

UCSF

UC San Francisco Previously Published Works

Title

An Exploration of the Sexual Behaviors of Emerging Adult Men Attending a Historically Black College/University

Permalink

<https://escholarship.org/uc/item/08s9872v>

Journal

Journal of Black Sexuality and Relationships, 1(1)

ISSN

2334-2668

Authors

Younge, Sinead N
Boyer, Cherrie B
Geter, Angelica
[et al.](#)

Publication Date

2014

DOI

10.1353/bsr.2014.0012

Peer reviewed



HHS Public Access

Author manuscript

J Black Sex Relatsh. Author manuscript; available in PMC 2015 July 01.

Published in final edited form as:

J Black Sex Relatsh. 2014 ; 1(1): 65–96. doi:10.1353/bsr.2014.0012.

An Exploration of the Sexual Behaviors of Emerging Adult Men Attending a Historically Black College/University

Sinead N. Younge,

Morehouse College

Cherrie B. Boyer,

University of California, San Francisco

Angelica Geter,

Morehouse College

Judith C. Barker, and

University of California, San Francisco

Maya Corneille

North Carolina Agricultural & Technical State University

Abstract

The purpose of this study was to provide formative data on the sexual behaviors of emerging adult Black men who attended a historically Black college/university. A convenience sample of 19 participants completed a demographic questionnaire and a semi-structured interview. This study utilized a phenomenological qualitative approach to explore the role of the developmental stage that emerging adulthood has on sexual health. Some of the major themes that emerged included maturation, sexual decision-making, respectability, a future orientation, and masculinity. Despite sexual initiation beginning prior to entering college, participants discussed how the college environment presented them with new information, experiences, and attitudes. This study provides useful information for the future investigation of emerging adult Black men who attend HBCUs.

Keywords

Sexual Health; African American/Black men; Emerging Adults; Historically Black Colleges/Universities; College Students

In recent years, there has been a growing focus on promoting health as opposed to solely preventing disease. This focus has expanded to also include sexual health and an examination of the health behaviors and contexts in which these behaviors occur. The World Health Organization has defined sexual health as “the complete state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease” (World Health Organization, 2014). This study uses the expanded concept by Robinson, Bockting, Rosser, Miner and Coleman (2002) by defining sexual health as “an approach to

sexuality founded in accurate knowledge and self acceptance, such that one's behavior, values and emotions are congruent and integrated ..." (p. 45). Sexual behaviors comprise only one aspect of sexual health. In health discourse, sexual behaviors have, and will continue to, receive a substantial amount of attention given the ease in which they are often measured and their contribution to one's overall health. Sexual behaviors occur within broad and complex socio-ecological contexts and consequently, it is important to understand the multiple layers of influence in which these behaviors occur. Biological, psychological, and social forces all influence sexual behaviors in combination with one's developmental stage in life (Erickson, 1968). Developmental theorists have long discussed important processes and milestones that inform behaviors across and between different domains (e.g., physical, cognitive, and socioemotional) (Arnett, 2000; Erickson, 1968). There is a growing body of research on adolescents' transition to adulthood and the contextual factors that may influence risk and protective factors for sexual behaviors and, in turn, overall sexual health (Arnett, 2004). This transition period is known as emerging adulthood (Arnett, 2000; 2004).

Emerging Adulthood

Emerging adulthood is a developmental period that is purported to take place most commonly in industrialized nations during one's late teens to mid/late twenties (Arnett, 2000). Emerging adults have received a substantial amount of attention in the sexual behavior literature given their increased vulnerability to compromised sexual health including, but not limited to, higher incidence and prevalence of sexually transmitted infections (STIs) including HIV (Centers for Disease Control and Prevention, 2012, 2013; Davidson & Grant, 1988). The central features of emerging adulthood include identity exploration, increased autonomy, experimentation, romantic relationship formation, and career preparation (Arnett, 2004). It is during this stage where one's vulnerability to acquiring an STI may be heightened due to increased numbers of sexual partners and inconsistent condom use (CDC, 2012; Crosby, Milhausen, Sanders, Graham, & Yarber, 2014; Geter & Crosby, 2014).

Emerging Adults and Sexual Transmitted Infections

Young people aged 15 to 29 represent 25% of the sexually experienced population yet acquire nearly 50% of all new STIs (CDC, 2012). Surveillance data show higher rates of reported STIs among racial and ethnic minority groups when compared with Whites (CDC, 2012). More specifically, young Black men and women aged 15 to 24 report rates of chlamydia, gonorrhea, syphilis, and HIV—substantially higher than those of their White counterparts (CDC, 2012, 2013). Women, and Black women in particular, have received the bulk of attention with regard to sexual health disparities; however, emerging adult Black males have increasingly high rates of HIV/STIs and therefore warrant further empirical research. A large proportion of studies on Black men have utilized populations from STI clinics and probation or detention centers and have largely focused on pathological and hypermasculine norms that place these men at greater risk for STIs (McCree, Jones, & O'Leary, 2010). These types of analyses often homogenize the behaviors of young Black men without a clear understanding of the spectrum of behaviors and attitudes that characterize this population.

Emerging Adults and Historically Black Colleges

Another growing and often understudied segment of Black emerging adults are those who are enrolled in college. College students engage in sexual risk taking behaviors, but traditionally have been neglected by large-scale HIV/STI prevention efforts (Buhi, Marhefka & Hoban, 2010; Thomas et al., 2008; Younge, Corneille, Lyde, & Cannady, 2013). While there is a small but growing literature on Black college students, much of the past research has focused on students attending predominately White institutions (PWIs) (Buhi et al., 2010; Lewis, Miguez-Burbano, & Malow 2009). Twenty-five percent of African American college graduates attend an Historically Black College/University (HBCU) (Whitehouse Initiatives on HBCUs, 2013). HBCUs are a cornerstone of the Black community and represent an under-studied population. It has also been demonstrated that the HIV/STI disparities in the general population persist among Black college populations (Buhi et al., 2010; CDC, 2004; Hightow, 2005; Lewis et al., 2009; Thomas et al., 2008). Past research has identified a number of social determinants of sexual health for Black men including higher rates of poverty, income inequality, unemployment, incarceration rates and low educational attainment (CDC, 2012). These structural factors help to explain why there is a higher concentration of HIV in high poverty areas, however, less is known about the increasing rates of HIV/STIs in young Black men who attend college and may represent a different socioeconomic status.

Despite being enrolled in college, Black male college students continue to be confronted with some of the same factors that place Black men in general at increased risk for compromised sexual health. These risk factors include sexual networks, partner concurrency, and sex ratio imbalance (Adimora, Schoenbach, & Floris-Moore, 2009; Hall-Byers, Lee & Witherspoon, 2014). In general, Blacks are more likely to have sexual relations with other Blacks and given the higher prevalence of HIV/STIs in these smaller sexual networks, individual level risk markers, including those comparable with other racial groups, continue to place Blacks at higher risk for adverse sexual health outcomes (CDC, 2012). Some of these factors (e.g., sex ratio imbalance) are often more heightened in the college setting.

Emerging Adult Black Men

Black men tend to have worse general and sexual health outcomes in comparison to members of other racial and ethnic groups (CDC, 2014). These poorer health outcomes may be attributed to a number of social and structural factors including lower rates of educational attainment, access to and quality of health care, lower socioeconomic status, and available resources (National Healthcare Quality and Disparities Reports, 2008). These structural factors are not confined to poorer health outcomes among Black men, but may also be present in other separate but related areas of their lives. Arnett and Brody (2008) discuss emerging adulthood among Black men as “a fraught passage” that is purported to be more complicated for Black men in comparison with other ethnic groups due to the negative assumptions that society has about them in combination with the existing challenges of lower graduation rates, higher incarceration rates, unemployment etc.

