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Authors

Anaebere, Ann Kiki
Nyamathi, Adeline
Maliski, Sally
[et al.](#)

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She Decides: Sex Partner Selection Decision Making and African American Women
Author(s): Ann Kiki Anaebere, Adeline Nyamathi, Sally Maliski, Chandra Ford, Angela Hudson and Deborah Koniak-Griffin

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**Ann Kiki Anaebere¹, Adeline Nyamathi¹,
Sally Maliski¹, Chandra Ford¹, Angela Hudson¹,
and Deborah Koniak-Griffin¹**

Abstract

The number of HIV-AIDS cases among African American women (AAW) continues to rise. AAW currently account for about 65% of AIDS diagnoses among women in the United States. Furthermore, among AAW living with HIV-AIDS, heterosexual transmission remains the leading cause of HIV spread. Indeed, examining AAWs sex partner selection patterns will be a key step in understanding how to support HIV prevention for this population. A grounded-theory study was conducted to examine what factors influence AAW's alternation between monogamous and nonmonogamous sexual relationships. To explore this phenomenon, we recruited 14 urban AAW between the ages of 18 and 30 for interviews. The findings revealed that AAW's sex partner selection patterns in consensual sexual relationships were influenced by the "getting-to-know" process, the male's relationship preference, a woman's risk perception, and how the role of sex is defined. The results of this study can provide insights for future interventions seeking to curb HIV rates among AAW from urban communities.

¹University of California, Los Angeles, CA

Corresponding Author:

Ann Kiki Anaebere, University of California, Los Angeles, School of Nursing,
Box 951702, Los Angeles, CA 90095-1702

Email: aanaeber@ucla.edu

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AIDS, HIV, African American women, sex partner, sexual decision making

African American Women account for 65% of new AIDS diagnoses among women in the United States (Centers for Disease Control and Prevention [CDC], 2010; Henry J. Kaiser Family Foundation, 2010). For this population, increased HIV rates largely stem from heterosexual transmission and are most concentrated among women between the ages of 18 and 39 years (CDC, 2008b; Henry J. Kaiser Family Foundation, 2010). The research literature continues to highlight the importance of examining the factors that influence African American women's decision making about sex partner selection (Andrinopoulos, Kerrigan, & Ellen 2006; Nelson & Morrison-Beedy, 2008; Wyatt et al., 2000). For many individuals, sexual behaviors are often not static behaviors. Most specifically, women alternate between monogamous and casual sexual relationships (Macaluso, Demand, Artz, & Hook, 2000; Nelson & Morrison-Beedy, 2008; Wyatt, Williams, & Myers, 2008). The purpose of this study, therefore, is to explore the personal, environmental, and contextual factors that influence sex partner selection patterns among African American women from urban communities. This will aid health providers in supporting reproductive health for members of this population.

Factors Influencing Sex Partner Selection Among African American Women

Recently, the HIV literature has begun to explore the role that sex partner selection plays in the rate of transmission among heterosexually active adults, most specifically among heterosexually active African Americans. A growing body of research focusing on decreasing the transmission of HIV and other sexually transmitted diseases (STDs) suggests that it is also equally important to explore the role that sex partner selection plays in affecting one's risk for HIV transmission (Andrinopoulos et al., 2006). For example, nonmonogamous relationships, in the form of concurrent partnerships, have been shown to have a great impact on the increased spread of HIV beginning in the early 1990s all the way to present day (Manhart, Aral, Holmes, & Foxman, 2002). Similarly, when compared to White women, African American women are consistently shown to engage in higher rates of concurrent relationships (Adimora & Schoenbach, 2005; Adimora, Schoenbach, & Doherty, 2007). Such trends have been consistently linked with increased HIV risk among African American female populations (Adimora & Schoenbach, 2005).

