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Black men in the USA experience disproportionately high rates of HIV infection, particularly in the Southeastern part of the country. We conducted 90 qualitative in-depth interviews with Black men living in the state of Georgia and analysed the transcripts using Sexual Script Theory to: (1) characterise the sources and content of sexual scripts that Black men were exposed to during their childhood and adolescence and (2) describe the potential influence of formative scripts on adult HIV sexual risk behaviour. Our analyses highlighted salient sources of cultural scenarios (parents, peers, pornography, sexual education and television), interpersonal scripts (early sex-play, older female partners, experiences of child abuse) and intrapsychic scripts that participants described. Stratification of participant responses based on sexual-risk behaviour revealed that lower- and higher-risk men described exposure to similar scripts during their formative years; however, lower-risk men reported an ability to cognitively process and challenge the validity of risk-promoting scripts that they encountered. Implications for future research are discussed.

Keywords: African-American; men; HIV/AIDS; risk; sexual scripts; sexual behaviour

Introduction

Black men in the Southeastern USA remain a high-risk group for acquisition of the human immunodeficiency virus (HIV) (Adimora et al. 2006). Recent national surveillance data reveals that Black men are eight times more likely to be diagnosed with HIV than White men (Centers for Disease Control and Prevention 2011). Although much of the current research focuses on Black men who have sex with men, racial disparities persist across sexual risk groups, with Black heterosexual men also being at much higher risk for contracting HIV than their White counterparts (Prejean et al. 2011). Additionally, Black women are at a disproportionately high risk for HIV seroconversion and over 80% of their infections are acquired through heterosexual contact (Centers for Disease Control and Prevention 2011). HIV researchers are increasingly calling for renewed focus on Black heterosexual men, both as a risk population with unique circumstances and needs and also as partners in prevention (Bowleg and Raj 2012; Higgins, Hoffman, and Dworkin 2010; Raj and Bowleg 2012).

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The task of understanding and mitigating HIV risk among Black heterosexual men is challenging, however, as sexual behaviour remains complex and difficult to predict. Traditional models and theories of behaviour in public health often emphasise individual-level influences and rational decision-making and, as a result, many HIV-prevention and education programmes focus on changing attitudes, knowledge and skills, often without considering larger structural contexts (Adimora and Auerbach 2010; Barnett and Parkhurst 2005; Esacove 2012; Ogden et al. 2011). Sociocultural influences such as masculinity ideology (men’s beliefs about the importance of adhering to culturally defined standards for male behaviour) may also have a significant impact on HIV-related sexual-risk behaviours, particularly among Black Americans (Adimora and Schoenbach 2002; Cochran and Mays 1993). Endorsement of traditional masculinity ideologies, which can include a need for dominance and even sexual aggression, has been associated with inconsistent condom use, more sexual partners and intimate partner violence perpetration in adolescent and young adult men in the USA (Noar and Morokoff 2002; Pleck, Sonenstein, and Ku 1993; Santana et al. 2006), as well as in other settings such as South Africa (Harrison et al. 2006) and Brazil (Pulerwitz and Barker 2008).

Building on these observations, in-depth qualitative work has further characterised these traditional masculinity ideologies and their relationships to HIV risk in a variety of cultural contexts. A recent qualitative study in Mozambique elicited dominant, risk-promoting masculinity ideologies that encouraged sexual partner concurrency (Macia, Maharaj, and Gresh 2011). In South Africa, in-depth qualitative and theoretical work has delineated the nature of dominant gender role norms for Black South Africans, their connections to intimate-partner violence and HIV and their roots in historical struggles with colonialism and apartheid (Jewkes and Morrell 2010). In the USA, ideologies of masculinity among African-American men have also been conceptually situated within the larger sociohistorical context of slavery, segregation and socioeconomic disparity (Bowleg 2004; Whitehead 1997).

More recently, Bowleg and colleagues (2011) conducted focus groups with heterosexual Black men in Philadelphia and uncovered several ideologies with concerning implications for HIV prevention: most significantly, the concept that men were supposed to have sex with multiple women and the assumption that condom use was not a man’s responsibility. Similarly, young Black men in Baltimore also described an emphasis on sexual prowess – measured in part by the number of partners accrued – as a part of traditional Black male gender ideologies (Kerrigan et al. 2007). These studies of provide an important background from which to study Black men’s sexual behaviour. Still lacking in the literature, however, is a detailed understanding of where and when Black men are exposed to messages about sexuality and how these messages translate into subsequent sexual-risk practices.

