PLAYING THE HAND THAT IS DEALT:
HOW STRUCTURE AFFECTS THE DISPROPORTIONATE RATES OF HIV/AIDS AMONG AFRICAN-AMERICAN WOMEN

by

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(Under the Direction of Leigh A. Willis)

ABSTRACT

Women are increasingly becoming the new face of AIDS, and the number of cases for women continues to grow with the rates for the African-American female population, in particular, growing exponentially. This paper argues that the external factors within the African-American community influence the individual-level behavior of African-American women, and thus, increase rates of HIV among them. In this paper, I seek to illustrate how condom use can be predicted among African-American women and in turn, how condom use is related to the HIV risk behaviors that influence the disproportionate rates of HIV among these women.

INDEX WORDS: African-American women, HIV/AIDS, habitus, social exchange theory, condom use

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DEDICATION

I would like to dedicate this work to some of the most important people in my life: my husband, William Prescott III and my three African-American female role models: my mother, Tori D. Walker and my grandmothers, Charlene Luckey and Sarah Bird.

To my Will: Though you had no idea what you were signing on for when we met, you have been my rock throughout this whole process. You were there to encourage me when I was not sure that I could make it to the end, listen to my endless complaints, and most importantly, love me unconditionally throughout it all.

Mommy: Where would I be without you?!?! You have been both a mother and a father to me, and your sacrifices for me, Kaity, and J.C. will never be forgotten. I am the woman that I am because of you, and thank you for always supporting my dreams and aspirations. My victories are your victories so I hope that this makes you proud.

To Ma and Grandma: Thank you for taking care of me and giving me what you could whenever you could.

I also dedicate this to my fellow African-American sisters who are in search of unconditional love, support, and acceptance in a world where the odds seem to be against us.

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I would like to thank my sister, Kaity, my brother, J.C., and my stepfather, Edren and the rest of my family for all of their love and support. I thank Priscilla McCutcheon for taking this rollercoaster ride with me. You are the one true friend that I found at UGA, and a friendship like yours is priceless. I also want to thank Edwina Griffin and Mark Ferguson for being my true blue friends for what seems like forever; you have always been there through the good, the bad, and the very ugly and have shared in my other special moments so this one is no exception. And Mark, thanks for ALL of the computer repair advice!

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CHAPTER 1

INTRODUCTION

June 5, 2006 marked the twenty-fifth anniversary since the first AIDS case was discovered in the United States, and there are now nearly 1.2 million people living with HIV/AIDS with approximately 40,000 new HIV infections every year (Centers for Disease Control and Prevention 2005). The disease has become a serious public health problem for all women (CDC 2005; Wingood and DiClemente 1997), and AIDS is now one of the leading causes of death among women, ages 25-34 (CDC 2005). African-American women are one of the fastest growing subgroups of new AIDS cases (Sobo 1995), accounting for an estimated 64% of AIDS diagnoses for women in 2004 while White women only accounted for 19% of AIDS cases (CDC 2005). In 2004, the rate of AIDS diagnoses for African-American women was about 23 times the rate for White women (CDC 2005).

Today African-American women have become the focus of social science research pertaining to HIV (Bowleg 2004; Sobo 1995; Wingood and DiClemente 1997). Despite many efforts to battle this epidemic among African-American women through HIV education, prevention, and intervention programs over the past ten years, they continue to be disproportionately affected by HIV, and the numbers are particularly alarming since AIDS was the leading cause of death for African-American women, aged 25-34, in 2002 (CDC 2005). This statistic is particularly important due to the fact that these women are in their prime childbearing years, and an HIV-infected mother may bear a perinatally HIV-infected baby. There is approximately a 25% chance that HIV-infected pregnant mothers will infect their offspring without antiretrovial therapy, and children are most commonly infected with HIV through perinatal transmission (CDC 2005). In an effort to prevent this disease from affecting the lives

of African-American women and their children, close attention should be paid to the structures within their communities that influence their of risk.

Contributions to the Literature

Billy, Brewster, and Grady (1994) note that little attention has been given to the impact of social context on a female's sexual behavior following her first sexual intercourse experience despite the fact that the frequency of sexual activity and consistency of exposure are important determinants in the transmission of STDs. There also has not been much emphasis put on how much cultural and social factors really count in the increasing rates of HIV among African-American women. In previous literature, the effects of these factors has been marginalized and attributed to other less significant variables, and as Heffernan (2002) suggests, the key to fully assessing the issue is addressing the causal mechanisms that involve the social structures. In an effort to address these issues, this study gives great consideration to age at sexual debut, the number of sexual partners since age 18, and religious background in addition to demographic measures for age, marital status, education level, and income.

Literature on African-American women tends to focus on African-Americans as a whole while not accounting for the ethnic differences that exist within this population. In considering ethnicity, this study only focuses on non-Hispanic Black and White women. This was done because of the assertion that non-Hispanics will differ in some cultural and ethnic factors from a Hispanics, and thus, may develop a different habitus and engage in social exchanges in different ways.

Purpose of the Study

For this study, I seek to answer the following research question: how does the structure of the African-American community influence the disproportionate HIV rates among African-

American females? The purpose of this study is to show how these elements affect the elevated rates of HIV among African-American females. I will investigate the theoretical link between condom use and contracting sexually transmitted diseases (particularly HIV) in an attempt to better understand why this epidemic among African-American females.

This paper begins with a review of literature regarding the increasing rates of HIV among Black women. I will address the theoretical concepts of Pierre Bourdieu's habitus and Peter Blau's theory of social exchange to examine the role of structure at the individual level. Then, the structural factors such as African-American heterosexual relationships, income, partner availability, societal expectations, and sexual mores will be described and how they affect African-American female and male sexuality. In an effort to synthesize the theory with the structural factors, I will discuss how habitus ultimately shapes the lives of African-American women and its effect on their social exchanges with African-American men and state the hypotheses for this study. To follow, I will discuss the data and methods, the analysis employed, and share the study's results. Finally, the discussion and conclusions are given.

CHAPTER 2

LITERATURE REVIEW

African-American Women and HIV

Generally, African-Americans are being infected by the HIV virus and other sexually transmitted diseases (STDs) at significantly higher rates than people of other races (Centers for Disease Control and Prevention 2004). While HIV/AIDS infection may be described as a *pandemic* issue globally (Berger 2004), it has become an *epidemic* within the African-American community. While African-Americans make up only 12.3% of the population in the United States they account for approximately 50% of new HIV/AIDS diagnoses (CDC 2005). Heterosexual contact is the leading cause of infection among African-American women with 78% of African-American females having contracted the virus from heterosexual contact, and there are no confirmed cases of female-to-female sexual transmission to date (CDC 2005). Though these women are mainly contracting HIV through heterosexual activity, the same cannot be said for their male counterparts; statistics show that the leading cause of HIV infection for African-American men is homosexual sex.

Injection drug use (IDU) is another very important factor in HIV transmission among African-American women. IDU is the second leading cause of HIV infection among these women with 9% becoming infected by this means. Nineteen percent of African-American men are infected through IDU, making it the third leading cause of infection among these men. These statistics highlight the prevalence of drug use in the African-American community and how it perpetuates the increase of HIV rates within the community. These statistics affect the lives of African-American women and the decisions that they make for themselves. In addition, their lives are also affected by the cultural, economic, and opportunity structures in their community.

These structures serve as powerful sources in establishing the habitus of African-American women and determining how they will engage in social exchange interactions with African-American men.

Bourdieu and Habitus

French theorist Pierre Bourdieu made a significant contribution to the focus on power within French social theory. His view of power and its reproduction concentrates on the economic, social, and cultural capital as resources to power (Munch 1994). Attempting to explain how social structure and culture are reproduced in society (Willis 2000), Pierre Bourdieu developed his theory of social action which describes the relationship between society and its development (Munch 1994). For the purposes of this paper, I will only briefly discuss Bourdieu's theory of social action while focusing my conversation heavily upon the key concept of habitus.

Praxis, Class, and Habitus

Bourdieu defines habitus as "systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures" (Blau 2002:277). Habitus embodies the principles of socialization and individuation (Wacquant 2004). Through socialization, the subject takes an objective point of view of the world, and he acquires a set of social views that are realized through praxis (or social action) (Willis 2000). The influences of the subject's surrounding structures (i.e. family, social class, education) become internalized within the subject, not just within the mind but specifically within the body, through routine, habituation, and repetition. These unthinking processes allow actions to become second nature to the subject, and thus, "forgotten as history" (Blau 2002:280) creating a history of given conditions embodied within him. At the same time, however, this loose set of guidelines within the body allow for a

great deal of freedom in one's potential action as these are not strict guidelines that one *must* adhere to, and thus, permits for individuation. Throughout his lifetime, the subject will generate actions seeing what works and what does not based on history and adjust accordingly, and over time, the process becomes naturalized within the subject.

Just as with praxis, there is also an individual habitus and a class habitus. On the whole, people who are members of the same class tend to have the same social or group habitus since they tend to have more common life experiences than those people from other classes. We, however, would be remiss to believe that "all (or even two) members of the same class…have had the same experiences, in the same order" (Bourdieu 1990:59-60). Here, we must be reminded that each individual also has his own habitus (which includes his personality) which mediates between his spontaneity and group habitus. Furthermore, Bourdieu (1990:60) states that:

> the singular habitus of members of the same class are united in a relationship of homology, that is, of diversity within homogeneity characteristic of their social conditions of production. Each individual system of dispositions is a structural variant of the others, expressing the singularity of its position within the class and its trajectory. "Personal" style, the particular stamp marking all the products of the same habitus…is never more than a deviation in relation to the style of a period or class, so that it relates back to the common style not only by its conformity…but also by the difference that makes the "manner".

Therefore, the unique process by which each individual internalizes his external surroundings produces his personality and in turn, reproduces his social habitus (Münch 1994).

To illustrate the concept of habitus, let us use the example of a teenage female virgin who is being pressured by her boyfriend of one year to have sex; he seems frustrated that they are not having sex, and she thinks that he may leave her. Through the influence of external structures such as her family, her Catholic schooling, and religious upbringing, the individual has internalized these rules that her social habitus have established. She has learned that premarital

sex is immoral and that she should wait until she is married to lose her virginity. Her personality traits include intelligence, self-sufficiency, and independence. Given the logic produced within her group and individual habitus and her loose guidelines in her social habitus, the teenager is provided the ammunition to reach the best decision for her. "…The dispositions (or habitus) of individuals determine which rewards are particularly salient for them and thus to whom they will be attracted." (Blau 1994:99) Overall, an individual's habitus has implications on their behavior as the habitus heavily influences their social actions which Bourdieu conceptualizes as Praxis.

