

Challenges to Masculine Transformation Among Urban Low-Income African American Males

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In this article we describe and analyze the challenges faced by an intervention program that addresses the fatherhood needs of low-income urban African American males.

We used life history as the primary research strategy for a qualitative evaluation of a program we refer to as the Healthy Men in Healthy Families Program to better understand the circumstances and trajectory of men's lives, including how involvement in the program might have benefited them in the pursuit of their fatherhood goals.

A model of masculine transformation, developed by Whitehead, was used to interpret changes in manhood/fatherhood attitudes and behaviors that might be associated with the intervention. We combined Whitehead's model with a social ecology framework to further interpret challenges at intrapersonal, interpersonal, community, and broader societal levels. (*Am J Public Health*. 2003;93:732–741)

Poor urban communities in the United States have experienced a set of interrelated health and social problems that has become etched into our collective conscience as a nation, calling for a response. These problems, resulting from deindustrialization and subsequent economic restructuring, include lack of economic opportunities; flight of individuals and resources away from inner cities; drug trafficking and its effects in terms of addiction, crime, and violence; deterioration of community institutions and capacity; and the spread of infectious diseases such as HIV/AIDS.¹

During the decade from 1985 to 1995, drug trafficking became a major concern in urban America, particularly the trafficking of crack cocaine. From all reports, drug trafficking during that period had a catastrophic effect on inner-city families and communities.^{1–9} In response to the problems of addiction and community destruction that ensued, the federal government launched its “War on Drugs.” Part of the strategy used to fight this war involved emphasizing the enforcement of drug laws and focusing on areas where crack cocaine trafficking and use were endemic. The result of this war has been a massive increase in incarceration rates for minority men.¹

This “epidemic of incarceration”^{10,11} of males, both young and old, has had profound effects on the fabric of families in urban minority communities and has resulted in in-

creased rates of female-headed households. Men are being removed from the potential pool of husbands, fathers, and community members through incarceration and death. Furthermore, if they survive, inadequate preparation, criminal records, or both make it difficult for them to provide legal economic resources for their families, particularly as the global economy continues to move from an industrial to a high-technology base.¹¹

Concern over these contemporary urban problems, and the role of men in these problems, has led to the development of intervention strategies and approaches focusing on men. Included among these approaches are those that describe themselves as “manhood development” and “fatherhood” programs, such as The Fatherhood Initiative of the Department of Health and Human Services (<http://fatherhood.hhs.gov/index.htm>), the National Fatherhood Initiative (<http://www.fatherhood.org>), and the multiple state and local-level demonstration projects focusing on males from early adolescence to adulthood (e.g., Wise Guys). These programs seek to redefine men's sense of self, their relationships with others (including other men, women, mates, authority figures, etc.), and their responsibilities to others (including children, families, peers, and communities), or to enhance these factors. In short, they are attempting to help these men redefine what it means to be a man and a father in their

communities, moving them from harmful to helpful roles.

These programs could be analyzed in terms of what Whitehead¹² refers to as strategies of low-income male empowerment that will lead to “masculinity transformation,” a theme that will be returned to later in this report. Males targeted by such programs face problems so complex that these programs experience a range of challenges that hamper their success in meeting project goals and objectives. This report describes some of these challenges through an analysis of life history reports on 12 men who participated in one such program, which we have given the pseudonym the “Healthy Men in Healthy Families Program” (HMHFP).

The life history approach was part of an evaluation of the HMHFP, which also included a quantitative component. The lead author of this report conducted the qualitative evaluation and developed the instruments for the quantitative evaluation, which was conducted internally by project staff. While quantitative methods inform us about what worked or did not work in achieving project outcomes, these methods are less able to tell us why certain interventions did or did not work, and for those that did not work, what challenges limited their success. By concentrating on individual experiences, and the meanings that such experiences have, life history can provide insight on the complexity of those being affected by a project, as well as the fit between project interventions and these complexities.^{13,14}

THE PROGRAM

The Healthy Families Program began as an infant mortality prevention project funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration. “Dublin City” (a pseudonym), a large East Coast city, was the site of the program.

In June 1993, the Dublin City Healthy Families Project launched a men's services component that we refer to as the HMHFP. This program sought to strengthen men's role in supporting the mothers of their children during pregnancy and beyond, and ultimately their growing children. The idea was that men could contribute more to their children and the mothers of their children if they themselves were developing into healthy and successful adult men. The HMHFP now seeks to promote the development of men in terms of education and job readiness; interpersonal relationships, including familial ones; sense of self, including achieving personal goals; definitions of manhood and fatherhood; and strategies and skills for parenting and negotiation with coparents.

Men's involvement in the lives of their children is an essential program objective. The program encourages participants to (1) support and encourage the mother through timely and adequate prenatal visits; (2) influence the mothers' choices regarding their nutrition and substance use during and after pregnancy, and choices of infant feeding practices and family planning; (3) become actively involved in nurturing, teaching, disciplining, and supporting children as they grow and develop; and (4) provide material support to the household in which the pregnant woman or the mother and the child live, regardless of the father's residence or the status of the relationship between him and the mother.

Since the HMHFP started in 1993, the program has expanded from a small group of about 20 men in West Dublin to over 200 men equally divided between East and West Dublin. Program objectives are addressed through a comprehensive approach to dealing with issues facing men enrolled in the program. Types of services offered include the following: (1) individual case management in an advocate-client relationship; (2) support groups for men in which the daily issues confronting men can be discussed in a safe and supportive environment; (3) a culturally supportive curriculum focusing on aspects of personal development, relationships with women as well as with other men, and topics related to pregnancy, child development, and parenting; (4) one-on-one and group discussions related to life planning, goal setting, and evaluat-

ing progress; (5) General Educational Development (GED) classes for those seeking to obtain a high school equivalency certification; (6) addictions counseling and referral to detox and treatment programs; and (7) an employment initiative providing opportunities to learn a trade and earn a living at the same time.

