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Urban African-American Men Speak Out on Sexual Partner

Concurrency:

Findings from a Qualitative Study

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Abstract

Sexual partner concurrency, which fuels the spread of HIV, has been hypothesized as a cause of higher rates of HIV among low-income, urban African-Americans. Despite this hypothesis, little is known about the phenomenology of partner concurrency. To address this gap in the literature, we recruited 20 urban African-American men from a public STD clinic to elicit their ideas about partner concurrency. Five themes emerged during focus group discussions. First, there was a general consensus that it is normative to have more than one sexual partner. Second, men agreed it is acceptable for men to have concurrent partners, but disagreed about whether it was acceptable for women. Third, although men provided many reasons for concurrent partnerships, the most common reasons were that (a) multiple partners fulfill different needs, and (b) it is in a man's nature to have multiple partners. Fourth, men described some (but not all) of the negative consequences of having concurrent partners. Finally, men articulated spoken and unspoken rules that govern concurrent partnerships. These findings increase knowledge about urban, African-American men's attitudes toward concurrent partnerships, and can help to improve the efficacy of sexual risk-reduction interventions for this group of underserved men and their partners.

Keywords

HIV/AIDS; sexually transmitted diseases; heterosexual transmission; African-American; men; partner concurrency

INTRODUCTION

Sexual network characteristics are important determinants of the spread of sexually transmitted disease (STD) epidemics; one such characteristic is sexual partner concurrency, where sexual relationships overlap in time. In mathematical models, sexual partner concurrency has been associated with the establishment of STDs in a population, with increasing the size of STD epidemics, and with increasing the speed at which STDs spread (Doherty et al., 2006; Ghani et al., 1997; Morris and Kretzschmar, 1995; Watts and May, 1992).

Surveys suggest that 11% of men and 12% of women in the general population engaged in partner concurrency in the past year and past 5 years, respectively (Adimora et al., 2002; Adimora et al., 2007). Among sexually active adolescents, 28% of males and 32% of females

reported partner concurrency in the last month (Ford et al., 2002). Higher rates of partner concurrency have been reported by unmarried individuals, those who are younger, African-American, Hispanic, have an earlier age of first intercourse, have a history of drug use, or have a partner who has been incarcerated (Adimora et al., 2002; Adimora et al., 2007; Adimora et al., 2004; Adimora et al., 2003; Kraut-Becher and Aral, 2003; Manhart et al., 2002; Nelson et al., 2007). Partner concurrency is associated with other sexual risk behaviors, including the co-occurrence of substance use and sex, receiving money for sex, and having a greater (overall) number of sexual partners (Adimora et al., 2007; Manhart et al., 2002; Nelson et al., 2007).

In addition, partner concurrency is associated with having a current or lifetime history of an STD diagnosis (Fenton et al., 2001; Gorbach et al., 2005; Kraut-Becher and Aral, 2003; Manhart et al., 2002; Rosenberg et al., 1999). It should be noted that partner concurrency does not place the individual who has concurrent partners at greater risk of being infected with an STD or HIV (i.e., beyond the risk conferred by having multiple partners); that is, the risk of STD infection for an individual with multiple partners is the same whether the individual has concurrent partners or serially monogamous partners (Morris, 2001). Rather, individuals who have concurrent sexual partnerships are more likely to transmit STDs to their partners (Koumans et al., 2001; Potterat et al., 1999), including HIV (Adimora et al., 2007; Adimora et al., 2006). Partner concurrency may be particularly important in the spread of HIV because of the heightened infectivity levels that are briefly experienced by a person newly infected with HIV (Pilcher et al., 2004). A newly infected person experiences heightened viral load immediately following HIV infection because a sufficient quantity of antibodies has not yet been produced to fight the virus. A serially monogamous individual, who would likely have only one sexual partner during this brief period of infectiousness, has a relatively high chance of transmitting HIV to this partner, but a much lower chance of transmitting HIV to subsequent sexual partners. An individual with concurrent sexual partners, on the other hand, would have a relatively high chance of transmitting HIV to all of his/her sexual partners during this brief period of high infectiousness (Epstein, 2007).

Sexual partner concurrency has been proposed as a possible reason for the high rates of STDs and HIV among African-Americans (Adimora and Schoenbach, 2002,2005), who report higher rates of partner concurrency than do Caucasians (Adimora et al., 2002;Adimora et al., 2007). Sexual partner concurrency may also help to explain the racial disparities in STD rates that remain after controlling for individual-level risk behavior (e.g., Ellen et al., 1998;Hallfors et al., 2007;Harawa et al., 2004;Harawa et al., 2003;Miller et al., 1999;Tanfer et al., 1995). However, little research has investigated African-American men's thoughts and attitudes toward sexual partner concurrency. The purpose of our research was to invite African-American men to share their thoughts regarding partner concurrency, to inform public health interventions.

METHODS

Participants

Participants were 20 African-American men seeking care at a public STD clinic located in an urban area in the northeastern U. S. Patients were selected to participate because they had engaged in recent sexual risk behavior including inconsistent condom use and sex with more than one partner or sex with a high-risk partner (i.e., a partner who had other partners, who injected drugs, or who had an STD). The men were, on average, 29.3 years of age (SD = 6.4 years, range = 20 to 41 years). Most (60%) had a high school education or less; most (65%) were unemployed. The majority of men (88%) earned less than \$30,000 per year. Two men (10%) were married, 17 men (85%) were single, and one man (5%) was divorced. Men reported an average of 3.9 (SD = 6.3) female partners in the past 3 months. No one reported having sex with men.