Despite the sociocultural challenges for Black men, there remain few intragroup studies that incorporate understandings of sexual health behaviors and the antecedents of those behaviors, from the target community's diverse lived experiences and norms. An understanding of how one's context may impact their individual level behaviors, allows for the development and implementation of informed, and potentially, effective interventions.

In order to better understand the interaction between context and individual level behaviors, developmental factors should be taken into consideration. By doing so, windows of opportunity for intervention become evident. One such key window is during emerging adulthood. As mentioned, there have been a number of studies on the sexual behaviors of Black men, but there exists a dearth of studies that examine the sexual health of young Black men from a developmental lens (Fields et al., 2014; Kogan et al., 2008; Randolph, Kim, Golin, Matthews & Howard, 2013; Sly et al., 2011). Sly and colleagues (2011) reported some significant age differences between younger versus (e.g., age 18 to 20) older emerging adults (e.g., age 21 to 25), with the latter consuming more amounts of alcohol and more likely to report being in a monogamous relationship. In previous studies of Black college students, the lifetime prevalence of sexually transmitted infections, number of sexual partners, and the amount of condom use, and HIV testing were higher in comparison with White students (Buhi et al., 2010; Hou, 2009). Such paradoxical findings further complicate the interpretation of racial comparisons and provide further credence for intragroup analyses that provide insights into the contexts in which sexual health occurs.

Purpose of the Study

The purpose of this study was to provide formative data on the sexual behaviors of emerging adult Black males who attend a historically Black college/university. There are few published studies that examine the sexual behavior of emerging adult Black men using an ecological framework and focusing on college men's developmental trajectory (Kahn et al., 2009; Kogan et al., 2008; Lewis & Sly, 2011; Mincey, Alfonso, Hackney, & Luque, 2013; Randolph et al., 2013; Sly, Lewis, Roberts, Wernick, Lee, & Kirk, 2011). This formative study examined participant meanings around how multiple system levels including institutional culture, peers, and norms, impact the sexual behaviors of Black emerging adult men attending a historically Black college/university (Moustakas, 1994).

Method

PROCEDURES

After receiving approval from the Institutional Review Board, recruitment for the study was conducted during the 2011–2012 academic school year using various strategies including recruitment flyers in venues across campus (e.g., coffee shop, cafeteria, gym), and snowball sampling. Recruitment flyers described the purpose of the study, provided information about how to contact project staff for further screening and the inclusion criteria for the study included self-identification as a Black male, student of the institution, and aged 18 to 25 years.

Potential participants contacted the project staff by phone or email to make an appointment to be interviewed. Participants made an appointment to complete an in-person interview and were given the choice of having a male or female interviewer. After reviewing and signing the consent form, eligible participants completed a brief demographic and behavioral questionnaire prior to the semi-structured interviews. The interviews took place in a private office on campus. A Black male or female research associate conducted the interviews. These research associates were trained in qualitative methods and had previous experience in conducting one-on-one interviews and focus groups. With the permission of the participants, all interviews were digitally audio-recorded. Participants were compensated \$20 for participating in the study and were provided a sexual health information resource guide at the conclusion of the interview. The researchers did not have a predetermined sample size and conducted interviews until no new perspectives on the topics or data saturation occurred. Interview audio recordings were stored on a password-protected computer and sent to an outside contractor for transcription.

INTERVIEW PROTOCOL

Consistent with a phenomenological approach, the interviewers used an interview guide that included several questions with probes and subquestions to help the interviewer elicit responses from the participants. In order to increase the likelihood of more in-depth responses, the interviewer was allowed to modify structured questions as needed. The interview guide was designed to obtain information about participant attitudes, beliefs, behaviors and perceptions around sexual health and the impact of their peers, sexual partners and the college institution (See Table 1). The development of the interview guide was based on previous quantitative data collected from the host institution, existing literature on sexual health, and current and former students who acted as key informants regarding the culture of the institutional social norms.

ANALYSIS

The research team included two undergraduate students who attended the host college, a graduate student who previously attended the host college, a research associate with no prior college affiliation, and the principal investigator, a faculty member of the host college. Consistent with a phenomenological approach (Ahern, 1999; Bevan, 2014), as a form of bracketing, reflexivity in the weekly lab meetings was conducted by all members of the research team to examine how the team's background may impact the interpretation of the data.

Demographic questionnaire data were entered into SPSS version 18.0 for storage and descriptive of the quantitative data collected from the pre-interview, demographic questionnaire. The demographic data were later linked to interview transcript data. Transcribed interview data and verbatim transcripts were exported into the qualitative data management software, NVivo 9. After each interview, the audio recordings were transcribed within days to enable simultaneously initial reviews of the transcripts along side data collection. No substantial changes were made to the interview guide as a result of the initial transcript reviews. The research team reviewed a subsample of the interviewer notes and transcripts to develop an initial codebook. The interviewer notes were used to determine

whether changes should be made to the protocol or if further probes should be used. The notes were also used to describe the demeanor of the participants as they responded to the questions. After the completion of all of the interviews, this codebook was updated and reviewed after each transcript was coded and new codes were added or combined with old codes when appropriate. Once a working codebook was established, two members of the research team established consistency and veracity in the operationalization of codes across the transcripts. Any discrepancies were discussed between the two coders and resolved and further coding of all transcripts were completed.

An open coding strategy was initially used when developing the codebook followed by a refining or iterative approach that used selective and axial coding to identify the themes related to our research question. Throughout this process, the researchers used bracketing to reduce their own presuppositions in data interpretation. This bracketing was conducted throughout the analysis process and in research team meetings where reflections about the data were discussed at length. Interview summaries and notes were taken for each transcript.

DATA AUTHENTICATION

Weekly team meetings were held to discuss and refine the interview protocols and authenticate our findings. As a form of member checking, our student staff members and other non-staff students who attended the Institution were informed of data findings and interpretations.

Results

PARTICIPANTS

Our study sample consisted of 19 Black men aged 18 to 24 years enrolled at an HBCU in the southeastern United States. Upperclassmen (third and fourth year students) comprised the majority of our sample ($N = 16$). All of the men except one were sexually experienced and had at least 1–2 sexual partners in the past 3 months. There were three participants who reported having engaged in sexual activities with male partners and two men reported having previously engaged in sexual intercourse with both men and women. All of the sexually active participants ($N = 18$) had previously tested for an STI and most of the sample ($N = 12$) reported their relationship status as single (See Table 2).

The semi-structured interviews ranged in length from 60 to 90 minutes. The data were edited for readability and pseudonyms were given to all of the participants. The key themes that emerged from the data included the process of developing, labeled as *maturation* and how this developmental process of emerging into adulthood impacted interpersonal relationships. *Sexual decision-making* was another prominent theme that emerged including sexual behaviors (e.g., condom use/non use), STI testing behaviors, and the role of peers on sexual behaviors. *Respectability* was the other prominent theme that emerged and it described how participants viewed themselves and how others viewed them. Within these three meta-themes, there were various related subthemes discussed (See Figure 1).

MATURATION

While the majority of the participants discussed the initiation of sexual behaviors prior to entering college, college was the first opportunity to live independently with increased opportunities for exploration and as one participant described, “reinvention.” Most of the participants reflected on their development from high school or their freshmen year of college to the present. There was consensus about gaining confidence with having varied interpersonal experiences and matriculating through college. Participants discussed being more sexually impulsive when they were younger and making more informed decisions as they aged. One student asserted:

I lost my virginity when I got here, so I guess that’s the thing. I feel like it was, I guess, the independence. Because I was always like, oh, I’m going to stay a virgin until marriage, and then I got here freshman year and I was like—I was just wild. So I guess that—it’s literally being hundreds of miles away from home. You’re on your own for the first time. You know what I’m saying? It’s probably the biggest independence, literally being able to do whatever you want.

