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African American women’s perspectives on “Down Low/DL” men: Implications for HIV Prevention

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Abstract

African American women are disproportionately affected by HIV. Some research has explored if non-disclosing men who have sex with men and women (MSMW) contribute to women’s HIV risk. Popular media discourse tends to refer to these men as “Down Low” or “DL”. Six focus groups were conducted with 36 African American women in Washington D.C. to examine their knowledge, attitudes, beliefs, and behaviours regarding “Down Low/DL” men. Three of the focus groups were composed of HIV positive women and three groups were composed of HIV negative women. Data analysis reveals six central subcategories related to women’s perspectives on the “DL”: awareness; suspicion; coping with partner infidelity: male vs. female; sexual health communication; empathy; and religion. No major differences were identified between the HIV positive and HIV negative focus groups. Findings from this study provide insight into African American women’s perceptions of African American male sexuality and how these perceptions serve to influence interpersonal relationship factors and women’s exposure to HIV risk.

Keywords

African American women; Down Low; Black masculinity HIV/AIDS; USA

Introduction

Among women living with HIV, African American women are disproportionately affected. Although only 14% of the total population of women in the USA, African American women account for two-thirds (66%) of new AIDS cases among women in the USA (Centers for Disease Control and Prevention [CDC 2007]. In 2007, HIV/AIDS was the third leading cause of death for African American women aged 35–44 years and the fourth and fifth leading causes of death among African American women aged 25–34 and 45–54 years respectively (CDC 2011). To date, heterosexual transmission is the leading source of HIV/AIDS transmission among African American women of all ages (CDC 2007).

The HIV crisis is of particular concern in the nation’s capital. According to the District of Columbia HIV/AIDS, Hepatitis, STD, and TB Annual Report (2010), the overall prevalence of HIV/AIDS is now 3.2% among Washington D.C. adult and adolescent residents – a rate three times that used by the World Health Organization to define a generalised epidemic; D.C. residents between the ages of 40–49 living with HIV have the highest rates of HIV/AIDS at 7,392.3 per 100,000 people or 15.6%. African Americans carry the burden of this disease more than any other racial/ethnic group with more than 75% of HIV infections in D.C. occurring among African American residents. The majority of cases are by way of male-to-male sexual contact. Heterosexual transmission accounts for the second highest

proportion of cases. Among heterosexuals living with HIV in the District, 89.3% are African American, while 59.8% of those are women.

Because many women report being unaware of any high-risk sexual behaviours by their male partners, some have hypothesised that men who have sex with men and women (MSMW) are contributing to the HIV risk exposure for African American women. Over the years researchers have raised concerns regarding the role that MSMW may have in the rates of HIV experienced among African American women (Chu et al. 1992; Hader et al. 2001; Montgomery et al. 2003; Prabhu et al. 2004; Lauby et al. 2008).

Moreover, views regarding HIV among outwardly heterosexual, non-disclosing African American MSMW who conceal their same sex behaviour from female partners contributes to a perception among mainstream media that these African American men are largely responsible for the high rates of HIV experienced among African American women (CNN July 2010; NPR October 2009; Phillips 2005; Millett et al. 2005; Malebranche October 2010; Malebranche et al. 2010). These men are often referred to as being on the “Down low” or the “DL”. The Down low or DL is a slang term that originated in the 1990s in the African American community that is used to describe information or activities that should be kept secret (CDC n.d.). However, research indicates that men who identify with the term “Down Low” do not primarily identify as heterosexual, do not engage in greater sexual risk behaviour with their female or male partners and are less likely to be HIV positive than non-Down Low identifying MSM (Bond et al. 2009). In addition, research finds that HIV positive heterosexual identifying black MSM are less likely to engage in sex with female partners than HIV positive gay or bisexual identified black MSM (Millett et al. 2005).

Much of the popular discourse surrounding Down low/DL can have negative consequences for heterosexual African American women. This discourse has the potential to overshadow more statistically probable modes of HIV transmission for women in favour of highlighting the bisexual bridge theory which emphasises sexual orientation as the primary cause for HIV in women (Millett et al. 2005; Malebranche et al. 2010) and not the failure to use barriers (condoms, dental dams, etc.) with sexual partners (regardless of sexual orientation) of unknown serostatus.