Procedures

African-American men seeking care at a public STD clinic were screened to determine whether they had engaged in sexual risk behavior (i.e., inconsistent condom use and sex with more than one partner or sex with a high-risk partner). Eligible men were invited to participate in a group discussion about circumstances that affect men's sexual health; they were told that groups would last 2 hours, food would be provided, and they would be reimbursed \$20 for attending. Those who agreed were invited to attend one of four scheduled focus groups. Some men had participated previously in a project investigating sexual health; others were recruited prospectively from the clinic.

Facilitators were two African-American men. The lead facilitator, a doctoral student in counselor education, had extensive experience in focus group facilitation; the co-facilitator had experience in group facilitation and sexual health. Before conducting the groups, both facilitators met with the principal investigator to discuss research goals and group facilitation techniques. They were also given a semi-structured manual to guide the group discussions, which included closed- and open-ended questions about relationships, condom use, health, STDs, masculinity, substance use, and the media. Questions about concurrent partnerships included: (a) Do you think men should restrict themselves to one sexual partner? Why or why not?; (b) Do you think women should restrict themselves to one sexual partner? Why or why not?; and (c) If you found out that your woman had other sexual partners, would it change things? Facilitators were encouraged to probe responses and ask open-ended follow-up questions.

Four focus groups were held at the clinic. Before beginning, facilitators explained the purpose, procedures, and ground rules (e.g., privacy, respect, and the right to speak), and obtained written, informed consent. Participants then completed a brief questionnaire to obtain information about demographics and sexual risk behavior. Each group lasted approximately two hours, and was audiotaped using a digital recorder. All procedures were approved by the Institutional Review Board.

Data Analysis

The recorded focus group sessions were transcribed and checked for accuracy. Grounded theory (Glaser and Strauss, 1967) was used to analyze the transcribed data. First, the transcript was divided into meaningful units. Each unit was assigned a code, often using the words of the participants, that summarized the meaning of each unit. From these codes, larger categories were developed, and codes were grouped together into these larger categories. Within each category, sub-categories were created; codes within each category were assigned to these smaller sub-categories. One coder took primary responsibility for the coding of units, the development of categories and sub-categories, and the assignment of units to sub-categories and categories. A second coder reviewed the coding, categories, and categorizations. Three co-authors were involved in generating ideas and themes based on the data. Throughout the coding process, codes, subcategories, and categories were constantly compared, and categories and subcategories were refined based on these comparisons. Consistent with Lincoln and Guba's (1985) notions of trustworthiness, we intentionally sought negative case data during the data analysis process.

RESULTS

Independent coding of the audiotapes and transcripts revealed five consistent themes related to partner concurrency.

1. It is Normative to Have More than One Sexual Partner

There was a general consensus that men would have concurrent sexual partnerships. Men gave many specific examples of times when they had sex with other women, despite having a main partner. One participant reported “I do got a woman and kids, and I’m still sleeping with other women. You know, it’s not like I’m sleeping with a lot of other women.” Only one of the 20 men reported being monogamous: “In my life I’m a one-woman man. I’m good with my woman. My woman do everything I need her to do and that ain’t much.”

Participants also thought that many women in their community had concurrent partnerships. Although most men did not give specific examples of their female partners having concurrent sexual partners, there was a general assumption that women would have multiple partners. One participant stated “I don’t see no one woman bein’ with one man,” and another said “you can’t trust her [a woman] to be just with you.”

Men reported living in a sexually permissive environment, with one participant stating “a lot of people sleep around...I just think everybody sharin’ everybody nowadays, that’s what’s goin’ on.” In addition, the men reported that women were often sexually assertive, having sex with men they barely knew, “grinding on” men in clubs, and pursuing men until the men agreed to have sex. One participant commented, “But nowadays these women is loose. They just as loose as the men, or looser.” In an environment of sexual permissiveness and female sexual assertiveness, men found it difficult to have sex with only one partner, with one participant explaining, “I can turn down one, two, three, four, five [women], and the sixth might get me.” Other participants expressed similar struggles to remain monogamous, “...one shorty in the club, them short dresses on, legs on, and all that, grinding on you all night, that’ll do it to you right there. You can be faithful all week to your girl, ‘till you go out that one night, and it’s a wrap, all that down the drain after that.”

2. Acceptability of Concurrent Sexual Partnerships

There was almost universal agreement among the men that it was not acceptable for women to have concurrent sexual partnerships. For a few men, this was due to a general belief that it was inappropriate *for anyone* to have concurrent sexual partnerships; however, even these men stated that being monogamous was not a realistic expectation for many people.

In particular, men expected their main partner not to have outside sexual partners. Many of the men said that if they found out their main partner had other partners, their relationship would change. One man said if his primary partner had sex with other men, he would retaliate by having sex with other women, stating “You catch your girl cheatin’. Back in the mind you’re like, okay, you know I’m cheatin’, but you know what, yours hurt me more, so I’m gonna go out here and start doin’ it to all these [women]...” Several men said if they found out their main partner had sex with someone else, they would begin using a condom with her. When asked what would happen if he found out his partner had sex with someone else, one participant replied “Would my relationship change? Yeah, it would change, because I don’t want to get no STD. So I’m going to put that jimmy hat on.” Although most men gave protection from STDs as the reason for using a condom after finding out that a partner had other partners, the use of a condom may also signal an end to trust or intimacy. One participant said of unprotected sex, “Cause that’s a precious thing to be able to give yourself to somebody unprotected....”

