly, the highest rates of HIV infection among Blacks are among those living in Southern states— which are where the vast majority of HBCUs are located. Finally, and perhaps the most important reason is that HBCUs serve as a microcosm of the larger Black community, not

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only based on the geographical proximity of most HBCUs in predominately Black areas (Treadwell, Braithwaite, Braithwaite, Oliver, & Holliday, 2009) but also on the many similarities and challenges faced in broader psychological, social, and cultural contexts.

Black YEAs are disproportionately affected by HIV infection. Blacks constituted 72% of all HIV/AIDS cases diagnosed in 2007 for youth between the ages of 13 and 19, and 61% of emerging adults between the ages of 20 and 24 (CDC, 2010). The CDC reports that in 2009, more new infections occurred among young (aged 13-29 years) Black men who have sex with men (MSM) than any other age and racial group of MSMs. The CDC (2011) reports that at some point in their lifetime, an estimated 1 in 16 Black men will be diagnosed with HIV infection. According to the Kaiser Family Foundation (2012), HIV transmission patterns among Black men show that they are more likely to have been infected through sex with other men; however, heterosexual transmission is a growing exposure category for men (Bowleg & Raj, 2012). Since a disproportionate number of Black YEAs appear to be overwhelmingly at risk for HIV, understanding psychological, cultural, and social factors related to risk, and prevention, are essential. This study focuses on ways in which masculine ideology and norms impact HIV prevention and behaviors among young Black men on the campus of an HBCU in the southern region of the United States.

Masculine Ideology, Norms, and HIV Prevention

Traditional masculine ideology (TMI) was proposed by Thompson and Pleck (1995) as a term to characterize traditional attitudes toward men, their expected roles, and what they should and should not do (Ehrhardt & Wasserheit, 1991; Littlefield, 2003; Nguyen, Clark, Hood, Corneille, Fitzgerald, & Belgrave, 2010; Sanchez et al., 2009). TMI in the United States is based on subjective and long-held beliefs, and researchers have offered several definitions. David and Brannon (1976) indicate four central ‘rules’ that men should follow: 1) men should not be feminine; 2) men should not show fear; 3) men should be respected; and 4) men should seek adventure and risk. O'Neil (1981, 2008) believes that TMI is based on five major points: 1) men should be competitive against others; 2) men should be powerful; 3) men should not show emotions; 4) men should not display affection towards other men; and 5) men should be career-driven.

What is ‘masculine’ and what is required of ‘manhood’ in American culture can have both positive and negative effects on HIV prevention and intervention efforts. For men, TMI has been shown to impact sociosexual norms (Andersen, Cyranowski, & Espindle, 1999), expectations and stereotypes (Allen & Smith, 2011; Cubbins & Tafner, 2000), sexual decision-making, and behavior (Higgins, Hoffman, & Dworkin, 2010; Lai & Hynie, 2011). It is important to distinguish between what is meant by masculine (or masculinity) and manhood. Dancy (2012) defines masculinity as “observable traits, enactments, affectations, and performances that honor or dishonor manhood” (p. 2). Dancy further notes that manhood is seen as a complex social concept that includes expectations and responsibilities, but it also includes views of the world that men recognize and accept. Masculine traits are those that men or women can adopt; however, manhood is an experience that only men can have. Levels of masculinity have been shown to differ based on race, age, social class (i.e., education and income), and ethnicity (Cazenave, 1981; Pleck, Sonenstein, & Ku, 1993).

Studies examining Black men and their constructions of masculinity show that they consistently score higher than other racial and ethnic groups on measures which assess adherence to traditional masculinity ideology (Abreu, Goodyear, Campos, & Newcomb, 2000; Levant, Majors & Kelley, 1998).