The purpose of this study is to examine African American women’s knowledge, attitudes, beliefs, and behaviour related to Down-low/DL men. We aim to build upon the recommendations of Ford et al. (2007), to examine how social constructions of African American male sexuality influence the interpersonal relationship factors of heterosexual, HIV negative and HIV positive African American women (Ford et al. 2007). These findings will provide greater insight into African American women’s perceptions of African American male sexuality and how these perceptions serve to influence heterosexual sexual health communication and women’s social construction of HIV risk.

Women’s perceptions regarding DL men

Since much of the scientific literature that addresses DL African American men has focused on the experiences primarily of men, little is known regarding African American women’s knowledge, attitudes, and behaviour relative to the “DL phenomenon. It is critically necessary to have a greater understanding of African American women’s perceptions regarding non-disclosing MSMW in order to have a more holistic dialogue concerning the social construction of African American male sexuality, and how this construction serves to reinforce HIV risk for African American females.

To our knowledge, only two scientific studies to date have been published which place women in the centre of analysis relative to their experiences and attitudes regarding

outwardly heterosexual, non-disclosing African American MSMW (Voetsch et al. 2010; Whyte IV, Whyte, and Cormier 2008). Voetsch et al. (2010) surveyed 2705 black female students aged 18 – 29 years from seven Historically Black Colleges and Universities (HBCUs) regarding their HIV risk perceptions within the context of MSMW (Voetsch et al. 2010). Of all the women surveyed 11% reported having sex with a bisexual man in the last 12 months. In comparison to women who did not report sex with a bisexual man, women who reported having sex with a bisexual man had higher individual risk profiles due to engaging in more risk behaviours including having 2 or more sex partners in the last 12 months and not using a condom at last vaginal or anal intercourse. In addition, 23% of the women who reported having sex with a bisexual man somewhat agreed or completely agreed that, “The biggest cause for the spread of HIV is the black men who are living on the down-low on campus.”

Whyte, Whyte and Cormier (2008) conducted in-depth interviews with 11 African American women aged 47–69 who reported being infected with HIV by their long-term male partners who they believe acquired HIV as a result of engaging in extra-relational sexual encounters with men (Whyte IV, Whyte, and Cormier 2008). In addition, some women reported being aware of male partner infidelity with women but were more distressed to learn of male partner infidelity with men. Whyte, Whyte and Cormier (2008) further conclude that women’s religious attitudes regarding homosexuality served to stifle communication surrounding their circumstances of HIV transmission (Whyte IV, Whyte, and Cormier 2008). Religiosity among African Americans has been found to play a significant role in HIV and homosexuality stigma within the African American community (Collins 2004). Collins (2004) further notes that the Black church has historically accepted the condemnation of homosexuals, which has served to justify the oppression of homosexuals by contributing to a culture of sexual silence surrounding matters of same sex behaviour and the spread of HIV within the African American community (Collins 2004).

Theoretical framework

Black Sexual Politics

The Black Sexual Politics perspective provides a critical framework for understanding issues of heterosexual interpersonal communication between African American women and men (Collins 2004). Black Sexual Politics is defined as, “A set of ideas and social practices that are shaped by gender, race, and sexuality that frame black men and women’s treatment of one another, as well as how African Americans are perceived and treated by others” (Collins 2004). Historically, Western perceptions of African American sexuality included the notion that women and men were hypersexual with untamed heterosexual sexual appetites. These social constructions of African American sexuality served to justify the subordination of African Americans during slavery and beyond. Furthermore, African American men are characterised as being hypermasculine with the propensity to engage in risky sexual behaviour in order to prove their sexual prowess and masculinity (Wolfe 2003; Collins 2004; Bowleg et al. 2011). The internalisation of a hypermasculine persona by African American men and women may contribute to the “impossibility” of homosexuality among African American males and could negatively influence heterosexual interpersonal communication regarding men’s same sex encounters.

Methods

Research design

Following approval from the Institutional Review Board of a private, urban research-based university, 36 participants from the Washington D.C. Women’s Interagency HIV Study (WIHS) were recruited to participate in 1 of 6 focus groups, between December 2007 and

August 2009. Three of the groups were HIV positive and three were HIV negative. Three groups had 6 participants each, and the others had 7, 8 and 3 respectively. The WIHS is the largest observational study of HIV-infected and at-risk HIV non-infected women in the USA with an original enrolment in 1994–1995 of 2,056 HIV positive and 569 HIV negative women (Bacon et al. 2005). WIHS study sites are located in Bronx, NY, Brooklyn, NY, Washington, D.C., Los Angeles, CA, the San Francisco Bay Area, CA, and Chicago, IL. Current WIHS enrolment for the Washington, D.C. site is 392 (210 HIV positive and 82 HIV negative women).