Despite having multiple partners themselves, many men said that if they found out their partner had other partners, their relationship would end. For some men, this reflected the concern that they would look foolish if they stayed in the relationship, whereas for other men leaving the relationship seemed to be related to a lack of feelings towards their partner, and an abundance of alternative, available women. One man stated, “Don’t matter to me, ‘cause if I feel like this,

if she got more than one partner and I'm not number one, I don't chase 'em, I replace 'em." However, other men reported that whether they would leave the relationship depended on the nature of the relationship. In particular, several men said that they would not be able to leave a relationship with the mother of their children. "I think if it's any old girl in the streets, damn right.... I kicked her right to the curb, she probably did the same to me, who cares.... But I could never to do it to, you know, the girl that got mine."

In contrast, some men acknowledged that if their partner had sex with someone else, they would accept it, because they themselves had outside partners. Some referred to this as "karma" stating, "What goes around comes around," while others referred to it as "respecting the game." One man said, "I just respect the game 'till I get my shorty cheat on me I'm gonna' be fucked up, you know what I'm saying, but I respect it 'cause I've been doin' it for a minute."

A few men provided reasons why they thought it was not acceptable for women to have multiple sexual partners. One man thought women should have only one sexual partner because a woman could get pregnant and transmit diseases to her child. When asked whether women should have just one sexual partner, this participant responded "I think they should. They've got a lot more goin' on than us. They've got a lot more goin on with their bodies than we do. 'Cause they could definitely walk away with unwanted baggage.... [her] coochie can push a baby out...it could come out with a disease, you know what I'm saying, she can get a disease and can't get rid of it." Another participant thought that having concurrent partners was unacceptable for both men and women but, because of societal norms (i.e., the double-standard), it was perceived as being even less acceptable for women. "I mean it definitely goes both ways. Society just sees it differently. I mean, [having multiple partners is] still wrong for a man, it's just more widely accepted by society.... I mean, it still makes the man a dog and the woman a ho, it's not, I mean there's no difference there, except for what society thinks of it."

In contrast to the consensus that it was not acceptable for women to have concurrent sexual partnerships, there was disagreement about whether or not it was acceptable for men to have concurrent sexual partnerships. Many men thought that having concurrent sexual partnerships was acceptable for men. When asked whether men should restrict themselves to having only one sexual partner, one participant responded, "No...'cause it's in a man's nature to be out there on the prowl for women. I ain't saying you gotta take everything that's thrown at you, but you ain't gotta restrict yourself to being with one woman...."

However, other men noted that, despite having had concurrent sexual partnerships, they did not think having multiple partners was the right thing to do. There was an inconsistency between ideal and actual behavior. One participant summarized the views of group members when, after being asked by the facilitator whether he thought men should have multiple partners, he said "we shouldn't be [having multiple partners], but we do it anyway." Although many participants explained why they thought men should have multiple partners, only a few gave reasons why men should have a single partner. One participant explained, "Well, it's the right thing to do... not only [for a] woman but to raise the kids if you have any and to try to mentor the children as best as possible." Another participant said that he would be hurt if his main partner had other partners, so he knew that she would be hurt if he had other sexual partners.

Some of the participants clarified that whether or not it is acceptable to have multiple partners depends on the nature of the relationship. In particular, these men thought that it was not acceptable for people who are in a committed, monogamous relationship to have multiple partners. When asked whether it was acceptable to have multiple partners, one participant replied, "If you go in with the understanding that it's a monogamous relationship it shouldn't

be okay.” However, if people were single or not in a committed relationship, then many participants thought it was acceptable to have concurrent sexual partnerships.

3. Reasons for Having Concurrent Sexual Partners

Men gave numerous reasons for having concurrent sexual partners. The most common reasons were: (a) it is natural (i.e., “in a man’s nature”), and (b) multiple partners fulfill different needs for men. Other reasons for multiple partners included: (c) men need variety; (d) men have had concurrent partners since ancient times; (e) men have multiple partners to try to find the right woman; (f) familial modeling; (g) having multiple partners makes you feel like a man; and (h) the fact that substance use leads to having multiple partners.

Human nature or, more specifically, “a man’s nature,” was expressed by many participants as a reason for having concurrent sexual partners. One participant observed that there was a struggle between trying to have only one sexual partner and man’s nature of wanting multiple sexual partners: “I’m starting to think like my man, it’s just in our manhood, because I’m busting my brains every day wondering why I can’t control some of the things....”

Others stated that different partners fulfilled different needs, and that no one woman could adequately fulfill all of a man’s needs. Men mentioned many different needs, including having someone (a) to take care of the home and children, (b) who fulfills emotional needs, and (c) who satisfies sexual needs. One participant explained “Some women may have qualities that other women don’t have. You know, one woman might be good at being a home-maker, she might have the qualities to take care of your kids, she might be able to cook you a good dinner and wash your clothes, but maybe she ain’t the freak you want in the bedroom...you can’t get what you need at Wal-Mart, you gotta go to Kmart.” In addition, women sometimes provided economic support to men because women were more likely to have a job. Although having someone to satisfy their sexual needs was important, men indicated that there were other reasons to be with women besides sex. One man said “You still have sex with all of them [female partners], but that wouldn’t be the [only] reason why you’re with [them].”