Furthermore, although monogamous sexual relationships may be the goal for many women, many individuals continue to engage in casual sexual relationships (Andrinopoulos et al., 2006). Factors shown to support a woman's decision to pursue monogamy include knowledge of increased HIV risk, perception of increased social status when one is in a monogamous or exclusive relationship (Andrinopoulos et al., 2006; Macaluso et al., 2000), and a desire for financial security. Most specifically, both African American men and women have been shown to more readily seek monogamous relationships with individuals who are well educated, financially stable, religious, self-confident, and reliable (King & Allen, 2009). Others abstain from casual sexual relationships because of a desire to preserve their reputation (Andrinopoulos et al., 2006). A woman may also decide to pursue monogamy because she desires the unique and consistent closeness and intimacy that is received by being in a committed exclusive relationship (Impett & Peplau, 2002).

Degree of religiosity was also shown to affect a person's sexual experiences and partner-type selection practices. Rowatt and Schmitt (2003) found that degree and type of religiosity affected one's sexual practices. Findings showed that women with intrinsic religious values (internalized religious teachings and standards about sexuality) reported more sexual restraint, had fewer numbers of sexual behaviors, and had a decreased desire for having multiple sexual partners compared to women who had extrinsic religious values (these individuals are less likely to internalize religious teachings about sexuality).

Factors that have been shown to lead women to pursue relationships of a casual nature include exchanging sex to obtain drugs, money, and shelter (Adimora & Schoenbach, 2005; CDC, 2008a; Dancy & Berbaum, 2005). Early sexual debut, low self-esteem or poor self-image, and familial and community trends that veer from supporting relationship monogamy have also been shown to reinforce liberal attitudes about sexual activity and/or lead women to pursue sex within nonmonogamous relationships (Dawson, Shih, Moor, & Shrier, 2008; McNair & Prather, 2004; Miller, 2002; Moore & Chase-Lansdale, 2001; Sanford, Orr, Hirsch, & Santelli, 2008; Ward, 2002).

Finally, limited partner availability as a result of isolated social networks among African Americans has also been identified as one of the reasons women may pursue or settle for casual over monogamous relationships (Adimora & Schoenbach, 2005). Most specifically, African American sexual networks have been identified as being negatively affected by increased incarceration of African American males, racial segregation, poverty, and increased drug availability (Adimora & Schoenbach, 2005; Andrinopoulos et al., 2006). Additionally, it has been highlighted that a scarcity of eligible Black male partners has resulted in low marriage rates, higher rates of divorce among

African Americans, increased concurrency, and decreased sexual negotiation (Adimora & Schoenbach, 2005; Harawa & Adimora, 2008; Sharpe et al., 2011). It should be noted, however, that such relationship trends have been most commonly linked to African Americans from low-income, urban communities. Furthermore, urbanization in general has been associated with lower marriage rates among men and women of all races (Toldson & Marks, 2011).

Method

Design

The research study used a grounded theory (GT) methodology (Glaser & Strauss, 1967; Strauss & Corbin, 1998) to explore sex partner decision-making patterns of African American women from urban communities. GT offers explicit guidelines that assist in the formulation of theory from qualitative data (Charmaz, 2006; Glaser & Strauss, 1967).

Sample and Setting

There were 14 African American women interviewed for this study. Eligibility requirements included being an unmarried African American heterosexual female from an urban community who was between the ages of 18 and 30 and English speaking. Second, all eligible participants must report having more than one partner in the past 2 years, being engaged in both a monogamous and nonmonogamous sexual relationship within the past 2 years, and having both protected and unprotected sexual intercourse within the past year.

The sample was recruited from two organizations based in south-central Los Angeles. The first recruitment site was a community-based agency that provides health promotion, maternal child health, and chronic disease prevention services to low-income African Americans. The second recruitment site was a local medical clinic that provides health services, including primary and secondary preventative services, to medically underserved multiethnic pediatric and adult groups. The sites were selected because they provide services to African American women and because they are both well-respected organizations in the community.

Procedure

After obtaining institutional review board approval, snowball sampling was the key sampling strategy used to recruit study participants. Fliers describing

the nature of the research study were given to two community-based agencies in urban areas of Los Angeles County. All agencies that assisted with the recruitment of the study sample were informed about the purpose of this research study and its eligibility criteria. African American women who were interested in the research study could contact the primary investigator for participation in the study, or they could leave their telephone information with an administrator at the recruitment site. Each week, the primary investigator contacted the recruitment sites for a list of African American women who were interested in participating in the research study. Interested women who directly contacted the primary investigator or left their telephone number at the recruitment site for follow-up were administered the eligibility screening. Meeting times for private interviews were arranged after participants' eligibility was determined.