A simple invitation letter was sent to WIHS participants regarding a voluntary study. The specific topic and goals of the study were explained in more detail when the participants expressed interest in the study to the research staff and prior to the focus groups during the informed consent process. Participants were provided with transportation, refreshments and US\$40 cash as compensation for their time.

Focus groups were particularly well suited for this study because they are considered to be very useful for studying dominant cultural variables including dominant discourse regarding sexuality (Kitzinger 1995). Given that the term DL has been provided wide exposure in various mainstream media outlets to describe the same sex behaviours of outwardly heterosexual, non-disclosing African American MSMW, it has become a part of the dominant discourse regarding African American male sexuality (Marlon 2007; Battle and Barnes 2009), despite the fact that scientific research has identified that DL identifying African American men primarily do not identify as heterosexual (Bond et al. 2009). Thus, the term DL was used in the focus groups and will be used hereafter to refer to outwardly heterosexual, non-disclosing behaviourally bisexual men. The focus group discussion guide (see Table 1) was developed to obtain women's candid responses regarding their KABB relative to the Down Low/DL.

The main topics were always addressed in the focus groups. The interview guide was adjusted as needed depending on the collective responses of the women. The moderator (first author) added additional probes when necessary in order to facilitate emerging group discussions.

Participants

The mean age of participants was 45 years (range 25 – 60). Seventeen participants were HIV negative and 19 were HIV positive. Fourteen participants reported being never married, 6 reported being married, 9 reported being divorced or separated, 3 reported being widowed, and 4 indicated “other” as their relationship status. Twenty participants reported a household income less than US\$12,000 a year and 16 reported a household income greater than US \$12,000 a year. The majority of participants (n = 27) reported having a high school diploma. The remaining participants reported having less than a high school diploma.

Data Analysis

This analysis is based upon the framework approach which is both deductive and inductive because it allows categories and themes to develop both from the research questions as well as from the responses of the research participants (Krueger 1994; Rabiee 2004; Smith and Firth 2011). The framework approach consists of three interrelated stages including 1), data management; 2) descriptive accounts; and 3) interpretation to bring meaning to a situation or phenomenon. This approach was particularly relevant for this analysis given that we wanted to demonstrate the practical application of the Black Sexual Politics perspective within the context of African American heterosexual relationships. Upon completion of the focus groups, audiotapes were transcribed verbatim. Transcripts were imported into NVIVO 9

qualitative data analysis software to facilitate the coding process. Stage 1, data management of our analysis began with women's perceptions about the DL. Stage 2, descriptive accounts involved both authors immersing themselves in the data by reviewing transcripts line by line in an effort to summarise or describe the essence of participant statements. Data immersion allowed both authors to inductively identify subcategories in the data. True to the framework approach, in-vivo codes and author comments were added as memos and annotations to specific sections of text and were utilised to summarise participants' own words. In stage 3, interpretation, guided by the Black Sexual Politics framework we refined our thoughts through on-going discussions in an effort to arrive at a coding consensus, and to identify central subcategories in the data.

To increase credibility of research findings, member checking was employed. Study participants as well as the entire Washington D.C. WIHS population were invited to attend a presentation of preliminary results in order to comment on the interpretations made by the researchers. Study results were also presented to members of the WIHS national community advisory board. Participants identified with the data and orally confirmed that our interpretations accurately captured their knowledge, attitudes, beliefs, and behaviours regarding the Down-Low/DL phenomenon.

Data analysis reveals six major subcategories related to women's KABB related to the DL. Verbatim responses from the participants are used to illustrate the subcategories that arose from the focus group discussions. To assist readers in understanding the accounts of the women, serostatus of participants is noted as positive or negative. No major differences were identified between the HIV positive and HIV negative focus groups. Results are organised according to the questions, which were directly related to the main categories of knowledge, attitudes, beliefs and behaviours.

Results

Knowledge

Media and peer influences on DL awareness—The majority of participants indicated that they became aware of the DL term largely due to popular media through watching movies, reading books, or watching talk shows regarding the DL.