Participants also explained that they have concurrent sexual partnerships because men get bored with one sexual partner, and need variety. One participant stated “One partner just ain’t enough for me, you know, I like variety and most dudes, Black men like myself, they like variety.” Although not explicitly stated, these participants seemed to be referring to variety in their sexual lives. Some men gave an historical rationale for concurrent sexual partnerships, citing Kings in ancient times who had multiple sexual partners. One participant said “You said should we have more than one partner? Hell ya, we should. Back in the day, written in the Bible, ... the Kings ... had 20, 30 wives, why can’t I?”

A few participants reported having multiple partners to try to find the right woman, saying “I gotta test the waters because I gotta find one that is for me, you know, I gotta find one that’s for me.” However, for most participants, finding one partner did not seem realistic.

Several participants attributed multiple partnerships to modeling in their family or larger social environment. One participant stated “In my household, it wasn’t no just one person with one man when I was growing up. And it seemed like that condition, and it’s right on me, because I can’t seem to control it, you know. Maybe it was what I seen when I was growing up.” However, some participants thought that family environment could influence people to have only one sexual partner, saying “It’s your upbringing’ too ‘cause if your parents raise you that way or you’re around that environment, you know what I’m saying. I know people that stay on their kids like, you know, and they will be respectful to a woman....”

Two other reasons were cited by individual participants. One person stated that having multiple partners made him feel like a man. "It also goes back to where that's what makes you go get this woman, that woman, hit [i.e., have sex with] that woman, hit this woman, 'cause it lifts up your ego. I mean, you feel like the man." Another participant attributed having concurrent partners to substance use. "Like I said, that liquor man, and that self-control too...and [after drinking] you be thinking ... I'm going to go home with her and see what she's about."

4. Negative Consequences of Concurrent Partnerships

Several men acknowledged the negative consequences that could arise from concurrent sexual partnerships. Most of the consequences they mentioned were self-focused, and many were emotional. For example, a few men reported feeling guilty about having sex with other women. One man said "...when you do dip out, you feel guilty afterwards, but the first thing comes across your mind, ah, fuck it. And you do it anyway." Some men acknowledged that they would be very upset if their partner had sex with someone else. Implicit to this guilt is the idea of hurting a primary partner, but only one participant acknowledged that a woman may be hurt or upset if her partner has sex with someone else.

One man said that the prevalence of concurrent partnerships made him reluctant to get married. "These days I wouldn't dare get married... 'Cause somebody end up goin' to jail for killin' each other, you know what I'm saying, 'cause he slept with her or she slept with him, but we supposed to be under vows, under oath, we're married, you know what I'm saying." Finally, one man mentioned the emotional burden of dealing with the life stressors of multiple women. "You got to deal with the wife at home, and then if you don't want to hear her drama, baby girl across the way, she trippin' today. Now you goin' to see the other shorty, she trippin'...."

5. Rules Governing Concurrent Partnerships

Several men noted that there were spoken and unspoken rules governing concurrent partnerships. One participant stated, "So...a lot of relationships are not monogamous, but at the same time it's like there are some codes and some level of respect that people have..." Several participants said that if men had multiple partners, they should be open and tell their partners that they were having sex with other women. Participants also referred to having "mutual understandings" with women. Some of these mutual understandings involved an understanding that a condom would be used when either partner had sex outside of their relationship. As one participant said, "Me and my ex, we're not together, we have an understanding though. We sleep with each other. If you do anything outside of us, make sure you have that wrapped to keep that tight because that's our understanding."

Men said their female partners often know or assume that they are having sex with other women. However, one rule that seemed to govern many multiple partnerships was that outside partners were not acknowledged when someone was with their main partner. If a man was out in public with his main partner, and he saw one of his other sexual partners, he would not acknowledge her, and he would expect her not to acknowledge him. Similarly, if a participant saw a non-main sexual partner out with another man, the participant would not expect this woman to acknowledge him, nor would he acknowledge her.

Another rule associated with concurrent partnerships was that the men could not infect their main partner with an STD. One man said of his partner, "she always said, if you bring me somethin', I don't care what you do, but if you bring me somethin' here, you got a problem, all hell's gonna break loose." One participant noted that even if you are not in a committed relationship, you should protect your partners' health.

DISCUSSION

Results from this study provide important insights into urban, African-American men's attitudes towards concurrent sexual partnerships. First, men indicated that they often had concurrent partnerships, and believed that concurrent sexual partnerships are normative. Previous research has found that approximately 11% of men and 12% of women in the U. S. engage in concurrent sexual partnerships (Adimora et al., 2002; Adimora et al., 2007), a percentage which, although high, does not indicate that partner concurrency is normative for the general population. Although many men believed their female partners also had concurrent sexual partners, prior research has found poor agreement between an individual's beliefs about their partner and their partner's actual sexual behavior (Drumright et al., 2004; Lenoir et al., 2006). Future research might investigate women's beliefs and attitudes concerning partner concurrency. Research with other vulnerable population sub-groups and in other settings is also encouraged.

Second, men agreed that women should not have multiple partners, but disagreed about whether this practice was acceptable for men. Thus, some men (i.e., those who thought that multiple partners were acceptable for men but not for women) voiced a sexual double-standard, in which sexual activity is more acceptable for men than for women. However, other men thought neither men nor women should have multiple partners; therefore, not all men held a sexual double-standard. Previous research findings on the existence of the sexual double-standard have been inconsistent (Crawford and Popp, 2003), perhaps reflecting the fact that only some individuals hold this view.