Praxis is described as the "internalization of externality and externalization of internality" (Wacquant 2004). Serving as a mediator between individual action and societal development, praxis both constrains and enables the individual because he is both producing and reproducing cultural, economic, and social structures within society (Münch 1994). Each person has his own individual praxis, and the sum of the individual praxis creates a larger social praxis, or social action. Münch (1994) gives an example of the process of praxis when describing a worker who not only acts individually but also takes part in contributing to the larger whole (i.e. his workplace) to produce and reproduce economic wealth within society. The process of praxis, however, is not innate in individuals; praxis is heavily influenced by another important concept in social action: class (Willis 2000).

We can use the example of the worker to discuss class. Early in life, the worker learns about society and his place in it through his interactions with other individuals. As an individual, the worker discovers that he is also a member of various groups because of his similarities to these other individuals. He is a member of a group of workers within the workplace. Since they may make the same salary, they may fall in the same class position. Some of them may even live in the same neighborhoods, be apart of the same social organizations outside of work, or

belong to the same church. These similarities place them in the same groups, strata, and/or classes but also differentiate them from other groups, strata, and classes. It is through these differences that power is demonstrated, and the concept of class becomes highlighted since class establishes privileges and limitations in each individual's life, and thus, determines one's position in society.

Bourdieu's discussion of habitus is important to this study because the various structures within the African-American community determine the habitus of African-American women, and thus, determine their opportunities for social exchanges with African-American men. Through socialization, these women acquire a flexible set of guidelines that dictate their lifestyles. The internalization of these guidelines in combination with the process of individuation influence how they will function within society, producing social action. This discussion now brings us to how social action plays out in the social exchanges between African-American women and men.

Blau and Social Exchange Theory

Seeing a similarity between economic transactions and social interactions, Peter Blau developed his approach to exchange theory in Sociology. Ultimately, the hedonistic nature of individuals dictates that they will maximize their rewards and minimize their costs in any exchange. Blau (2002:99) determined that "social attraction is the force that induces human beings to establish social associations on their own initiative and to expand the scope of their associations once they have been formed." Simply put, individuals seek out social relations that will result in expected rewards. That reward can be as simple as a friendship, a possible job connection, or it may even be a romantic relationship. In order to engage in this exchange (and thus, reap the benefits of it), the individual will attempt to make himself appear to be an

attractive option to the person he hopes to exchange with. The other person's mutual attraction, however, depends on how rewarding she anticipates this exchange will be. In an equitable two-party exchange, both parties are aware of how the other party will benefit from a given transaction. The following equation illustrates this transaction:

$$\alpha yY - \alpha xX = \beta xX - \beta yY$$

where αx and αy represent the unit value of the resources x and y to person A and βx and βy represent the same for person B (Cook and Emerson 1978). Equity, however, disappears when the concept of power is introduced to the equation.

Power is introduced to exchange theory in situations where there is an imbalance in exchange (i.e. a person needs something from someone who does not need anything in return). If this person is unable to reciprocate the favor in some way, he becomes a subordinate of that person which supplies the person with a generic social reward (Blau 2002). As exchange processes take place, differentiation of power comes into play. "A person who commands services others need, and who is independent of any at their command, attains power over others by making the satisfaction of their need contingent on their compliance." (Blau 2002:100) Blau (2002) says that this principle can be seen from the most distant social relations through the most intimate. If, for instance, a woman is trying to get a promotion, she will try to make herself appear to be the best woman for the job. Here, her boss has the power because he can supply her with what she wants (the promotion), and consequently, has the upper hand. The employee must make her efforts impressive enough for her boss to promote her. If, however, her coworker is also trying to get the same promotion and also trying to impress the boss, the boss gains even more power because now there are two people who are trying to reap the benefit of getting the promotion through exchanges with him. The boss can handle the situation in two ways: (1) he

can make fair demands of each employee to see who would be the best candidate for the promotion, or (2) he can exploit this power and make unreasonable demands of each employee to see who wants the promotion the most.

In the following section, I will briefly describe the areas of African-American women's lives that are affected by their upbringing and determine the power dynamics that exist between them and African-American men.

African-American Heterosexual Relationships

African-American communities and families are generally characterized by having strong ties. Unfortunately, these strong ties do not appear to extend into the relationship realm. The "love and trouble tradition (of) Black women's relationships with Black men" (Hill Collins 1991:183) has been described using such words as: chaotic, weak, fragile, fractured, disastrous, and embattled (Pinderhughes 2002), and an obvious tension exists between them in both romantic and non-romantic relationships due to the ever-present sexism within the community that many choose to turn blind eyes to (Douglas 1999). Butler (2000:5) says that African-Americans "have been socialized as men and women to be unequal players in relationships. Rather than giving one another full support, (they) support each other selectively." Researchers say that there are various sources for the anxiety and instability that exists among African-American men and women: "the economic impotence of many Black men, the stereotyping of Black women, the relationship between love and self-esteem, the viability of marriage in postmodern society, and the issue of gender in relationships" (Hill 2005). Research has found that marriage occurs when there are positive gains from being married and the partners believe that it is more beneficial to be married rather than single (Lichter, LeClere, and McLaughlin 1991). Given aforementioned issues, it is no surprise why Blacks do not have high rates of

marriage within the race, and their marriages end in divorce more often than other racial groups. In the following pages, I will address factors such as income, partner availability, African-American female sexuality, and African-American male sexuality.

Income

Despite the fact that African-American women from all socioeconomic classes are contracting HIV/AIDS at high rates, income is important because of its direct and indirect influences on other structural factors that contribute to these disproportionate rates. Overall, a relationship exists between wealth and health outcomes (Duh 1991; Williams and Collins 1995). More specifically other studies have shown a direct relationship between low income and high rates of AIDS (CDC 2004). The indirect effects include the financial strains that are put on African-American families which contribute to declines in marriages and divorce (Fullilove, Fullilove III, Haynes, and Gross 1990; Pinderhughes 2002). Its effects on divorce are more detrimental to African-American women due to such issues as the lack of child support or maintaining custody of the children (Elmelech and Lu 2004), and it is highly unlikely that these women will remarry because of the dwindling pool of "marriageable" African-American men (Tucker, Subramanian, and James 2004). (Please note that throughout this paper, I will define the term marriageable as legally and gainfully employed.) As a result, slightly less than half of African-American households are female headed as compared to only 13% of White female headed households (U.S. Census Bureau 2002).

In the next sections, the structural factors that are influenced by income will be addressed: partner availability, African-American female sexuality, and African-American male sexuality.

Partner Availability

Misfortunes in the marriage market open up opportunities in the sex market (Youm and Paik 2004). While relationships in the marriage market tend to be more relational (monogamous) in nature, the sex market is a social structure where the search for a sex partner occurs (Ellingson, Laumann, Paik, and Mahay 2004). Here, those relationships may be more transactional (short-term) or a hybrid (both relational and transactional) (Youm and Paik 2004). Women can pursue sexual relationships to simply fulfill a physical need; to serve as a substitute for the stability, security, and/or belonging that a long-term relationship or marriage would provide; or as a way to express love (Ellingson et al. 2004). But what happens when the sex market also has a decreasing pool of potential partners? This is the case for African-American women who are vying for opportunities with other single African-American women, women of other races, and sometimes other men to simply maintain sexual relationships with African-American men.

In their book, *Too Many Women?: The Sex Ratio Question*, Guttentag and Secord (1983:14) pose the question: "Would the persistence of (an) unbalanced sex ratio ultimately bring about profound changes in the relationship between men and women and in the nature of the family?" In a society where there are too many women (or a low sex ratio), the institutions of marriage and monogamy lose their value (Guttentag and Secord 1983) as can be seen in the African-American community where partner availability is a persistent issue for African-American women (Marbley 2004; Osmond, Wambach, Harrison, Byers, Levine, Imershein, and Quadagno 1993; Wyatt, Myers, Ashing-Giwa, and Durvasula 1999). The number of marriageable African-American women greatly surpasses the number of marriageable African-American men, leading to greater relationship instability for the women (Osmond et al. 1993;

Pinderhughes 2002). "An African-American woman's need for a man in her life is a cultural imperative. Cultural standards…dictate that an African-American woman holds on to her man, no matter what." (Gasch, Poulson, Fullilove, and Fullilove 1991:92) As a result, these women may have a high motivation to seek out partners, and those women who are financially dependent may be more susceptible to entering risky relationships (Jemmott, Jemmott III, and Hutchinson 2001; Wyatt et al. 1999). Yet, Wingood and DiClemente (1992) argue that young African-American girls learn early to assume adult responsibility and are more self-reliant. I would agree that it is emotional dependence, more often than financial, that binds African-American women to African-American men, especially since African-American women may often be the breadwinners in the relationship (Pinderhughes 2002). These women seek out relationships with their counterparts for both emotional and social support (Sobo 1995).

The distribution of African-American men is affected by social factors such as incarceration, homicide and poor health status (Campbell 1999; Chapman 1997; Lichtenstein 2004; Pinderhughes 2002; Reed 1993). In addition, educational backgrounds, economic resources, and drug abuse make an already dwindling pool of marriageable men even smaller (Campbell 1999; Pinderhughes 2002). In his research on jobless poverty, Wilson (2001) writes that the foundation for stable relationships weakens over time as the prospects for employment become fewer. The result is that marriage seems to be a less attractive option for African-American women (Pinderhughes 2002) which, in turn, results in more temporary relationships (Wilson 2001) as is evident in the African-American community.

The aforementioned factors contribute to the reality that African-American women tend to marry later, and the likelihood of them ever marrying is less than women in any other major ethnic group in the United States (Jones and Shorter-Gooden 2003; Tucker et al. 2004; Wyatt et

al. 1999; Youm and Paik 2004). Pinderhughes (2002:270) discusses the downward trend of Black households with married couples:

> In 1960, 78% of African-American households included a married couple; this rate decreased to 64% in 1970; and by the late 1980s, only 48% of African American households included both a husband and a wife. This downward trend continued, reaching a low of 39% by 1993.

Even when African-Americans decide to marry, statistics show that the divorce rates have been consistently higher than that of other groups (Guttentag and Secord 1983), and they are double the rates of White couples (Elmelech and Lu 2004; Pinderhughes 2002; Tucker et al. 2004).

African-American Female Sexuality

The sexuality of African-American women is said to be influenced by three main factors: (1) sexual socialization; (2) economic dependence and partner availability; and (3) cultural beliefs regarding relationships and sex (Wyatt et al. 1999). The most important aspect of an African-American woman's sexual socialization dictates that the sexual needs of her partner comes first and his pleasure supercedes her own. African-American women are expected to give up sexual control and become sexual submissive (Bowleg, Lucas, and Tschann 2004**;** Wyatt et al. 1999).