Negative Meagan: I knew about it. They mention it in this movie that we came to sit in... about the downlow.

Positive Tonya: Yeah, I read the book

Three participants indicated being unfamiliar with the exact term DL but reported being aware of the behaviour of men secretly having sex with men while in a sexual relationship with a woman. A quote from a positive participant represents this finding.

Positive Kim: I do know people that are on the down low, but I didn't know that's what it's called.

In addition to becoming aware of the DL through various media outlets some participants reported learning of the DL through their social relationships.

Negative Michelle: Because I had a girlfriend who got married...Little did she know, he'd had a past relationship with a guy, and he continued with that relationship....

Positive Alisha: ...It's very difficult to tell they are in a sexual relationship with another man.

When asked to explain the meaning of DL, the majority of participants expressed that DL refers to heterosexual identifying men who secretly have sex with men while in a primary relationship with a woman. The following account is representative of participants' definition of DL.

Positive Terri: The down low. He deals with a woman and a man .. He identifies as a heterosexual man, but he participates in bisexual ... or ...homosexual behaviours... But he's not out of the closet to you or me.

Attitude

Suspicion—Participants in each of the focus groups reported having suspicious attitudes toward potential male sex partners living in the Washington D.C. area and as a result, voiced concerns about engaging in a sexual relationship with a man from this locale. The following accounts illustrate women's perceptions regarding the prevalence of men engaged in DL behaviour in Washington D.C.

Negative Michelle: But my, my feeling about guys that are on the downlow is that anybody and everybody out there in the city of Washington, D.C. is suspect, as far as I am concerned [Other voice: that's true... Other voices of agreement] They're suspect.

Negative Brenda: I also dealt and don't trust my boyfriend because I heard in the past when he used to drink, that he used to be with men... I'm suspicious about him, wondering can I trust him, I mean, you know, should I be using protection, stuff like that.

The high rate of incarceration among African American men in their communities contributed to participants' suspicious attitudes regarding potential male sex partners. Participants suggested that many men engage in sex with men while incarcerated but do not share this information with their female partners upon returning home from prison. The following exchange between two HIV positive participants illustrates this finding.

Positive Angela: Yeah, yeah, a lot of young brothers... under 18 and jailies....They think they not able to get to women so they do it to guys in jail...

Positive Rita: Okay, say that you have a friend and he is on the down low in jail, but when he come outside... and some them fellows still hanging around that guy. So you saying that all of them may be a part of the, I mean, you know?

Positive Angela: Yes, ma'am they might be. They just might be...

Empathy

Although participants indicated that they would feel hurt and angry if they discovered their male partner was secretly having sex with other men, they also expressed feeling empathetic towards DL African American men. The empathy subcategory emerged during discussions in 3 of the 6 focus groups and was largely attributed to the societal stigma related to same sex behaviour, especially within the African American community. Several comments made by participants illustrate a general concern for the safety and well-being of DL men and emphasise the internal struggle that many men face regarding living up to mainstream ideals of black masculinity. Participants also commented on how internalisation of mainstream notions of black masculinity function to inhibit a man's willingness to speak openly about his same sex behaviour for fear of being judged and/or rejected by his female partner and the wider African American community.

Positive April: Let me say this, you have some people in the community that have a problem with these people's behaviour. Not just a problem with the sin itself, but a total problem with their behaviour, their lifestyle, everything about them. So they have a fear of coming out...

Positive Tonya: Education is very important. Unfortunately, there's still a real big stigma, for lack of information, ignorance. So you're talking about men who are HIV positive, you want them to come out of the closet, tell everybody I like men and women, and I'm positive, and cut their head off ... that's a lot to ask for.

Negative Rea: I get upset because, men on the downlow, and I think about AIDS, it touches my heart. ... I think it's all about the approach. We need to find a way for these people to be comfortable to talk to us and let us make our own choices and decisions.

Beliefs

What is this, Sodom and Gomorrah?—Participants in 3 of the 6 focus groups reported the belief that homosexuality is a sin based upon religious beliefs. Despite previously engaging in high-risk behaviour (substance abuse) herself, a negative participant was very critical of homosexuality and equated it to the biblical story of Sodom and Gomorrah.

Negative Deirdre: ...I was out there and among them... I can see it now, I stood on the sidewalk and I was looking at all these men and I was like what is this Sodom and Gomorra, I was pissed.