Similarly, another participant stated,

I think as I grew older my sexual relationships [changed]—because when I was younger, like I said, I was doing whatever, didn’t really care. It was just like okay I’m here to have fun, I’m here to do whatever because I’m out of my parents house. Couldn’t do that at home, so now it’s like I’m going to do it whenever I can. But then it’s like as I grew older I was like okay well, you know, I’m not really into that anymore and I just think that it’s really more important to try and establish something strong instead of something that’s really, you know, short term because these stronger relationships can take you somewhere you never really know where they can take you. These short-term relationships are just short term and then it’s like this is just one extra person added to my list. “And what does that say about you?” is really what it boils down to for me.

An additional participant summarized his developmental process in the following statement:

I’m more aware now and I’m just more careful, a lot more careful than I was before. Well, I hate to say a lot more because I’m always careful. But I guess it’s just being more aware and I just think things through a lot more. And that has to do with just being growing up, too, basically just growing up. I don’t know how much [Institution X] had to do with that, but just from being a 17-year-old guy in high school to now being a 20-year-old young man about to go out into the world, it’s just that I think about things a lot more as it pertains to how is this going to affect me, how is this going to affect her. There’s just a lot of different things that go on before I engaged in sexual activity with someone, where before it was just like, hey, I like you, you like me, alright.

Partner Availability—In addition to maturation, a second theme that emerged was “partner availability.” Participants discussed the availability of partners once they entered college. Many participants described an abundance of available male and/or female partners.

The availability of women was stated to work in favor of the participants. Some participants were encouraged by their parents to find a suitable partner while they were in college.

... my mom always joked with me. She was like you need to try to find someone because it's never going to be that easy to find smart girls, black girls your age that are right there ...

Similarly, another participant stated,

I developed confidence down here. Because there's so many women compared to guys down here, it almost seems like it's easier to get to 'em here.

The theme of partner availability was also found with a participant who was exploring his attraction to other men.

... with so many attractive men, it kind of makes me more interested in that aspect [relationships with men] ... then there's so many different types of them [men]. So it's like, well, maybe I could be happy with an educated black male like myself, but it's not concrete.

Establishing Relationships—A third theme that emerged centered around “establishing relationships.” Many participants described being young and unprepared for a committed relationship, despite the availability of partners and being more interested in dating as a prelude to having sex, but as they matured, dating for the purpose of building a relationship and meeting a potential [long term] partner became more desirable. Participants discussed entering college and exploring new relationships with people both sexually and non-sexually. Most participants agreed that one's views change from the time they enter college to the time they leave. A participant described not being interested in developing a romantic relationship while he was in school.

I don't care about the girls out here, honestly ... Like there's been a lot of girls who I didn't even really like, but they were cute, so I would kind of do whatever we did. But there wasn't really a relationship. Like there wasn't always a lot of communication. We didn't always hang out. We didn't always talk. It was just kind of like you're cute ...

One participant described the agreement that he had with his girlfriend from back home.

I still am talking to my girlfriend from back home, you know. So, I'm still dating her. Then we have this kind of understanding, kind of open relationship type of thing. So I'm not really talking to too many girls out here, maybe a couple, two or three.

A participant who was a fourth year student stated,

I don't want to just be out there doing that [having sex]. Now I'm looking for a relationship, possibly someone I could build my future with. So I'm looking to date now—I'm looking to date somebody who I can see myself with in the long run.

SEXUAL DECISION-MAKING

Another theme that emerged from the interviews was “sexual decision making.” Participants’ early socialization, prior to entering college, had an impact on sexual decision-making (e.g., whether to have sex and whom to have sex with) and for some participants, presented a conflict between their religious beliefs (e.g., sex before marriage viewed as a sin) and their newly found autonomy in college that often engendered exploration of sexual behaviors and sexual identity. Several participants described being raised “in the church” or finding a relationship with God upon entering college and how these values influenced their peers and/or their own sexual decision-making. All of the participants with the exception of one had previously engaged in penetrative sexual intercourse. Most participants reported using a condom during their last sexual encounter. Several themes for condom use or condom non-use emerged.

Participants described various reasons why they did not use condoms during past episodes of sexual intercourse. A participant described that intercourse felt better without condoms. Additionally, the men did not express any apprehension when female partners introduced condoms. Several participants reflected back on earlier instances of non-condom use and described knowing that their partner was a virgin and not needing to use protection because of a lack of perceived STI risk. Reflecting back on earlier relationships, several participants described relying on other methods besides condoms or birth control (e.g., testing for STIs and knowing their partner’s status, “pull out” method or Plan B) to avoid pregnancy and acquiring an STI. One person said:

So we ended up having a lot of unprotected sex, which led to a lot of Plan B pills. Which brought about a lot of stress, because I have to worry about every month you not having your period and you possibly being pregnant.

In contrast, some participants discussed “always” using condoms.

It’s almost just automatic [condom use]. It’s just something that I always know. If there’s about to be any kind of intercourse or penetration, I know that there has to be a condom involved—everything else is kind of extra. I just know that I always have a condom. That’s just something that’s been instilled in me before I was having sex, so I just keep that in mind.

Another participant described an occasion where he had to initiate condom use to the surprise of his female partner.

Well, she was, like she kind of caught me off guard, to be honest, because she wasn’t really trying to use protection. So I was like a little on guard and then was just like, whoa, you’ve got to slow down. You know what I’m saying? I’m like I don’t have on a condom. I’m not about to put my penis in this vagina without a condom. I don’t even know you like that. So I went and got a condom, but it really caught me off guard because she like—because she was drunk, she didn’t even care if we used a condom.

STI Testing—Participants described their knowledge of sexual health, how to maintain good health and how to protect themselves against HIV/STIs including getting tested. All

sexually active participants reported having at least one previous test for an STI. After learning of the HIV prevalence in their institutional zip code, some participants stated that they chose to either exclusively date within their home institution and some decided to date exclusively outside of their home institution while others initially thought they would refrain from engaging in sexual intercourse all together. One student indicated:

Well, I do get tested quite often for STDs and STIs. So, you know, I guess it's kind of like the same group of people having sex with each other so I know that an infection or a disease can spread. So I've kind of become aware of that or I've become aware of that a lot with statistics of [Institution X].

Another participant described the convenience of STI/HIV testing on campus,

It's on campus [STI testing]. You can go after class, you know? And it's just a good way to know your status.

In contrast, another participant was aware of the student health center's testing but did not utilize it. The participant stated:

I don't use them [student health center] 'cause I use my own doctor. But yeah, I'm aware of them, like HIV/AIDS testing like every month. I don't know, I've never gotten a HIV/AIDS or any STD tests here, but I know they're around. I just feel more comfortable just being with my doctor.

Role of Peers—Peers played a prominent role in the lives of the participants. Many participants described developing bonds with other Black men, some for the first time, upon entering college. Only two participants mentioned that during their first year they felt the need to compete with their peers, in terms of the number sexual partners and how “normalized” sexual behavior is amongst his peers.

A participant reflected on his first year of college and stated,

It's just you realize that was stupid, you were competing with your friends to have sex with girls, like and a lot of times that would make it to where your relations would be a lot more sexual than nonsexual. Like you wouldn't be actually looking for a girlfriend, but rather like a one-night stand type thing.