A review of the research on masculinity among young, single, Black man living in the southeastern United States found that they reported more conservative or traditional views (see Levant & Richmond, 2007). Black YEAs, especially those in urban settings, are thought to exaggerate adherence to traditional masculinity norms by adopting a "cool pose" (Majors & Billson, 1992). Researchers have noted that Black men may also resist such norms, may feel there are too many roadblocks to traditional routes of masculinity (e.g., financial and career success) (Hill, 2001) and attempt to fulfill their beliefs about masculinity through risky behavior (as cited in Wade, 2009). Engaging in risky behavior, such as risky sexual behavior, may be a way of showing defiance to hegemonic views of masculinity and manhood (Majors & Billson, 1992). Culturally, or developmentally, prescribed resistance to notions of masculinity may normalize sexual adventure or multiple partners (Bowleg, 2008; Corneille, Fife, Belgrave, & Sims, 2012), shape negative attitudes about women and MSMs (Mankowski & Maton, 2010), or lead to denial of health information, self-care, or services such as HIV testing (Higgins et al., 2010).

We approached this study using a social constructionist perspective. This perspective contends that gender masculinity is socially constructed, and emphasizes the norms and values of the society, structures, systems, and institutions (Mankowski & Maton, 2010). This viewpoint acknowledges the existence of multiple dimensions of masculinities among men and that some are prioritized and ranked above others (e.g., heterosexual over homosexual, masculine over feminine) (Harris, 2010). We were interested in using this framework to explore the ways in which masculine ideology and masculine norms impact HIV-related attitudes, beliefs, and behaviors among a group of heterosexual-identified and non-heterosexual-identified Black YEAs on the campus of an HBCU.

Method

Data come from a larger mixed-method study exploring the psychosocial, environmental, and cultural predictors of sexual decision-making and subsequent behavior and sociocultural correlates of sexual behavior among Black college students (aged 18-24 years) attending an HBCU. Data were collected between March 2011 and March 2012.

Participants

Participants were eligible for inclusion in the study if they were fulltime students, self-identified Black men, between the ages of 18 and 24. Additionally, men had to be single (not married), not knowingly HIV-positive, sexually active (vaginally, orally, and/or anally) within the past 12 months, and reasonably comfortable talking about sexual behavior. Eligible students signed a consent form for participation in the study, and to be audio-recorded.

Recruitment and Procedure

Participants were recruited via two methods, both approved by the Institutional Review Board (IRB) on campus. The first method used approved fliers posted in common areas of the campus—such as the cafeteria, library, breezeway, and academic buildings. The fliers provided the eligibility criteria, and indicated that students should contact the researcher if interested. The second method was face-to-face recruitment in the same common areas. A standardized screening form was used to confirm eligibility of all participants.

Four focus groups (each with 3 to 8 participants) and nine interviews took place with young Black men on campus. The focus groups were stratified based on self-identified sexual orientation (heterosexual vs. non-heterosexual[1]), and age (18-21 [younger men] and 22-24[older men]). Originally all students were recruited to participate in focus groups. However, after several 'no shows' and sparse participation in some focus groups, students were offered the option of an individual interview. Only non-heterosexual-identified men opted to participate in individual interviews. Each focus group lasted between 80 and 120 minutes, and each individual interview lasted between 60 and 90 minutes. All sessions were digitally audio-recorded. To ensure confidentiality, no names were used; if any personal identifiers were included during the sessions, they were excluded from the transcripts. For their participation, students were provided with refreshments and a financial incentive worth $25.

The Principal Investigator, a Black woman faculty member, conducted all of the focus groups and three of the nine interviews. The remainder of the interviews were conducted by the trained Research Associate—also a Black woman—who was not a member of the student body or faculty of the institution. There were no major differences in opinions expressed to the interviewers. An anonymous debriefing form was administered at the end of each focus group and interview asking men if they felt uneasy, uncomfortable, or inhibited by having a woman conduct the groups. All 33 submitted responses indicated that the gender of the facilitator did not impact participation in any way.

Measures

A semi-structured focus group guide was developed by the Principal Investigator based on the literature on key issues and other research related to sexual behavior and decision-making among Black college-aged students. The focus group and interview guides addressed questions related to gender and gender roles, sexual norms, sexual-decision making and HIV prevention. The interview guide was created by modifying the tone and pronoun usage in the focus group guide. Socio-demographic data collected from students included age, sexual orientation, and university status (e.g., fulltime).