Data were collected using semistructured interviews. The semistructured interview guide included 10 questions that sought to explore African American women's decision-making patterns related to sexual activity and sex partner selection. For example, participants were asked, "Can you talk about a recent experience in which you were sexually active with a male partner?" "Tell me about a time when you were sexually active with a male and were not in a committed relationship with him," and "Can you talk about what factors influenced you to wait until you were in a monogamous relationship before becoming sexually active with a male?" The interview guide was developed from an in-depth review of the literature and with the assistance of three qualitative researchers within the University of California, Los Angeles, School of Nursing. The interview guide used open-ended, nonleading questions and probes to aid in the exploration of the study's research aims (Polit & Beck, 2004).

Written informed consent was obtained from all study participants prior to conducting interviews. All interviews were audiotaped and ranged from 45 min to 90 min. All study participants received a \$20 gift card for their participation in the study. A questionnaire was developed and used for collection of sociodemographic and sexual history information pertinent to the study. Field notes, which are described as detailed, nonjudgmental, concrete descriptions of what the research investigator observed during interactions with the research study participant (Marshall & Rossman, 2006), were written immediately after each interview.

Data Analysis and Interpretation

Audiotaped interview data were transcribed verbatim by a transcriptionist, and all identifiers were removed from the transcribed interviews. The transcripts

were then compared to the original audiotape by the primary investigator to ensure accuracy. An expert in GT research methods oversaw the data collection and the data analysis process. The data obtained were analyzed via the use of coding, constant comparative analysis, memoing, and diagramming (Glaser & Strauss, 1967; Charmaz, 2006). Our coding phase of the analysis progressed from initial to focused coding. After focused codes were identified, categories were formed by the comparison of the focused codes to each other. Next, subcategories for each category were identified on the basis of the properties and dimensions of each category. Finally, theoretical coding was conducted, and the relationships and linkages between categories were identified.

Memoing and diagramming served as intermediate steps between the data collection and analysis process. Memoing served as a useful audit trail that helped reveal insights about the data collected (Charmaz, 2006; Marshall & Rossman, 2006). Additionally, diagramming was very helpful in examining emerging concepts and perspectives from the data (Charmaz, 2006). All interviews were conducted by the primary investigator (PI). However, each interview was discussed with the coinvestigators, and all final categories and subcategories were developed via the consensus of the primary investigator and coinvestigators. Consensus between the PI and coinvestigators occurred about 90% to 95% of the time. In instances where differences in interpretation of the data occurred, the PI made the final decision regarding the data.

Finally, in GT research, the appropriate sample size is reached when theoretical saturation is reached (Strauss & Corbin, 1998). This occurs when new data fail to contribute to the development or refinement of a theory. We achieved theoretical saturation at 14 participants for this study.

Results

Sociodemographics

The study sample comprised of 14 unmarried African American women between the ages of 18 and 29 years. The samples age of sexual debut ranged from 12 to 18 years old. Ten members of the study sample reported an STD history; 2 members had a new STD in the past 12 months. Finally, in terms of consistent (male) condom use, 7 of the women sampled reported consistent condom use in the past 30 days. The sociodemographic and sexual characteristics of the sample are listed in Tables 1 and 2.

The theoretical model looking at the factors that influence African American women's sex partner selection patterns is displayed in Figure 1.

Table I. Sociodemographic Characteristics of Sample (N = 14)

Variable	%	n
Age (years)		
18-20	35.7	5
21-24	35.7	5
25-29	28.5	4
Employed		
Yes	57.1	8
No	42.9	6
Number of children		
0	57.1	8
1	21.4	3
2	7.1	1
3	7.1	1
4	7.1	1
Current income level		
Less than \$10,000	71.4	10
\$10,000-\$19,999	28.6	4
Education level		
Some high school	21.4	3
High school graduate	42.9	6
Some college/trade school/associated degree	35.7	5

Within the model, *sexual relationship delineation* is the point where an African American woman decides whether she wants to pursue a monogamous relationship or casual relationship.