Another participant stated,

Sex is kind of casual—well, it can be. Not everybody—not every girl is casual with sex, but it's something that's kind of expected—how am I going to—it's not a big deal if you—if somebody were to find out that you had sex with another person, it would just be kind of like, “oh, cool, how was it,” not like, “oh, my god, I can't believe you did that.” It's kind of expected, you know, everybody's kind of doing everybody.

Another participant who was a third year student and reported abstaining from substance use described being playfully being teased by his peers.

They call me a saint because everybody knows I don't smoke, I don't drink. I never have, never ever tasted liquor, never smoked weed. So in that light, they know. So

if they see me at parties, they know I'm never drinking, I'm never smoking, ... and I just never had the urge. I was an athlete, never had the urge to smoke. So my friends, they always joke with me about that. And them themselves, they live the lifestyle—they do some things that I would never do as far as like with numerous girls. Like the number of females they've had sex with is crazy.

Peers also provided advice for dating and provided warnings against contracting an STI. First year students who are mandated to reside in the dormitories during their initial year in college were exposed to peer influence. Dormitories represent a space where students spend the majority of their time socializing. In addition, there remain single sex dormitories and for those participants who engage in sexual activities with women, this creates a barrier and results in sexual behaviors occurring in alternative settings including at someone else's home or in a car. One student reported:

I feel as though you're more inclined [to have sex]—especially freshman year, ... I feel as though a lot of people watch who brings girls into the hall—like into the dorms at least. And they'll be like okay well he has sex with girls, he has sex with this, dah, dah, dah, dah, so I feel like in my dorm in my freshman we're pretty much competing more or less.

A participant described feeling younger and less experienced and seeking advice from his peers.

But it feels like I'm younger in a sense than others with regard to sexual relationships ... You can learn all that from there [books and movies], but at the same time [there are some things] you can't learn from a book. And so I guess I could feel a little bit either younger or immature relative to people who do have girlfriends or do have sex regularly.

Another participant provides an example of how he provides sexual health information to other students and the motivation to so,

Because I'm always telling my other friends that like to do it [use condoms], I'm like you could catch so many STD's ... my childhood best friend actually died from AIDS like in September. So I was just like, you know, it's—it's real for me.

RESPECTABILITY

The respectability theme emerged from the data and was described by the participants as being prepared to enter and thrive in mainstream society as leaders in their home communities by behaving in a “respectable” or traditionally masculine manner. As part of this theme, participants described being viewed as “exceptional” or different from popular negative media portrayals of Black men. A form of delaying gratification or having a strong future orientation was employed by making or delaying certain (risky) choices to achieve a particular future outcome. In some instances, this focus on the future resulted in choosing not to “date,” choosing to date a particular caliber of individual, and dictated which social and sexual networks were appropriate. Most older participants also discussed being a role model for other students and/or their community members back home. As role models, some participants felt pressured to behave in a respectable manner (e.g., having good manners,

speaking well, not partying or getting too drunk) and set a good example by refraining from public displays of risky behaviors. One student said:

I think the institution is trying to alter the perception of black men versus black men always doing some type of illegal action or doing drugs or being alcoholics and not being good fathers. I think the institution is forming myself to be, one, a leader, aggressive and proactive in my community, and just more socially aware and self aware of different things that most people don't know about, like just culture and education and the benefits of it.

Another participants stated,

... with people looking up to you, then you realize I can't just slack off though I really, really want to because these guys even if they don't rely on me heavily, they still look up to me in some fashion so I've got to—it's not keeping up appearances. It's doing what I've been known to do and doing it well.

Similarly, a fourth year participant discussed how he goes about choosing people to be in his social network.

I'm more careful of people I hang around with now. I won't just hang around with anybody. And, of course, you always still want to meet new people, but I'm not just—like as a freshman, you just want to meet people and just hang out all the time and do this and that. But now it's just like I'll meet 'em once and I might network with the new acquaintances, but I won't do—I won't keep them too close and try to just hang around and do all this and that with them.

Impression Management—Some participants discussed that “everyone in the Institution knows each other,” therefore, individuals are more cognizant that others are watching them and policing their behavior. This awareness promoted individuals being on their “best behavior” and impression management or presenting their ideal selves.

I guess I'm more careful with who I choose to get involved with because, you know, it goes back to the whole everybody's going to know your business type of thing. So I guess I'm just more careful as to how I treat these ladies, you know, in the sense that I don't get blacklisted or whatever because of the small environment. I'm just more careful.

Another participant went on to discuss how some of his peers view him as being “contradictory” and police his behavior when he is with his girlfriend.

“Whoa, those are the two people who get on the church bus every Sunday and try to give God to me. But he's smacking her butt.” Or I can't go to a party because—well, you can't be in the party and you're still saying, “Well, you need to come to church with me,” because you don't want to be a—I don't want to be a contradicting person like everybody says I am.

Another participant stated,

I have to hold myself to, I guess, a higher standard, you know, 'cause I am representing my school and people see me with those colors and the name. They

[people] automatically think something. And I don't want to disprove what they previously thought ... I don't want to, you know, disprove their thoughts, like you know, he's acting crazy with his pants on the ground, all crazy. You know, I don't want to do that. I just feel like I have to be, you know, respectable and pretty much represent the school.

Another participant described impression management in terms of his substance use. He stated,

I don't really smoke with a whole bunch of people just because I don't really want a whole bunch of people to be just like, "Oh yeah, I seen so and so smoking" ... I try to keep it low key.

Future Orientation—A strong future orientation may have deterred some participants from getting into a serious long-term or monogamous relationship and may have also inadvertently led to sexual overlap or concurrency by the participant or their partner due to a lack of commitment to one partner. Half of the single participants described being too busy to be in a relationship and focusing more on their studies. One student indicated:

I couldn't possibly be [in a relationship]—with the type of time I spend doing other things that prepare me for that next stage because right now. I'm just hell bent on getting through graduate school and finishing this semester. Last semester I was able to work hard. Like I said, I didn't pay any girls any mind, and what I saw was I got a 4.0 last semester for the first time ever.

Another participant stated:

... when you stay busy, you find less time to engage in these type of things [romantic relationships]. And so like I said I don't really look forward to trying to find somebody or being in a relationship. I'd rather get my work done, stay focused. My degree is my goal right now, you know, finding a job right afterwards. So I can't say that even after graduating I'd still be looking for a relationship. There are other duties, priorities to take care of ...

Consistent with this perspective, another participant said:

First and foremost, scholarship, scholarship, scholarship. I know I have to make sure my academics are together. I have to make sure education is always first. I have to know that education is key, and it is the torch of wisdom.

Partner Selection—As previously noted, most of the participants (e.g., those with same sex, those with other sex, or both partners) reported having a higher availability of potential partners to choose from both within and outside of their college, in comparison to their home communities. Partner selection may be a function of availability, but in some instances was also related to the respectability theme where participants described choosing "suitable" partners. All of the participants reported that their current or last partner was Black or biracial. Despite a higher proportion of potential partners, many participants described their criteria for dating someone which often differed from when they were younger, and included developing an emotional bond that did not always include "hooking up" with someone

solely for sexual gratification. There was a clear delineation between being in a relationship and going out on dates, dating (not exclusively), and solely having sex with someone.

And I developed confidence down here. Um, because there's so many women compared to guys down here, it almost seems like it's easier to, uh, to get to 'em here ...

A fourth year participant who is currently in a relationship described feeling like he did not have a lot in common with individuals outside of his institution.