Data Analysis

All recordings were transcribed verbatim by a professional transcription company and checked for accuracy and completeness. The analysis team, consisting of two faculty

[1]'Non-heterosexual' included gay and bisexual identifications; however, no students identified as bisexual and all asked to be identified as homosexual/gay. Therefore, students will be referred to as heterosexual-identified and gay-identified throughout the paper.

members and a research associate, independently read the transcripts and used a two-prong coding process assisted by Atlas.ti 6.2 software: 1) data were organized into smaller segments and deductively coded using an a priori coding scheme based on previous findings described in the literature; and 2) data were inductively coded to identify major themes that emerged within the focus groups and interview sessions. These themes were summarized, refined and discrepancies resolved through discussion at the team meetings. All coding and themes were checked for consistency by the primary author.

Results

Participants included 35 Black male YEAs: 23 were heterosexual-identified (66%), and 12 gay-identified (34%). See Table 1 for descriptives on participants. As coding of the transcripts revealed consistency in viewpoint among the focus groups and interview participants, the results are presented as an aggregate. Although there were a number of interesting themes and narratives that emerged, for the purposes of this paper we focus on those that were most expressive of masculine ideology and norms. The two recurring themes expressed by both heterosexual-identified men (HIMs) and gay-identified men (GIMs) were around sexual communication and mate availability. Participants also identified three subtopics when HIV prevention was discussed: stigma, protection, and testing. A brief visual representation of all issues identified is in Table 2.

Sexual Communication

Students were asked whether they thought gender roles (e.g., masculine, feminine, androgynous) played a significant role in sexual communication with partners. Both younger HIMs and GIMs, in general, overwhelmingly felt that sexual communication was a feminine characteristic but in different ways. The term ‘communication’ was immediately related to emotions, which was then categorized as feminine among the HIMs. Interestingly, younger HIMs, in their late teens, began to conceptualize sexual communication as a discussion about sexual performance; therefore women should be the initiators. One focus group session was filled with young men talking about how they enjoyed having their egos stroked listening to the women tell them how much they enjoyed it. Sexual communication prior to sexual behavior was not addressed by any of the younger men. Contrary, the majority of the older HIMs thought sexual communication was a masculine feature. One student felt that it was the man's job (i.e., responsibility) to initiate conversation because “you know, females —they're really waiting on the male to, you know, take the initiative to bring up sex.” One student disagreed with this rather traditional view. He felt sexual communication was feminine and involved a discussion about emotions. Differentiating between having sex and having sex with your partner, he said:

> “You are not going to just start talking to women about sex when it's not really your partner ... You need to have something special with that person to start talking about feelings. Sex with the right person brings up things that you shouldn't talk about with casual partners or hookups.”

Similar to the younger HIMs, the GIMs believed, in general, that sexual communication was a feminine characteristic. Feminine qualities in men were rejected by some GIMs, and

associated with being weak, or a female. Overwhelmingly, the participants believed that the GIMs who mainly engaged in receptive anal intercourse, and women in heterosexual relationships, were similar in social and relational 'position' (i.e., submissive) and expected to initiate conversations about sexual health (including condom use). They were thought to be responsible for taking care of their own health and protecting themselves from sexually transmitted infections (STIs), including HIV. Those GIMs who indicated they primarily engaged in insertive anal intercourse (i.e., those who were deemed more masculine) were believed to hold little responsibility for discussing sexual behavior and health. Although the views on sexual communication were similar between the GIMs and HIMs, there were more GIM participants who believed that sexual communication meant coming to a consensus about having sex. For example, one young man said:

> "...because I feel like when you're discussing sexual things, you may have your opinion, your partner has a different opinion so you would have to come to some kind of position in the middle to know what's right. Coming from me, it would probably be a male perspective, but if I'm listening to my partner, theirs would probably be different. I think it should be androgynous because it's in the middle."

Mate Availability

The availability and acceptability of potential mates was brought up in both the focus groups and individual interviews. For the HIMs, the gender imbalance on campus—more women than men attending the university—appeared to impact their sexual decision-making and subsequent sexual behavior. The younger men overwhelmingly talked about the gender gap on campus and how this contributed to a very active sex life. The ratio of women to men on campus was greatly exaggerated—some thought it as high as 33 to 1 when in fact it is 2.5 to 1—but the impact was clearly acknowledged. Men expressed their enjoyment of being 'in demand' and not having to work as hard as they thought they would in college to 'get women.' This was discussed as an interesting departure from the traditional masculine 'man as the hunter' ideology.