METHODS

Using Life Histories to Explore Challenges to Program Objectives

As part of an evaluation of the HMHFP, in-depth life history data were collected from participants on such topics as history of major life events; definitions and perceptions of manhood and fatherhood; parenting beliefs, styles, and experiences; issues related to team parenting; and experiences and benefits of participating in the HMHFP. Life histories were conducted with 12 men enrolled in the program. Program staff familiar with the men's stories and experiences selected study participants. A sampling scheme was developed to recruit evenly from East and West Dublin, and to select from the following program participants: those who had finished the program and were now employed, those just starting in the program, those who were making progress regarding employment, and those who did not seem to be making progress. In addition, effort was made to include some persons who had struggled, or continued to struggle, with addictions.

Audiotaped interviews began in December 1997 and were completed in July 1998. Each man was to be interviewed on 4 occasions for up to 2 hours per interview, which were designed as loosely structured ethnographic interviews.¹⁵ Emphasis was placed on explaining the purpose of the study, establishing rapport, and asking only enough questions to get participants to talk freely about themselves. However, probes were used when needed to obtain information on such topics as household composition during childhood, relationships with parents and other adults, experiences with friends and in school, and important people and events in the participant's life.

The first 2 interviews were dedicated to recounting the lives of the participants from the earliest memories that they deemed relevant to the present. The third and fourth interviews

clarified topics discussed during the first 2 interviews and explored issues related to defining manhood and fatherhood as well as activities and complications related to parenting and participation in the HMHFP. Four of the 12 participants did not participate in a fourth interview because they either moved or could not be reached to schedule the final interview.

All interviews were transcribed verbatim. Transcripts were maintained in electronic as well as hard copy form, and they remained in the direct control of the evaluator to preserve confidentiality. The issue of confidentiality has an effect on the type of analysis performed and the way the results are presented in this report. One desirable way to analyze and present this information is to describe in detail the life stories of each individual participant. To preserve confidentiality, this approach is not used in this report. Only the most general information about each participant (identified by a pseudonym), the program, and the city are given. The bulk of the analysis and presentation will explore *themes shared* by the participants, as well as some unique circumstances and experiences that might be relevant to the shared themes.

All 12 men were African American, ranging in age from 19 to 44 years old (3 participants were 19 years old, 1 was 20, 2 were 22, 2 were 28, 1 was 31, 2 were 34, and 1 was 44). The men had varied backgrounds in terms of household composition during childhood and relationships with parents, siblings, and other relatives. They also had varied experiences within the educational system, although none of the participants finished high school. Four of the men finished the high school equivalency program to receive the GED. The remaining 8 men had not yet received the GED, and they differed in terms of their desire for the diploma. Four of the men were married at the time of the interviews, and 2 others referred to their mates as "fiancée" (with the goal of getting married). All of the men shared an involvement in drug trafficking. They differed greatly in terms of the extent and length of their involvement, but all reported that they had at some time been involved in the selling of illegal drugs. In addition, 7 of the men described themselves as addicts or recovering addicts. A brief description of each man is presented in the box on page 734.

Biographical Sketches of the Life History Study Participants

Name	Description
Antwan	A 19-year-old recent arrival to Dublin (a pseudonym), Antwan was employed full-time in a warehouse. Unable to read, he had no hope of completing the General Educational Development (GED). He knew about hard work, though, having seen it modeled by his mother for so many years. He had left his mother's home in the "country" to move in with a woman from Dublin he had met on a trip. He had also left a 5-month-old daughter and his daughter's mother, with whom he had had a very strained relationship. At the time of the first interview, Antwan's Dublin girlfriend had just suffered a miscarriage during her fifth month of pregnancy with his child. Her older son, still a toddler, looked to Antwan as a father figure, a role he gladly assumed. The relationship with his girlfriend ultimately became strained to the point of violence, with Antwan requiring multiple staples on his head after a blow from a hammer. He also was sentenced to 15 consecutive weekends in jail for domestic violence. Despite this broken relationship, Antwan still hoped to be a father to his former girlfriend's son, who was not his own child.
Thomas	Thomas, 22 years old, had a GED and the ambition to launch a career in rap music. He had recently worked for 2 months on the employment initiative of the Healthy Men in Healthy Families Program (HMHFP), but he quit because the job restricted his time and music too much. Thomas's parents divorced when he was 12 years old, and he said that his father never was very involved in his life. His grandparents, on the other hand, were very influential in providing him with values and direction. After their deaths, he went through a period of trouble and rebellion. Thomas had a son by his current girlfriend and a daughter by a different mother. He anticipated being able to find a place where he and his girlfriend and son could live.
Samuel	Samuel, 28 years old, lived with his wife, his infant son, and 2 stepchildren. He was raised by his grandmother, as his mother was only 13 at the time of his birth. Samuel and his wife were at one time living well in the county, but problems with addictions led to the loss of jobs and his imprisonment. Moving to cheaper accommodation "downtown" caused considerable stress on his wife. Samuel described himself as a "light user" of heroin, which he snorted rather than injected. He would have liked to come clean but still liked the "high." His continued struggle with addictions, as well as other "deeply personal issues," created enormous strain on the marriage, ultimately leading to separation.
Devon	Devon was a 19-year-old still living with his mother and stepfather. Having dropped out of high school, he

hoped that someday he would be able to complete the GED. He had a daughter he enjoyed spending time with, despite no longer being involved in a relationship with his daughter's mother (except in negotiating coparenting arrangements). Devon had struggled with addictions and was looking to "change people, places and things." His family's recent move to a different part of town may help him. He had a strained relationship with his stepfather, who had for years treated him with disrespect. Despite his difficulties, Devon became a successful participant in the HMHFP's employment program, getting a front desk job at a major hotel.