Getting-to-Know Phase and Sex Partner Selection

The “getting-to-know” phase is characterized as the time the African American woman spends learning about her potential male partner’s background and other characteristics. Many of the women describe it as an important precursor to relationship entry. Although there were arrays of questions asked during this phase, the information most commonly explored by the African American women interviewed included the male’s financial history and future goals, relationship and sexual history, and social history. Many of the women reported a desire for a monogamous relationship with a man who was emotionally available, attractive, and goal oriented. One woman said,

Table 2. Sexual Characteristics of Sample (N = 14)

Variable	%	n
Age of sexual debut		
12-14	35.7	5
15-18	64.3	9
STD history verbalized		
Yes	71.4	10
No	28.6	4
New STD in past 12 months		
Yes	14.3	2
No	85.7	12
Current relationship status		
Single	50.0	7
Engaged and not living with male	7.1	1
Engaged and living with male	7.1	1
Monogamous and not living with male	21.4	3
Monogamous and living with male	14.3	2
Items used while sexually active in the past 2 years		
Male condom	100.0	14
Oral contraceptives	42.9	6
Injectable contraception	35.7	5
Spermicides	7.1	1
Contraceptive options used in tandem with male condom in past 2 years		
None	28.6	4
Oral contraceptives	42.9	6
Injectable contraception	35.7	5
Spermicides	7.1	1
Type of sexual relationship in the past 30 days		
None	14.3	2
Casual	42.9	5
Monogamous	42.9	7
Consistent (male) condom use in the past 30 days		
Not applicable	14.3	2
Yes	50.0	7
No	35.7	5

Note: STD = sexually transmitted disease.

I've always thought he was a good-looking guy. But the thing is, he's more charming. He's more interested in what I like, what I like to do and my goals, and hobbies, and things like that. And that just made me

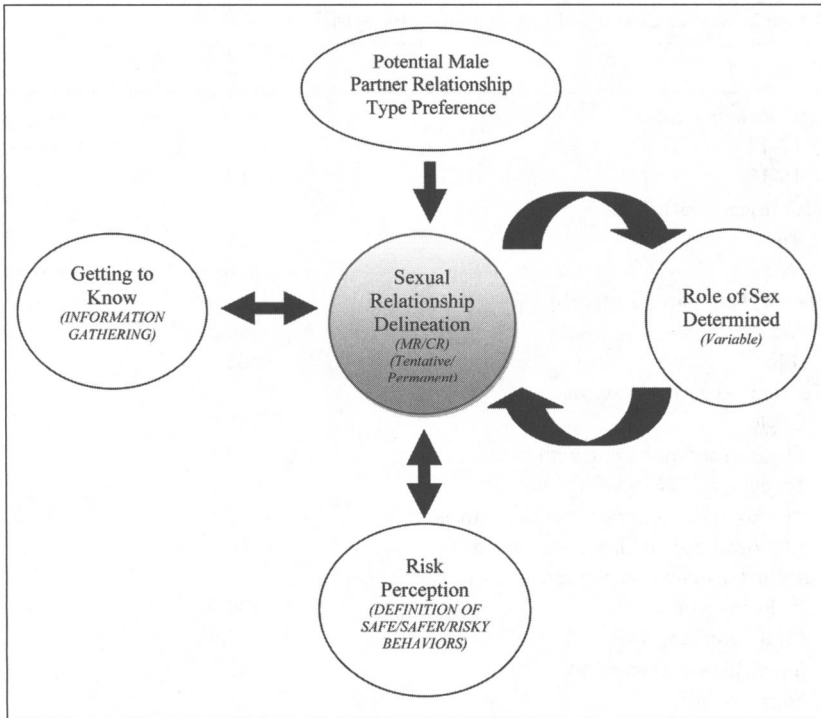


Figure 1. Factors influencing sex partner selection patterns among African American women from urban communities

really attracted to him. He's stable. . . . He knows what he wants to do, and he goes for it. And I'm very attracted to that.