Third, men gave many reasons for having more than one sexual partner. The modal reason was the belief that having multiple sexual partnerships was in a man's nature. This reason is consistent with an evolutionary perspective, where men are viewed as being genetically predisposed to prefer multiple sexual partners (Buss and Schmitt, 1993). Several men reported feeling guilty about having concurrent sexual partnerships; some men may have been able to lessen their guilt by rationalizing that having sexual partners was biologically driven, rather than a personal choice. A second common explanation was that multiple partners met different needs, corroborating Gorbach et al.'s (2002) notion of "compensatory concurrency," which refers to situations in which people seek out additional sexual partners because of a perceived deficiency in their main partner. It is interesting to note that only one participant mentioned that having multiple sexual partners was important to his idea of what it meant to be a man. This is in contrast to the literature that suggests that having many sexual partners is central to masculine identity (Kerrigan et al., 2007; Whitehead, 1997).

Fourth, some men recognized negative consequences related to having multiple partners, including guilt and distress, but few men described negative consequences for their female partners. This self-focus is consistent with a social exchange theory of relationships (Homans, 1958), in which individuals try to maximize their rewards and minimize their costs of being in a relationship, with little consideration for overall relationship goals or for the other person's rewards and costs. Men also were not fully aware of the increased risk for STDs resulting from partner concurrency. To our knowledge, this is the first study to report men's perceptions of the negative consequences of partner concurrency.

Finally, the men stated that multiple partnerships were governed by rules and mutual understandings. These rules included discretion about outside partners in the presence of a main partner, and protecting their partners' sexual health. To our knowledge, no other research has reported on the tacit rules that govern concurrent partnerships.

These results can be interpreted in light of Rusbult's (1983) theory of commitment in relationships. According to this theory, individuals are more committed to their relationships

when satisfaction with and investment in the relationship is greater, and when the perceived quality of available alternatives to the relationship are fewer (Rusbult, 1983). In particular, the numerous alternatives to these men's primary relationships, due to the low male-to-female ratio in the African-American community (Lane et al., 2004; McNair and Prather, 2004), may have led these men to be less committed to their primary relationships. Indeed, some men spoke as if ending their relationships would be relatively easy.

Other men, however, seemed committed to their relationships with their main partners or their children's mothers despite having concurrent partners. These men expressed unspoken rules governing multiple relationships (e.g., not acknowledging a non-steady partner in the presence of the main partner, not bringing home an STD to the main partner), apparently serving to protect the main partnership from ending. Some men indicated that it would be difficult to end main partner relationships, particularly if the partner was the mother of their children (perhaps because children reflected an investment in the relationship). In an environment such as the one these men described, where concurrent sexual partnerships are normative, the available alternatives may not be an important predictor of relationship commitment. Alternatively, it may be important to distinguish between any alternative and a desirable and available alternative (Floyd and Wasner, 1994); that is, although there may have been many available women, these women may not have been desirable as main partners. Future research might investigate commitment in relationships where at least one partner has other sexual partners.

These findings have implications for intervention development. Because partner concurrency occurs frequently, and has become an accepted practice for some individuals, interventions should provide information regarding how this practice elevates risk, especially for HIV. Clarifying the consequences of concurrent partners might motivate men to choose to have a single partner, reduce their number of sexual partners, or use condoms consistently. The consequences of men having multiple partners for women could also be discussed.

Information may be necessary but not sufficient to lead to behavioral change; therefore, efforts to discourage partner concurrency will need to address the reasons and motives for partner concurrency identified in this research, and to present counter-motives. Several strategies warrant investigation. For example, interventions might provide messages about personal and community responsibility, pro-health and pro-family masculinity messages (e.g., Marx, 2003), and African-American and community pride (Jemmott et al., 1992); men might discuss and reflect upon these motives and values, to challenge pro-concurrency attitudes. Sampling community-wide descriptive and injunctive norms may provide an empirical basis for challenging misperceived norms (i.e., pluralistic ignorance; Lambert et al., 2003). Such data can be also used as feedback in a motivational intervention to show the discrepancy between an individual's behavior and community norms and expectations (Kalichman et al., 2005). Stimulus control interventions can be used to help men to avoid situations in which they are vulnerable to casual sex "hookups," such as in club environments or when alcohol or other drugs are used (Kelly, 1995). Some men may benefit from skills training so that they are better prepared to refuse sexual advances, to use condoms, or to substitute lower risk behaviors (Kalichman, 1996). Social and structural level interventions might include condom distribution programs, media campaigns, (e.g., "Zero Grazing"; Epstein, 2007) and recruitment of popular opinion leaders to discourage concurrency (Kelly, 2004).

Negotiated safety, a practice in which both partners agree (a) to be tested (and treated, if necessary) for STDs, (b) to have unprotected sex with each other, and (c) to use a condom with any other partners, might be explored. Negotiated safety agreements have been used successfully by men who have sex with men (Guzman et al., 2004), but is less well-used by heterosexuals. Negotiated safety is not risk-free: partners can violate the agreement (Davidovich et al., 2000; Guzman et al., 2004) and condom misuse may lead to slippage or

breakage (e.g., Warner et al., 2008). Nonetheless, this strategy can help to prevent transmission of STDs and HIV (Gilbart et al., 2000). Negotiated safety was an implicit strategy cited in statements by men in our sample who discussed having an “understanding” with their sex partners, in which they agreed that they would not use a condom in their primary relationship, but it was not clear how explicit these understandings were. Negotiated safety would allow men to have concurrent sexual partners (which they thought would be difficult to eliminate), while also allowing them to maintain the intimacy of unprotected sex with their primary partner. However, the idea of negotiated safety may be met with some resistance by those men who expect their main female sexual partner not to have sex outside the relationship.