One approach to describing the production of sexual behaviour is Sexual Script Theory (SST), which provides a conceptual framework within which to understand sexual conduct (Gagnon and Simon 1973; Simon and Gagnon 1999). This model posits that an individual’s sexual behaviour is produced by a set of interacting instructional guides, or scripts. There are three types of scripts: cultural scenarios, interpersonal scripts and intrapsychic scripts. Cultural scenarios include implicit and explicit instructions dictated by larger society. In contrast, interpersonal scripts are formed based on an individual’s own experiences within sexual encounters. Finally, intrapsychic scripts encompass an individual’s private desires and fantasies, which are linked to and influenced by their interpersonal and cultural experiences. The three levels of scripts interact with one another to shape subsequent sexual behaviour in a dynamic and evolving process.
Previous research has applied SST to the study of HIV sexual risk behaviour. For example, sexual scripts of urban women in New York City were analysed with respect to the specific domains of sexual initiation, sexual decision-making and condom introduction and a behavioural intervention was able to temporarily change these scripts in a self-empowering manner (Dworkin, Beckford, and Ehrhardt 2007). Less commonly, SST has also been applied to male populations. Seal and Ehrhardt (2003) studied scripts for courtship, romance and sex within a sample of ethnically diverse men in New York and elicited scripts focused on emotional intimacy, as well as variations depending on partner type (casual versus main). One study examined the ways in which alcohol shapes sexual scripts in a sample of HIV-positive men who have sex with men and identified three types of scripts: spontaneous, routine and taboo, it also highlighted the need to study scripts in other populations including HIV-negative men who have sex with men and non-gay identified men of colour (Parsons et al. 2004). To date, SST and its relationship to the sexual behaviour of Black heterosexual men have been understudied.

In this paper, we extend the application of SST to a sample of Black men residing in the Southern state of Georgia. Through the lens of SST, we performed a qualitative analysis of interview transcripts from a larger study on social context, mental health determinants and HIV-risk behaviour. Our aims in this analysis were to: (1) characterise the sources and content of sexual scripts that Black men were exposed to during their childhood and adolescence and (2) describe the potential influence of formative sexual scripts on adult HIV sexual risk behaviour.

Methods
Participants
We conducted 90 semi-structured qualitative interviews in three cities in Georgia (Atlanta, Columbus and Valdosta) from April to August 2010 as part of a larger study, Project ADOFO, which explored the relationships between demographic factors, mental health determinants, coping strategies and HIV-risk-protective/promoting behaviour among Black men. These three locations were chosen because they represented varied metropolitan statistical areas with large Black populations and high HIV case rates (Georgia Department of Community Health 2009).

Procedure
Study participants were recruited from barbershops, community-based organisations and college campuses using convenience and snowball sampling approaches. Inclusion criteria were age ≥ 18, self-identification as Black/African-American and reported HIV-negative or unknown status. Men were recruited regardless of recent or past sexual behaviours, in order to include a wider range of risk profiles. The institutional review board of Emory University and the Grady Memorial Hospital Research Oversight Committee approved this study. Participants received a $50 gift card as a cash incentive.

We conducted semi-structured interviews in private areas such as offices, school conference rooms and hotel meeting rooms. Four trained interviewers performed the interviews, three were Black men and one was a White woman. The interview guide included the following domains: (1) mental health determinants (including childhood experiences, stress, racism, depression and gender role conflict), (2) coping strategies and (3) HIV-risk-promoting/protective behaviours (condom use, HIV testing). Questions were
open-ended, allowing the research team to elicit themes that were not previously anticipated. Within the section on childhood experiences, we asked participants ‘How did you first learn about sex?’ and used their responses to comprise the focal point of this analysis. At the conclusion of the interview, participants completed a brief survey about demographics (age, income, religion, education), sexual orientation, recent sexual partners (gender, number), condom use and HIV testing practices.