Another woman verbalized the need for her partner to have financial stability. She said, "You have to have a little bit more than what I have. Like I'm not mobile. I'm not saying that that matters, but I need something like that. Also, your finance, your money income [*sic*]. I mean those things matter."

The women interviewed similarly used the information garnered about a man in relation to his sexual relationship history to assess her potential for emotional and physical safety. A presence of physical safety was needed by all women to engage in consensual sex that was of either a casual or a monogamous nature. Physical safety appeared to be determined much faster than emotional safety; some described its determination after a few days, weeks, or a month of "talking" or "getting to know" their partner. Physical safety can be described as an

actual and/or perceived absence of physical abuse or harm and disease risk. In determining physical safety, women assessed whether they would be free from physical abuse or disease if they pursued a sexual relationship with the identified male. Items that were shown to be used by women to determine physical safety included previous relationship characteristics, social history (i.e., whether he has a history of violence or arrests), familial dynamics, substance use history, and male STD history. One woman described the following:

Because first of all, I tell them—I tell them, “Do you have any STDs?” . . . Because I will tell them and I don’t want to turn people off but, “You know that most STDs you don’t even know that you have them.” So, sometimes they get mad because I will be like, “We can’t do this. I’m about to tell you this right now, unless we are going to go to the doctor the same day that it happens. I still can’t even trust you because what if after we have sex, within moments afterwards, I get sick.”

Another woman stated,

A key thing to know is who they’ve been with, and you know, how they roll, as in what do they do in their free time? Are you working, or are you just out and about?

Similarly, emotional safety can be defined as a condition in which a woman feels protected and within an environment where she can be herself and feel understood and appreciated. Women reported feeling emotionally safe with a male when they felt they could be themselves around a male, the male would be there for them, and there was the presence of relationship trust and commitment. These factors often supported one’s desire and pursuit of monogamy with a male. One woman described the following:

I felt safe with him. Well, by just telling me some of his own personal things that he’d been through, like pretty deep, as well. And that made me feel like he trusts me. And then I just began to feel safe. And that’s how it [our relationship] happened. I have to feel safe. And for some reason, I feel safe with him. Emotionally, I feel safe with him. Like I feel like he has my heart, you know, my best interests at heart. I almost feel like he’s guarding me. I actually feel physically safe, too.

On average, determining emotional safety took longer than establishing physical safety, which often took a month or longer. One woman described her establishment of emotional relationship safety as the following:

It went from like him seeing me, and then that was a month. And we just got to know each other, like sleepovers, take me out every night. Like every night . . . And we never argued or anything and I was like, "This is how a relationship is supposed to be." We don't argue over anything. So, then after that first month then we started having sex. And then I lost the baby. So, it was just all that drama. And he was there for me; he was my backbone.

There were occasions when women pursued casual sexual relationship even with the presence of emotional safety with a male partner. In those cases, women reported that they desired a committed relationship with the male, but the male preferred a relationship of a casual nature. In other instances, women preferred casual sexual partners because monogamy did not seem feasible because of distance or timing. Finally, some women pursued casual relationships because they felt each male knew how to uniquely meet a specific emotional need. One woman described,

My casual guys are a listening ear for me. They understand what I am talking about. They knows [*sic*] how to cater to me when I am talking about it, like they know what to do, how to help me with it, as far as if it's—I mean, whatever I'm talking about, if it's just advisement. I'm like, "Okay, I like that feedback." But my boyfriend doesn't give me that.

Finally, some women pursued a casual sexual relationship in the hope that they will eventually transition into a monogamous relationship. For some, casual sexual relationships were seen as an intermediate step to monogamy or as a continuance or expansion of the getting-to-know process in which they were able to assess for sexual chemistry, attempt (with the passage of time) to convince their male partner to enter into a monogamous relationship with them, or assess their affection for a male. One woman said,

Sometimes I may have a relationship when, like basically, it's like we are still getting to know each other for like a month, but we are getting to know each other and having sex so we can see where things go, but basically I would be his girlfriend but without the title.