Students were asked if all HIMs on campus had a plethora of women to 'choose' from or if there were certain people or 'groups' on campus that were in greater demand. The issue of status (and power) immediately arose, regardless of age of participant. Those men who belonged in high-status groups such as fraternities, athletes, or band members were thought to have 'first pick' of the women on campus. These men were able to command the attention of women simply by being affiliated with a high-status group. In general, upperclassman (juniors and seniors) were thought to also have more options than the freshman and sophomores. The options are not based on the ratio of women to men in these respective classes, but tangible items that men felt 'women want.' Examples from the men included cars, better living situations (e.g., living in the suites on campus or off-campus housing), and jobs. These were items that the younger men were unable to provide and felt this put them as a disadvantage. One younger man lamented,

> "They [upperclassmen] ruin it for the younger guys because now the girl has [sic] experienced an upperclassman that can pick her up, take her out, and lives someplace else that is private. But I have to live on campus...we can't match up."

The effects of this appeared to be young HIMs pursuit of more women to counter their feelings of inadequacy by not being able to fulfill the traditional masculine role of the provider. . Men seemed to turn their focus to women they considered 'thirsty,' a slang term they used to describe women on campus who are actively seeking attention and affection and will do "almost anything" to get it. After further discussion, it appeared that traditional masculine sexual scripts that separate women into 'good girls' that you treat well, and the 'bad girls' that you do not. One man described thirsty girls as "women that look for men more than men look for them." Men admitted that they engage in sexual activity with thirsty girls because it is easier and 'you hardly ever get rejected.'

Unlike the HIMs, gay men believed that they faced a deficit in mate availability on campus for several reasons, some of which are closely tied to TMI. First, participants discussed the lack of men on campus because they either closeted or only engaged in sexual encounters with GIMs but self-identified as straight. This limited their chances for finding suitable partners. Next, the GIMs believed that the limited number of other gay-identified men on campus, the competition for the limited numbers, and their familiarity with one another stifled their ability to date and be in relationships. Finally, several of the GIM suggested that because of the lack of viable dating options and sexual partners on the college campus, they opted to date men off campus or often dated the same people as their peers. One GIM participant discussed the lack of dating options on campus,

> "It's difficult to date ....All the gay people know all the gay people. And they've already dated someone---put simple as that. So you don't want to date somebody that somebody's already been talking to..."

For the participants in our study, the belief that partner availability meant dating and engaging in sex with a tight and close knit campus network. Participants discussed the need to date men off campus because of the limited number of sexual and dating partners on campus. One participant described his experiences with dating,

> "So it's kind of hard to have a relationship with somebody probably in this area because you already know everybody. As far as sexual intercourse with -- yeah, you can -- people have done that just because somebody I slept with, probably all my friends probably --but as far as relationship, most people would generally go away from campus to find a mate if they want a relationship because everybody knows everybody."

HIV Prevention

Our overarching goal was to look at the impact of masculine ideology and norms on HIV prevention. We asked participants questions specifically focused on attitudes, beliefs, opinions, and behaviors related to HIV infection and prevention. Many of the HIMs were visibly uncomfortable talking about HIV. The facilitator had to retract a bit and start engaging the men in discussions about sexual behavior, consequences of sexual behavior, and then focus on HIV. In contrast, the GIMs were much more comfortable and open to discussing HIV infection and prevention. Three main subthemes were identified by both sets of participants: 1) stigma; 2) protection; and 3) testing.