LeRoi, 34 years old, earned his GED while in prison. He spent more than 10 years in the penitentiary "and just about every jail they have." At the time of his participation in the HMHFP, he was living with his girlfriend, their 3-year-old son, and her 9-year-old daughter, whom he called his stepdaughter. A charming and talkative person, LeRoi explained that he had dabbled in drugs, but not enough to consider it a problem. Only much later did he reveal that he was a "poly user," addicted to alcohol as well as heroin and cocaine. LeRoi never finished the fourth interview, and the staff at the HMHFP lost track of him.

Curtis, 22 years old, lived with his girlfriend and his 1-year-old son. A daughter had previously died of sudden infant death syndrome, which was a heart-breaking experience for Curtis and his girlfriend. Curtis was intensively recruited by project staff to get involved with the HMHFP. Having quit school after the eighth grade, he had become a well-established drug dealer in the neighborhood. Eventually, he traded in his previous work for a job with the HMHFP employment initiative. Curtis mourned the absence of a father in his life, and cried when describing how another birthday passed without his father even taking the time to give him a call. Upon further reflection, he decided that his father probably didn't even know when his birthday was.

James was an 18-year-old with a 2-year-old daughter. He had been active in the HMHFP since his daughter's mother was pregnant. At the time of his participation in the HMHFP, he lived with his father and attended high school. He had been moved from school to school because of problems with fighting, and he suspected that he would be expelled soon. Although he lived with his father, he did not get along or talk with him. Before his recent trouble, he had always lived with his mother. He was especially close to his uncle and his grandmother. He cited their deaths, when he was 10, as the start of his troubles. James regularly spent time with his daughter but was not currently involved with the baby's mother. He talked of several older women in their mid-to late 20s with whom he was intimate.

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Ron	Ron, 44 years old, was married and lived with his wife and 2 children (2-year-old and infant). He talked of many things, including his travels during military service, values regarding being a man and father, and ambitions regarding making a difference in his family and community. He was not then working, and he didn't discuss the situation that led to his termination from the HMHFP employment initiative. He kept the conversations focused on ideas and plans for the future rather than current struggles in his relationships and with addictions. The HMHFP staff, who had known Ron since the program began, wondered if they would ever see progress in him.	Kenan	Kenan was in his early 20s, but his frail physique made him look even younger. He lived with his girlfriend and their 2 small children (2 and 3 years old). Kenan loved his children, who happily bounced on his lap during interviews. He called his girlfriend his fiancée but said they were not talking about wedding plans yet. She worked as an electrician and supported the family. Kenan had a full-time job just keeping himself clean and minding the children. At times he put himself under virtual "house arrest," fearing that if he went outside the temptation to buy drugs would be too great. He moved in with his grandmother to get away from the temptations for a while, but he came back again hoping to be stronger. Later he spent 2 months in a rural rehab facility to straighten himself out. He talked of moving his family to the country to get away from these "people, places and things."
Jamal	Jamal, 20 years old, was married and lived with his wife, 2 children, and 2 stepchildren. He had not yet received his GED but intended to. He was employed through the HMHFP employment initiative and had made the transition to working directly for a contracting firm doing lead abatement. Before being recruited into the HMHFP, Jamal would have considered himself to be a highly successful and respected drug dealer. Through the program's help, he had put that behind him, although because of economic needs he often considered temporary dealing. His relationship with his wife had been strained through loss of income and her desire to spend time with friends. The tension led to separation, a period of being reunited, and finally divorce.	Jerrod	Jerrod, a soft-spoken 34-year-old, lived with his girlfriend, their daughter (18 months), and his 2 stepchildren (15 and 16 years old). He had recently lost his job with a lead abatement contractor owing to problems with the business. He also struggled daily to fight his addictions. He had been missing his NA (Narcotics Anonymous) meetings lately, being consumed with overwhelming personal and financial issues. His stepchildren were being expelled from school, his landlord was trying to evict him, and his girlfriend was considering suicide rather than seek treatment for her cancer of the uterus. They talked about her depression, but they ignored his: "See I keeps it all inside, she lays it on me and I just bottle up in the inside and go about my business."
Will	Will, 31 years old, was married and lived with his wife and their 6 children. A young niece was also living with them, as her mother could not care for her while dealing with addictions. Will had completed the GED while his wife graduated from high school. She was working full-time at a contracting/building firm and supporting the family while pregnant. Will had had trouble holding onto a job, but he was optimistic now that he had		

Conceptual Frameworks Used to Interpret Findings

The shared themes presented in this report are based on 2 theoretical frameworks: Whitehead's Big Man/Little Man Complex (BM/LMC)¹⁶ and the Social Ecology Model proposed by McLeroy and colleagues¹⁷ and others.^{18,19} Whitehead's work began with the exploration of masculine constructs and attributes of masculinity in Jamaica in the 1970s.¹⁶ He later examined parallel constructs and attributes among African American males in large East Coast cities.^{11,12,20,21} Historical and cultural parallels between African Caribbean people and African Americans make such comparisons possible. Both popu-

lations have been exposed to plantation slavery, persistent poverty, and discrimination from Europeans and White Americans. In addition, heavy migration and commerce between the Caribbean and the United States have further connected the 2 regions.²¹

Ethnosemantic explorations, first in the West Indies^{16,20} and then in the urban United States,^{12,21} produced 3 semantic pairs used routinely by low-income males to describe men: "big" and "little," "strong" and "weak," and "respectable" and "reputation." Big (strong) and little (weak) symbolize high versus low status and power, both economically and sexually. Bigness is a continual masculine goal, achievable only through the expression

of male strength. Male strength is expressed through exhibition of the masculine attributes of *respectability* and *reputation*, but these appear in dialectical and binary associations of meaning.