**Analysis**

We transcribed all audio files and imported them into NVivo 8.0, a qualitative management and analysis software package. Three interviews were independently coded by four members of the research team using a standard set of codes developed from the original interview guide. After inter-coder reliability was determined ($\kappa > 0.80$), the remaining 87 interviews were coded. A code was developed to define men’s narratives of how they learned about sex. The segments of text corresponding to this code were then isolated for further analysis. Themes and sub-themes were framed using SST to characterise the ways in which multiple levels of influence contributed to early messages about sexuality.

Next, survey responses were examined in order to stratify our sample into higher- and lower-risk groupings according to reported condom use practices. The higher-risk group included all men who reported having had more than one sexual partner in the past 12 months and endorsed a condom use frequency that was less than ‘always’. The lower risk-category included men who reported ‘always’ using condoms, regardless of number of partners, or who had less consistent condom use but only reported having sex in the context of a monogamous committed relationship. Of the 90 interview participants, 22 men fell into the higher-risk category and 49 into the lower-risk category, 11 did not answer the condom use questions and 8 had conflicting data (i.e., answered that they were in a committed relationship but then endorsed multiple partners) making it impossible to place them in one of the two categories. All 90 transcripts were used for the initial analysis, but the subsequent comparative sub-analysis was limited to the 71 transcripts that could be associated with behavioural-risk data.

**Results**

The men in our sample represented a wide range of ages, educational backgrounds and income levels, with participants skewed towards younger age (mean 36.7, standard deviation 14.5, range 18–63) and lower income (64.4% of participants had an annual income that was less than $15,000). The majority (86.7%) self-identified as heterosexual. Demographic characteristics are listed in Table 1. The answers provided within the in-depth interviews yielded detailed information about the sources and content of sexual scripts, especially cultural scenarios and interpersonal scripts. Stratification of the sample by risk category revealed differences between higher- and lower-risk men.

**Cultural scenarios**

The most common sources of cultural scenarios described by our sample were parents and peers, who were mentioned with about equal frequency (31 and 33 mentions, respectively). The two next most common sources were pornography and school-based sex education (18 mentions each). Finally, 13 participants cited television or other mainstream media as sources of sexual learning.
Parents

Many participants cited their parents as the people who first taught them about sex. At the same time, 10 respondents specifically mentioned that they did not receive a classic ‘sex talk’ or ‘birds and bees’ conversation with either parent. There was variability in the depth and content of the information transmitted by parents to children. Mothers, for the most part, passed on risk-lowering scripts, encouraging condom use and delay of sexual initiation, with a focus on pregnancy prevention. Scripts from fathers often had a similar focus on contraception, as illustrated by this example:

I had a talk with my dad one time and it lasted a hot second, and it was to the point. It was my first time going on a date with a young lady and my dad ... says, ‘I want to talk to you.’ I said, ‘Okay.’ He said, ‘Look, I understand you’re going on your first date.’ He said, ‘I don’t know whether you’re having sex or not, but I’ma tell you this now, if you get this young lady pregnant, you’re going to take care of my grandchild.’ He said, I’m not taking care of my grandchild, you’re going to do it.’ So that was my sex education with my dad. And it hung, because I knew he was not lying. (Connor, 38, Columbus)1

At other times, however, fathers assumed sexual behaviour was occurring or even facilitated sexual initiation:

Well I lost my virginity at age 16 after I had actually got out the lockdown facility [correctional institution] on my birthday. My daddy gave me a condom and I had sex with this lady and she was like 23 and I was like 16. [Interviewer: As a birthday gift, he gave you the condom?] Yeah. Because I was still a virgin. And he didn’t believe me so he was like, ‘Man,
you ain’t no virgin man.’ He threw me a condom and he was like, ‘Man.’ He gave me a condom and everything. I had a good time and went to the party and everything and I had sex and used the condom. It was like the first time I ever had sex. I didn’t know what to do so I didn’t really do anything. (Eric, 19, Columbus)

Fathers passed on a range of scripts, often with both risk-promoting (i.e., early sexual initiation) and risk-preventing (i.e., condom use) elements. In both maternally- and paternally-derived scripts, narratives centred on the pitfalls of unwanted pregnancy, as opposed to HIV/STD prevention.