Well, I feel like girls outside of [Institution X], we don't have as much in common. For example, one of my ex-girlfriends from back home, she's not in school. She didn't even graduate high school, and she doesn't—like talking to her today, like she doesn't really have a plan. Like I feel like people who are in school are at least trying to make that initiative that even if you don't finish school you're still trying to become somebody. You know, like people who are not in school—not saying they're not trying to become somebody, but they just—it's like why are you not in school? If you're not in school and you don't have a job, it's like what are you doing. So from my personal experience, like my ex-girlfriend, she doesn't have a job and she's not in school. So it's like when we talk there's really nothing to really talk about because she doesn't have a plan or anything ... He's in school, he's been in school, and I'm just lollygagging or not doing anything. So like talking to people outside of the [Institution X] and kind of like making you feel good about yourself and bad about yourself because you're like—you're doing something, but then you see how like there's so many people in the world that aren't doing something.

Participants were adamant that they wanted to have social and sexual networks with individuals who met admittedly “raised standards” and adherence to traditional gender norm scripts. For some participants, higher standards narrowed “partner” or “dating” options.

If anything, it's [being a student at Institution X] highered my standards. Like after talking to some of these girls, it's like I can't have a relationship—I see that I can't—in the future, I'm not going to have a relationship with anybody who is not on the same level as me. I don't mean to say that and think I'm better than anyone else, but as far from a—not even just intellectual, but just personality, drive, that thing I was talking about, that motivation, I mean, it just—it bothers me when I see the same thing in girls that just like do nothing. So I guess I've learned that I can't be with a female who doesn't have the same drive and motivation and want to give back, as well as the same—somewhere in the same intellectual capacity as these women. I feel like dealing with anything less would be like taking a step back after dealing with them.

Masculinity—The theme of masculinity emerged from the data and is related to respectability. Scholars have purported that “prescriptions on black sexuality and gender performance have never been partitioned off from racial uplift ideology” (Grundy, 2012, p. 46). This is particularly salient in an HBCU setting whose mission is racial upliftment through student success. Masculinity is conceptualized as a man's own internalization of societal norms about how men should behave (Doss & Hopkins, 1998) including the

expected duties and characteristics that are specific to a gender (Bem, 1974; Pleck, 1976; Stoller, 1968). Most of the participants adhered to traditional western notions of masculinity and heteronormativity including the notion of having a family and being a leader were prerequisites for being a man.

When asked about their definition of manhood, a participant described being interested in the institution because he could use other men on campus as role models.

[His preacher discussed] how it [Institution X] aided you in becoming a man and how to speak because I'm from a single parent household and, like, having a mother and only three sisters, no brothers. So I always thought that being, I guess, immersed in this environment would help me survive or help me learn how to be a male, like act as one, how society would like to see us.

Many participants described manhood as the ability to handle their problems as described by one participant:

Just be able to handle [problems] them with a level head. That's what I really think of when I think of a man. Like a man's supposed to be able to carry the burden ...

Another participant stated:

I mean, the expectation of a [Institution X] man is that once you leave here you're going to be successful and you're going to be a good husband and like, you know, you're just—you're that man.

Sexual Fluidity—Five of the participants reported previously engaging in same sex intercourse. Two of the five participants, self-identified as bisexual. One participant, Jacob (fictional name) described the desire to get married to a woman and have children as a prerequisite for entering into manhood and how these masculine ideologies, specifically heteronormativity or “ways in which heterosexuality is produced as natural, unproblematic, taken for granted and ordinary phenomenon” (Kitzinger, 2005, p. 478), impact his sexual behaviors and vision for his future relationships.

I just wanted the first time that I had sex with a woman to be with my wife if that's going to be a permanent thing. I know if I have sex with men that I won't ever have to risk that because, for whatever reason, I don't see myself marrying a man right now. I mean, it might be possible, but as of now I think that I can keep that virginity with women.

Jacob went on to state,

I would consider myself more or less a bisexual, and most people think that if you're bisexual that means that you want the best of both worlds. You want to have your cake and eat it, too. But right now I like just getting out there. So if a woman makes me happy at the time, then I'm going to be happy with her; and if a man makes me happy at the time, I'm going to let him know. But at the same time, I'm very open in letting both parties know this is what it is, this is what I've had in the past and this is what I like. And I just—I'm content with it. But at the same time, also keeping that respect that if I'm with one person, I'm not going back and forth.

Another participant who self-identified as bisexual, described the reaction of his classmates to his sexual orientation,

Like me like sharing my sexuality with my classmates. They were very, very, very accepting. Like when I was in high school, I didn't feel comfortable telling people that I was bisexual, but when I came here, it was like a lot different because my classmates were so welcoming. And it was like they had open arms. It was like so, we don't care because, you know, you do this—like we are all here together like, you know, trying to make it. So it's not about that. It's not about your sexuality. It's about you as an individual and what you can regurgitate or produce.

Discussion

A substantial amount of psychosocial development occurs throughout one's college matriculation, however, college sexual health campaigns often target students as a static and homogenous population with little regard for individual developmental trajectories and those specific aspects in the environment that may promote or inhibit HIV/STI disease transmission at different developmental periods. Our sample of participants represent a small but diverse range of backgrounds and behaviors and provide findings consistent with existing literature on Black men but also provide a unique insight into the impact of an HBCU context on the sexual decisions and behaviors of Black emerging adult men. Despite sexual initiation beginning prior to entering college for most participants, the participants discussed how college presented them with new information, experiences, and attitudes. Some of the newly developed attitudes and behaviors discussed ranged from choosing to abstain from sexual intercourse, pursuing more “long-term” relationships, testing for HIV/STIs, and situation dependent condom usage. The participants also reflected on how these experiences impacted their development throughout their matriculation. For instance, consistent with the findings of Randolph et al. (2013) some of our participants discussed being less impulsive and making “safer” decisions about sexual behavior as they matured. For some, these changes were attributed directly to their HBCU environment. Some participants reported choosing to engage in safer sexual behaviors such as regular STI testing. They believed that testing is necessary after learning of the STI prevalence rate among their same age peers and understanding the long-term impact of their current behaviors on their future goals (i.e., dating distracting from their studies).

The sex ratio imbalance of more eligible Black women compared with Black men has received a substantial amount of attention in the sexual health literature and is even more pronounced in the college setting in comparison with the general population (NCES, 2013). As previously stated, Blacks generally engage in intraracial sexual behaviors and consistent with the literature (e.g., Hall & Applewhite, 2013; Mincey, Alfonso, Hackney, & Luque, 2013), many of our participants described the wide availability of desirable Black female (and/or male) partners that was not as abundant as in their home communities or if they had attended a PWI. This greater availability of partners may be that HBCU students report a greater number of sexual partners in the past year in comparison to students (of all races) attending PWIs (Buhi, Marhefka, & Hoban, 2010). A greater number of sexual partners may increase one's risk of acquiring or transmitted an STI. In most HBCUs, women make up

approximately 61% of the enrollment (NCES, 2013), which has purported to give men more power and options in relationships. These findings echo those of our colleagues (Hall & Applewhite, 2013; Hall-Byers et al., 2014) who reported that the sex ratio imbalance on an HBCU campus worked in favor of the Black men on campus who were pursuing women and may have in some instances reversed traditional gender roles that view men as the aggressor. Further research into the implications of this role reversal is needed.