Several limitations of our study should be noted. First, the study was conducted with a small sample of men attending a public STD clinic; because of the sample size, our results may not be representative of all African-American men attending the clinic. However, by the time the final group was conducted, no new statements about concurrent partnerships emerged, indicating that “saturation” had been reached (Strauss and Corbin, 1998). A second limitation is that the results do not reflect the views of the larger community of urban African-American men. Men who attend a STD clinic, by virtue of their presenting symptoms, are a higher-risk sub-group; nonetheless, they are an important sub-group from an epidemiologic perspective because they play a disproportionate role in the transmission of STDs in a community. Third, because the primary purpose of our focus groups was to explore the views of African-American men, the sample did not include men from other racial and ethnic groups; lacking data from men of other racial and ethnic groups, we cannot draw any conclusions about whether the beliefs expressed here are unique to African-American men, or more universal. Fourth, it is possible that the face-to-face nature of the focus groups led some men to respond in a socially desirable way. Although possible, the quotes presented in this paper demonstrate that men were comfortable in the groups, trusted the facilitators (who were also savvy and empathic African-American men), and participated earnestly in the discussions; overall, the face-to-face nature of the focus groups did not appear to limit the men’s candor.

In summary, these qualitative data provide insights into urban, African-American men’s attitudes towards partner concurrency. In our sample, the practice of partner concurrency was intentional and common; men’s perception was that concurrency is normative. Given the benefits of partner concurrency (e.g., emotional and sensual rewards, and the material benefit of having a partner to take care of children), the belief that concurrency is normative, and the traditional definition of masculinity as involving sexual conquest (Marx, 2003), education alone is unlikely to be effective in encouraging safer sexual practices. Needed are culturally-sensitive and comprehensive behavioral interventions to address the informational, motivational, interpersonal, and social determinants of partner concurrency. Multi-level interventions, which have been effective for other health behaviors (Yach et al., 2005), may be appropriate; such interventions could involve partners, the community, health care providers, and the media.

Finally, it is important to state, explicitly, that interpretations of research findings (as we have done here) need to be conducted mindful of the larger societal context. It bears repeating that generations of African-American men, especially those residing in low-income urban environments, have experienced social disadvantage resulting from poverty, racial discrimination, an unfair justice system, and other social factors that, collectively, can lead to demoralization and self-damaging behavior (e.g., Lane et al., 2004; Treadwell and Ro, 2003). Therefore, we wish to make clear that our intentions in conducting this research and in preparing this paper are neither to “blame the victim” nor to encourage nihilism about this public health challenge; instead, our goals are to increase awareness of a sexual practice that fuels an epidemic of STDs, to illuminate possible psychosocial determinants of that practice, and to use this information to stimulate the development of more efficacious public health

interventions. Through research such as this, and through the development, implementation, and evaluation of culturally- and gender-tailored interventions, we hope to contribute to the effort to reduce the disproportionate burden of HIV and AIDS experienced by African-Americans.

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References

- Adimora AA, Schoenbach VJ. Contextual factors and the Black-White disparity in heterosexual HIV transmission. *Epidemiology* 2002;13:707–712. [PubMed: 12410013]
- Adimora AA, Schoenbach VJ. Social context, sexual networks, and racial disparities in rates of sexually transmitted infections. *Journal of Infectious Diseases* 2005;191:S115–S122. [PubMed: 15627221]
- Adimora AA, Schoenbach VJ, Bonas DM, Martinson FEA, Donaldson KH, Stancil TR. Concurrent sexual partnerships among women in the United States. *Epidemiology* 2002;13:320–327. [PubMed: 11964934]
- Adimora AA, Schoenbach VJ, Doherty IA. Concurrent sexual partnerships among men in the United States. *American Journal of Public Health* 2007;97:2230–2237. [PubMed: 17971556]
- Adimora AA, Schoenbach VJ, Martinson F, Donaldson KH, Stancil TR, Fullilove RE. Concurrent sexual partnerships among African Americans in the rural South. *Annals of Epidemiology* 2004;14:155–160. [PubMed: 15036217]
- Adimora AA, Schoenbach VJ, Martinson FEA, Coyne-Beasley T, Doherty I, Stancil TR, Fullilove RE. Heterosexually transmitted HIV infection among African Americans in North Carolina. *Journal of Acquired Immune Deficiency Syndromes* 2006;41:616–623. [PubMed: 16652036]
- Adimora AA, Schoenbach VJ, Martinson FEA, Donaldson KH, Stancil TR, Fullilove RE. Concurrent partnerships among rural African Americans with recently reported heterosexually transmitted HIV infection. *Journal of Acquired Immune Deficiency Syndromes* 2003;34:423–429. [PubMed: 14615661]
- Buss DM, Schmitt DP. Sexual strategies theory: An evolutionary perspective on human mating. *Psychological Review* 1993;100:204–232. [PubMed: 8483982]
- Crawford M, Popp D. Sexual double standards: A review and methodological critique of two decades of research. *Journal of Sex Research* 2003;40:13–26. [PubMed: 12806528]
- Davidovich U, deWit JBF, Stroebe W. Assessing sexual risk behaviour of young gay men in primary relationships: The incorporation of negotiated safety and negotiated safety compliance. *AIDS* 2000;14:701–706. [PubMed: 10807193]
- Doherty IA, Shiboski S, Ellen JM, Adimora AA, Padian NS. Sexual bridging socially and over time: A simulation model exploring the relative effects of mixing and concurrency on viral sexually transmitted infection transmission. *Sexually Transmitted Diseases* 2006;33:368–373. [PubMed: 16721330]
- Drumright LN, Gorbach PM, Holmes KK. Do people really know their sex partners? Concurrency, knowledge of partner behavior, and sexually transmitted infections within partnerships. *Sexually Transmitted Diseases* 2004;31:437–442. [PubMed: 15215701]
- Ellen JM, Aral SO, Madger LS. Do differences in sexual behaviors account for the racial/ethnic differences in adolescents' self-reported history of a sexually transmitted disease? *Sexually Transmitted Diseases* 1998;25:125–129. [PubMed: 9524987]
- Epstein, H. *The invisible cure: Africa, the West, and the fight against AIDS*. Farrar, Straus, & Giroux; New York: 2007.
- Fenton KA, Korovessis C, Johnson AM, McCadden A, McManus S, Wellings K, Mercer CH, Carder C, Copas AJ, Nanchahal K, Macdowall W, Ridgway G, Field J, Erens B. Sexual behaviour in Britain: Reported sexually transmitted infections and prevalent genital Chlamydia trachomatis infection. *Lancet* 2001;358:1851–1854. [PubMed: 11741624]