In the United States and Jamaica, for example, Whitehead found the construct of masculine *respectability* to include such attributes as being a strong family economic provider, legal marriage, respectable levels of material possessions such as a home, higher education, and economic independence (from one's parents and social agencies). Attributes of masculine *reputation* in both settings included sexual prowess, masculine "gamesmanship" skills (including toughness and authority-defying

The Man's Coparenting Challenges Involving the Child's Mother and Her Support System

Challenges and Examples

1. Ongoing tensions between study participants and their children's mothers

The reason some low-income men give for not staying in a relationship is that the woman begins to resent them if they are inadequate as providers, particularly if a child was born from the union. Even after they leave, some men argue that the women request child support not because they are not providing it but because of the women's lingering resentment or desire for retaliation. An example is provided by Devon:

I have to go to child support March 20th. I guess she mad because I don't want to mess with her no more so she take me down child support. But ain't nothing going to change because I have all my receipts for everything I've gotten my daughter so she can't say that I don't take care of my child because I do. That's something I do do, is take care of my child. But it's all good with me if she want to take me downtown she can.

2. Influence of the mother's family or primary support system

Traditionally, when low-income African American women could not depend on their child's father for adequate child care support, they would turn to their own consanguineous (or "blood") relatives for support, in particular their own parents. Child care has traditionally been one of the most important areas of support for mothers of young children,²³ in particular young mothers who found it necessary to work outside of the

home to support themselves and contribute to the support of their children. However, while these maternal networks have been important to the material support and nurturing of the child, they have also frequently contributed to the child's estranged father being marginal, or even absent, in the child's life. Even when a father tries to be a part of his child's lives, and the child's mother is receptive to his periodical presence, other members of the support network may oppose it.

Yesterday was the first time I had in a couple of months [to see his child], cause now her mother [child's grandmother] been going through some things, so its like we have our problems and our differences, she take it out on me by not letting me see my daughter. (James)

3. The man's logistical problems in seeing the child because of the shared child care practices of the child's mother's primary support system

In those cases in which extended child care results in the child spending time in different households, there may be logistical barriers to the father's involvement in the life of the child. Devon again provides an example:

Okay, her mother [the child's mother] just got her own home. Her grandmother just bought a home and her mother still live in the same house the grandmother was living in so her mother got her own house now. Her mother goes to school and work cause she's in senior high school and the grandmother keep her all the time, all week long and she come down on the weekends. So I really don't get to see her [his daughter] on weekends not unless she come over here and stay with me.

behavior), fathering numerous children, and "smarts" (shown through outwitting others—especially bigger men—in con games and successfully "sweet talking" women). In the Jamaican context, Whitehead found a fourth semantic pair, "good" and "wicked," which establishes another set of attributes through which a man can exhibit strength and therefore achieve bigness.

The dialectic of these 2 sets of attributes can be explained as follows: masculine respectability attributes contribute to the maintenance of social order and healthy family functioning, while masculine reputational attributes potentially contribute to social disorder and unhealthy family functioning. P.J. Wilson,²² who first identified the respectability–reputation dialectic in the West Indies, defined respectability attributes as constructs developed by the colonial (European) powers and maintained by the West

Indian middle classes, 2 groups who have the most to gain from such attributes at the expense of the lower classes. Wilson argues that West Indian lower classes created reputational traits as their way of rebelling against colonial and class oppression.

Whitehead discovered that, in the Caribbean and the United States, respectability and reputational attributes are valued by *both* low-income and high-income African American men as important in establishing the ideal of the "strong" man. The contrast between valued attributes of masculine strength and their social ascription is maintained through the most valued attribute of masculinity that cuts across all others—a man's economic capacity. From his analysis of data from both his Caribbean and US research, Whitehead argues that economic capacity allows the higher-income male ready access to respectability attributes, while the lack of

economic capacity makes access to respectability difficult for low-income men. They are left to express reputational attributes in their efforts to achieve a strong sense of the masculine self. Reliance solely on reputational traits—such as sexual prowess, exhibiting toughness, defiance of legal and other authority, and reputational material goods (eye-catching jewelry, clothes, and cars)—place low-income males at greater risk for fathering out-of-wedlock children with numerous women, involvement in illegal activities, violence, incarceration, and death.¹¹

Whitehead refers to males who are left with reputational sources of masculine expression as having a "fragmented sense of the gender self."¹² Given this scenario, he has called for male-based intervention programs that have goals of "gender" or masculinity transformation, which includes strategies of empowerment that move males away from a

The Problem of Serial Mating in the Negotiation of Fatherhood Rights

Challenges and Examples

1. The decline in a man's relationship with his child when he moves on to another partner

I have another child by another female [not a Healthy Families-enrolled woman], and me and my daughter have a good relationship but it's just not like me and my son. Actually, it's because me and my son's mother is together, so naturally I would be with my son more, but again I like kinda like strayed from my daughter being as though me and her mother never really got along. It's just a different situation. (Thomas)

2. The child's mother's new partner does not want the child's father coming around

A related problem of serial mating by a child's parents is when the child stays with the mother and the mother takes on a new

partner. If the father then wants to spend time with his child, it can create tension between him and the mother's new mate. A description of this type of scenario is provided by James:

Yeah, he [new boyfriend of child's mother] get mad but it's nothing that he can do. What can he do? He told her to tell me to stop calling and coming down there to see my daughter, and like I told her as long as my daughter live there, ain't nobody going to stop me from seeing my daughter, and ain't nobody going to stop me from spending time with her. If he don't like it, all he got to do is just leave and come back when I'm gone . . . he felt as though that she was disrespecting because she was sitting downstairs talking to me about the baby, cause my daughter's birthday party is next Monday. We sitting down there, me and her and the baby, we down there trying to figure out what we going to get the baby for her party and who we inviting and all this. But he feel as though she disrespecting him by sitting down talking to me. He fail to realize that she putting our daughter before him and that's one thing he don't like is her putting my daughter before him. I rather her put my daughter before him than put him before my daughter, I have told her that.

core of reputational attributes to respectability ones. While the BM/LMC was not used in the planning and implementation of the HMHFP, as we shall soon see, many of its interventions have the BM/LMC's goal of masculine gender transformation.