Stigma

The topic of stigma was never asked explicitly but was a prominent theme in the responses of both HIMs and GIMs. The issue of stigma emerged in a number of places; however, stigma related to HIV being the most dominant. During the HIM focus groups, more traditional beliefs about the connection between promiscuity in women, homosexuality, and HIV were pronounced. However, many HIMs had to admit they did not know if the HIV-related information they were exposed to was true or false. In their uncertainty, they indicated knowing they must have perpetrated some of the myths about who has HIV, and how it is acquired. One of the myths discussed by HIMs was the idea of being able to look at someone and tell their HIV serostatus. One younger man noted that he tries to "stay prepared...I'm going to always have a condom. I'm not trying to have sex with a lot of different people...going to try to find a clean one." When pressed on what makes someone look 'clean' he talked mainly about superficial attributes such as how someone presented themselves (e.g., well-kept and not sloppy). Another younger man talked about gay men being the perpetrators of the disease, yet all "Black men get identified on television as the culprits...they make us all look bad." The GIMs appeared to be more knowledgeable about HIV, in general, and were aware of many of the HIV prevention efforts targeted to them. This appeared to be a double-edged sword. Many of the GIMs believed that there were a number of HIV-related messages and opportunities focused on them, but that this may also stigmatize them as the vessels of HIV transmission. Fear was brought up as a violation to masculine norms. Several students brought this up as a possible source of HIV-related stigma. One student shared his beliefs about men and the feeling of invulnerability, which is closely linked to TMI. He states:

> "I feel like a lot of men are still ignorant of the fact that they can get it or they feel like they're invincible. They haven't gotten it this long without using condoms, maybe, so they feel like oh I'm never going to get it. That's another reason why they won't get tested. They may have gotten tested at one time, didn't have it, and feel like, oh, so I'm not going to get it. I feel like a lot of men do feel like they're immune to the fact that they can get an STD."

Another student noted that many men, GIMS and HIMs, fear the knowledge of being HIV positive so they do not acknowledge their HIV risk, test for HIV, or change their behavior because "... some people are afraid to know [their status]"

Protection

Despite questions and prompts trying to engage HIMs to discuss HIV, many of those men were more concerned with pregnancy prevention than with HIV prevention. The 'ultimate' consequence expressed by the students was getting a woman pregnant. When encouraged to talk about pregnancy and its meaning at this stage in their life, issues of immediacy and attachment came up. Students discussed the instantaneous impact on both persons when a woman is pregnant because of the physical nature of pregnancy, and the immediate need for money to take care of needs. Additionally, pregnancy was equated with attachment, "if you get a girl pregnant, you're attached to her for the rest of your life." For HIMs, HIV infection and prevention appeared to be something that did not conjure up a need for immediate action, despite the lifelong consequences. One younger man expressed himself by saying

"men talk about sex, not HIV." Another gentleman quickly said, "I'm not afraid of it...just don't think about it." The topic sparked a lot of debate generating statements that ranged from those that could be construed as controversial, misogynistic ("a vagina is meant to be penetrated"), homophobic ("if a dude keeps bringing it up [HIV], he's probably 'suspect'...or talking about an experience that none of us are down with."), to informed. One of the most powerful insights into HIM viewpoint came from a younger man who declared, "I don't have it [HIV]; I more than likely won't have it. So I ain't going to worry about it."

GIMs approached the topic of protection against HIV infection very differently. They believed that using protection was largely a feminine characteristic and women, and feminine gay men who engaged in receptive anal sex, were responsible for ensuring that condoms were used. Generally, participants believed that receptive men were most at risk for being HIV infected, and so they had a responsibility to themselves to seek and use protection. Men who practice insertive sex with other men were perceived to be at less risk for HIV infection because of their [masculine] positioning. Participants, irrespective of gendered position/role, believed that insertive men had less to be concerned about with becoming HIV-infected. One participant contended, "I want to say [this is] more feminine, simply because they're [feminine GIMs] usually the ones getting penetrated, so they want to make sure that, you know, you don't give them anything."

HIV Testing

Primarily the older HIMs, along with three men in their late teens, indicated they had taken an HIV test. Two questions were asked of students, "what prompted you to get tested?" and "what is preventing you from being tested?" Overwhelmingly, those who were tested were prompted to do so by women in their lives—committed girlfriends, sisters, or mothers. One man indicated that these were people he trusted, so if they were concerned about him, he would go for a test. Those who had not been tested, indicated a host of reasons from being scared, not wanting to know, stigma, gossip, and lack of perceived susceptibility to HIV. There were a number of myths discussed in the groups about HIV-positive individuals, the most prevalent being that an individual could not/should not have sex anymore. This was scary for the students. One student said "you feel like once you get it, it's like your sex life is over, you know what I'm saying? Sex is great!" GIMs noted that college students resisted HIV testing because of fear—fear of being positive, fear of stigma, and fear of what the future may hold. However, many talked about the masculine norm of responsibility as the driving force behind their decision to get tested. Many GIMs felt they had a responsibility to themselves, and in the cases of those in relationships, to their partners to know their HIV status. It appeared that, while for the HIMs, traditional masculine norms prevented them from seeking testing in order to preserve the TMI of not seeking help and to maintain the appearance of being sexually viable, GIMs seemed to negotiate components of TMI differently. They were simultaneously embracing the traditional masculine ideal of being the protector to ones' partner and rejecting the ideal of not seeking help as it relates to health behavior, especially as it relates to HIV prevention. It appears that GIMs discovered a way to navigate the trappings of TMI. This is consistent with the literature on TMI that suggests that men who reject hegemonic masculinity find alternative ways of demonstrating what it