Alisha, a positive participant stated,

As a God-fearing person that I am...I'm a Bible person, and I believe what the Bible says. And I have not condemned you, the bible has already done that... But I'm only going from the scripture, from my god-fearing, god that I follow...I love the human being; I hate the sin.

Coping with partner infidelity: male vs. female—Participants were asked how they would respond if they learned that their male partner was being unfaithful with either another woman or a man. Women reported being more emotionally and socially equipped to cope with romantic betrayals if the other sexual partner is female rather than male. Participants reported that this belief is influenced by widely held sentiments regarding heterosexual gender norms regarding male and female sexuality, spiritual beliefs, as well as a lack of available men within the African American community.

Positive Donna: This Mandingo, the black man has to be the strong, you know, the macho. That's something from slavery, that's something from way, way back. That's something that's been embedded in us as a culture...

Negative Meagan: But, it is not okay for men to be sleeping with men. And so it hurts you even more because now you're ashamed. ...You're ashamed because your man is now no longer a man.

Negative Gladys: ...That men sleep with numerous women it doesn't sting as much. What society is telling you, it is not okay for a man to be sleeping with another man.

Negative Brenda: When you are living a heterosexual life you have a mind set on what your man is supposed to be...

The following exchange demonstrates how a perceived lack of male sex partners influences women's beliefs about partner infidelity with a man versus a woman.

Positive Rita: With the ratio being 7:1, that there may be another woman...My point is that, when I had the chance to be one of the females in his life, I chose to be his wife... I can deal with a woman. I can't deal with...I don't know if I can explain it...I mean, I would be angry if it's another woman, because it's infidelity.

Positive Paula: And if it's a man?

Positive Rita: It's a deeper cut.

Another participant voiced the belief that if her male partner was engaged in DL behaviour it would not necessarily be the end to her relationship with him because she has experienced much worse treatment from previous relationships. In addition, her spiritual beliefs regarding homosexuality contribute to an underlying assumption that homosexuality may be more of an affront to her spiritually in comparison to interpersonal physical violence.

Negative Mary: ... I have stayed with people that have done much worse things to me... Worse to sleep with a man? Well, spiritually, yeah, but is it worse to slap me or is it worse to, all that stuff. It all depends on where y'all is.

Behaviour

Sexual health communication practices—Participants gave varying responses regarding their sexual health communication strategies with existing or potential male sex partners. Some expressed the importance of asking direct questions regarding a potential mate's sexual orientation and/or HIV status, while others expressed engaging in more indirect methods of communication.

Author: Would you ask about whether he is or is not positive?

Positive Participant: I am not going to ask him, I am going to let him know about me see, because it is up to him to tell me. I am not going to worry about what he do because I am going to protect me.

Positive Kim: ...I don't know if I would ask, if I was to meet anybody I don't know if I would ask if they have ever been. It's on you if you want to tell me I just got to protect me.

The following exchange between three negative participants demonstrates the perception that some women may engage in indirect sexual health communication as a result of being financially dependent on their male partners.

Negative Deirdre: A lot of women stay in relationships or stay with men, they already know what's going on with the man, the sex is good, they don't want to go out and learn another man... so why not just stick with him.

Negative Pam: And sometimes it is financial. My roommate from college told me about ten years ago, she thought her husband was having a sexual relationship with a man and she said she was upset and angry and then she decided they may have to split up, but then she lives in a big beautiful community and a nice home and she says, "Oh no I am not giving up my home"...

Negative Deirdre: See, and that is the sad part about it because this mind set that we can't do without them.

Negative Rea: ...I was thinking when you said the thing about the house like, what would I do if I found out my mate was like that? At first I am thinking, peace, out. And then when you said that, I am like wow, I have bills.

A comment regarding direct communication indicates how cultural norms regarding male homosexuality might influence heterosexual communication. This comment suggests that effective sexual health communication involves women posing questions to their male partners in a way that does not infer any notion of male homosexuality.

Negative Michelle: I think a lot of times when we ask these questions to our Black men that's not the right question... We not supposed to say are you gay, it's, have you slept with a man or a woman. So, if you ask somebody you gay, you might get no, but if you say, do you sleep with other men, you might get yes.