Male Partner Influence on Relationship Selection

The male relationship preference was shown to consistently influence a woman's sex partner selection behaviors. There were instances in which a male's preference for only a casual sexual relationship led females to concede

or pursue a nonmonogamous relationship, even when monogamy was preferred. There were also instances when a male's persistence and desire for a monogamous relationship convinced a woman to pursue a relationship of a monogamous nature, even when she preferred a casual relationship. One woman described,

He wouldn't leave. He always came over. He always called. He always was there, so it wasn't like we said, "Okay, well you're my boyfriend now." It was kind of a thing like he just wouldn't leave. So, after a while, my title became, "This is my girl." So, I just went along with it, like, "Okay, if you say so." We have two kids.

Similarly, sharing a mutual desire for the same relationship type (with her male partner) was shown to support a woman's relationship type selection.

Role of Sex and Sex Partner Selection

The role of sex has a large impact on a woman's decision to engage in casual or monogamous sexual intercourse. The role of sex, or how sex is used to meet an identified need or personal goal, is a constructed entity that is constantly changing and that is heavily affected by a woman's individual characteristics. Some of the individual characteristics that influence how the role of sex is defined were a woman's personal relationship expectations or preference, mothering role, and feelings of self-worth.

Women were shown to favor casual relationships when the role of sex was to obtain independence and recreation through sex, to compensate for low feelings of self-worth (obtain affirmation), to meet expected societal images that encouraged women to be sexually available, as a method to segue into a monogamous relationship, as a way to move on from a previous sexual relationship, and to temporarily fill an emotional void. One woman described her pursuit of casual sex to combat feelings of loneliness. She said,

Well, I may have sex when I am not in a committed relationship because, I liked the feeling of sex. I mean, it just gives me this natural high. And I liked the way that it made me feel at the time. I felt important. And then, after that, I don't feel like nothing. I mean, once the feeling was gone. I wanted to keep that feeling. So, I would have more than one partner.

Monogamous relationships conversely were shown to be favored when the role of sex was to preserve a woman's reputation, to support entrée into marriage, or to meet one's desire for relationship commitment. One woman described the following:

For me, in a monogamous relationship, I can be more open. I mean, I can express myself better now than I was ever able to in the relationship that's not committed. And I like that, that I can express myself more. But by being with my boyfriend now, what I want, he wants the same things. . . . He wants to be married within the next year or two, and things like that.

Items within the role of sex that were shown to influence both the selection of relationship monogamy and nonmonogamy included when sex was engaged in to satisfy a physical urge (although for a monogamous relationship, the physical urge for sex was an evolving part of a relationship that was based on attraction and affection for the male partner), to meet standards of their social circle, and to support a woman's financial stability.

Defining Sexual Safety and Sex Partner Selection

How a woman defined safer and risky sexual behavior was shown to influence her sex partner selection patterns. Those who reported safer sex behaviors, such as condom use, were open to and sought either monogamous and/or casual sexual relationships when desired. Additionally, women who defined casual sexual relationship as high risk and monogamous relationships as safer sex often reported preference for and sought monogamous sexual relationships. For example, one woman stated,

I was scared of catching a disease, or scared of catching something while I was pregnant. And I didn't want my baby to come out, you know, something wrong with their eyes, or something wrong, you know . . . I didn't want that to happen, so I was like, "Well, I'm going to stay committed to one person."

Theoretical Models

Within the theoretical model (Figure 1), *sexual relationship delineation* is the stage where women engage in sex partner selection in either a monogamous

relationship or a casual relationship. For the African American women interviewed, the getting-to-know process is a time for the woman to determine her attraction to the male, determine compatibility with the male, and assess her feelings of emotional and physical safety to determine which sexual relationship type will be selected. Furthermore, a woman's selection of a sexual relationship type is based on consensual agreement with her potential male partner. Last, even after selection of sexual relationship type, the woman and her male partner may decide to move into a different relationship category. This may occur with the passage of time, as the male and female learn more about one another. A two-way arrow represents this dynamic.