- Floyd FJ, Wasner GH. Social exchange, equity, and commitment: Structural equation modeling of dating relationships. *Journal of Family Psychology* 1994;8:55–73.
- Ford K, Sohn W, Lepkowski J. American adolescents: Sexual mixing patterns, bridge partners, and concurrency. *Sexually Transmitted Diseases* 2002;29:13–19. [PubMed: 11773873]
- Ghani A, Swinton J, Garnett GP. The role of sexual partnership networks in the epidemiology of gonorrhoea. *Sexually Transmitted Diseases* 1997;24:45–56. [PubMed: 9018783]
- Gilbart VL, Williams DI, Macdonald ND, Rogers PA, Evans BG, Hart G, Williams IG. Social and behavioural factors associated with HIV seroconversion in homosexual men attending a central London STD clinic: A feasibility study. *AIDS Care* 2000;12:49–58. [PubMed: 10716017]
- Glaser, BG.; Strauss, AL. *The discovery of grounded theory: Strategies for qualitative research*. Aldine; Chicago: 1967.
- Gorbach PM, Drumright LN, Holmes KK. Discord, discordance, and concurrency: Comparing individual and partnership-level analyses of new partnerships of young adults at risk of sexually transmitted infections. *Sexually Transmitted Diseases* 2005;32:7–12. [PubMed: 15614115]
- Gorbach PM, Stoner BP, Aral SO, Whittington WLH, Holmes KK. “It takes a village”: Understanding concurrent sexual partnerships in Seattle, Washington. *Sexually Transmitted Diseases* 2002;29:453–462. [PubMed: 12172529]
- Guzman R, Colfax GN, Wheeler S, Mansergh G, Marks G, Rader M, Buchbinder S. Negotiated safety relationships and sexual behavior among a diverse sample of HIV-negative men who have sex with men. *Journal of Acquired Immune Deficiency Syndromes* 2004;38:82–86. [PubMed: 15608530]
- Hallfors DD, Iritani BJ, Miller WC, Bauer DJ. Sexual and drug behavior patterns and HIV and STD racial disparities: The need for new directions. *American Journal of Public Health* 2007;97:125–132. [PubMed: 17138921]
- Harawa NT, Greenland S, Bingham TA, Johnson DF, Cochran SD, Cunningham WE, Celentano DD, Koblin BA, LaLota M, MacKellar DA, McFarland W, Shehan D, Stoyanoff S, Thiede H, Torian L, Valleroy LA. Associations of race/ethnicity with HIV prevalence and HIV-related behaviors among young men who have sex with men in 7 urban centers in the United States. *Journal of Acquired Immune Deficiency Syndromes* 2004;35:526–536. [PubMed: 15021318]
- Harawa NT, Greenland S, Cochran SD, Cunningham WE, Visscher B. Do differences in relationship and partner attributes explain disparities in sexually transmitted disease among young White and Black women? *Journal of Adolescent Health* 2003;32:187–191. [PubMed: 12606112]
- Homans GC. Social behavior as exchange. *American Journal of Sociology* 1958;63:597–606.
- Jemmott JB, Jemmott LS, Fong GT. Reductions in HIV risk-associated sexual behaviors among Black adolescents: Effects of an AIDS prevention. *American Journal of Public Health* 1992;82:372–377. [PubMed: 1536352]
- Kalichman, SC. *Preventing AIDS: A sourcebook for behavioral interventions*. Erlbaum; Mahwah, NJ: 1996.
- Kalichman SC, Cain D, Weinhardt L, Benotsch E, Presser K, Zweben A, Bjodstrup B, Swain GR. Experimental components analysis of brief theory-based HIV/AIDS risk-reduction counseling for sexually transmitted infection patients. *Health Psychology* 2005;24:198–208. [PubMed: 15755234]
- Kelly, JA. *Changing HIV risk behavior: Practical strategies*. Guilford Press; New York: 1995.
- Kelly JA. Popular opinion leaders and HIV peer education: Resolving discrepant findings, and implications for the implementation of effective community programmes. *AIDS Care* 2004;16:139–150. [PubMed: 14676020]
- Kerrigan D, Andrinopoulos K, Johnson R, Parham P, Thomas T, Ellen JM. Staying strong: Gender ideologies among African-American adolescents and implications for HIV/STI prevention. *Journal of Sex Research* 2007;44:172–180. [PubMed: 17599274]
- Koumans EH, Farley TA, Gibson JJ, Langley C, Ross MW, McFarlane M, Braxton J, St. Louis ME. Characteristics of persons with syphilis in areas of persisting syphilis in the United States: Sustained transmission associated with concurrent partnerships. *Sexually Transmitted Diseases* 2001;28:497–503. [PubMed: 11518865]
- Kraut-Becher JR, Aral SO. Gap length: An important factor in sexually transmitted disease transmission. *Sexually Transmitted Diseases* 2003;30:221–225. [PubMed: 12616140]