In the past, the sexual socialization of African-American women emphasized little sexual knowledge and no sexual contact prior to marriage while also promoting a preference for vaginal-penile sex. Today, however, things appear to be more flexible since their age of sexual initiation tends to be lower (Murry, Kotchick, Wallace, Ketchen, Eddings, Heller, and Collier 2004). Mahay, Laumann, and Michaels (2001) found that despite holding more traditional attitudes than White women toward sex, African-American women tend to be less traditional in their actual sexual practices. African-American women are more likely than White women to be sexually active, particularly in adolescence (Brewster 1994; Mahay et al. 2001; Murry et al.

2004; Tinsley, Lees, and Sumartojo 2004). Sixty-seven percent of African-American high school females report having engaged in sexual intercourse compared to 49% White high school females (Miller, Forehand, and Kotchick 1999). Many may live in single parent households since slightly less than half of African-American households are female headed (U.S. Census Bureau 2002), and living in a single parent household can increase the odds of sexual activity for African-American female adolescents (Billy, Brewster, and Grady 1994; Miller, Forehand, and Kotchick 1999; Kotchick, Shaffer, Miller, and Forehand 2001) since there may be less parental monitoring opportunities (Kotchick et al. 2001). Billy, Brewster, and Grady (1994) add that another factor that increases the likelihood of premarital intercourse for African-American females is the sex ratio imbalance. African-American females are seeing fewer married Black couples and more casual relationships in their environment as the percentage of the adult female population that is currently married decreases. Since fewer women are getting married but the desire for relationships still exist, the likelihood of premarital sex increases (Billy, Brewster, and Grady 1994).

African-American Male Sexuality

"Many African-American men seem to search their whole lives long for a working definition of masculinity—a way to preserve their pride and lessen their pain in an unjust society." (Chapman 1995:66). The sexuality of African-American men is characterized by the need to prove their manhood (Majors and Billson 1992). While this may be the case for men in general, men of other races have alternate ways of expressing their manhood; for African-American men, this is usual the only option. Being a man means being in charge and in control, taking responsibility for the household, and being a provider to self and family (Jones and Shorter-Gooden 2003; Majors and Billson 1992). African-American men, however, are often

denied the opportunity to exert their manhood in these ways (Bowleg 2004) due to the lack of educational and employment opportunities, lack of advancement opportunities, and increased rates of incarceration (Lawrence-Webb, Littlefield, and Okundaye 2004). Consequently, their roles as men have changed. Though bereft of economic and political power in this White male-dominated society, African-American males are allowed power due to gender privilege (Cole and Guy-Sheftall 2003). As a result, they place more value on the traditional sex-role power distribution and male authority more than White men, and African-American and White women (Pinderhughes 2002). These men are socialized to be sexual at early ages (Mahay et al. 2001), and in their youth, African-American men learn that the number of partners and the number of children he has become the measures of his worth. Therefore, the cultural expectation has become that African-American men will have multiple sex partners (Fullilove et al. 1990; Guttentag and Secord 1983; Majors and Billson 1992; Marbley 2003). As Anderson (1993) says:

> The lack of gainful employment opportunity not only keeps the entire community in a pit of poverty, but it also deprives young men of the traditional American way of proving their manhood, namely, supporting a family. They must thus prove their manhood in other ways. Casual sex with as many women as possible, impregnating one or more, and getting them to "have your baby" brings the ultimate in esteem form his peers and makes him a "man" (94).

While African-American males have been empowered with this increased sexual autonomy (Fullilove et al. 1990), this expression of manhood contributes to the increased numbers of single mothers and female headed households in the African-American community.

African-American men are aware of the relationship leverage that they have as a product of the skewed sex ratio between them and their female counterparts. One way for an African-American man to exercise his power in the relationship is to refuse to wear a condom. This refusal demonstrates his manhood by allowing him to claim dominance in his sexual

relationships. With the barriers created by racism, poverty, and poor education, refusal in this capacity may be one of the few options available to prove his manhood (Sobo 1995). Another way that African-American men demonstrate that they have the upper hand in their relationships is in their refusal to commit. Their options are not as limited, and therefore, they may not feel compelled to commit (Campbell 1999), and African-American women, on the whole, tend to be more committed and believe in the idea of monogamy.

Browning, Miller, and Spruance (2003) state that while White men only have a minute 4% chance of serving time in prison within their lifetimes, African-American men have an overwhelming 29% chance to do the same; this is seven times the likelihood of White men. When also accounting for jails, approximately eighty percent of African-American males will spend time in prison or jail in their lifetimes (Browning et al. 2003). The "incarceration epidemic" facing African-American males may play a very instrumental role in the AIDS epidemic (Vlahov and Putnam 2006; Whitehead 1997) since prisons have the largest concentration of HIV-infected persons in the world (Campbell 1999). African-American men that have been incarcerated may engage in consensual or coerced homosexual activity (Grinstead, Faigles, Comfort, Seal, Nealey-Moore, Belcher, and Morrow 2005; Vlahov and Putnam 2006) and/or IDU. These activities may impose a threat on the welfare of the African-American women that they leave at home since the prevalence of HIV infection among the incarcerated is many times higher than HIV infection in the general population (Campbell 1999; Eng and Butler 1997; Grinstead et al. 2005; Osmond et al. 1993; Wyatt et al. 1999). Although some men who have sex with other men (MSM) do so because of their personal preference, other men may engage in this behavior because this is their only available option in a prison setting. Many of these men self-identify as heterosexual and lead "heterosexual front lives" after they are

released from prison since they view their sexual behavior while in jail as situational (Campbell 1999). Most of these men return home to their relationships with women and engage in unprotected sex within days of being released from jail (Grinstead et al. 2005). Black men, in particular, do not want the stigma of being labeled homosexual when they return to their communities.

While sexuality in general is a taboo subject in the African-American community, conversations about homosexuality are even more forbidden (Cole and Guy-Sheftall 2003). African-Americans tend to be significantly more homophobic than Whites (Bowleg 2004; Lemelle 2004; Lewis 2003; Waldner, Sikka, and Baig 1999) and also tend to deny that homosexuality exists within the community (Essien, Meshack, Peters, Ogungbade, and Osemene 2005; Logan and Joyce 2001). The idea that some African-American men are gay is unfathomable because being homosexual is considered to be a "white thing" (Ellingson, Van Haitsma, Laumann, and Tebbe 2004). They are expected to serve as the heads of the household and the protectors of and providers to their families. Since this intense homophobia persists in the African-American community, homosexuality is dealt with on a "Don't ask, don't tell" basis (Ellingson and Schroder 2004; Ellingson et al. 2004). In this community, the "secret" lifestyle has been recently dubbed the "Down Low" (DL) culture. This phrase is borrowed from popular music describing a love affair that must be kept "on the down low", and despite the phrase's origin in the heterosexual community, it is now most commonly used to describe secret sexual encounters between men (King 2004). Rather than face condemnation from their community, some African-American men choose to live life on the DL and still "vigorously pursue heterosexual relationships to maintain their identity as "real men" and not "fags" (Whitehead 1997).

An unfortunate consequence of the DL lifestyle is that it does not allow the women involved the opportunity to make informed decisions about their sexual relationships with their partners, and they may not be aware of his risk for HIV infection. From 2001-2004, 49% of African-American men contracted HIV through male-to-male sexual contact while only 25% of contracted it through heterosexual contact. To make matters worse, an astounding 9 out of 10 young African-American MSM were not aware of their HIV-seropositive status (CDC 2005). In a recent study, 34% of African-American MSM also reported having sex with women but only 6% of African-American women acknowledged having a bisexual partner (CDC 2005). This is especially problematic because Peterson and colleagues (1992) found that men who are unwilling to publicly disclose their homosexual lifestyle were more likely to engage in unprotected anal sex (Whitehead 1997), and African-American MSM have reported a higher frequency of unprotected anal sex than White MSM (Celentano, Sifakis, Hylton, Torian, Guillin, and Koblin 2005). In turn, the women that they may eventually bed can potentially (and unknowingly) be exposed to an STD.

CHAPTER 3

AFRICAN-AMERICAN WOMEN, HABITUS, AND SOCIAL EXCHANGE THEORY

African-American Women and Habitus

As previously discussed, the habitus of African-American women is a product of several structural factors. First, cultural norms reinforce the idea that an African-American woman needs to have a man by her side. As previously mentioned, African-American women are encouraged to get and keep a man by any means necessary. Though their male counterparts are seen as the providers and the protectors of the family, these men are not always allowed the opportunity to provide for their families in this way, and hence, will turn to their relationships to stroke their masculine egos. Jones and Shorter-Gooden (2003:213) say that as a result, African-American women then experience the yo-yo paradox:

> Black women often get mixed messages about how they should behave in their relationships with men. On the one hand, many feel pressed to excel educationally and careerwise, raise children single-handedly, and overfunction for their male partners, but there are often countervailing pressures to submit and yield to Black men and to make sure that they never eclipse a boyfriend or spouse.

Research shows that African-American women say that their religious beliefs dictate their sexual behavior almost twice as often as White women (Mahay et al. 2001). The Black church, the oldest, constant institution in African-American history (Poole 1990), serves as the primary institution of socialization for African-Americans and reinforces the idea of women being passive, quiet, and deferential to men (Cole and Guy-Sheftall 2003; Jones and Shorter-Gooden 2003). This should also apply to the bedroom where African-American women should give into sexual submission and make sure that her partner's needs have been met. Traditionally, cultural and religious beliefs do not reinforce the idea of planning for sex or the use of contraception simply because these ideas represent a conscious decision to violate what is deemed to be

acceptable behavior (Wyatt et al. 1999). Religion is one structure that makes up a woman's habitus, and therefore, influences her individual behavior to some degree. Therefore, I hypothesize that:

> **Hypothesis 1a**: Women who report that their religion beliefs influence their sexual activity will be less likely to use condoms.
>
> **Hypothesis 1b**: Women who report greater attendance to religious services will be less likely to use condoms.

Another aspect of the cultural structure that was previously mentioned is the prevalence of single-parent homes within the African-American community. The U.S. Census Bureau (2002) reminds us that many African-American adolescent females may live in single parent households since slightly less than half of African-American households are female headed, and research has shown that living in a single parent household can increase the odds of sexual activity for African-American female adolescents (Billy, Brewster, and Grady 1994; Miller, Forehand, and Kotchick 1999; Kotchick, Shaffer, Miller, and Forehand 2001) which may possibly limit parental opportunities (Kotchick et al. 2001). Unfortunately, African-American females engaging in sexual intercourse at young ages are less likely to know about and make use of contraception than their White counterparts (Tinsley et al. 2004; Whitehead 1997; Zelnick and Kim 1982). Due to the religious structures in their habitus, young African-American women have two things working against them regarding condom use: (1) they are supposed to show deference to their male partners and (2) condom use is acknowledgement of a conscious wrongdoing (Wyatt et al. 1999). Therefore, I expect to find that:

> **Hypothesis 2**: Women who lose their virginity at a younger age will be less likely to use condoms than those who are older.