**Peers**

Older brothers, cousins (usually male), other neighbourhood children and ‘the streets’ were all cited and, like parents, these sources passed on information about prevailing norms and cultural scenarios. In some cases, boys exchanged specific knowledge about the mechanics of sexual intercourse. Participants also described feeling peer pressure to prove their masculinity by engaging in sexual intercourse:

> When I got 11, my brother was dating this girl. And it was my birthday. Even though I wouldn’t say he made me, because he talked me into doing it. He made me have sex with his girl. And yeah, because he kept telling me, ‘Oh you scared, you scared.’ He kept on saying little things and what made me go in the room, and so yeah, I been forced. (Noah, 30, Atlanta)

Even when intercourse was not occurring, men described posturing behaviours and bravado around sexual behaviour:

> You know like at school, you know the other guys talking about sex and what girl they had got with and stuff like that, and of course, you know I know we were all lying, I know I was lying a lot of times. (Sebastian, 54, Atlanta)

Peer-derived scripts were generally more risk-promoting, as they encouraged early initiation and concurrency and rarely focused on condoms or pregnancy prevention.

**Sex education**

Many of the participants stated that they had participated in sex education classes through school. Some participants listed this as the main way in which they learned about sex, however, others mentioned school-based sex education as an afterthought. Sex education classes were often characterised as ill-timed or superficial, with several participants agreeing that ‘[they] had already started experimenting with sex before then’ (Luke, 58, Valdosta).

**Pornography**

In contrast to the dismissiveness often accorded to school-based sexual education programs, pornography was often remembered as a primary mechanism through which the men learned about sex. Participants described vivid memories of their first experiences viewing pornography:

> I really didn’t learn, learn, learn about [sex] until I found some 8 mm movies in my mama them room, and then my uncle let me get that, about 12 years old. We got them, and we thought they were movies. We didn’t know what they was. And we watched them. That’s when I really just saw, you know, start learning. You know. Then I started looking at magazines and stuff, you know. Other kids’ fathers and mothers, whatever, had magazines in the house. (Luis, 52, Atlanta)
Finding and viewing of pornographic materials with friends was a common experience for men in our sample. Specific details about condoms or sexual risk were not mentioned in any of the discussions about pornography.

**Television and media**

Television (TV) and other media sources (books, Internet) also emerged as common sources of scripts. Some participants mentioned TV in passing, while others cited it as a major source of their early sexual knowledge. Compared to other sources, however, information gleaned from TV was sometimes vague, as described below:

> You know, when you watch a movie you just think, dang, they kissing. Okay, the light’s getting dark and they in bed, and then you know how the movie kinda phase out, and they in the bed and then, you know, 30 s later they show them in the kitchen eating breakfast in the morning. You go, okay, so y’all did something that wasn’t nice. (Eli, 20, Columbus)

As with pornography, mentions of TV were not associated with any messages about condom use, pregnancy prevention or risks associated with sexual behaviour.

**Interpersonal scripts**

Interpersonal scripts were as prominent as cultural scenarios in the early sexual socialisation of the men in our sample. Many participants stated that they learned about sex via their sexual initiation and other early sexual experiences. Many described engaging in sexual play without penetration during their childhoods. Some stated that they ‘learned on [their] own’ during early experiences of sexual intercourse. At other times, an early sexual partner was cited as the primary teacher. This partner was in many cases a much older girl or woman. Both coercive and consensual relationships with older female partners were described.

**Sex play**

A total of 10 participants described games played during their prepubescent years with girls around the same age. These games did not involve penetration and often their significance was recognised in retrospect. A typical scenario is described below:

> Probably a ’lil hunching [dry humping, or rubbing of genitals against one another] with the clothes, you know, with the clothes on but nothing other. [I was] probably like eight or nine then. There use to be lots of the little kids, we used to play the games, games of hide and go get, whatever. We played that little game. (Sean, 20, Columbus)

Both ‘hunching’ and ‘hide and go get’ were mentioned by several participants in our sample.