means to be a man, and appear to have a more balanced or healthy way of performing masculinity (Connell 1995; Kimmel, 1987; O'Neil, 2008).

Discussion

This study augments existing literature by providing data on the awareness and conformity to traditional masculinity ideology and norms, and its relationship to HIV prevention among Black youth and emerging adults (YEAs). The findings address TMI, or hegemonic masculinity, and the ways it influences the sexual behaviors and HIV risk and prevention behaviors of both HIMs and GIMs on HBCU campus, an area that is in dire need of further empirical research. We found similarities in beliefs and enactment of ideology and norms among Black YEAs, irrespective of sexuality. These traditional beliefs and norms impacted the ways in which HIMs and GIMs thought about communication, relationships with others, and the types of risky and preventative practices they engaged in.

Both groups believed that initiating sexual communication and responsibility for using protection to avoid STIs, including HIV, were feminine characteristics and largely the responsibility of women and GIMs who engaged in receptive anal intercourse. This finding suggests that those men in our study, both HIMs and GIMs, who adhered to more traditional masculine ideology (TMI) rejected qualities perceived be ‘feminine’ in nature. Masculine socialization processes may assign these attributes (i.e., talking about feelings, caretaking, help seeking) to women and feminized men and/or designate this as a feminine quality. Therefore, in the minds of some men, one must identify as feminine to initiate them. Moreover, literature on socialization in men suggests that femininity is devalued and that there is a hierarchy of masculinity which dictates that some masculinities (i.e. heterosexual, masculine homosexuals) take a higher precedence over others (i.e. more feminine men) (Hendrick and Hendrick, 1995; O'Neil, 1981; Wegesin and Meyer-Bahlburg, 2000). Interestingly, although homophobic/heterosexist rhetoric was used by the HIMs, both groups of participants discussed their rejection of femininity and disdain for overly feminine behaviors among their peers. Additionally, while communication and protection may be related to better health outcomes for men, it was thought to violate the masculine ‘code’ for many of the men in our study. It will be important in future studies to address, and potentially measure, gender role conflict which argues that psychological and emotional anxiety arises from men's fear of femininity and homosexuality (O'Neil, 1981; Harris, Palmer, & Struve, 2011).

An important finding was the profound impact that stigma had on HIV preventative and risk-related behaviors of the men in our study. Over 20 years ago, Weil (1990) wrote that stigma related to HIV/AIDS influenced attitudes, decision to test for HIV, gender role expectations, and sexual scripts of young people. Our data support Weil's assertions as well as those of Wade (2007) who reported that negative stigma associated with homosexuality, stereotypes, and modes of transmission (e.g., anal sex) dominated the ways in which HBCU students in the South responded to the HIV epidemic. The issue of stigma acted as a watermark for many of the responses given by the young men. Some of the HIMs, particularly the younger ones (in their late teens), still believed that HIV is only associated with homosexuality among men, and promiscuity among women. This was demonstrated

when HIV testing was brought up. Some HIMs did not pursue testing because they did not identify as gay and felt going to get tested, or suggesting testing to peers, may deem them sexually 'suspect' in the eyes of their peers. The masculine ideology literature suggests that some men perform ideals of hegemonic masculinity that discourage help seeking and routine health screening such as HIV and STI screenings (Duck, 2009; Eisler, 1998). Conversely, GIMs discussed the importance of knowing your HIV status and reported routine testing, particularly within committed relationships. This positive data around routine testing can be viewed in a number of ways. Although the GIMs felt they were overtaxed with HIV prevention and testing messages, these messages were bringing awareness and action to students. Alternately, under the guise of masculine norms, GIMs may use routine testing as a resistance strategy for the dominant ideology which discourages preventative health measures, and construct alternative masculinities towards the goals of resilience and wellness (Connell, 1995; Courtenay, 2000; Wilson et. al., 2010). For the GIMs in our study, getting tested for HIV was one way of being a *responsible* Black man within the community.