The second conceptual framework used to interpret the life history component of the HMHFP is the Social Ecology Model of health education and health promotion.¹⁷⁻¹⁹ The main emphasis of the Social Ecology Model is that to be effective, health promotion and disease prevention programs need to move beyond a traditional dominant emphasis on individual behavioral change to include change at several levels, including the following¹⁷:

1. Intrapersonal factors, which are the characteristics of the individual, such as attitude, knowledge, skills, or intentions to comply with certain behaviors;
2. Interpersonal factors, which are relationships with others that are important sources of influence in the health-related behaviors of individuals;
3. Institutional or organizational factors, which include the influence played by organizations on individuals' health-related behaviors;
4. Community factors, which are the physical, sociological, and geographic structures to which the individual belongs and that play a role in determining one's behavior;

5. Public policies, which are the policies, procedures, and laws that have an impact on one's situation, and thus on one's behavior.

In this report, we are replacing the last category, "public policies," with that of "broader structural and social factors," which includes policies but also factors such as employment opportunities, discrimination, and other structural factors.

INTERPRETATION OF STUDY FINDINGS

In his definition of masculinity transformation, Whitehead called for male-based intervention programs that move males away from a behavioral and attitudinal core dominated by reputational attributes to a masculine core that emphasizes respectability attributes.¹² While the BM/LMC was not used in the planning of the HMHFP, our analysis of its interventions reveals many of the masculine transformative elements found in Whitehead's model.

First, the HMHFP attempted to address the respectability attribute of economic provider through the following program interventions: (1) enhancing program participants' education and job readiness through providing GED classes so that they could gain their high school equivalency certification; (2) providing

an employment initiative offering opportunities to learn a trade and earn a living at the same time; (3) providing one-on-one and group discussions related to life planning, goal setting, and evaluation of progress; and (4) encouraging the participants to provide material support to the household in which the pregnant woman or mother and child live, regardless of the residence of the father or the status of the relationship between the mother and the father.

Second, the HMHFP sought the development of "respectable" concepts of fatherhood and involvement in (1) the prenatal process by making prenatal visits, providing support and encouragement to the mother, and helping her in her behavioral choices (infant feeding practices and family planning, for example) and (2) nurturing, teaching, disciplining, and supporting their children as they grow and develop. These 2 interventions assisted participants with the development of strategies and skills associated with parenting and familial relationships with or without the conjugal bond.

Finally, the HMHFP sought to help men develop a sense of manhood, in relation to both males and females, not based on such reputational attributes as competition and domination but based on social negotiations and cooperation. The program's overall goal was to achieve what is referred to in the BM/LMC as a more favorable sense of the

masculine gender self as a complete and sustainable transformation. The most pressing intrapersonal difficulty in this transformation from reputation to masculine respectability was overcoming drug addictions; the intervention employed included counseling and referrals to detox and treatment programs.

Numerous situations and issues described by the men could be interpreted as challenges to their progress in achieving the goals set by the program and by the men themselves. For some of the men, undesirable situations and issues actually intervened and disrupted their progress, while for others they were recognized and avoided. The main areas in which their progress was obstructed or threatened included overcoming addictions, becoming a financial provider, becoming the type of father they want to be, and male–female relationships.

We turn now to social ecology as a frame of reference (intrapersonal, interpersonal, community, organizational, and broader societal and structural issues) to further describe these challenges.

In the intrapersonal area, issues related to self-concept and self-esteem continued to plague some of the men. The origin of problems with self-concept can be traced back to the childhood of some of these men. Histories of abuse or neglect from parents, particularly their own fathers, have left some of the men shattered emotionally. Continued messages to these men from their own families, neighbors, communities, and society at large reinforce the idea that they are “no good.” The HMHFP greatly benefited some of the men by providing a supportive forum for them to air their hurts and frustrations without being judged.

So its like, right here, you can come in here, you can come off the street and we don't even have to know you . . . and we gonna treat you like you've been here for a long, long, time. You come in here and say something that's really bothering you . . . but if you go somewhere else they might laugh at you. (Curtis)

Yet the challenge for such programs as the HMHFP is still great. Some men did not seem to be able to take full advantage of various sessions, as the pain suffered during their experiences appeared to be too deep to allow them to freely discuss personal issues. Com-

ments from the men, observation of program activities, and informal interviews with staff suggested symptoms of clinical depression in at least 6 of the 12 men.

An important interpersonal issue described by the study participants involved negotiating coparenting arrangements so that the men not living with their children's mothers could be involved with their children. An issue here was the inability of a man to negotiate that all-important economic provider role as an expectation affecting access to the child. Even within intact relationships, perceived failure as an economic provider can create tension intrapersonally as well as interpersonally.

Right now I'm not working. Basically I've been home helping my wife with the kids, because when she was pregnant she had gotten real big, so she needed help with the kids and stuff like that. So, I was being helpful with the kids and everything, but sometimes I feel really bad. She pay all the bills by herself and that make me feel like I'm less of a man sometimes. (Samuel)

The 2 major challenges faced by program participants as they negotiated coparenting arrangements were (1) interpersonal and logistical conflicts and (2) problems associated with serial mating. With regard to the first problem, men cited (a) ongoing tensions with the child's mother, which some men defined as resentment or retaliation on the part of the females; (b) the influence of the child's mother's family or other primary support system member on the female; and (c) the logistical problems of the man getting to see the child because of the shared child practices of the child's mother's primary support system. Examples of men's comments in these areas are provided in the box on page 736.

Among African American men with characteristics similar to those of the HMHFP participants (low income, low educational level), a major barrier to involvement with their children is their tendency to have children and then move on to new partners. Relationships with their children's mothers are already hampered by their employment inadequacies. Serial mating, and in particular having children by multiple partners, only exacerbates this economic inadequacy, and in terms negatively affecting the abilities of these men to negotiate involvement with their children.

Participants in this study identified 2 types of problems related to serial mating in negotiating involvement with their children: (a) as a man moves to another partner, his relationship with his child by a former partner declines as his contact with the child's mother ceases; (b) as the child's mother takes on a new partner, this new partner does not want the presence of the child's father. Participant comments exemplifying these 2 points are provided in the box on page 737.