**Female teacher**

In all, 16 men described early sexual experiences with a female partner who initiated the encounter. These partners were often labelled pejoratively as ‘fast girls’, ‘fast tail girls’ or ‘hot girls’ (implying promiscuity), but at other times were merely described as patient guides through the process of sexual initiation, as below:

> I was with a female who knew a lot more than I did and she like . . . she like showed me. She was leading me to do these things. I knew almost what I was doing, but she knew everything. So she was more experienced, so that’s kind of like how I learned. She just taught me what I’m supposed to do in certain situations and having sex. She just laid down the guidelines, really. (Chris, 29, Atlanta)
The initial sexual encounters of 14 participants were with sexual partners significantly older than themselves. In some cases, a woman was ‘given’ to a participant by an older male relative, as described in the aforementioned cases of Eric and Noah. In other cases, participants related that the older female partners gravitated towards them and initiated sexual encounters.

Finally, there was a small subgroup of men (n = 5) who stated that their first time learning about sex was in the context of being a victim of sexual abuse. One of the more detailed accounts is listed below:

When I was 8 years old, see my mom she had this baby-sitter, and she was a teenager. She was like 17 and so what happened she used to put me on top of her when she got out the shower. And so I never did tell on her or nothin’ but what happened my cousin when I used to go and take a leak, my cousin he’d be standing over there. You know how boys is, right? But when I was peeing, I was crying because it was hurtin’, right? At the age of 8. He asked me, ‘What you crying for?’ And I was like ‘It hurt.’ So I had my little underwears on and my underwears had little pus spots in them you know they done be got burnt. But see I didn’t know about that ... so [my mama] brought me down to the hospital and so they ran a test and they seen what it was and they said it was gonorrhoea ... I didn’t know to tell ‘til I got ‘bout 21 or 22 ... I didn’t tell because I didn’t want her to stop. (Dominic, 44, Atlanta)

One participant described abuse by a male relative, four described being abused by women. Perpetrators were relatives or family friends and the abuse described was typically in the pre-teen years. Despite the traumatic nature of these instances, participants recognised these abusive encounters as the formative experiences through which they learned about the nature of sex.

Intrapsychic scripts

Intrapsychic scripts were the most difficult to identify as explicitly stated in the qualitative data generated by these interviews. In a few cases, participants’ own reflections provided a window into the potential ways in which cultural and interpersonal scripts were translated into intrapsychic scripts. For example, Dominic states at the end of the above quote, ‘I didn’t want her to stop’, suggesting an intrapsychic script that reflected the conflict between being subjected to something that was abusive while also physiologically pleasurable. Ian, a 37-year-old man who was molested by his mother’s sister, describes how a similar phenomenon continues to affect his adult behaviour:

But, and right to this day I think that’s why I’m more attracted to older women. I don’t deal with any young females. You know and most guys want the younger girls [Interviewer: You think that’s affected your relationships as an adult?] I know it did. A lot of people don’t realise or, or we take it for granted that sex is something that it has to be consensual, two people you know what I mean – you have to want it, you know, and if you don’t want it and I don’t want it then, you know, that’s rape. You know what I’m saying and a lot of times I’ve done that. And not realising the position I was putting myself in. You know, but by them being your girlfriend they don’t make a big deal out of it you know, when [my aunt] wanted it, she got it. So you know, maybe that’s why you know, some of the shit that I did you know when I figured when I wanted it, you know, you are supposed to give it to me.

In this instance, Ian has the insight to describe how his experiences of being abused by his aunt during childhood translated directly, via his earliest sexual scripts, into his own subsequent sexual behaviour as an adult.

Analysis by risk group

When comparing and contrasting coded text according to our risk-group categories, there was no obvious difference between the two in terms of the frequency of different script
sources that were described. The differences that emerged were in the reaction to, and processing of, these scripts.

Consequences

Comments about the consequences of sexual scripts or acts were relatively more common in the lower-risk group. That is, lower-risk men were more likely to draw connections between early experiences and subsequent behaviour or to acknowledge problematic aspects of the scripts that they had been exposed to. Chase, for example, related in another part of the interview that he was abused by a male cousin as a young child. He then related the following experience:

I walked in on my sister watching a porno one time ... I learned about sex probably about then ... I remember it was like very confusing, because ... I was like two women and a man ... and then that [abuse] was going on with my cousin, you know what I’m saying? So its kind of like, oh man, I don’t really know what to think. So I was kind of threw off sexually from a long time ago, man. [Interviewer: Just kind of confusing for you?] Yeah. (Chase, 27, Valdosta)

In this quotation, the participant displays considerable insight into the ways that his childhood experiences with abuse and pornography led to confusion around sex and sexuality back then and later in life.