This idea of responsibility was also expressed among the HIMs. For example, some of the HIM participants engaged in behaviors linked to TMI, such as not using condoms consistently, and having multiple sexual partners. At the same time, the HIMs talked about the importance of being socially and sexually responsible for the future of their community, being accepted among peers, finding appropriate sexual and romantic partners, and living up to the image of what it means to be a man in the Black community. Many of our participants discussed the burden of being a "successful" Black man. For some of them, this meant being educated, leaving behind the perils of the communities they belong to, and rejecting societal expectations of Black men, such as being hypersexual, fathering children out of wedlock, and engaging in criminal activity.

The lack of both current and future attention to HIV prevention among the young HIMs is of great concern. Similar to Voisin and Bird's (2009) work with young African American males (aged 14-24), the seriousness of HIV was minimized, even when reporting very active sex lives. While there is a certain amount of risk-taking associated with youth and emerging adults (YEAs), the over-exaggerated resistance to, and fear of talking about HIV (while continuing risky sexual behaviors) requires immediate attention. We do not make the assumption that only heterosexual-identified men on this campus are fearful or avoid discussions about HIV prevention; however, the small number of gay-identified men we interviewed did not appear to feel the same way. Black men enact TMI in a variety of ways. Black men are not a monolithic group; their expression of TMI may be shaped by ethnicity and sexual identity (Wilson et. al, 2010; Connell, 1995; Abreu et al., 2000) as well as their HIV behaviors on HBCU campuses. In future studies it will be critical to highlight positive traditional masculine ideology for all men, regardless of sexuality, that encourage responsibility as the ideal norm for men.

Finally, we would be remiss if we did not address the environment in which the study took place, an HBCU in the southeastern US. Popular culture and current literature suggests that HBCUs are satellites for oppressive acts including sexism, heterosexism, and homophobia (Kirby, 2011). However, the researchers take pause at jumping at the conclusion that

HBCUs are sites of homophobia. While at first glance, this seems to be the case among some of our participants; however, what was more pronounced was a rejection of femininity rather that homophobia. The GIM participants in our study openly disclosed their sexuality. Additionally, the GIMs discussed negotiating tenets of TMI by self-identifying as gay on an HBCU campus, and using strategies to create alternative masculinities as a way to integrate themselves on the college campus and in the Black community (Wilson et al., 2010). Research shows that the college setting, whether predominately white institutions (PWIs) or HBCU is often where hegemonic masculinity and TMI is embraced and contested (Kirby, 2009, 2011). Further research is needed on Black HIM and GIM experiences regarding sexuality, gender, and TMI negotiation in both PWIs and HBCU to better ascertain whether this is similar in other settings.

Limitations and Strengths

One of limitations noted by the researcher during data collection was the use of terms that were not fully understood by many students. Many of the younger men, primarily HIMs, were not familiar with the definitions and differences between sex, gender, and gender role (e.g., female, woman, feminine). Many of the men used the terms interchangeably. In future studies a clear definition, with examples, will need to be included. As with qualitative studies, interpretation of findings should be done with caution as to not generalize among all young Black YEAs. Additionally, the overrepresentation of young heterosexual-identified men should be noted.

Another limitation of the study is that the data collected regarding sexuality and sexual identity by participants was self-reported. Thus, the findings may be limited due to the reluctance of some participants to be honest regarding their sexuality and sexual behavior. Among the GIMs in our study, few admitted to engaging in receptive intercourse during sexual encounters, perhaps for fear of being judged by their peers or the researchers. Future studies of GIMs will take into account the fluidity of sexual behavior and relationships as it relates to traditional masculine ideology. These limitations notwithstanding, this study provides information on a population not often represented in the literature--Black men attending an HBCU. We also believe a strength of our study is that we were able to analyze similar issues from data using both HIMs and GIMs on the same campus. We hope this study can inform future studies on Black college men, masculine ideologies and norms, and HIV prevention.