Also, the type of sexual relationship a woman selected was shown to influence her risk perception, which in turn influences the type of relationship pursued. This process is demonstrated by the two-way arrow between sexual relationship delineation and risk perception (how a woman defines sexual risk and safety). Finally, the role of sex, which is influenced by individual factors, has a large impact on a woman's alternating sex partner selection patterns.

Discussion

For African American women, there are a myriad of cultural, emotional, and social factors that affect their sexual decision-making patterns and sexual risk (Foreman, 2003). The African American women sampled provided important insights that allowed us to examine what factors influenced their decision to alternate between monogamous and nonmonogamous sexual relationships. African American women's sex partner selection patterns were shown to be heavily influenced by the getting-to-know process, the male's relationship preference, the woman's risk perception (how she defined safer and risky sexual behaviors), and how the role of sex was defined. By examining the unique experiences of African American women, we were able to identify what key factors influence their decision making related to sex partner selection. Indeed, the study results highlighted key areas that may be targeted for future interventions.

It became clear that the getting-to-know process is an important time in which women learn about a male's personal characteristics. On the basis of this appraisal, many of the women interviewed were able to determine whether they desired a sexual relationship with a male. This coincides with published research that has highlighted that women often engage in a general evaluation of a male's physical and personal characteristics before engaging in sex (Green, Fulop, & Kocsis, 2000). Moreover, a determination of familiarity,

similarity, and established trust helps support interpersonal attraction (Masaro, Dahinten, Johnson, Ogilvie, & Patrick, 2008), supporting movement into a sexual relationship.

Furthermore, many of the study participants used this information-gathering phase to determine their relationship-type preferences. During this time, women often assessed their level of attraction and degrees of physical and emotional safety with a potential male partner. A presence of emotional safety was identified by many of the study participants as a necessary part of a monogamous relationship. Women have been consistently shown to pursue monogamous relationships as a way to meet personal desires for intimacy and to obtain emotional support (Andrinopoulos et al., 2006). Thus, many of the study participants verbalized a decreased desire for pursuing monogamous relationships with men who were incapable of or who could not sufficiently meet their emotional needs.

Our findings revealed that how the women defined safer and risky sex also influenced their sex partner selection patterns. Although the definition of sexual risk has been shown to differ among individuals (Moskowitz, Ritieni, Tholandi, & Xia, 2006), women who included monogamy in their definition of safer sex reported pursuing and preferring monogamous relationships versus casual relationships. This was aligned with research that found that individuals who viewed monogamy as an important safe-sex strategy often engaged in monogamous relationship selection (Soler et al., 2000). However, women who identified some risks in pursuing casual relationships, but had in place mechanisms to protect themselves (i.e., male condoms), remained open to and often engaged in casual sexual encounters (Raine, Minnis, & Padian, 2003). Patel, Yoskowitz, and Kaufman's (2007) study highlighted the finding that the variations in how individuals defined high-risk and safe sex behaviors often influenced their sexual decision-making patterns related to sex partner type.

We also found that the role of sex (characterized as how sex can be used to meet a specific personal goal or need) affected women's sex partner selection patterns. This concept has been supported by research that shows that sexual partner selection type often alternates depending on a woman's personal and relationship goals. For example, monogamous relationships maybe pursued in order to preserve a women's reputation (Andrinopoulos et al., 2006; Macaluso et al., 2000), enhance one's emotional connection with a male partner (Bralock & Koniak-Griffin, 2009; Logan, Cole, & Leukefeld, 2002), or meet a desire for intimacy and affection (Andrinopoulos et al., 2006).

Conversely, women may pursue casual sexual relationships to affirm their self-worth (Dawson et al., 2008; Eaton, Flisher, & Aaro, 2003), to obtain

financial assistance and shelter (CDC, 2008a; Dancy & Berbaum, 2005), or to receive intimacy and affection (Patrick, Maggs, & Abar, 2007), even temporarily. It is important to note that this identified construct can be an important target area for future interventions. For the women sampled, sex was consistently pursued for a specific outcome. Furthermore, the desired outcome was not always of an emotional nature. Some of the women sampled associated sex with "obtaining money to buy food," whereas others associated sex with "just having a good time." This point emphasizes the need for exploring how a woman defines the role of sex (within her sexually active relationship) during primary care and/or reproductive health visits. This will aid in linking women with appropriate resources and support effective case management.