Recognising and choosing between alternate scripts

Taking insight and introspection a step further, some participants explicitly recognised alternate scripts and the need to choose among them. This was also more common in the lower-risk men. Abstinence was cited as an alternative script in some cases, as below:

[My] whole family talked about [sex] ... uncles, cousins, my mom and my sister, they made me learn stuff that up and now my mama still talking to me about is there, she say some more disease and stuff out there, and my uncle done come talk about it too. I know most of my friends did it, but me, I just don’t do the stuff they be doing. Some of ‘em, they had sex before, but I know two of them got a baby though. These two 17 and 16. They got a baby already, they can do the stuff they want to do, but they still got to focus on they child. (Levi, 18, Columbus)

Levi recognised the potential negative consequences (i.e., diseases, unwanted pregnancy) of sexual intercourse and, while faced with scripts that encourage as well as discourage sexual initiation, had chosen to abstain at this point in his life.

Reinventing one’s sexual script

The process of engaging and rejecting dominant scripts is stated clearly by Nathaniel, who fell in the lower-risk category. He learned about sex from his cousins, who provided scripts reflecting traditional masculinity ideologies. When asked to judge the quality of the information they gave him, he states:

It was bad, because it was just, there, get it. Go ahead, man. You’re so scared. You’re a punk. [Now] I’m like pretty much trying to reinvent the wheel. Cause like, okay. That what you taught me. I’m saying, yeah. But that ain’t right. That ain’t how its supposed to be. Society has made it to where if you’re a man, and if you got several different girlfriends, you can beat your chest. Growing up in Black family, you might ask a small child, ‘How many girlfriends you got?’ So he going, he raised up in his subconscious mind, I’m supposed to have a lot of them. But you know, with a little girl, she better not have no boyfriend. Them the type of seed that I’m saying that are sown into Black family, and then you wonder why little Johnny, why is it he got four and five girlfriends? Because you asked him how many he has. (Nathaniel, 31, Columbus)
Such descriptions of challenging and reinventing scripts were rare even in the lower-risk category, but never occurred among the higher-risk men.

Discussion

Our findings suggest that this predominantly heterosexual sample of Black men in Georgia acquired and utilised sexual scripts in a variety of ways that were consistent with the SST framework. Analysis revealed rich information about sources of cultural, interpersonal and intrapsychic scripts and illustrated the ways in which they translated into HIV risk behaviours. Our participants were exposed to cultural scenarios from a variety of sources, consistent with previous studies in other subpopulations that highlight the different roles of parents, peers and the media in the sexual socialisation of American youth (Bleakley et al. 2009; Kapungu et al. 2010).

The relative prominence of pornography as a source of sexual information in our interviews was a notable finding that, while infrequently addressed in the HIV literature, has been well documented in cultural studies of American sexual socialisation (Attwood 2005; Paul 2006). Although a direct causal link between pornography and high-risk sexual behaviour remains elusive, mounting evidence, primarily from studies of adolescents and college students, supports the relationship between pornography viewing, intrapsychic sexual scripts and actual sexual experiences (Weinberg, 1997; Burton, Leibowitz and Howard 2010; Luder et al. 2011; Ybarra et al. 2011). Exposure to forceful pornography has also been associated with general sexual-risk behaviours and non-sexual crime. To date, few studies have focused on the effects of pornography on Black heterosexual men. Within our sample, exposure to pornography seemed to constitute a normative component of participants’ initial sexual socialisation, with unclear implications for adult behaviour. Future HIV-prevention programs should consider open acknowledgment of the ubiquity of pornography and continue to gather information about the relationships between utilisation of various types of pornography and specific HIV risk behaviours.

Our study also revealed interpersonal scripts involving a more experienced female partner initiating an early sexual encounter. These descriptions are consistent with prior research highlighting diversity in women’s sexual scripts – in spite of prevailing notions of female passivity and male control, more egalitarian scripts are also well described (Seal and Ehrhart 2003; Dworkin et al. 2007). It is possible that these early, female-driven encounters may contribute to the development of common scripts among Black heterosexual men that include a continued emphasis on female control within encounters and a lack of personal responsibility for condom use, as other research has found.