The economic structure that dictates the habitus of African-American women is the pervasive culture of poverty in the community. Once, African-American women were more

likely than their White counterparts to work (due to lower marital rates and the lack of husbands with sufficient incomes). At present, however, White women have higher rates of employment than African-American women despite the fact that White women are more likely to be partnered with high-earning spouses (England, Garcia-Beaulieu, and Ross 2004). Living the single life oftentimes results in a lifetime of poverty among African-American women, especially those who have children (Jones and Shorter-Gooden 2003), and poverty is one of the socioeconomic factors that contribute to STD risk (Eng and Butler 1997). African-Americans continue to be disproportionately represented in the American poor population (Allen 2000), and more specifically, African-American women are economically exploited and trivialized (Lawrence-Webb et al. 2004). In 2001, there were approximately 22% of African-American women aged 18-64 living below the poverty line compared the 8.2% of White women of comparable ages living below poverty (U.S. Census Bureau 2002). Poor African-American women make up the majority of American women with HIV (Sobo 1995). These women are instantaneously put at a disadvantage compared to other women when it comes to health status in general since socioeconomic status combined with the increase in the Black-White wealth inequality have a strong positive correlation with health (Duh 1991; Williams and Collins 1995). While income is an important factor, African-American women at all income levels are contracting HIV/AIDS; therefore, I do not believe that income will not significantly affect African-American women's condom use compared to White women.

Opportunity structure serves as the final constraining structure in an African-American woman's habitus. This, however, is where social exchange theory is introduced to the equation.

African-American Women and Social Exchange Theory

Blau explains how opportunity structures aid in circumscribing people's chances of establishing social relations. The population structure supplies these social opportunities while at the same time limiting them by circumscribing them (Blau 1994). The opportunity structure, however, only determines the *probability* that one will have certain associates; it does not determine *which* associates one will have. Blau (1994:3-4) says, "The preponderance of in-group over out-group relations indicates the strength of attachment of group members—how closely knit they are and how great the group's salience is for them". In seeking out relationships with African-American men, African-American women must work with their limited options. The distribution of *people* in their neighborhoods and social networks directly affects their opportunity to establish in-group relations (i.e. relationships with and/or marriage to African-American men) (Blau 1994). Unfortunately, there are only 73 African-American males per every 100 African-American females and when you account for marriageability, the ratio drops down to 43 males per every 100 females.

Another pertinent consideration pertaining to opportunity structures are sexually transmitted diseases, and sadly, the highest rates of STDs are those among African-Americans (Center for Disease Control and Prevention 2004; Laumann and Youm 2001). This may possibly be explained in terms of the core group concept, introduced by Yorke, Hethcote, and Nold in 1978. While the concept has use in epidemiological modeling, Protterat (1992:16) behaviorized the term, and he described core groups as "groups of people whose sexual and health behaviors are such that micro-organisms find many opportunities for sustained transmission". Within these small, stable, and composed groups are enough infected people to successfully transmit infection of STDs, ensuring their presence in the population. The belief is

that if the core were treated (and thus preventing the spread of infection to others), STDs would die out.

Laumann and Youm (2001) differentiate three groups by level of sexual activity: (1) peripherals (those with only one partner within the last twelve months and therefore, are believed to be infection-free); (2) adjacents (those with two or three partners in the a twelve month period); and (3) core group members (those with four or more partners in a twelve month period and therefore, considered to be the transmission mechanisms for STDs in the population over time. Some predictors which increase core group inclusion are: (1) being an African-American male, (2) living in an inner city area, (3) having a low education level, (4) having more than five sexual partners, (5) having overlapping sexual partners, and (6) having sexual preoccupation (Willis 2000). These predictors have a profound effect on African-American women because whether or not she is a core group member, there is greater potential to engage in sexual intercourse with a man that is in the core group due to the sex ratio imbalance. This will thus increase the odds of her contracting an STD, specifically HIV since African-American men are at the highest risk of HIV transmission in the United States (Lichtenstein 2004). These elements of opportunity structures create an objective reality for African-American women, underscoring the disadvantage they have in the relationship sphere.

Given the imbalanced sex ratio that exists, African-American women are less likely to be married and thus, more likely to have more casual relationships. Given the likelihood of having an STD with an increase in partners, I expect to find that:

> **Hypothesis 3**: Women who report having a greater number of partners since age 18 will be more likely to use condoms than those who have had a lower number of partners.

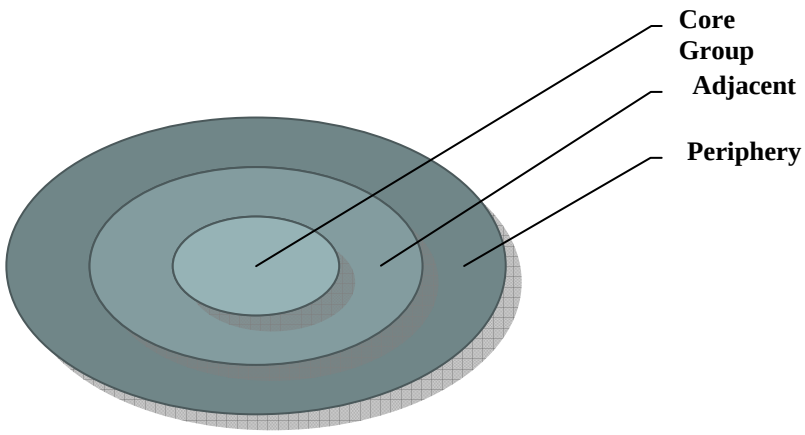

Figure 1. Laumann and Youm's Core Group Concept

Let us illustrate the relationship between an African-American woman (person A) and an African-American man (person B). In an ordinary situation (without the constraints of her habitus), person A seeks out a relationship with person B because she feels that this relationship will provide her with intrinsic benefits (i.e. a relationship). Person A must then prove that she is an attractive option for person B. In turn, Person B must also find that there is some intrinsic benefit to this exchange with person A in order to reciprocate that attraction, and thus, a relationship is formed.

If we were to consider the habitus of African-American women, the social exchange between persons A and B probably would not transpire in the same manner. In a marriage market, men and women seek out "all-or-nothing" exchanges with each other, bartering goods that are both heterogeneous and indivisible, and due to the lack of marriageable African-American men, sex markets have different characteristics in the African-American community (Ellingson et al. 2004). Despite the transactional nature of the sex market, many African-American women are in search of the relational component that they cannot receive in an actual relationship; they may be looking for a substitute for a loving relationship (Ellingson et al. 2004),

creating a hybrid in their relationships (both transactional and relational). Given this information, I believe that there is no significant difference in having sex for love between African-American and White women; the ultimate goal for all these women is simply to love and be loved despite the route they take to get there. Thus, I posit that:

> **Hypothesis 4**: Women who have sex for love will have less condom use than women who do not have sex for love.

In this situation if person A decides that she wants a relationship with person B, she is aware of the societal expectations that have been imposed upon her while also being aware of the imbalanced sex ratio which puts her at an automatic disadvantage despite the fact that she may have the stronger structural power (i.e. higher education and income). Thus, person B holds the stronger dyadic (two-person relationship) power which leaves person A in a weaker position for negotiating within the relationship (Guttentag and Secord 1983; see Figure 1 below) since person B has options other than person A. Aware of these limiting structures, Person A must decide what would make her the most attractive option for person B. Person A becomes subject to a sense of powerlessness and may tolerate otherwise objectionable behavior (Campbell 1999; Guttentag and Secord 1983; Jones and Shorter-Gooden 2003).

Gender Holding DYADIC POWER	Gender Holding STRUCTURAL POWER	
	Males	Females
Males (Low Sex Ratio)	Sexually permissive society with familiar roles	Traditional society with reversed roles
Females (High Sex Ratio)	Traditional society with familiar roles	Sexually permissive society with reversed roles

Figure 2. Guttentag and Secord's Societal Consequences of Possession in Dyadic and Structural Power

One area where person A may succumb to person B's desires is with condom usage in the relationship. It is important to remember that women in general are only indirect users of condoms while their male counterparts are the direct users (Fullilove et al. 1990); therefore, all women can do is simply request that their partners use condoms but unfortunately, many African-American women fail to make that request (Fullilove et al. 1990; Harvey and Bird 2004). Furthermore, an African-American woman may feel powerless when it comes to discussion on condom usage so if her man does not want to use one, she will not (Fullilove et al. 1990; Harvey and Bird 2004; Osmond et al. 1993). An African-American woman may fear that asking her partners to use a condom may result in his departure from the relationship (CDC 2004; Osmond et al. 1993). Second, she may be afraid that her partner will either be offended or assume that she has been unfaithful (Jemmott et al. 2001). Finally, the use of a condom may undermine the woman's idea of her perfect monogamous relationship (Campbell 1999; Osmond et al. 1993). This may insinuate that the woman does not have the ability to choose trustworthy and disease-free partners, denoting failure in the relationship (Sobo 1995), and "thus the ideal of monogamy interferes with their ability to practice safe sex" (Campbell 1999:92). While idealistically person B is being faithful to person A, realistically that may not be the case. I do not expect to find significant differences between African-American and White women in their beliefs on condom effectiveness and use of condoms with a familiar partner. Condom use conflicts with the religious beliefs of African-American women and may also put further limitations on her opportunities for social exchanges with African-American men. Thus, I hypothesize that:

> **Hypothesis 5**: Women who believe that condom use is unnecessary with a familiar partner will be less likely to use condoms than those who believe they are necessary.

As a man in demand, person B has more viable options than person A. This gives him greater leverage in the relationship, and the demands that person B makes can be as fair or unfair as he would like. Always trying to make herself his best option, person A will do whatever is necessary to keep her man or improvise and adjust accordingly to avoid repeating anything person B dislikes. In engaging in an exchange with person B, person A can only hope that he will reciprocate the favors. Since "social exchange, whether it is in its ceremonial form or not, involves favors that create diffuse future obligations…and the nature of the return cannot be bargained about but must be left to the discretion of the one who makes it" (Blau 2004:108), there are no guarantees that person B will necessarily reciprocate the favors. He has other options which allow him to: (a) simply engage in a mutual exchange with person A alone; (b) explore more attractive options with alternate person C; or (c) engage in exchanges with both persons A and C (see figure 3 below). Harawa, Greenland, Cochran, Cunningham, and Visscher (2003) found that African-American women appear to be much more likely than White women to share their partners with other women.