- Lambert TA, Kahn AS, Apple KJ. Pluralistic ignorance and hooking up. *Journal of Sex Research* 2003;40:129–133. [PubMed: 12908120]
- Lane SD, Rubinstein RA, Keefe RH, Webster N, Cibula DA, Rosenthal A, Dowdell J. Structural violence and racial disparity in HIV transmission. *Journal of Health Care for the Poor and Underserved* 2004;15:319–335. [PubMed: 15453172]
- Lenoir CD, Adler NE, Borzekowski DLG, Tschann JM, Ellen JM. What you don't know can hurt you: Perceptions of sex-partner concurrency and partner-reported behavior. *Journal of Adolescent Health* 2006;38:179–185. [PubMed: 16488813]
- Lincoln, YS.; Guba, EG. *Naturalistic inquiry*. Sage; Beverly Hills, CA: 1985.
- Manhart LE, Aral SO, Holmes KK, Foxman B. Sex partner concurrency: Measurement, prevalence, and correlates among urban 18-39-year-olds. *Sexually Transmitted Diseases* 2002;29:133–143. [PubMed: 11875374]
- Marx, J. *Season of life: A football star, a boy, a journey to manhood*. Simon & Schuster; New York: 2003.
- McNair LD, Prather CM. African American women and AIDS: Factors influencing risk and reaction to HIV disease. *Journal of Black Psychology* 2004;30:106–123.
- Miller HG, Cain VS, Rogers SM, Gribble JN, Turner CF. Correlates of sexually transmitted bacterial infections among US women in 1995. *Family Planning Perspectives* 1999;31:4–9. & 23. [PubMed: 10029926]
- Morris M. Concurrent partnerships and syphilis persistence: New thoughts on an old puzzle. *Sexually Transmitted Diseases* 2001;28:504–507. [PubMed: 11518866]
- Morris M, Kretzschmar M. Concurrent partnerships and transmission dynamics in networks. *Social Networks* 1995;17:299–318.
- Nelson SJ, Manhart LE, Gorbach PM, Martin DH, Stoner BP, Aral SO, Holmes KK. Measuring sex partner concurrency: It's what's missing that counts. *Sexually Transmitted Diseases* 2007;34:801–807. [PubMed: 17551413]
- Pilcher CD, Tien HC, Eron JJ, Vernazza PL, Szu-Yun L, Stewart PW, Goh L, Cohen MS. Brief but efficient: Acute HIV infection and the sexual transmission of HIV. *Journal of Infectious Diseases* 2004;189:1785–1792. [PubMed: 15122514]
- Potterat JJ, Zimmerman-Rogers H, Muth SQ, Rothenberg RB, Green DL, Taylor JE, Bonney MS, White HA. Chlamydia transmission: Concurrency, reproduction number, and the epidemic trajectory. *American Journal of Epidemiology* 1999;150:1331–1339. [PubMed: 10604776]
- Rosenberg MD, Gurvey JE, Adler NE, Dunlop MBV, Ellen JM. Concurrent sex partners and risk for sexually transmitted diseases among adolescents. *Sexually Transmitted Diseases* 1999;2008–212. [PubMed: 10225587]
- Rusbult CE. A longitudinal test of the investment model: The development (and deterioration) of satisfaction and commitment in heterosexual involvements. *Journal of Personality and Social Psychology* 1983;45:101–117.
- Strauss, A.; Corbin, J. *Basics of qualitative research*. Sage; Thousand Oaks, CA: 1998.
- Tanfer K, Cubbins LA, Billy JOG. Gender, race, class and self-reported sexually transmitted disease incidence. *Family Planning Perspectives* 1995;27:196–202. [PubMed: 9104606]
- Treadwell HM, Ro M. Poverty, race, and the invisible men. *American Journal of Public Health* 2003;93:705–707. [PubMed: 12721125]
- Warner L, Newman DR, Kamb ML, Fishbein M, Douglas JM, Zenilman J, D'Anna L, Bolan G, Rogers J, Peterman T. Problems with condom use among patients attending sexually transmitted disease clinics: Prevalence, predictors, and relation to incident gonorrhea and chlamydia. *American Journal of Epidemiology* 2008;167:341–349. [PubMed: 17989058]
- Watts CH, May RM. The influence of concurrent partnerships on the dynamics of HIV/AIDS. *Mathematical Biosciences* 1992;108:89–104. [PubMed: 1551000]
- Whitehead TL. Urban, low-income African American men, HIV/AIDS, and gender identity. *Medical Anthropology Quarterly* 1997;11:411–447. [PubMed: 9408898]
- Yach D, McKee M, Lopez AD, Novotny T. Improving diet and physical activity: 12 lessons from controlling tobacco smoking. *British Medical Journal* 2005;330:898–900. [PubMed: 15831879]