The participants in our study were cognizant of the disproportionate prevalence of STIs in Black populations and described how this impacted their individual behaviors and perception of risk for HIV/STIs. For some students, the perceived risk of selecting sexual partners from within the institution's small sexual networks promoted consistent condom use and HIV/STI testing. For other participants, engaging in sexual intercourse with partners who were perceived to have no prior partners impacted their decision to not use condoms. The findings from our study corroborate other reports on condom use among Black college students such that condom non-use was reported in perceived mutually monogamous relationships among opposite sex partners when other methods of birth control were being employed (Duncan et al., 2002). Despite endorsing some traditional western masculinity norms such as becoming a husband, father, provider, and community leader, our participants did not report negative attitudes towards women who initiated condom use as reported by other Black male populations (Bowleg et al., 2011). This may be attributed to the younger age and demographics of our participants who did not endorse those specific aspects of masculinity scripts and is also consistent with other findings (Harris, Palmer, & Struve, 2011) that explore how one's social standing relates to what aspects of masculine ideology will be endorsed. Much of the literature on Black masculinity norms has examined Black men's reported adherence to certain western masculinity norms as a reaction to roadblocks to other forms of masculinity (e.g., financial and career success) (Majors & Billson, 1992). The sexual health literature continues to evolve and develop or expand on past theoretical perspectives. As this research continues to grow, it will be imperative to adjust the lens and modify the object of analysis from the margins (Black male norms in comparison with White male norms) to placing this group in the center where race is not viewed as a risk factor and intragroup differences as well as developmental trajectories are accounted for.

Within a similar vein, one quarter of our sample engaged in same sex behavior and of two of the participants who identified as bisexual discussed their sexual fluidity and in some cases gender role conflict of 'having' to marry a woman as a prerequisite to fulfill a masculinity script of husband, father, and provider. Identity exploration is a characteristic of emerging adults in any environment, however, some scholars have purported that conservative religious convictions may sustain homophobia within the Black college context (Gasman & Drezner, 2006; Harper & Gasman, 2008). Further research is needed to examine the developmental experiences of Black emerging adult men who have sex with men and/or women who attend HBCUs.

Located mostly in the southeastern United States, HBCUs are unique environments that foster nurturing, collective, familial atmospheres and have a strong legacy of developing Black professionals and leaders. Most HBCUs were founded with strong religious orientations whose legacies continue to endure and contribute to the promotion and

adherence to conservative values. Overall, HBCUs continue to be viewed as environments for Black upward mobility and emerging adult Black men enrolled in HBCUs are perceived to have higher access to fulfilling traditional masculine ideologies. Other studies have found that Black college enrolled or educated men seem to have more latitude to reject established masculine ideologies that may place them at increased risk for poorer health outcomes (Corneille et al., 2012; Harper, 2004; Majors & Billson, 1992; Whitehead, 1997).

Black emerging adult college students are often viewed as exceptional because “they have evaded the most common social problems besieging low-income Black men” (Grundy, 2012, p. 55). Participants were aware of and incorporated these societal narratives into their own self-concept and decision-making practices, most notably with the perceived choice and selection of suitable partners. Our findings corroborate those who purport the fluidity of masculine constructions that are performed based on context (Harris et al., 2011; West & Zimmerman, 1987). The men in our sample expressed masculinities that challenged and were aligned with western culturally defined notions of masculinity (e.g., delaying gratification and being a leader). For some participants, this was their first time being in an environment with a high proportion of Black people, and Black men in particular. Connell (1993) suggests that men of all ages and ethnicities negotiate their masculinity by seeking the approval of other male peers. Aspects of approval seeking were demonstrated as participants described how their behaviors were impacted by their peers’ perceptions of them including pressure to have multiple partners. Longitudinal studies are needed in order to explore whether participant attitudes change as a result of leaving the HBCU environment and entering full-fledged adulthood.

Part of becoming a sexually healthy adult involves engaging in behaviors that are consistent with one’s values (Robinson, Bockting, Rosser, Minor, & Coleman, 2002). Several participants described their gender role conflict between their values related to same sex behaviors and the prerequisites needed for entering manhood. Others described the role that religion played in shaping their sexual behaviors, either in the past and currently. Respectability politics endorsed by many HBCUs endorses patriarchal norms that impact sexual health from the endorsement of sexual morality to campus sexual health policies. In total, these factors create environments that may promote or inhibit sexually healthy behaviors.

LIMITATIONS

This study sought to examine the experiences of psychosocial sexual development among a group of Black men attending an HBCU. We recruited a sample of convenience and may have selection and social desirability bias given the sensitive topic of sexual behaviors. In addition, participants were given the choice of a male or female interviewer. Most participants had no preference but asked if the interviewers were students (they were not) potentially fearing confidentiality breaches. These data were collected in 2011 and 2012 on an HBCU campus in the south and may not be generalizable to other HBCUs or Black men who attend predominantly White institutions or who do not attend college.

IMPLICATIONS

Despite the noted limitations, this study provides useful formative information for the future investigation of emerging adult Black men in various and unique settings such as HBCUs. In addition, some themes not previously discussed in the public health literature with regard to the sexual health of Black emerging adult males including may provide future avenues for further sexual behavior and sexual health theory development and/or sexual health interventions with this population.

Conclusion

Sexual health behaviors among emerging adult Black men often begins before entering college, however, the college environment further socializes the individual and contextual factors can interact with one another to facilitate and/or act as a barrier to sexual health. Although this study did not specifically target men who engaged in one form of sexual behavior over another, nearly one quarter of participants reported engaging in same-sex behaviors, a population largely understudied in the HBCU environment. Many of the themes that emerged from our data were not constrained to students who engaged in specific behaviors, however, it is imperative that future research be more purposeful in examining the typologies of students and how these typologies may factor into varying developmental trajectories. Our findings clearly demonstrate the role of peers and institutional culture as effective mechanisms for delivering sexual health promotion interventions. Finally, sexual behaviors occur within a sociocultural context and it is difficult to disentangle the intersections of race, class, and gender. While far from exhaustive, we believe that the findings from this study provide a useful contribution for further exploration of the sexual behaviors of emerging adult Black men enrolled in HBCUs.

ACKNOWLEDGMENTS

This research was supported by a grant from the National Institute of Mental Health 5R25MH067127-07 awarded to Torsten Neilands at the University of California, San Francisco.

Biographies

Sinead N. Younge, PhD is an Associate Professor and Principal Investigator for Project Ujima, in the Department of Psychology at Morehouse College in Atlanta, Georgia. Dr. Younge is an ecological-community psychologist with public health training, whose program of research takes a systems approach to examining sexual health promotion among emerging adults. Dr. Younge takes a community participatory approach to developing effective and sustainable health promotion interventions for underserved populations. Dr. Younge is a former visiting professor for the Center for AIDS Prevention Studies, University of California, San Francisco, California.

Cherrie B. Boyer, PhD, is a Professor of Pediatrics and the Associate Director for Research and Academic Affairs, Adolescent Medicine at the University of California, San Francisco. Dr. Boyer's work examines the biopsychosocial antecedents of sexual risk behaviors and the role that these factors play in the acquisition and transmission of sexually transmitted infections (STIs) and their sequelae. Dr. Boyer is also interested in the development and

evaluation of cognitive behavioral and community-level intervention strategies to reduce the risk of STIs including the human immunodeficiency virus (HIV) and unintended pregnancy in adolescents and young adults.

Angelica Geter, MPH is a doctor of public health candidate at the University of Kentucky and former Project Director for Project Ujima at Morehouse College. The primary focus of Ms. Geter's research has been understanding HIV-related risk behaviors and intervening for high-risk African American populations. Ms. Geter is Project Director of a NIMHD-funded study (5P20MD006131-02) for which Dr. Richard Crosby is the principal investigator investigating social and cultural antecedents of sexual risk behavior in African American men. Ms. Geter and Dr. Crosby are also currently working on an NIMH-funded study (5R01MH092226) on young African American men who have sex with men in Jackson, Mississippi.