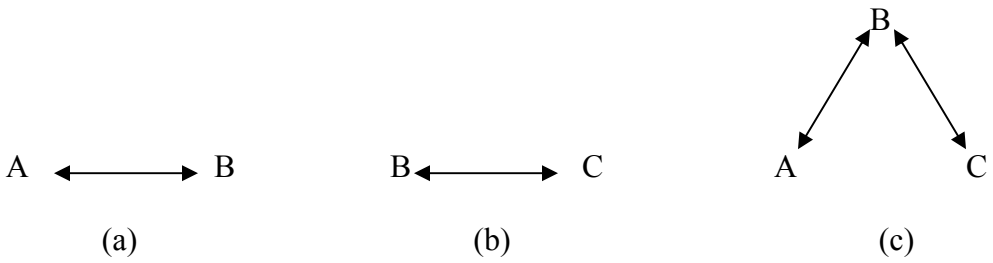

Figure 3. Illustration of Possible Dyadic Relationships

As a last ditch effort to get and/or keep person B, person A may also consider the option of "man sharing" (allowing their partners to have other women) (Campbell 1999; Chapman 1997; Guttentag and Secord 1983). Campbell (1999) says that African-American women may indulge in "man sharing" due to the shortage of marriageable African-American men. What one woman will not do, many others will (Mahay et al. 2001), and the polygynous nature of these

relationships become an attractive option for both the men and women involved because it gives these women a choice between having a man and not having a man at all (Campbell 1999; Chapman 1997; Youm and Paik 2004). Studies show that even when some women expressed opposition to "man sharing", they admitted that they had engaged in sharing at some point (Chapman 1997). Instead of losing person B to person C, person A will allow him to be involved with both herself and person C to avoid being alone. In the African-American movie, "Waiting to Exhale" (based on Terry McMillan's book with the same title), two of the four African-American female main characters were knowingly involved with married men. When one character finally wanted to break it off with her partner, her mother told her to get up off her high horse because every woman needs a good man (married or not). Though these are fictional characters, I believe that this movie is a fair representation of some of the views shared within in the African-American community.

In sum, the habitus of African-American women is determined by several constraining structures. The combination of the cultural, economic, and opportunity structures becomes internalized within African-American women. This internalized information becomes a forgotten history for these women to be used to develop possible courses of action in an effort to have relationships with African-American men. Cultural structures dictate that African-American women seek out relationships with African-American men while remaining submissive and docile. Economic structures require these women to find a mate who can serve as a provider and thus, eliminate the possibility of an impoverished lifestyle. Current opportunity structures demands that African-American women accept whatever men are available to them. Once these structures have been internalized they determine the actions women use to pursue and attain relationships with African-American men. Unfortunately, some

tactics that African-American women utilize to establish relationships leave them open to psychological and physical harm. Specifically, allowing African-American men to have multiple partners and/or not requiring them to wear condoms increases African-American women's risk for HIV infection. Women from other races do not seem to have this habitus due to different structural constraint. Thus they seem to be able to pursue relationships in different ways that prevent them from being infected with the HIV virus to the degree that African-American women are. Just as the cultural, economic, and opportunity structures have produced them, African-American women effectively reproduce these structures; as this circle perpetuates, more and more women are being infected in this community. If the structures in the their habitus were to change, African-American women may have a different set of guidelines by which to make more appropriate decisions for themselves and develop greater bargaining power in their social exchanges with African-American men. Greater bargaining power may result in less HIV risk behavior and in turn, decrease the rates of HIV among this particular population. Since, "African-American women hold more traditional and relational attitudes toward premarital sex,…teenage sex, the influence of religion on sexual behavior, and having sex only if in love than African-American men." (Mahay et al. 2001:235), it should follow that:

> **Hypothesis 6**: African-American women will be less likely than White women to use condoms during vaginal sex.

CHAPTER 4

METHODS

The data used comes from the National Health and Social Life Survey which was conducted by the National Opinion Research Center (NORC) at the University of Chicago between February and September 1992. This national survey focuses on the social organization of sexual behavior, and respondents were surveyed in person (both by direct questioning by NORC interviewers and self-administered questionnaires) in interviews that averaged an hour and a half in duration. The nationally representative probability sample was comprised of 3,432 male and female respondents (including an oversampling of 458 African-Americans and 267 Hispanics), aged 18-60 living in households across the United States. There was a 79% response rate for this survey (Laumann and Michael 2001). After removing the 1,511 male respondents and female respondents who are not non-Hispanic Black or White for the purposes of this study, I am left with a sample size of 1,390 female respondents.

Measures

Dependent Variable

Condom use during vaginal sex is measured in the survey by asking the respondents, "When you had vaginal intercourse with (partner), how often did you use condoms?" Though this question only refers to condom use during vaginal sex with one particular partner, this is the closest measure in the dataset to serve as a proxy for general condom use for each respondent. Measures ranged from 0 (always) to 5 (never). For the purposes of simplifying the analysis, measures were reverse coded so that they ranged from 0 (never) to 5 (always).

Control Variables

Age. Participants' age was a continuous variable, ranging from 18 to 60 years. For the purposes of analysis, I center the mean to capture a more accurate representation. I control for age since evidence suggests that a women's age may negatively affect her condom use during vaginal sex (Anderson 2003)**.**

Race. Participants were asked whether they were: White, Black, Hispanic, Alaskan native/Native American, Asian/Pacific Islander, or other. Consistent with the use of race as a control in regression analysis, I created a dummy variable and omitted the Hispanic, Alaskan native/Native American, Asian/Pacific Islander, and other categories to focus this study on specifically non-Hispanic White and Black females (La Veist 2002). Non-Hispanic White females represent the reference category.

Education. Participants' education level was determined by asking her what was the last grade completed: 12^{th} grade or less, finished high school or equivalent (GED), high school graduate (12), vocational/trade/business school, some college or a 2-year degree, finished college (4 to 5-year degree), Master's or equivalent, or another advanced degree. I recoded the categorical variables and collapsed those who had vocational/trade/business school and some college or a 2-year degree together into one variable (since both categories capture those who have pursued education post high school that did not include at least a Bachelor's degree) and those had finished college, had a Master's or equivalent, or another advanced degree into another (since these women have at least a Bachelor's degree). Less than high school is the reference category.

Current Marital Status. In order to establish the participants' marital status, they were asked if they were: never married; currently married; or divorced, separated, or widowed. The

categorical variables represented never married women and divorced, widowed, or separated women (collapsed into one recoded variable since these women have all been married at some point but are no longer) with married women as the reference category. Research shows that married women are less likely than single women to use condoms (Anderson 2003).

Age at First Time. This continuous variable refers to how old the respondent was when she first had vaginal intercourse with a male. As previously mentioned, researchers say that African-American females with lower age of sexual initiation are less likely to know about and make use of condoms than White females (Tinsley et al. 2004; Whitehead 1997; Zelnick and Kim 1982).

Sexual Partners. Participants were asked how many sexual partners they have had since the age of 18, and that number determined this continuous variable. This variable has also been centered for analysis purposes. The more casual sexual partners one has had, the more likely she will be to use condoms (Lescano, Vazquez, Brown, Litvin, Pugatch, and Project SHIELD 2006).

Background Variables

Family status at age 14. Since living in a single parent household increases the chances of African-American adolescents engaging in sexual activity (Billy, Brewster, and Grady 1994; Miller, Forehand, and Kotchick 1999; Kotchick, Shaffer, Miller, and Forehand 2001), I thought it was necessary to explore who these females were living with when they were younger. Respondents were asked whether or not they were living with both their own mothers and fathers when they were age 14. If not, they were asked to specify who they lived with at the time. I recoded the variable into the following categories: biological parents, biological parent and stepparent, single mother, single father, or non-biological parent (i.e. male or female relatives). I collapsed single mother or single father responses into one category for single parents.

HIV Test. This variable represents whether the participant has ever been tested for HIV/AIDS. I collapsed the responses into a binary variable: 0 (no) or 1 (yes).

Belief Variables

Condom Effectiveness. This variable was determined by asking the respondents how effective they believe condom use is in preventing HIV/AIDS through sexual activity. An nominal scale was used: 1 (not at all effective); 2 (somewhat effective); and 3 (very effective).

Condoms with a familiar partner. "You don't need to use condoms if you know your partner well." The scale of responses ranged from 1 (strongly agree) to 4 (strongly disagree). In order to simplify, I collapsed the responses into a binary variable: 0 (disagree) or 1 (agree).

Religious Beliefs. Participants answered whether they agreed or not with the statement: "My religious beliefs have helped and guided my sexual behavior." This variable was measured using the same scale as the above variable, and I also collapsed these responses into a orthogonal variable: 0 (disagree) or 1 (agree). African-American women are more likely than White women to say that their religious beliefs govern their sexual behavior (Mahay et al. 2001).

Sex for Love. Respondents were asked whether they agree with the statement: "I would not have sex with someone unless I was in love with them." Just as with the aforementioned variables *Condoms with a familiar partner* and *Religious Beliefs*, the same rules apply here. Youm and Paik (2004) posit that disadvantage in the marriage market leads to advantage in the sex market, and African-American women are at a greater disadvantage in the marriage market than White women, it should follow that they will be less likely to have sex for love.

Religious Attendance. Participants were asked how often they attend religious services. A scale of 0 (never) to 7 (several times a week) represented responses. After recoding the variable and collapsing the like categories (i.e. less than once a year and about once or twice a

year), I ended up with the following: 0 (never), 1 (once or twice a year), 2 (1-3 times per month), and 4 (every week or several times a week).

Analysis

I perform multivariate regression analyses to test my hypotheses. I employ the use of ordered logistic regression as an attempt to make predictions about the effects of my various independent variables on my outcome variable, condom use. To check for issues of multicollinearity between the independent variables, I compare the correlations between them and check variance inflation factors.

CHAPTER 5

RESULTS

Descriptive Statistics

Table 1 (see appendix A) presents descriptive statistics for the sample. For comparison's sake, I ran the descriptives for both non-Hispanic Black and White women, only non-Hispanic Black women, and only non-Hispanic White women. Beginning with the control variables, the mean age for Black women (34.94) fell slightly below the mean age of the entire sample (36.13) while the mean age of White women was slightly above (36.42). On the whole, most women were married (61.2%) but as seen in the table, there were more never married, divorced, separated, or widowed (57.6%) than married Black women (42.1%) while the reverse was true for White women. White women dominated in this sample at 80.5%. Women with some college or technical training dominated in this sample with 34.1% followed closely by 30.9% of women were high school graduates or had a GED. These numbers are also close when Black and White women are separated. The differences lie at the two extremes where there are more Black women who have attained less than a high school graduate education (25.1% vs. 10.4%) and where White women have a much higher percentage of college graduates or completed graduate work (6.3% vs. 24.8%). Less than half of the sample (42.5%) used a condom during vaginal sex, and the mean number of partners for these women was 1.38 partners in the past six months. Finally, only 1.9% of women in this sample were HIV positive. Generally, White women had a greater income than Black women. The mean age of sexual initiation for Black women (16.59) is a bit lower than the mean age of all women (17.79) while the mean age of White women was above at 18.07.