Some of the study participants were cognizant of the impact that multiple or serial partnering by parents has on their children. One study participant explained what the situation would be for his children if he and their mother lived separately and took on additional partners:

That's why I'm glad I'm here with them and really getting on with my life, because if I wasn't here, not saying or trying to down their mother, and this is not a bad compliment, but even with me, if we wasn't together no telling how many different people they would have in their lives and then they would be with me having many girls and their mother having so many men, and you know that would really confuse them. Even though if we wasn't together I would still be there for them the way I am now but it wouldn't be the same because we ain't there with them together and no telling what they would become especially if they don't have nobody to straighten them out.” (Jamal)

Another place for interpersonal relationship difficulties is the workplace. The study participants described what amounts to cross-cultural conflict and miscommunication that lead to threats to employment. Attitudinal and behavioral patterns to which they had become accustomed in their neighborhoods and familial networks, including expectations regarding “respect”²⁴ and “street” methods of dealing with conflict, do not translate well to the work environment, which has its own set of cultural rules and expectations. Several of the men discussed how they were resorting to strategies used on the street to deal with conflicts at work, an attitude that could threaten their employment. The following comments by Will describe how involvement in the HMHFP changed his attitude at work:

They taught me how to work with people, because I couldn't work with people, you know. . . . and they showed me that violence is

not the thing now. I was always getting into conflicts. You know, at first it was like if you said something to me, I would fly off the handle and be ready to fight. (Will)

Community issues related to the structure of American society seemed particularly relevant to men who were trying to overcome their problems with addictions. The inner-city communities in which program participants resided are those US urban neighborhoods that have long been inundated with drugs, particularly during the crack epidemic from 1985 to 1995. Many of these men had friends, family members, or acquaintances who were still involved in drug use or consumption. The community setting—certain people, hangouts, neighborhood conditions—made it difficult for these men to overcome their addictions. Participants often referred to the oft-quoted phrase from *Narcotics Anonymous*, “Gotta change people, places and things.” Some of the participants took the phrase to heart, as they tried to avoid community-related pressures by moving out of the neighborhood to less familiar areas where such pressures would not be as great. One study participant kept himself housebound to limit his exposure to what was going on right outside his front door.

A number of study participants described challenges that were based on even broader social and structural systems. The shortage of jobs with good pay and benefits was frequently mentioned, as well as racism and discrimination that make existing employment opportunities less available to African American males. Our study participants felt strongly that the way they were viewed by society was based on continued racist views. A full analysis of the life history transcripts strongly suggests that considerations of racism also affect how they view themselves, and significantly influence everything from their self-esteem to their perspectives on job opportunities.

The manner in which social services and child support enforcement are organized and administered was also mentioned as a factor that affected the men’s aspirations to be successful husbands and fathers. One man described how his partner was losing benefits because he lived in the same household with her to help her raise his children. Another described how his wages were being garnished

to pay for child support, but the funds did not reach his child’s mother. In short, these men expressed a strong sense of system-wide problems that they believed negatively affected their ability to function as successful fathers and “men” in general.

DISCUSSION AND RECOMMENDATIONS

The life histories of program participants reveal that their lives are embedded in a complex social ecology. While men responded to the program differently on the basis of their unique needs, backgrounds, and circumstances, they shared important patterns. The HMHFP should continue its comprehensive and tailored approach.

The program’s comprehensive approach tries to improve the functioning of its participants as partners and fathers at the intrapersonal, interpersonal, community, and wider society levels. However, there are still daunting challenges at each of these levels, and programs like the HMHFP have to find ways to more effectively address them if sustainable masculine transformation is to take place. The men themselves perceive these challenges. For example, comments from some of our study participants supported an attempt by the HMHFP to create an alternative community for the men, managed by the men themselves. An alternative community would reinforce the men’s need for masculine transformation while removing them from negative community-level influences as described in research on support groups and mutual aid groups.²⁵

Despite the supportive atmosphere provided by the program, for some participants a lifelong experience of pain seems to have created a hurt so deep that they still find it difficult to freely discuss personal issues. As noted, 6 of the 12 men may have been experiencing clinical depression. Working with men who require clinical services may require additional strategies. In many US communities, including some African American communities, mental illnesses are strongly stigmatized,^{26,27} and men, particularly men who are already targeted as having problems, may balk at anything that further stigmatizes them. In addition, mental illness could be viewed by some

as an indicator of weakness, and this is incompatible with male strength. For men who already have a weak sense of the gender self, admitting to and facing yet another indicator of weakness may not be acceptable.

According to all study participants, the HMHFP achieved some success in meeting objectives related to some of the participants’ interpersonal relationships. Those participants who were not residing with the mothers of their children improved on interpersonal relationships that could allow greater involvement in the lives of their children. For example, one participant, who complained that his relationship with his daughter’s mother was much more difficult than his relationship with his son’s mother, told how the program helped him:

But see [the HMHFP] also taught me how to deal with that—see being as though I had the type of attitude where I was the type of person that if you tell me constantly “don’t do something” I’m a do it. So if she constantly beefing with me and arguing with me, that just makes me don’t want to deal with her, so naturally I’ll just stray from my daughter. Nothing I did for my daughter was ever satisfactory for her. If I buy something, she needed something else, constantly. So that alone made me say “fuck it!” I don’t even want to deal with her, that’s the attitude I would take. But through [the HMHFP], telling them my situation with my daughter mother, they taught me how to deal with it, talk to her where as though [now] me and my daughter mother we have a good relationship. So me spending time with my daughter is not a problem, where it ain’t that negative vibe between me and her no more. (Devon)

However, there are greater challenges associated with the problem of multiple- or serial-partner parenthood, where a mother’s new partner may resent the child’s father coming around, even if the latter says that his only interest is in seeing his child. In the United States, where monogamy is culturally valued and legally mandated, sexual partners are not keen on former partners of their partners “hanging around.” The idea that 2 people were at one time sexual partners is an uncomfortable, awkward, and undesirable situation for most Americans. Tension revolves around the suspicion that a sexual relationship between the supposed ex-partners has not ended, or could always restart if the 2 are allowed ongoing contact. This problem is

more of an issue when a father is not clear as to whether his motivation is greater involvement with his child or continuing a relationship with the child's mother even though she has a new partner. The following expresses an example of this situation:

'Cause it's like she [his child's mother] wants to be with me, but she has a boyfriend and her and her boyfriend they going through a lot of difficulties because of me. He don't want me calling there, he don't want me coming down there to see my daughter, but like I told him, ain't nothing or nobody going to stop me from coming and seeing my daughter. (Thomas)

The pattern of serial and concurrent multiple-sexual partnerships has been broadly discussed in the abundant literature on low-income African American males. Within the BM/LMC model, concurrent multiple partnership is a product of reputational masculine attributes of sexual prowess, as well as the value of fathering children by multiple partners. In the many focus group discussions that were carried out in low-income communities in the Baltimore–Washington urban corridor during the early 1990s, Whitehead found such attitudes occurring most frequently among adolescent and young adult males.^{16–28} At the same time, he was impressed by the older or more mature men (35 and older) who would engage the younger men in discussions to demonstrate that the negative outcomes from such reputational behaviors far outweighed any benefits to the men committing them, or to anyone else.¹²

The HMHFP also attempts to meet challenges to program participants in the wider community and society. Efforts are made to get men to develop strategies to avoid community contexts that would exacerbate their drug problem, or that might get them into physical conflicts or legal trouble. For example, the program provides job readiness through GED and other job-training courses to enhance knowledge, skill development, and the development of positive attitudes toward work and workplace relationships. The program's employment-training program focused on many of the attitudes that people may carry with them into the workplace that harm their chances of success. It attempts to help men make cultural adjustments to new contexts that do not operate

under the same sets of standards that they may use in their neighborhoods and other more familiar environments.

That was like boot camp, but it was a good program though. It keep you aware of a lot of things I didn't know, ways to dress when you go on a interview, proper ways to talk and presenting yourself and teach you to deal with stress in a workplace environment. When I was working at the restaurant, being as though it was new, it was a real stressful environment, but the things they taught me I learned how to deal with them, instead of being like I usually would. If I had a conflict with an employee, I would take it up with the employee. Instead, I would [now] go to the manager and tell them I had a uncomfortable situation, "I'd rather for you to handle it instead of me." They taught you stuff like that. (Kenan)

The most daunting challenges for programs like the HMHFP, and the men who participate in them, are broader community and societal problems such as employment and social policies. The intrapersonal and interpersonal issues that have been discussed thus far can be overcome by facilitating attitudinal and behavior change in the men themselves. Furthermore, by institutionalizing these programs into community organizations and institutions such as places of worship, it is possible to build support for masculinity transformation in the population.

However, employment and policy issues are external to these men, frequently beyond their control regardless of what internal attitudinal and behavioral changes they make. Employment difficulties due to racial and class discrimination are not just a perception of males inadequate in the socially valued male role of economic provider; they have long been, and continue to be, a part of the American social fabric.¹

After decades of struggle against employer and union discrimination, African American workers finally broke through the discriminatory practices of American industries in urban areas following World War II. The presence of such industries in urban areas had always contributed to the development of local economies; they attracted a range of other businesses and opportunities and allowed local residents—now including African Americans—with just high school diplomas, and sometimes less, to earn a middle-class wage. These new opportunities contributed to the in-

migration of African Americans to the inner cities, a process that had been in place since the turn of the 20th century.

Yet just as African American men were able to take advantage of the employment opportunities provided by major industries, processes of social and economic restructuring were leading to the decline of industries and other employment opportunities or their movement of from the inner city.²⁸ Job opportunities offered by industries and other urban enterprises during the 1940s and 1950s moved to rural and other areas where cheap labor and no unions existed, or they moved to predominantly White communities created by federal housing and transportation policies.²⁹ As better-educated and higher-income African Americans found housing outside the inner cities, they too moved. Black as well as White flight from these lower-income communities led to a lower tax base for inner-city communities, a deterioration of public services, an increase in crime and violence, less accountability on the part of political representatives, and a general physical and social deterioration.³⁰ These processes made inner-city communities unattractive to new businesses or business investments. The crack epidemic emerged between 1985 and 1995, offering some African American males economic opportunities but also contributing to the further deterioration of these communities.

The recent history of employment and workforce participation among young less-educated African American men living in urban areas, even during a period of unprecedented economic growth, paints a sobering picture for future improvements. A recent publication on employment trends among young African American men, published by the Brookings Institution, documents a steady decline in both employment rate and labor force participation rate among young African American men during the past 2 decades.³¹ At the same time, employment rates and labor force participation rates for young African American women increased sharply. The report suggests that in addition to labor market trends, the declining rates of employment and labor force participation among young less-educated African American men may be related to (1) inadvertent effects of child-support enforcement policies on incentives to

work and (2) high crime and incarceration rates combined with growing fear of crime on the part of employers. Nevertheless, the report goes on to suggest that labor market conditions are still vital to improving the job prospects of this population.³¹

The revitalization of urban areas involves ongoing processes made possible through the work of community-based organizations, community development corporations, and partnerships between such organizations, government organizations, foundations, and the private sector. Even though urban improvement projects are often criticized for gentrification and the displacement of the urban poor, low-income males in urban areas who receive the proper education and training are able to take advantage of jobs thus created. Thus, the educational enhancement interventions offered by programs like the HMHFP should be continued and strengthened. They must not only help men to finish the GED but also provide them with the advanced training needed for job opportunities.

Finally, and perhaps most importantly, training and educational programs must be accompanied by opportunities for employment after training is complete—an important policy issue. The recent report by the Brookings Institution makes similar recommendations, including the use of a Youth Corps model to engage young men in full-time community service, training, and education.³¹ The creation of inner-city jobs should be linked structurally to programs like the HMHFP, and these programs must actively and continually strive to develop relationships with potential employers of their program participants. ■

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Contributors

R.E. Aronson designed and conducted the study and wrote the original draft. T.L. Whitehead and W.L.