A socio-cultural anthropologist by training and an experienced qualitative researcher, **Judith C. Barker**, PhD, is a Professor at the University of California, San Francisco. Dr. Barker engages in prevention-oriented community-based studies examining lay people's beliefs, perceptions and experiences of health and illness and health care, their use of informal support services and resources, and their interface with the formal health care system. Focused on a variety of chronic conditions experienced by vulnerable and marginalized populations, she examines structural, social, familial and individual contexts that give rise to and influence health disparities. Her work has both public health utility and social science relevance.

Maya Corneille, PhD is an Associate Professor in the Department of Psychology at North Carolina Agricultural & Technical State University. Dr. Corneille's research and programmatic interests are in HIV prevention among African American men and women. Along with her faculty appointment as an Associate Professor at NC A&T University, she is also a visiting professor for the Center for AIDS Prevention Studies, University of California, San Francisco, California. Dr. Corneille has published several papers on the topics of ethnic identity, gender roles, masculinity, and positive youth development.

REFERENCES

- Adimora AA, Schoenbach VJ, Floris-Moore MA. Ending the epidemic of heterosexual HIV transmission among African Americans. *American Journal of Preventive Medicine*. 2009; 37(5): 468–471. [PubMed: 19840704]
- Ahern KJ. Ten tips for reflexive bracketing. *Qualitative health research*. 1999; 9(3):407–411.
- Arnett JJ. Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*. 2000; 55:469–480. [PubMed: 10842426]
- Arnett, JJ. *Emerging Adulthood: The Winding Road from the Late Teens through the Twenties*. New York, New York: Oxford University Press Inc; 2004.
- Arnett JJ. Emerging Adulthood: What Is It, and What Is It Good For? *Child Development Perspectives*. 2007; 1:68–73.
- Arnett JJ, Brody GH. A fraught passage: The identity challenges of African American emerging adults. *Human Development*. 2008; 51:291–293.
- Bevan MT. A Method of Phenomenological Interviewing. *Qualitative health research*. 2014; 24(1): 136–144. [PubMed: 24413767]

- Bowleg L, Teti M, Massie JS, Patei A, Malebranche DJ, Tschann JM. ‘What does it take to be a man? What is a real man?’: ideologies of masculinity and HIV sexual risk among Black heterosexual men. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*. 2011; 13(5):545–559.
- Buhi ER, Marhefka SL, Hoban MT. The State of the Union: Sexual health disparities in a national sample of US college students. *Journal of American College Health*. 2010; 58(4):337–346. [PubMed: 20159757]
- Cavazos-Rehg PA, Krauss JM, Spitznagel EL, Schotman M, Bucholz KK, Peipert JF, Sanders-Thompson V, Cottler LB, Bierut LJ. Age of sexual debut among adolescents. *Contraception*. 2009; 80(2):158–162. [PubMed: 19631791]
- Centers for Disease Control and Prevention. HIV Transmission Among Black College Student and Non-Student Men Who Have Sex With Men— - North Carolina, 2003. 2004. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5332a1.htm>
- Centers for Disease Control and Prevention. STDs in racial and ethnic minorities. 2012. Retrieved from <http://www.cdc.gov/std/stats11/minorities.htm>
- Centers for Disease Control and Prevention. HIV and AIDS among African American youth. 2013. Retrieved from <http://www.cdc.gov/nchhstp/newsroom/docs/CDC-Youth-AAS-508.pdf>
- Connell RW. The big picture: masculinities in recent world history. *Theory and Society*. 1993; 22:597–623.
- Corneille M, Fife JE, Belgrave FZ, Sims BC. Ethnic identity, masculinity, and healthy sexual relationships among African American men. *Psychology of Men & Masculinity*. 2012; 13(4):393–399.
- Crosby RA, Milhausen RR, Sanders SA, Graham CA, Yarber WL. Condom use errors and problems: a study of high-risk young Black men residing in three Southern US cities. *International journal of STD & AIDS*. 2014 0956462414526707.
- Davidson J, Grant C. Growing up is hard to do . . . in the AIDS era. *Maternal Child Nursing*. 1988; 13:352–356.
- Duncan C, Miller DM, Borskey EJ, Fomby B, Dawson P, Davis L. Barriers to safer sex practices among African American college students. *Journal of the National Medical Association*. 2002; 94(11):944–951. [PubMed: 12442997]
- Erickson, E. *Identity: Youth and crisis*. New York: Norton; 1968.
- Fields, EL.; Bogart, LM.; Smith, KC.; Malebranche, DJ.; Ellen, J.; Schuster, MA. *American Journal of Public Health*, 2014. 2014. “I Always Felt I Had to Prove My Manhood”: Homosexuality, Masculinity, Gender Role Strain, and HIV Risk Among Young Black Men Who Have Sex With Men.
- Gasman, M.; Drezner, N. A call for community-based education: The state of public safety issues at MSI. In: Terrell, MC.; Jackson, JFL., editors. *Creating and maintaining safe college campuses: A sourcebook for enhancing and evaluating safety programs*. Sterling VA: Stylus; 2006.
- Geter A, Crosby R. Condom Refusal and Young Black Men: the Influence of Pleasure, Sexual Partners, and Friends. *Journal of Urban Health*. 2014:1–6. [PubMed: 23974945]
- Grundy S. “An air of expectancy:” Class, crisis, and the making of manhood at a historically Black college for men. *The Annals of the American Academy of Political and Social Science*. 2012; 642:43–60.
- Hall NM, Applewhite S. Ideology, norms, and HIV prevention among young Black men. *Journal of HIV/AIDS & Social Services*. 2013; 12(3–4):384–403. [PubMed: 25525415]
- Hall-Byers NM, Lee AK, Witherspoon DD. Factors influencing dating experiences among African American emerging adults. *Emerging Adulthood*. 2014; 2(1)
- Hallfors DD, Iritani BJ, Miller WC, Bauer DJ. Sexual and drug behavior patterns and HIV and STD racial disparities: The Need for New Directions. *American Journal of Public Health*. 2007; 97(1): 125–132. [PubMed: 17138921]
- Harper SR. The measure of a man: Conceptualizations of masculinity among high-achieving African American male college students. *Berkeley Journal of Sociology*. 2004; 48(1):89–107.
- Harper S, Gasman M. Consequences of conservatism: Black male undergraduates and the politics of historically Black colleges and universities. *Journal of Negro Education*. 2008; 77(4):336–351.