Finally, we recognize that our small sample size limits the generalizability of our study. However, although our sample size was based on a small number of African American women, we used the appropriate technique of theoretical saturation to determine the size needed to develop our theoretical frameworks. We also believe that some of the similarities between our study and previous published works reinforce the use of our findings to help provide insights to and support future HIV prevention programming for African American women from urban communities.

Future Implications

There remains a dearth of literature that uniquely examines the sexual decision making among urban African American women. Through this study, we were able to highlight factors that influence African American women's sex partner selection patterns. The data from this study continue to show that, similar to other women in heterosexual relationships from diverse racial-ethnic backgrounds, African American women alternate between episodes of monogamous and nonmonogamous sexual relationships for a variety of reasons. The goal is that the theoretical models developed from this study can help expand existing qualitative and quantitative inquiries focused on this population.

Additionally, it will be important for future health research in this area to move beyond this study to create interventions to address some of the individual, external, and contextual factors that may put this population at sexual risk. It will also be important to explore the sex partner selection decision-making patterns of African American men so that we can begin to devise strategies for supporting STD prevention for heterosexual African American couples.

Last, this research can help medical practitioners understand the health needs of African American women in urban areas. More specifically, the study findings can help inform how health care providers, health outreach workers, and health educators engage in reproductive health counseling and case management. Additionally, the study results encourage medical clinicians to take a holistic and individualized approach when providing women's health care to members of this group. Indeed African American women's sexual behaviors were shown to be influenced by a myriad of factors (i.e., family, peers, and partner type). Thus, it will be important for health providers to address these factors when developing plans of care to support their African American female clients.

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Bios

Ann Kiki Anaeberé, is a Nurse Care Manager at Kaiser Permanente, West Los Angeles Medical Center. She also recently completed her Postdoctoral Research Fellowship at UCLA School of Nursing. Her fellowship research focused on combining Service-Learning Research and Chronic Disease Management for HIV positive individuals. The second component of her research examined how storytelling could be used to support HIV prevention among African American women.

Adeline Nyamathi, is the Associate Dean for International Research and Scholarly Activities and Audrienne H. Moseley Endowed Chair at UCLA School of Nursing. Her research focuses on coping and adjustments to illness, health promotion and risk reduction with vulnerable homeless and drug-addicted adults and adolescents at risk for HIV/AIDS, TB, HBV and HCV. Dr Nyamathi travels abroad extensively in her academic position and is also PI on additional studies based in India.

Sally Maliski, is an Associate Professor and Associate Dean for Academic Affairs at UCLA School of Nursing. Her research focuses on the symptom experience and management among low-income populations currently men with prostate cancer and their partners.

Chandra Ford, is an Assistant Professor in the Department of Community Health Sciences at UCLA School of Public Health. Her current research focuses on social

determinants of HIV/AIDS disparities, the health of sexual minority populations and Critical Race Theory.

Angela Hudson, is an Assistant Professor at UCLA School of Nursing. Her research focuses on health promotion and risk reduction behaviors among at-risk youth. Her current research pertains to youth currently and formerly in foster care, homeless youth, and LGBT youth and their respective health-related issues. Another aspect of her research concerns HIV/AIDS awareness and interventions to increase HIV testing rates in all persons, irrespective of risk status.

Deborah Koniak-Griffin, is a Professor and Audrienne H. Moseley Chair in Women's Health, as well as Section Chair of Health Promotion Sciences at UCLA School of Nursing. Her studies focus on preventing HIV and repeat teen pregnancy, improving maternal-child health and decreasing CVD disease through healthy lifestyle behaviors. One of her programs, Be Proud! Be Responsible! Be Protective!, serves as an United States Department of Health and Human Services evidenced-based model for pregnancy prevention.