Considering the background variables, while most women in general lived with both biological parents (71.8%), only 49.5% of Black women lived with both parents while 77.2% of White women did; the percent of Black women living in single parent households was almost three times the percent of White women (33.1% vs. 11.4%). Black women were more likely than White women to have ever been tested for HIV/AIDS (33.1% vs. 24.8%).

When it comes to the belief variables, these women generally seem to share the same beliefs regarding condom effectiveness, the necessity of condoms with a familiar partner, and only having sex for love as is seen in the table. The percentages varied with religious beliefs regarding sexual behavior and religious attendance. Black women seemed to believe that their religious beliefs guided their sexual behavior (67.8%) more than White women (54.3%) and appeared to attend religious services (76.9% attending 1-3 per month, every week, or several times a week) more frequently than White women (63%).

Correlations

Table 2 (see appendix B) provides an overview of the correlations for condom use and the independent variables. For this table, some variables (those for education level, income, and condom effectiveness) were collapsed into one variable so the table could fit on one page. With running correlations for 19 variables, there were a number of significant correlations. For the purposes of the paper, I will only discuss the correlations that apply to this study.

First, I would like to examine the correlation coefficient between condom use and Black women. No significant association was found between these two variables, showing that Black women are not necessarily more inclined to use condoms. Although there was no significant correlation, it is important to mention that the lack of association between the two variables since this is the main relationship that is being explored in this study. Despite this finding, I would

like to highlight a few significant correlations with condom use that support my belief that Black women are less likely to use condoms. Condom use has a negative correlation with education level of -0.086 at the 0.001 level, insinuating that condom use increases as educational attainment increases. The same relationship exists with income level (-0.050), significant at 0.05. Finally, there is a positive association between both religious beliefs and religious service attendance (0.103 and 0.068; 0.001 and 0.01 significance respectively). As seen with the significant associations between Black women and these variables (discussed below), one can see how condom use should be positively association (where lower numbers on the scale mean lower condom use) with being a Black woman.

There were also significant findings in the correlations between mechanisms. Since this study focuses on Black women, I would like to address some of the more noteworthy significant correlations between Black women and the independent variables. For instance, there is a correlation between Black women and educational level (-0.218) that is significant at the 0.00, suggesting that a negative association between a Black women and education attainment level. These findings hold true when comparing the numbers in table 1 between Black and White women and educational attainment. If Black women are less likely to have higher levels of education attainment, they should be less likely to use condoms as the correlation above shows. Taking education attainment into account, it should come as no surprise that there is a negative association between income level and being a Black woman (-0.114) at the 0.001 level. Since the above correlations state that increased condom use should follow increased income, once again Black women should be less likely to use condoms.

A positive relationship exists between never married and Black women (0.213), significant at 0.001, and a negative relationship (-0.193) exists between being married and Black women. In sum, Black women are more likely to be single (or less likely to be married). The relationship between Black women and number of partners since age 18 may be related to their marital status. Table 2 shows a positive relationship (0.075) between the two variables, significant at 0.01. These numbers show that being a Black woman has a positive association with having more sexual partners since age 18. The percentages in table 1 mimic these results.

When it comes to family status at age 14, we find that the numbers in table 2 echo the results found in table 1. A negative relationship exists between Black women and living with both biological parents at age 14 (-0.244), significant at the 0.001 level. A positive association exists between Black women and living in a single parent household (0.237), significant at 0.001. There was also a positive association between Black women and living with people other than either biological parents (0.096), significant at 0.001.

There was a positive correlation between Black women and their religious beliefs and religious service attendance (0.108 and 0.151 respectively) at the 0.001 level. This statistic reiterates the findings in table 1 where Black women had higher percentages than White women for both religious beliefs guiding their sexual activity and attendance at religious services. Since condom use has an association with religious beliefs and religious service attendance, Black women should once again be less likely to use condoms.

There do not appear to be any issues of multicollinearity among these variables. All of the correlation coefficients fall below the 0.70 mark, which has been designated as the point where these issues may surface. The highest correlations (outside of variables from the same categories) were between (1) never married and age and (2) religious beliefs and religious

service attendance at -0.476 and 0.431 respectively. The VIFs for these variables fall below 4 which serves as the cutoff mark.

Multivariate Analysis Results

Model 1

This model simply serves as a baseline. Here, we see the relationship specifically between non-Hispanic Black women and condom use. Just as there was no significant association between the two variables in table 2's correlation coefficients, there is not significant relationship between condom use and Black women. The R^2 statistic is 0.00, showing that none of the variance in condom use can be explained by being a non-Hispanic Black women.

Model 2

The control variables are added to model 2 to shows us their relationship with condom use. Here, an R^2 of 0.093 shows us that only 9% of the variance in condom use can be explained by the control variables. When it comes to marital status, the coefficients for the variables never married and widowed, divorced, or separated are both negative and significant that the 0.001 level which suggests that women who are not married tend to use condoms more often than married women possibly because they may engage in more short-term, transactional relationships. Female college graduates or those who have done some graduate work appear to have a negative and significant coefficient. The number of partners since age 18 displays a significant and slightly negative coefficient, giving support to my assumption that women who have greater numbers of partners since age 18 will be more likely to use condoms (hypothesis 3) at the 0.001 level. Higher numbers of sexual partners dictates whether or not women are core group members, and thus, increases the susceptibility to STD exposure. The idea that condom

use will be lower for women who lose their virginity at an early age (hypothesis 2), however, is not supported since there is no significant relationship between age of first time and condom use.

Model 3

In this model, I add our two background variables: family status at age 18 and ever been tested for HIV/AIDS. The R^2 in this model is barely affected, only increasing by 0.004. While other significant coefficients from model 2 remain significant, women who are college graduates lose their significance. Ever been tested for HIV/AIDS displays a negative, significant relationship in model 2 at the 0.01 level. As Anderson, Mosher, and Chandra (2006) have found, however, members of at-risk populations (i.e. Black women) are more likely to report that they have never been tested for HIV and did not use a condom at last sex.

Model 4

In the final model for table 3, I introduce the belief variables for condom effectiveness, condom necessity with a familiar partner, religious beliefs, sex for love, and religious attendance. Once again, the R^2 statistic shows a slight increase of 0.003 from models 3 to 4. The increase in R^2 across all three models is very slight, only increasing by 0.007 to account for 10% of the variance in condom use in model 4. Hypothesis 5 (condoms are unnecessary with a familiar partner) is supported with a positive coefficient that is significant at the 0.05 level. I also found that a woman's religious beliefs have a very negative yet significant effect on condom use at the 0.001 level, supporting hypothesis 1a. Religious attendance, however, does not seem to provide us with a significant relationship with condom use, and thus, hypothesis 1b is refuted. Women who have sex for love show a positive and significant relationship, and therefore, hypothesis 4 is supported at the 0.001 level.

Overall, no evidence was provided for the argument that non-Hispanic Black women would be less likely than White women to use condoms during vaginal sex. Throughout all three models, however, there was consistent evidence of significant, negative relationships between condom use and never married; widowed, divorced, or separated; and the number of partners since age 18 at the 0.001 level.

Multivariate Analysis Results with Interactions

In an attempt to show the net effects of being a non-Hispanic Black woman combined with the other independent variables on condom use, I create interaction variables in table 4. These interactions only show two significant coefficients. There is a positive, significant relationship between never married, non-Hispanic Black women and condom use at the 0.01 level, suggesting that the product of being never married and a non-Hispanic Black woman increases the likelihood of condom use. A negative yet significant relationship between non-Hispanic Black women who believe that condoms are somewhat effective and condom use at the 0.05 level. This finding insinuates that the perceived effectiveness of condoms does matter to non-Hispanic Black women, if she believes that it the condom is somewhat effective HIV prevention, she will be more likely to use it.

CHAPTER 6

DISCUSSION

The consistent and correct use of condoms is known to be one of the most effective defenses against contracting HIV sexually (Jones and Shorter-Gooden 2003), and yet, African-American women are not making use of condoms and thus, leaving themselves open to the possibility of contracting sexually transmitted diseases. This present study highlights the importance of social, cultural, and ethnic variables in determining the sexual behavior of African-American women. For instance, there is evidence that religious beliefs positively influence condom use. African-American women were more likely than White women to report that their religious beliefs guide their sexual behavior. In contrast, religious attendance does not appear to have an effect on condom use. This is an interesting finding given the support for hypothesis 1a. One possible explanation for this insignificant finding is that in vying for the affection of African-American men, African-American women with high religious attendance still have to compete with other women who may not have such high attendance. Therefore, they may become more lax when it comes to condom use in order to appeal as the better option.

The relationship between condom use and age of sexual initiation was not found to be significant in this study. We must, however, consider that the mean age of the respondents was approximately 36 years old, and therefore, this may not capture the true effects of sexual debut on condom use. These women are accounting for their current condom use (and not condom use since sexual debut), and by age 36, their condom habits may have changed significantly due to factors such as marriage.

There was support for the assumption that women with a greater number of sexual partners since age 18 will be more likely to use condoms than those with lower numbers. The

descriptive statistics tell us that African-American women are more likely than White women to have a greater number of sexual partners and thus, should be more inclined to use condoms. This, however, does not seem to be the case. When it comes down to it, if condoms are seen as a barrier between having a relationship and not having one, African-American women are willing to forsake the condom. This is especially problematic for African-American women since a larger number of sexual partners will increase the likelihood of STD exposure (Laumann and Youm 2001; Lewis, Melton, Succop, and Rosenthal 2000). Support for this notion that number of partners may increase condom use has been found when the respondent considers her partner to be casual (Lescona et al. 2006). Evidence in this study supports the assumption that women who believe that condom use is unnecessary with a familiar partner will be less likely to use condoms than those who believe they are necessary with familiar partners. African-American women are not simply in their relationships for the physical component; many are in it for the relational component or even for love (Ellingson et al. 2004). This study further proves that point with the significant relationship between condom use and sex for love, where women who have sex for love are less likely to use condoms; more African-American women than White women reported that they would only have sex for love. All of these statistics point to lower condom use for African-American women.