- Harris F III, Palmer RT, Struve LE. “Cool posing” on campus: A qualitative study of masculinities and gender expression among Black men at private research institution. *Journal of Negro Education*. 2011; 80(1):47–62.
- Hightow LB, MacDonald PD, Pilcher CD, Kaplan AH, Foust E, Nguyen TQ, Leone PA. The unexpected movement of the HIV epidemic in the Southeastern United States: transmission among college students. *Journal of Acquired Immune Deficiency Syndrome*. 2005; 38(5):531–537.
- Kahn M, Kaufman J, Pence B, Gaynes B, Adimora A, Weir S, Miller W. Depression, sexually transmitted infection, and sexual risk behavior among young adults in the United States. *Archives of Pediatric Adolescent Medicine*. 2009; 163:644–652.
- Kitzinger C. Heteronormativity in action: Reproducing the heterosexual nuclear family in after-hours medical calls. *Social Problems*. 2005; 52(4):477–498.
- Kogan SM, Brody GH, Gibbons FX, Murry VM, Cutrona CE, Simons RL, Wingood G, DiClemente R. The influence of role status on risky sexual behavior among African Americans during the transition to adulthood. *Journal of Black Psychology*. 2008; 34(3):399–420. [PubMed: 23225915]
- Lewis J, Miguez-Burbano M, Malow R. HIV risk behavior among college students in the United States. *College Student Journal*. 2009; 43(2):475–491.
- Lewis RK, Sly J. Health behaviors of African American emerging adult males. *Journal of Black Masculinity*. 2(1):84–102.
- Majors, R.; Billson, JM. *Cool Pose: The dilemmas of Black manhood in America*. New York, New York: Simon and Schuster; 1992.
- McCree, DH.; Jones, KT.; O’Leary, A. *African Americans and HIV/AIDS: understanding and addressing the epidemic*. New York NY: Springer Science+Business Media; 2010.
- Mincey K, Alfonso M, Hackney A, Luque J. *Understanding masculinity in undergraduate African American men*. *American Journal of Men’s Health*. 2013
- Moustakas, C. *Phenomenological research methods*. Thousand Oaks, California: Sage Publications Inc; 1994.
- National Center for Education Statistics. *Historically Black Colleges and Universities Fact Sheet*. 2013. Retrieved from <http://nces.ed.gov/fastfacts/display.asp?id=667>
- National Healthcare Disparities Report. Agency for Healthcare Research and Quality. 2008. Retrieved from <http://www.ahrq.gov/research/findings/nhqrdr/nhdr08/nhdr08.pdf>
- Robinson BE, Bockting WO, Rosser BRS, Miner M, Coleman E. The sexual health model: application of a sexological approach to HIV prevention. *Oxford Journals Health Education Research*. 2002; 17(1):43–57.
- Sly JR, Lewis RK, Roberts SR, Wernick S, Lee FA, Kirk CM. Assessing the health behaviors of African American emerging adults. *Journal of Prevention & Intervention in the Community*. 2011; 39(4):333–345. [PubMed: 21992023]
- Thomas PE, Voetsch AC, Song B, Calloway D, Goode C, Munday L, Heffelfinger JD. HIV risk behaviors and testing history in historically black college and university settings. *Public Health Reports*. 2008; 3(123):115–125. [PubMed: 19166095]
- Warren-Jeanpiere L, Jones S, Sutton MY. Health Administrator Perspectives on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Prevention and Services at Historically Black Colleges and Universities. *Journal of American College Health*. 2011; 59(4): 327–329. [PubMed: 21308594]
- Whitehead T. Urban low-income African American men, HIV/AIDS, and gender identity. *Medical Anthropology Quarterly*. 1997; 11(4):411–447. [PubMed: 9408898]
- White House Initiative on Historically Black Colleges and Universities (US). *White house initiative on historically Black college and universities*. Ann Arbor, Michigan: 2013. Retrieved from US Department of Education <http://www.ed.gov>.
- West C, Zimmerman DH. Doing gender. *Gender and Society*. 1987; 1(2):125–151.
- World Health Organization. *Defining sexual health: Report of a technical consultation on sexual health*. January 2002, Geneva. 2006. Retrieved from http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf.

Younge SN, Corneille M, Lyde M, Cannady J. The paradox of risk: Historically Black college/ university students and sexual health. *Journal of American College Health*. 2013; 61(5):254–262. [PubMed: 23768223]

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

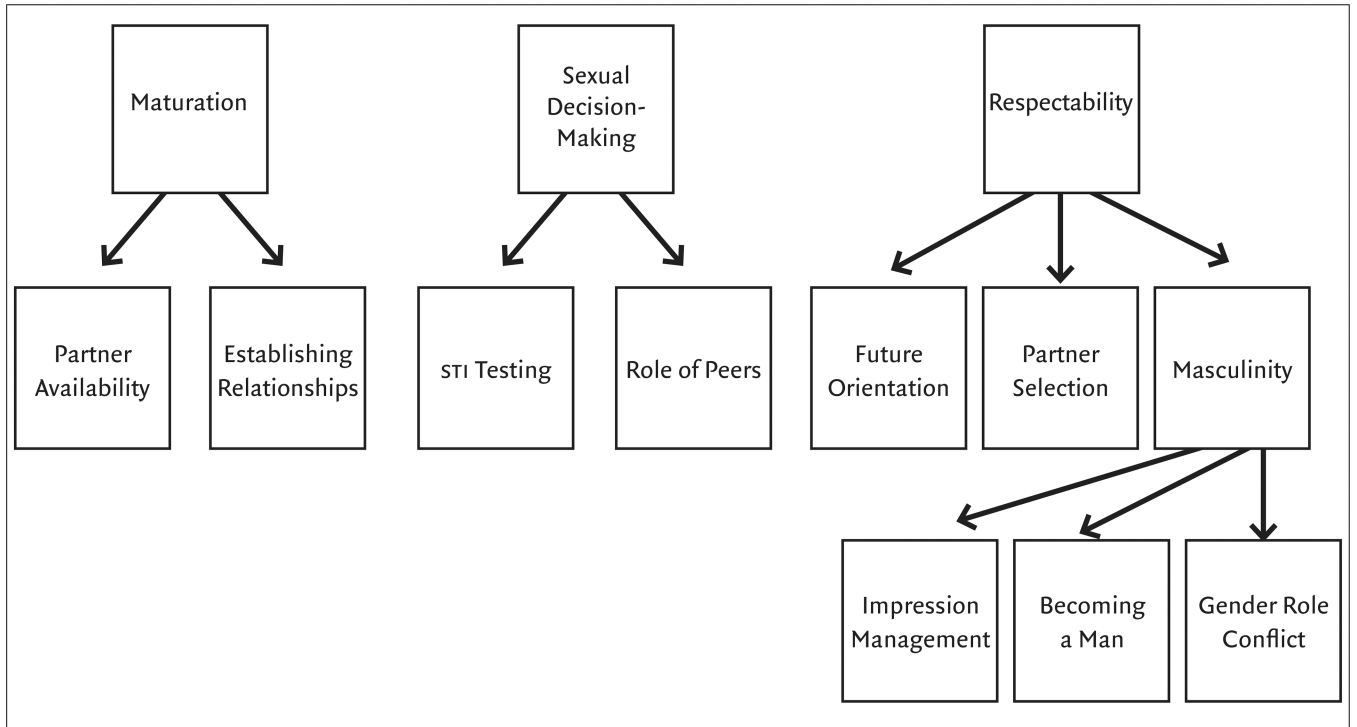


Figure 1.
Summary of Major Themes and Subthemes.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 1

Sample Interview Protocol Questions

1	Tell me about your decision to attend this college.
2	What does your home community expect a college student to be like?
3	(For first year students): Do you think that your social relationships and dating behaviors (both sexual and non-sexual) will change now that you are here? How? Why?
4	(For second, third, and fourth year students only): Tell me how your experience as a student here have influenced your social relationships/dating experiences (both sexual and non-sexual).
5	Tell me more about your recent or current dating experience.
6	(If applicable) Tell me about the last time you had sexual intercourse (including oral and/or penetration).

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 2
Demographic Characteristics of Emerging Adult Black Male College Students Sample

Age	<i>M</i> = 20.7, <i>SD</i> = 1.19	
Classification	YES	NO
First year students	(<i>N</i> = 18) (<i>N</i> = 1)	(<i>N</i> = 1)
Second year students	(<i>N</i> = 2)	
Third year students	(<i>N</i> = 10)	(<i>N</i> = 1)
Fourth year students	(<i>N</i> = 6)	
Race	Ever Engage in Penetrative Intercourse	(<i>N</i> = 1)
Black/African American		
Relationship Status	100% (<i>N</i> = 19)	
Not in a committed relationship	(<i>N</i> = 12)	
In a relationship	(<i>N</i> = 5)	
Dating	(<i>N</i> = 2)	
Number of Sexual Partners in the Past 3 Month		
0	(<i>N</i> = 4)	
1	(<i>N</i> = 6)	
2-4	(<i>N</i> = 6)	
5-7	(<i>N</i> = 2)	
10	(<i>N</i> = 1)	