Implications for Policy and Practice

The college campus is marketed as an opportune space for students to explore their sexuality, practices, and relationships in a healthy fashion. Unfortunately, it is also a setting replete with risk for STI and HIV infection. HIV prevention efforts must focus its attention on providing messaging for Black YEAs, targeting all sexualities. Often the message on campuses is only to use condoms; however, this may perpetuate the belief that those who do not are simply, and rationally, choosing to engage in risky sexual behavior. This notion needs to be challenged. There are a number of psychosocial and sociocultural variables that go into sexual decision-making and behavior for everyone, not just those disparately impacted by the HIV epidemic. Masculine socialization and perceptions about expectations

are very important to consider in working with young and emerging adult men. We suggest that messaging and prevention efforts for heterosexual-identified Black youth and young adults, emphasize the importance of collective responsibility for oneself and others and self-care (which includes routine HIV testing). Since it appears that men were motivated to prevent pregnancy, health care practitioners may utilize this as the entry point to also discuss HIV prevention. For gay-identified Black youth and young adults, messages and prevention efforts should be tailored toward condom use upon initiation into sexual activity, and providing accurate information about the risks of anal receptive vs. anal insertive behavior. There appeared to be misinformation and myths about risk and responsibilities within sexual partnerships based on sexual position. For all Black youth and emerging adults, the importance of future orientation as a strategy for present sexual decision-making and behavior cannot be emphasized enough. As the majority of college students are expecting to improve their future upon graduation, a focus on future orientation may include consistent condom use which can reduce the rates of infection and transmission, and increase the quality of life in the future.

Conclusion

There is an immediate need to conduct more research on how Black YEAs, both heterosexual and gay, conceptualize and enact masculine ideology and norms. HIV among Black men, and young people, are reported at staggering rates. For many young Black men, the intersection of race and gender, along with socioeconomic status, is critical to the development of HIV-related attitudes, beliefs, and behaviors. Beliefs related to sexuality and enactment of gender roles (i.e., femininity and masculinity) are weaved in the cultural, social, and historical experiences of individuals. Future studies should seek to disentangle racial and masculine ideology and norms from each other in an effort to explore how Black men think about their different dimensions of masculinities. A clearer understanding may provide us with a more comprehensive understanding of emically-defined meanings of norms and behavior. The need to identify culturally appropriate and relevant strategies to prevent HIV is vital to curb its spiraling spread among young Black men.

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Table I

Descriptives for Participants

Item	Total (N =35)	Heterosexual-identified men (n = 23)*	Gay-identified men—focus group(n = 3)	Gay-identified men—interviews (n = 9)
Younger men (18-21 years)		14	3	6
Older men (22-24 years)		6	0	3
Mean age in years (standard deviation)	20.0 (1.37)	20.10 (1.59)	19.67 (.58)	20.56 (1.74)

Note:

* Age data missing for three men

Table II

Brief Overview of Major Themes Identified

Theme	Heterosexual-identified men (HIM)	Gay-identified men (GIM)
Sexual Communication	• Initiating and discussing sexual health and behavior were thought to be feminine, and related to women, emotions, and feelings	• Initiating and discussing sexual health and behavior were thought to be the responsibility of feminine men
Mate Availability	• The abundance of women available on campus reverses the role of men and lets women be the 'hunters' • Power and status dictate who has more available mates	• The lack of available gay men on campus makes for more competition • Many GIMs look for viable mates off campus
HIV Prevention—Stigma	• HIV still associated with gay men and promiscuous women • Lack of accurate information	• Overexposed to HIV prevention and testing messages • Stigma towards them may be manifestation of fear
HIV Prevention—Protection	• More concerned with preventing pregnancy • Low perceived vulnerability • "Men talk about sex, not HIV"	• Associated with men who engage in anal receptive sex and women • More risk than those who are 'masculine' in their positioning
HIV Prevention--Testing	• Those tested were encouraged and supported by women • Those who were not tested feared being perceived as 'suspect'	• Regular testing is seen as a sign of responsibility