With an insignificant finding for the hypothesis that African-American women will be less likely to use condoms than White women, we see how race is only an indirect factor in the determination of one's habitus and social exchanges. Race serves as the primary source of categorization for individuals, and ethnic, cultural, and societal factors are derived from this racial categorization. La Veist (2002) offers a conceptual model (see figure 4 below) to illustrates how the biological characteristics of race directly effect societal factors (external to the

individual) and cultural and ethnic factors (individual-level behavior). This construct gives further support to the notion that structure is an important determinant in guiding the sexual behavior of African-American women at the individual level which in turn, has a profound

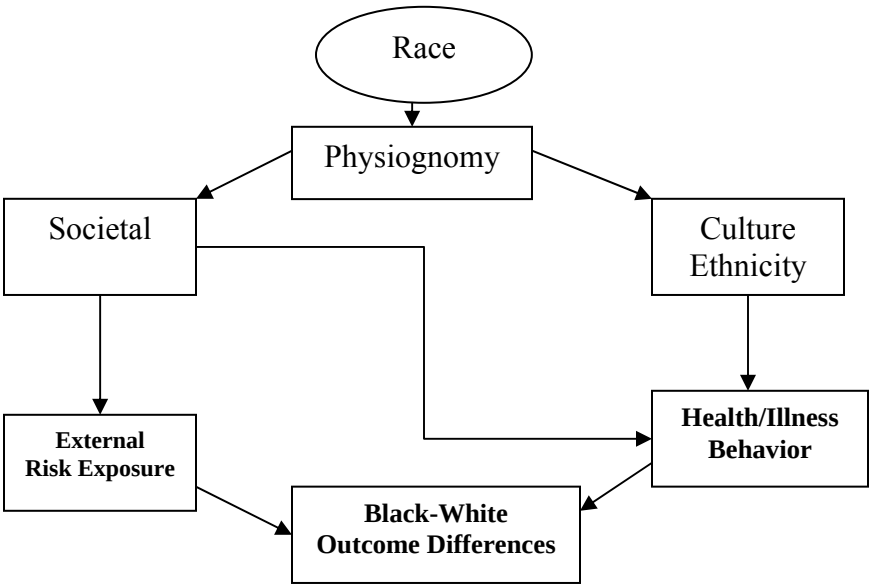

Figure 4: La Veist's Conceptual Model of Race

effect on the increased rates of HIV/AIDS among this particular population.

CHAPTER 7

CONCLUSION

African-Americans in general, among other specific risk groups, have been targeted to participate in the behavioral HIV risk reduction interventions, illustrating the salience of perceived perception to HIV (Theall, Elifson, Sterk, and Klein 2003). African-American women still need more education about AIDS and the behaviors that increase their risk of contracting the disease. The message is not getting through to African-American women that they are at such an elevated risk of contracting this potentially fatal disease. Theall et al. (2003) conducted a study on women's perceived perceptibility to HIV and found that despite having engaged in at least one HIV-related risky behavior and/or having a sexual partner who had been unfaithful, most of these women regardless of age considered themselves to have no or be at low risk for contracting HIV. Even sufficient information about AIDS and its risks did not necessarily deter unsafe sexual behavior (Essien et al. 2005; St. Lawrence, Eldridge, Reitman, Little, Shelby, and Brasfield 1998; Theall et al. 2003). Many of them are either in the "It can't happen to me" state of denial or simply choose not to acknowledge that their partners could potentially be HIV positive (and thus, refuting their idea of the perfect monogamous relationship) by rationalizing this behavior. Studies show that women who have an actual fear of getting AIDS were more likely to use condoms more consistently (Soler, Quadagno, Sly, Riehman, Eberstein, and Harrison 2000).

Traditional forms of HIV prevention education obviously are not as effective as we would like them to be, and more conventional forms specifically focused on African-American women are necessary since these risk behaviors are not changing. There is a dire need for more integrated models of intervention (Corneille, Ashcraft, Belgrave 2005; Essien et al. 2005; Singh-

Manoux 2005) that should address such intervention techniques as: condom use negotiation, the effects of substance abuse on sexual activity, MSM, the importance of STD testing and counseling, availability of free condoms, and disease prevention (in addition to pregnancy prevention).

The African-American community is living in a state of denial when it comes to acknowledging the devastating effects of HIV/AIDS. The slow response to the HIV/AIDS is, in part, the result of homophobia which has become a cancer in the community. In the refusal to acknowledge the homosexual population, African-Americans have handicapped themselves in the fight against further HIV/AIDS infection and deaths (Douglas 1999). Being the central institution within the African-American community, the Black Church also needs to stop ignoring the existence of homosexuality within their sanctuaries and communities so the war against HIV/AIDS can be fought effectively. Though Black churches may not appear as if they condone homosexuality, the silence surrounding this issue turns into ignoring the bigger issue. Not only does this risk behavior affect homosexuals but it also affects heterosexual African-American women who may unknowingly sleep with MSM. Ignorance to homosexuality is not bliss, and this behavior will continue either in the public eye or behind closed doors. The entire community will suffer the consequences. In addition to HIV prevention and intervention efforts for homosexuals, we need the same for homosexuals.

Implications

The disproportionate rates of HIV among African-American women have very important implications for these women and the African-American community as a whole. An important implication for this problem is that the loss of human and social capital. In 2001, African-American women were dying from HIV at an astronomical rate of 26 deaths per 100,000 people

compared to the 1.3 per 100,000 for White women (CDC 2003). With African-American women dying at such high rates from this illness, there are very dire implications for the African-American community as a whole. African-American women are the backbone of their families and their community, often described as the matriarchs and breadwinners (Marbley 2003). The loss of these women in the community is important because, as Logan (1996) notes, the number of female-headed African-American families has more than doubled since the mid-1970s, and almost half of all African-American females do not have a father in the home. Female headed family households constitute about 43% of family households in the African-American community while only 13% White households are female headed (U.S. Census Bureau 2002). The percentage of single-mother families that have income below the poverty line in 1999 was 42% compared to the 25% of the poor single fathers (Tucker et al. 2004). Also, there are great affects on African-American children such increased child poverty and the high likelihood that they will experience their parents' divorce by the age of 16 (Tucker et al. 2004).

Second, since African-American women are contracting HIV at such a high rate, African-American children are being directly and indirectly affected. Directly, a mother's disregard for safe sex increases her child's vulnerability to the disease (Blackwell 1991). Approximately 73% of HIV-infected children in 2004 were African-American (Centers for Disease Control and Prevention 2005). Approximately 20% of HIV infected newborns develop HIV-related infections within the first year of their infection, and therefore, spend more time in the hospital than adults with AIDS and typically have chronic growth problems (Chambers 1993). African-American children are being served death sentences before they even leave the womb, and the poor access to health care ends these children's lives prematurely (Allen 2000). Indirectly, thousands of African-American children are being orphaned as a result of their

parent(s) dying from AIDS (Umeh 1997). If the child is living in female-headed household and his/her mother dies, the child's extended family may have to take on the parental responsibility, usually a grandmother or aunt. Thirty-eight percent of African-American children are being raised by grandmothers (Gibson 2005), and this type of parenting is common in the African-American community as a result of the crack cocaine epidemic and has continued due to the spread of AIDS (Campbell 1999; Levine 1996; Mason and Linsk 2002). If the grandmother or another family member is unable to care for the child, he may end up in foster care.

A final implication of this issue is further discrimination for African-American women. People with HIV/AIDS, in general, face discrimination in many ways: in education, housing, employment, hospitals, and other public institutions (Umeh 1997). Even without the stigma of HIV/AIDS, African-American women are already discriminated against on the daily basis simply because of their "overlapping membership" within certain groups: their race, sex, urban residency, and/or low-income status (Berger 2004). Having HIV/AIDS only adds another bureaucracy and more complications to already burdened lives, (Ward 1993), and "the effect of the HIV/AIDS virus (shifts these women) from marginal positions into highly specific discriminated-against collectivity" (Berger 2004:25). The effects of the HIV seropositive stigma can also be felt within the African-American community itself; Clark, Lindener, Armistead, and Austin (2003) write that when African-American women disclose their positive status to family, partners, and friends, they are less likely than men and White women to receive social support.

The aim of this study is to suggest that researchers consider and acknowledge the importance of structural factors within the African-American community and their role in the increased rates of HIV and other STDs. Though an individual's lifestyle may be partially to blame, we need to definitely examine the societal context. One researcher asks the question,

"What are the factors that influence a rational human being to risk infection?" (Heffernan 2002:172) When it comes to African-American women, I think that this is the question we must ask ourselves. We need to go beyond the idea that each person's particular lifestyle would put so many people at risk for infection. The risks created by these socially produced STDs within certain communities are avoidable, and a means to reduce them is available with the proper political support (Heffernan 2002). "Social structural effects have far greater significance in the spread of disease than individuals' lifestyles" (Heffernan 2002:161), and health-related behaviors are products of and rooted in the social structures of one's environment (Singh-Manoux and Marmot 2005).

Limitations to the Study

The age of this dataset served as a major limitation to this study. Though the data collected from the National Health and Social Life Survey is one of the most comprehensive studies on sexuality and sexual behavior, it was collected in 1992 which dates the information fourteen years. Generally, women only accounted for 14% of AIDS cases in 1992 but by the end of 2004, they accounted for 23% (CDC 2005). Though HIV rates for African-American women were beginning to rise, they were not as high as they are now. Eldridge, Reitman, Little, Shelby, and Brasfield (1998:9) take note from studies dating back to 1993 which state, "Because many African-American men report multiple risk factors and low rates of condom use,…heterosexual transmission of HIV to African American women is expected to continue increasing for the foreseeable future." At that time, people were had little knowledge, if any, of the "Down Low" lifestyle; conversations about this phenomena did not spark a few years ago. Knowledge of this lifestyle may lead to a heightened awareness among African-American women about their susceptibility to HIV infection from African-American MSM, and hopefully, researchers may

see a decline in rates of HIV/AIDS among these women. Although this current study speaks to what was going on with African-American women and HIV at that time, accessibility to up to date datasets that match the depth of this one would be beneficial in showing what is happening presently.

Another limitation to the study is the use of race as a variable. Race is a difficult variable to capture in research since there is no standardized method for its conceptualization. In attempting to capture a respondent's racial identity, one must determine whether the researcher has defined race simply as a binary variable (Black/White dichotomy) or if race being used as a proxy for other demographic and sociocultural variables such as income, socioeconomic status, family environment, marital status, etc. In this study, I utilized the Black/White dichotomy to represent.

Directions for Future Research

One area that needs specific attention is African-American MSM and their effects on African-American sexuality. Information on this particular population, however, is very scarce since there is a lack of subjects who will either be forthcoming about their true sexual orientation and/or share this pertinent information (thus the phrase "down low"). Though the research in this area is starting to grow, we will never be able to see the true effects of this population on the AIDS epidemic in general and more specifically, on African-American women.