The following passage from one HIV positive group illustrates the difficulty that some women may encounter when directly asking a potential partner about his sexual history. First, it illustrates that even when direct communication is engaged, a potential male partner may not be open about his sexual history. Second, this excerpt represents the internal debate that a woman may face regarding whether or not to ask about a potential partner's sexual history with men for fear of learning that he has engaged in DL behaviour and having to decide if she is willing to continue with the sexual relationship.

Author: When you meet somebody new, a new male partner, would you ask his sexual history?

Positive Paula: Of course.

Positive Andrea: If they'll tell you.

Author: Do you all specifically ask whether they've had sex with other men?

Positive Rita: Yeah, why not?

Positive Angela: I would, but I really wouldn't because I don't want to know the answer to that question, see. I really don't want to know. You know, like what if he goes there?

Positive Terri: Then you've got to go somewhere else.

Participants in an HIV negative group indicated that it is often easier to engage in direct communication with a male sex partner early in a relationship. The participants in this group commented on the importance of asking male partners about their sexual history with men and women.

Author: You both said yes you will ask your new partner, so how do you ask?

Negative Brenda: There is not beating the mulberry bush. You just have to.

Author: Did you ever ask?

Negative Gladys: Of course, you have to be direct. I mean, if you are just meeting someone.

Author: Tell me the question.

Negative Brenda: Have you had relationship with other men? Are you gay?

Author: So you all ask them if they have sex with other females before? Do you ask that, or do you just ask about men?

Negative Gladys: No, you ask... You ask how many partners.

Author: Female or male?

Negative Gladys: Female and male!

Author: Is it easy to ask these questions like, hey are you sleeping with other men? Is it that easy to ask?

Positive Tonya: If you want to know. If you do it, if you do it in the beginning of the relationship of course it is easy, he don't know you better than you know him and y'all just getting to know each other.

Discussion

Our findings highlight how the Black Sexual Politics perspective provides a meaningful framework for understanding the complexities associated with interpersonal sexual health communication between African American men and women. The practice of sexual silence surrounding homosexuality coupled with the social construction of black masculinity within the African American community influenced the responses of women in these focus groups. The interlocking oppressive forces of race, class, gender, and sexuality converged to construct and explain the realities of African American women within the context of their heterosexual relationships. For example, women reported how racialised images of black masculinity negatively influence their perceptions of male homosexuality and willingness to speak with their male partners about same sex behaviors, partially for fear of losing financial support from their male partners.

The women in this sample reported being aware of DL men and are concerned about the potential of becoming infected with HIV or re-infected with a different strain of HIV or another sexually transmitted infection as a result of engaging in sex with a DL African American man. Participant reports of awareness of the DL are consistent with mainstream media accounts of DL African American men. Although having awareness of DL African American men, some women reported not always engaging in direct communication with male partners about HIV status, sexual behaviour practices, and condom use history, thus demonstrating that awareness does not necessarily lead to safer sexual behaviours.

In addition to holding attitudes of suspicion regarding all potential male partners, participants reported having empathy for men who do not disclose their sexuality to female partners. This finding is supported by research which purports that due to the extended caregiving role often experienced by African American women they are likely to display more empathy for the social status of gay men (Lemelle Jr. and Battle 2004; Battle and Barnes 2009). Moreover, despite being placed at risk of exposure to HIV infection due to the high risk behaviour of some DL men, shared experiences of racial discrimination among African American men and women may contribute to women's empathetic attitudes regarding these men, even though some women reported the belief that homosexuality is a sin.

Women's beliefs regarding heterosexism, as reflected in their reports of being better emotionally and socially equipped to cope with partner infidelity if the other sexual partner is female rather than male, could place women at greater risk of infection due to serving as a barrier to effective partner communication. According to Black Sexual Politics when

African American men and women internalise the racial and gendered images produced by dominant society and subsequently develop a consciousness based on these ideas, they reify their oppression (Collins 2004). In addition, women reported understanding why men may not disclose their same sex sexual history but were simultaneously judgmental partially due to their religious beliefs regarding homosexuality. Furthermore, religion as outlined in the Black Sexual Politics perspective is a critical factor in influencing African Americans' beliefs regarding sexuality, especially homosexuality.

By placing more emphasis on sexual orientation and less on a male partner's condom use patterns in previous sexual relationships, many of these women may be missing important opportunities to engage in meaningful sexual health dialogue with male partners. This finding is in direct support of research, which reveals that African American women feel a greater sense of betrayal when their male partners engage in extra-relational sex with men in comparison to other women (Whyte IV, Whyte, and Cormier 2008).