Narratives of early sexual experiences with older female partners were salient in the transcripts and merit further discussion. Older sexual partners have previously been associated with earlier sexual initiation and risky sexual behaviour in adolescence, although these issues have been studied much more frequently in girls than boys (Ompad et al. 2006; Ryan et al. 2008; Senn and Carey, 2011). The links between childhood sexual experiences with older partners and HIV have also been previously investigated, though much more commonly with reference to childhood sexual abuse (CSA) as opposed to consensual encounters, and usually applied to either women (Clum et al. 2009; El-Bassel et al. 2011) or men who have sex with men (Arreola et al. 2008; Mimiaga et al. 2009). Cross-sectional and longitudinal survey studies have documented a relationship between CSA and HIV-risk behaviour later in life (Dilorio, Hartwell and Hansen 2002; Mimiaga et al. 2009). These studies and others tend to focus on activity that is characterised by respondents as unwanted or abusive and rarely describe heterosexual CSA dynamics.
where the perpetrator is female. Interestingly, the cognitive appraisal of CSA events as abusive or normative may carry greater implications for future behaviour than the event itself. In a large community-based survey of ethnically diverse, primarily heterosexual adult men in Philadelphia, men who were ‘non-definers’ with regards to their own experiences of CSA had more sexual partners, higher STD rates and were more likely to have had sex under the influence of illicit substances (Holmes 2008). A similar study with adult men who have sex with men and transgendered persons in Brazil showed that those who interpreted childhood sexual experiences as abuse had fewer sexual partners than those who did not (Carballo-Dieuguez et al. 2012). The social construction and subsequent interpretation of CSA varies according to gender and cultural contexts; additional research is needed to further investigate how the cognitive appraisal of CSA influences Black heterosexual men’s sexual behaviour and to assess its potential contribution to racial HIV disparities.

This concept of cognitive appraisal of abuse is related our findings regarding the importance of cognitive processing of sexual scripts in lower-risk men. In our sample, both groups described exposure to risk-promoting types of scripts (such as those derived from pornography or abuse) at roughly equal rates, likely reflecting shared socioeconomic and cultural backgrounds. However, continued reflection on sexual scripts appeared to be a protective factor for some men in this analysis. The progenitors of SST theorise that an individual has a predominant script that may be in constant flux, or alternatively may stagnate after he achieves success (sexual satisfaction) with a given pattern of behaviour (Simon and Gagnon 1999). Our hypothesis for future quantitative inquiry, as derived from the qualitative data here, is that the differences producing higher- and lower-risk behaviour may not be the contents or sources of the scripts, but rather the ways in which scripts were processed and the rigour with which they were challenged and reframed over time (Figure 1).

It is not entirely clear from this exploratory study why some men processed their scripts more actively than others. They may have had more frequent exposure to positive, risk-lowering scripts that counterbalanced risk-enhancing influences. Alternatively, they

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**Figure 1.** Conceptual model of sexual scripts and HIV-risk behaviour.
may have been raised in different familial or neighbourhood contexts. This idea of challenging sexual scripts and gender norms has been successfully incorporated into HIV-prevention interventions with adolescents in Kenya (Maticka-Tyndale et al. 2008), South Africa (Jewkes et al. 2008) and Brazil (Pulerwitz et al. 2006). Future interventions targeting Black heterosexual men in the USA should incorporate similar approaches of encouraging men to challenge HIV-risk-promoting sexual scripts and masculinity norms.

Other mechanisms could be hypothesised to explain differences in sexual behaviour even with exposure to similar scripts. The intrapsychic realm, which was not explored extensively in our study, likely plays a significant role in shaping the sexual behaviour of the men in our study. The reasons for the under-representation of intrapsychic scripts in our study are multifactorial: our interview guide did not contain questions about underlying desires or fantasies and intrapsychic scripts are more private and it may be less likely that participants would discuss them spontaneously. A previous investigation of sexual scripts in a gay male sample suggested that intrapsychic scripts are reflected in physical preferences and the desire to perform sexual acts or assume different sexual positions (Whittier and Melendez 2004). It is possible that intrapsychic scripts that were not revealed in our study are playing a role in Black men’s engagement in sexual-risk behaviour and warrant further investigation.