Future studies should take consider how truly intimate or casual the relationships that African-American women are engaging in; this may help to explain the enforcement of condom use in their sexual relationships. Pulerwitz, Amaro, DeJong, and Gortmaker (2002) mention that there are few empirical studies actually test the association between power dynamics within relationships and condom use, and this is an area that deserves more attention.

One specific population that should be explored is the increasing rates of HIV infection among older African-American women; as the number of never-married African-American women rises and as more and more African-American marriages result in divorce, African-American women are getting older and living alone.

Future research on condom use within the African-American community should focus on within-group differences. Though this study made ethnic considerations by only including non-Hispanic African-American and White women, these comparisons were still between-groups. Within-group differences are just as important as between-group differences, and within-group diversity is substantial among Blacks and Whites (La Veist 2002; Lewis, Melton, Succop, and Rosenthal 2000; Sarkisian and Gerstel 2004).

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Appendix A:

Table 1. Descriptive Statistics of the Sample (N=1,390)

Characteristics	Entire Sample (s.d.)	Black	White
Control Variables			
Uncentered mean age	36.13 (10.6)	34.94 (10.8)	36.42 (10.5)
Marital status:			
% Married	61.2 (0.49)	42.1 (0.49)	65.8 (0.47)
% Never married	20.8 (0.41)	38.4 (0.49)	16.5 (0.37)
% Widowed, divorced, or separated	17.4 (0.38)	19.2 (0.39)	17.0 (0.38)
Race:			
% White, non-Hispanic	80.5		
% Black, non-Hispanic	19.5		
Educational attainment:			
% Less than high school	13.2 (0.34)	25.1 (0.43)	10.4 (0.30)
% GED or high school graduate	30.9 (0.46)	35.4 (0.48)	29.9 (0.46)
% Some college or technical training	34.1 (0.47)	32.5 (0.47)	34.5 (0.48)
% College graduate and/or graduate work	21.2 (0.41)	6.3 (0.24)	24.8 (0.43)
Respondent's income:			
% $10,000 or less	51.6 (0.50)	59.5 (0.50)	49.8 (0.50)
% $10,001-20,000	22.2 (0.42)	18.6 (0.39)	23.0 (0.42)
% $20,001-50,000	23.2 (0.42)	18.6 (0.39)	24.3 (0.43)
% Over $50,000	3.0 (0.17)	3.0 (0.18)	2.9 (0.17)
Uncentered mean age of first time	17.79 (2.89)	16.59 (2.43)	18.07 (2.93)
Uncentered mean # of partners since age 18	5.94 (28.96)	6.08 (14.86)	5.91 (31.46)
Background Variables			
Family status at age 14:			
% Both biological parents	71.8 (0.45)	49.5 (0.50)	77.2 (0.42)
% One biological and one stepparent	9.1 (0.28)	10.3 (0.30)	8.8 (0.28)
% Single parent	15.7 (0.36)	33.2 (0.30)	11.4 (0.32)
% Non-family	3.5 (0.18)	7.0 (0.26)	2.6 (0.16)
% Have ever been tested for HIV/AIDS	26.4 (0.44)	33.1 (0.47)	24.8 (0.43)
Belief Variables			
Condom effectiveness against HIV/AIDS:			
% Not effective	6.0 (0.24)	8.5 (0.28)	5.4 (0.23)
% Somewhat effective	53.7 (0.50)	48.3 (0.50)	55.0 (0.50)
% Very effective	40.1 (0.49)	42.8 (0.49)	39.5 (0.49)
% Believe condom is unnecessary with familiar partner	38.7 (0.49)	41.4 (0.49)	38.1 (0.49)
% Religious beliefs have guided sexual behavior	56.9 (0.50)	67.8 (0.47)	54.3 (0.50)
Religious attendance:			
% Never	13.4	8.1	14.7
% Once or twice a year	20.9	15.1	22.3
% 1-3 times per month	33.5	35.5	33.0
% Every week or several times a week	32.2	41.4	30.0
% Will only have sex when in love	75.8 (0.43)	76.3 (0.43)	75.7 (0.43)

Note: Percentages for each independent variable may not equal 100% when added up because of rounding.

Appendix B:

Table 2. Correlation Matrix

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. SPV5	1.00																		
2. CAGE	.150***	1.00																	
3. NHB	-.012	-.057*	1.00																
4. EDUC.	-.086***	-.007	-.218***	1.00															
5. NEVMAR	-.228***	-.476***	.213***	-.003	1.00														
6. MARRIED	.268***	.314***	-.193***	.025	-.642***	1.00													
7. WDS	-.094***	.097***	.023	-.023	-.235***	-.576***	1.00												
8. INCOME	-.050*	.106***	-.114***	.321***	-.080**	-.006	.101***	1.00											
9. CP18	-.262***	-.031	.075**	.107***	.124***	-.310***	.268***	.162***	1.00										
10. BIOFAM	.038	.153***	-.244***	.222***	-.152***	.147***	-.016	.087**	-.083**	1.00									
11. STEP	-.024	-.084**	.022	-.101***	-.007	-.026	.027	-.021	.067	-.504**	1.00								
12. SINGLE	-.028	-.138***	.237***	-.157***	.174***	-.139***	-.005	-.065**	.042	-.688***	-.136***	1.00							
13. NONFAM	-.002	.029	.096***	-.078**	.039	-.043	. 007	-.054*	.016	-.302***	-.060*	-.082**	1.00						
14. AIDS	-.108***	-.167***	.074**	.027	.103	-.127***	.059*	.053	.191***	-.088**	.047*	.049*	.045*	1.00					
15. STPAIDS2	-.070**	-.075**	.012	.048*	.076**	-.111***	.065	.069**	.078**	-.024	-.018	.057*	-.027	.023	1.00				
16. CDKNOW	.105***	.088**	.027	-.119***	.053*	.025	.018	-.031	-.051*	.024	-.051*	-.008	.036	-.039	.048	1.00			
17. RELSEX	.103***	232***	.108***	-.027	-.201***	.220***	-.068**	-.055*	-.252***	.076**	-.029	-.062*	-.018	-.091***	-.072**	.019	1.00		
18. ATTEND	.068**	.119***	.151***	.096***	-.129***	.197***	-.108**	-.017	-.219***	.058*	-.053*	-.034	.007	-.083**	-.090***	-.033	.431	1.00	
19. SEXLOVE	.187***	.084**	.006	-.062*	-.133***	.187***	-.086**	-.080**	-.339***	.026	-.020	-.010	-.013	-.068**	-.034	.098***	319***	.177***	1.00

Notes: *p < 0.05; ** p < 0.01; ***p < 0.001 (one-tailed tests). Please see appendix E for variable names.

Appendix C:

Table 3. Net Effects of Variables on Condom Use (N=1,390)

			Condom Use	
Independent Variables	I	II	III	IV
Race:				
White (Non-Hispanic)	**a**	**a**	**a**	**a**
Black (Non-Hispanic)	-0.050	0.047	0.048	0.061
Centered Age		0.002	0.001	0.001
Marital Status:				
Married		**a**	**a**	**a**
Never Married		-0.547***	-0.548***	-0.523***
Widowed, divorced, or separated		-0.368***	-0.358***	-0.334***
Education Level:				
Less than high school		**a**	**a**	**a**
High school graduate		0.055	0.057	0.078
Some college or tech. training		-0.012	-0.007	0.031
College graduate		-0.162*	-0.157	-0.122
Respondent's Income:				
$10,000 or less		**a**	**a**	**a**
$10,001-20,000		0.048	0.054	0.041
$20,001-50,000		0.017	0.023	0.037
Over $50,000		0.077	0.096	0.113
Centered age of first time		0.000	-0.001	-0.003
Centered # of partners since age 18		-0.003***	-0.003***	-0.003***
Family status at age 14:				
Both biological parents			**a**	**a**
One biological and one stepparent			-0.063	-0.054
Single parent			0.012	0.004
Non-family			0.086	0.078
Ever been tested for HIV/AIDS			-0.106**	-0.102*
Condom effectiveness:				
Not effective				**a**
Somewhat effective				-0.117
Very effective				-0.137
Condom is unnecessary with familiar partner				0.089*
Religious beliefs				-0.115*
Sex for love				0.267***
Religious attendance				0.002
R^2	0.00	0.093	0.097	0.116

Notes: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$ (two-tailed tests); **a** indicates reference category.

Appendix D:

Table 4. Net Effects of Interactions on Condom Use (N=1,390)

Interaction Variables (Non-Hispanic Black x Variables)	Effect on Condom Use
Age	0.000
Marital Status:	
Married	**a**
Never Married	0.362**
Widowed, divorced, or separated	0.005
Education Level:	
Less than high school	**a**
High school graduate	-0.164
Some college or tech. training	0.077
College graduate	0.059
Respondent's Income:	
$10,000 or less	**a**
$10,001-20,000	0.054
$20,001-50,000	0.071
Over $50,000	0.255
Age of first time	-0.005
# of partners since age 18	-0.004
Family status at age 14:	
Both biological parents	**a**
One biological and one stepparent	-0.139
Single parent	-0.007
Non-family	0.118
Ever been tested for HIV/AIDS	0.013
Condom effectiveness:	
Not effective	**a**
Somewhat effective	-0.205*
Very effective	0.186
Condom is unnecessary with familiar partner	0.017
Religious beliefs	-0.092
Sex for love	-0.050
Religious attendance	0.004

Notes: *p < 0.05; ** p < 0.01; *** p < 0.001 (two-tailed tests); **a** indicates omitted category.

Appendix E: Explanation of Variable Abbreviations in Table 2

Variable Name:	Stands For:
1. SPV5	Condom Use
2. CAGE	Centered Age
3. NHB	Non-Hispanic Black
4. EDUC.	Education Level
5. NEVMAR	Never Married
6. MARRIED .	Married
7. WDS	Widowed, divorced, or separated
8. INCOME	Respondent's Income Last Year
9. CP18	Centered # of partners since age 18
10. BIOFAM	Lived with both biological parents at age 14
11. STEP	Lived with a biological parent and stepparent at age 14
12. SINGLE	Lived with a single parent at age 14
13. NONFAM	Lived with someone who was not a biological parent
14. AIDS	Ever been tested for HIV/AIDS
15. STPAIDS2	Condoms are effective in preventing HIV/AIDS
16. CDKNOW .	Condoms are unnecessary with a familiar partner
17. RELSEX	Religious beliefs guide sexual behavior
18. ATTEND	Religious service attendance
19. SEXLOVE	Will only have sex for love