Baber provided substantive input on the theoretical frameworks, background literature, and the article's organization. All authors participated in the writing and editing of the article.

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References

- Wilson WJ. *When Work Disappears: The World of the New Urban Poor*. Chicago, Ill: University of Chicago Press; 1996.
- Fullilove M, Fullilove R. Intersecting epidemics: black teen crack use and sexually transmitted disease. *J Am Med Womens Assoc*. 1989;44:146–153.
- Goldstein PJ. Analysis of drugs and homicide. In: Block CR, Block R, eds. *Trends, Risks and Interventions in Lethal Violence: Proceedings of the Third Annual Spring Symposium of the Homicide Research Working Group*. Washington, DC: US Dept of Justice; 1994. National Institute of Justice Research Report.
- Hamid A. The political economy of crack-related violence. *Contemp Drug Probl*. 1990;17:31–78.
- Harrell A, Peterson G, eds. *Drugs, Crime and Social Isolation: Barriers to Urban Opportunity*. Washington, DC: Urban Institute Press; 1992.
- Hicks BB, Wilson GA, eds. *Kids, Crack and the Community: Reclaiming Drug-Exposed Infants and Children*. Bloomington, Ind: National Education Service; 1993.
- Inciardi JA. Kingrats, chicken heads, slow necks, freaks, and blood suckers: a glimpse at the Miami sex-for-crack market. In: Ratner MS, ed. *Crack Pipe as Pimp*. New York, NY: Lexington Books; 1993:37–67.
- Jonnes J. *Hep-Cats, Narcs, and Pipe Dreams: A History of America's Romance With Illegal Drugs*. New York, NY: Scribner; 1996.
- Maloney-Harmon PA, Czerwinski SJ. Caught in the crossfire: children, guns and trauma. *Crit Care Nurs Clin North Am*. 1994;3:525–533.
- May JP. Feeding a public health epidemic. In: May JP, Pitts KR, eds. *Building Violence: How America's Rush to Incarcerate Creates More Violence*. Thousand Oaks, Calif: Sage Publications; 2000:132–137.
- Whitehead T. The "epidemic" and "cultural legacies" of black male incarceration: the socialization of African American children to a life of incarceration. In: May JP, Pitts KR, eds. *Building Violence: How America's Rush to Incarcerate Creates More Violence*. Thousand Oaks, Calif: Sage Publications; 2000:82–89.
- Whitehead T. Urban low-income African American men, HIV/AIDS, and gender identity. *Med Anthropol Q*. 1997;11:411–447.
- Freidenberg J. *Growing Old in El Barrio*. New York, NY: New York University Press; 2000.
- Rocheleau D. Gendered landscapes, gendered lives in Zambrana-Chacue, Dominican Republic. In: Guijt I, Shah M, eds. *The Myth of the Community: Gender Issues in Participatory Development*. London, England: Intermediate Technology Publications Ltd; 1998.
- Spradley JP. *The Ethnographic Interview*. New York, NY: Holt, Rinehart & Winston; 1979.
- Whitehead T. Expressions of masculinity in a Jamaican sugartown: implications for family planning programs. In: Whitehead T, Reid B, eds. *Gender Constructs and Social Issues*. Chicago, Ill: University of Illinois Press; 1992.
- McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q*. 1988;15:351–377.
- Richard LR, Potvin L, Kishchuk N, Prlic H, Green L. Assessment of the integration of the ecological approach in health promotion programs. *Am J Health Promot*. 1996;10:318–328.
- Stokols D. Translating social ecological theory into guidelines for community health promotion. *Am J Health Promot*. 1996;10:282–298.
- Whitehead T. Breakdown, resolution and coherence: the fieldwork experiences of a big, brown, pretty-talking man in a West Indian Community. In: Whitehead T, Conaway M, eds. *Self, Sex and Gender in Cross-Cultural Fieldwork*. Urbana: University of Illinois Press; 1986.
- Whitehead T, Peterson J, Kaljee L. The "hustle": socioeconomic deprivation, urban drug trafficking, and low-income African American male gender identity. *Pediatrics*. 1994;93:1050–1054.
- Wilson PJ. *Crab Antics: The Social Anthropology of English Speaking Societies of the Caribbean*. New Haven, Conn: Yale University Press; 1973.
- Stack C. *All Our Kin: Strategies for Survival in a Black Community*. New York, NY: Harper and Row; 1974.
- Bourgeois P. *In Search of Respect: Selling Crack in El Barrio*. New York, NY: Cambridge University Press; 1995.
- Wasserman H, Danforth HE. *The Human Bond: Support Groups and Mutual Aid*. New York, NY: Springer Publishing Co; 1988.
- Alvirez J. Ethnic variations in mental health attitudes and service use among low-income African American, Latina, and European American young women. *Community Ment Health J*. 1999;35:515–530.
- Biegel DE, Johnsen JA, Shafran R. Overcoming barriers faced by African-American families with a family member with mental illness. *Fam Relat*. 1997; 46:163–178.
- Lane R. Black Philadelphia then and now: the underclass of the late 20th century compared with poorer Africa-Americans of the late 19th century. In: Harrell A, Peterson G, eds. *Drugs, Crime and Social Isolation: Barriers to Urban Opportunity*. Washington, DC: Urban Institute Press; 1992.
- Massey D, Denton N. *American Apartheid: Segregation and the Making of the Underclass*. Cambridge, Mass: Harvard University Press; 1993.
- Wilson WJ. *The Truly Disadvantaged: The Inner City, The Underclass, and Public Policy*. Chicago, Ill: University of Chicago Press; 1987.
- Offner P, Holzer H. *Left Behind in the Labor Market: Recent Employment Trends Among Young Black Men*. Washington, DC: Brookings Institution; 2002.