Implications for women

Our findings underscore several important implications for African American women, mainly the important role they can play in facilitating open sexual health communication with male sex partners. Women's increased understanding of how their beliefs and attitudes regarding male homosexuality might influence the tone and direction of sexual health communication with male partners could promote effective interpersonal communication. Being non-judgmental and supportive when inquiring about same sex behaviours may assist women to elicit honest and accurate responses from male partners by facilitating a supportive space for men to speak openly with their female partners about their sexual history and sexuality. This is important to note because Mamary, McCright and Roe (2007) highlight how support from family and friends helps non-gay identified African American MSM avoid engaging in risky sexual behaviour (Mamary, Mccright, and Roe 2007).

It is essential that women ask questions regarding their male partners' sexual history early in a relationship in order to establish a baseline of information regarding partner risk. The following questions provide examples that women could use to spark conversations with male partners prior to engaging in sexual activities. What is your HIV status; have you had any STIs in the past six months; how many male partners have you had since your last HIV test; how many female partners have you had since your last HIV test; do you always use condoms with your sexual partners? It is also important for women to be aware of their male partner's incarceration history. This knowledge could enable women to tailor their sexual history questions to specifically inquire about sexual experiences, which may have occurred during imprisonment. In addition to open sexual health communication, the use of condoms for all heterosexual encounters could promote the sexual health safety of the women as well as their male partners.

Implications for health care providers

Health care and social service providers who care for HIV infected and at-risk African American women could help women to engage in direct sexual health communication with male partners by providing them with tools to facilitate sexual empowerment¹ and encourage women to talk early and often with their male sex partners regarding sexual history and sexual risk behaviours. Providers should also be aware of women's cultural values regarding same sex behaviours in order to assist them to become more comfortable speaking openly with male partners about MSMW sexual behaviour.

¹Association of Reproductive Health Professionals. <http://www.arhp.org/publications-and-resources/clinical-fact-sheets/sexuality-and-sexual-health>. (accessed June 12, 2012).

Limitations—This study has several limitations. First, it was an exploratory investigation and findings are not generalisable to all African American women. Although differences by HIV serostatus in women's knowledge, attitudes, beliefs, and behaviour were not apparent in this study, HIV serostatus is likely to influence women's perceptions surrounding non-disclosing MSMW, especially if the source of HIV transmission was from a man suspected, or known to be having sex with other men. In addition, the cohort effect may also serve as a limitation to this study. Women's perceptions regarding non-disclosing MSMW could be influenced by their participation in a longitudinal study regarding HIV/AIDS among women.

Conclusion

As voiced by the women in this study, the factors influencing non-disclosure of same sex behaviour of African American men to their female partners are multifactorial and complex. Women's perceptions regarding DL African American men are influenced by a multitude of broader socio-structural factors including mass African American male incarceration, intimate partner violence, heterosexism, and gender norms regarding African American masculinity. In an effort to promote more holistic public health discussions regarding the relationship of DL African American men to the HIV risk of heterosexual African American women, it is important to frame this discussion within these broader structural factors. Overall, our findings highlight the complexity of the internal struggle that women may experience regarding accepting and/or rejecting DL African American men. Increased consciousness regarding how the social construction of African American male sexuality can negatively influence heterosexual communication may serve to empower women to communicate more effectively with their male sex partners, which in turn could lead to a decrease in HIV and other sexually transmitted diseases.

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Table 1

Focus group guide

Questions	Category
<ul style="list-style-type: none"> • Have you heard the term “Down-Low” or “DL”? • How did you learn about this term? • What does “DL” mean to you? 	Knowledge
<ul style="list-style-type: none"> • Describe how you would feel if you discovered your partner was having a sexual relationship with another woman. • Describe how you would feel if your partner was having a sexual relationship with another man? 	Attitude
<ul style="list-style-type: none"> • Why do you believe some African American men might be on the “DL”? 	Beliefs
<ul style="list-style-type: none"> • When you have a new sexual partner do you ask his sexual history? • Is it easy to ask about your partner’s sexual history? • Do you specifically ask your partner if he has had sex with other men? • How do you ask this question? • Do you always use condoms with your partner? 	Behavior