Limitations
First, our SST analytic framework was applied retrospectively, limiting the amount of information that we could elicit about the detailed content of sexual scripts and raising the possibility of recall bias. Because the interview guide was not built around the constructs of the theory, we have limited information about the intrapsychic realm, which was not discussed as readily by participants. Second, our definition of risk was limited to condom use. A man who is described as lower-risk in this sample could engage in other HIV-risk behaviours or problematic relationship dynamics that are not captured in our stratification. Finally, this is a predominantly low-income sample and might not reflect the full range of scripts espoused by Black men.

Conclusion
This study is one of the first to qualitatively describe how formative sexual scripts factor in the lives and adult sexual behaviour of Black heterosexual men in the Southeastern USA. This narrowed focus is necessary because Black heterosexual men in the South and their female sexual partners are disproportionately affected by HIV. Our large sample allowed us to elicit themes with potential applicability to a wide range of Black men. Utilising SST as a framework for understanding early sexual messages, we developed a theoretical model of the relationships between formative sexual scripts and adult HIV-risk behaviours. Continued investigation in this area is critical to inform future behavioural interventions that aim to decrease HIV transmission among Black men and women in the USA.

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Note
1. All participant names in this paper are pseudonyms that were assigned by researchers during data analysis. Participant age and city are also given for each quote.

References


Résumé

Aux États-Unis, les taux d’infection par le VIH sont disproportionnés parmi les hommes de race noire, en particulier dans le Sud-Est du pays. Nous avons conduit 90 entretiens qualitatifs en profondeur avec des hommes noirs habitant l’État de Géorgie, et analysé les transcriptions de ces entretiens à travers le cadre de la théorie des scripts sexuels pour: (1) caractériser les sources et le contenu des scripts sexuels expérimentés par ces hommes au cours de leur enfance et de leur adolescence; et (2) décrire l’influence potentielle des scripts initiatiques sur les comportements sexuels à risque vis-à-vis du VIH parmi les adultes. Nos analyses ont mis en avant les sources principales des scénarios culturels (les parents, les pairs, la pornographie, l’éducation sexuelle et la télévision), des scripts interpersonnels (jeux sexuels précoces, partenaires féminines plus âgées, abus sexuels dans l’enfance) et intrapsychiques rapportés par les participants. La stratification des réponses, par types de comportements sexuels à risque, a révélé que les hommes les moins exposés et les plus exposés décrivaient des expériences similaires durant leurs années d’initiation; cependant les hommes les moins exposés ont fait part de leur capacité de conscientisation et de remise en question de la validité des scripts de promotion du risque auxquels ils avaient été confrontés.

Resumen

Los hombres de raza negra en los Estados Unidos sufren un porcentaje desproporcionadamente alto de la infección del virus del sida, sobre todo en la región sureste del país. Llevamos a cabo 90 entrevistas cualitativas y exhaustivas con hombres de raza negra que viven en el estado de Georgia, y analizamos las transcripciones mediante una estructura de la teoría de guiones sexuales para: (1) caracterizar las fuentes y el contenido de los guiones sexuales a los que estaban expuestos los hombres de raza negra durante su infancia y adolescencia; y (2) describir la posible influencia de los guiones formativos en la conducta de riesgo de contagio sexual de VIH en adultos. En nuestros análisis ponemos de relieve las fuentes destacadas de entornos culturales (padres, compañeros, pornografía, educación sexual y televisión), guiones interpersonales (juegos sexuales a edad temprana, compañeras más mayores, experiencias de abuso infantil) y guiones intrapsíquicos que describieron los participantes. La estratificación de las respuestas de los participantes basadas en las conductas de riesgo sexual reveló que los hombres con menor y mayor riesgo describieron la exposición a guiones similares durante sus años de formación. Sin embargo, los hombres con riesgos bajos informaron una habilidad para procesar de modo cognitivo y cuestionar la validez de los guiones con los que se encontraron y que fomentan los riesgos. Analizamos las implicaciones en estudios futuros.