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## How Black Heterosexual Men’s Narratives about Sexual Partner Type and Condom Use Disrupt the *Main* and *Casual* Partner Dichotomy: ‘We Still Get Down, But We Not Together’

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### Abstract

Sexual partner types and partnership dynamics have important implications for condom use. Yet most HIV prevention research conceptualises condom use as individual-level rather than dyadic-level behaviour. Evidence of a generalised HIV epidemic in urban predominantly low-income US Black heterosexual communities highlights the need for a culturally and contextually-grounded understanding of partner types, partnership dynamics and condom use from the perspective of Black heterosexual men. We conducted individual interviews with 30 self-identified men between the ages of 18 and 44, 18 (60%) of whom reported at least two partner types in the last 6 months. Key findings include: (1) ‘main and casual’ partner types per the HIV prevention literature; (2) three casual-partner subtypes: primary, recurrent, and one-time casuals; (3) overlapping partnership dynamics between main partners, primary-casual partners and recurrent-casual partners, but not one-time casual partners; and (4) consistent condom use reported for one-time casual partners only. The study underscores the critical need for more condom promotion messages and interventions that reflect the dyadic and culturally-grounded realities of US Black heterosexual men’s sexual partner types and partnership dynamics.

### Keywords

black men; condoms; relationships; HIV prevention; sex

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HIV prevention researchers routinely use terms such as *main* and *casual* to categorise sexual partner types. This categorisation is important because sexual partner type has implications for condom use. People with multiple sex partners are at increased risk for HIV compared with those who are sexually exclusive, and heterosexual adults typically report more

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consistent condom use with casual rather than main partners (Hock-Long et al. 2012). The issue of partner type and condom use is especially pertinent to the HIV epidemic among Black heterosexual women and men in the USA.

Although Black people represent just 13% of the US population, they accounted for 44% of new HIV diagnoses in 2017 (CDC, 2018). Heterosexual transmission accounted for 91% and 14% of newly diagnosed HIV cases among Black women and Black men respectively in 2017 (CDC 2018). Moreover, in 2017 Black men accounted for 63% of new HIV cases among men who report heterosexual contact as their mode of HIV exposure (CDC 2018). These disproportionate statistics — combined with the dearth of empirical knowledge about Black sexual partnerships from the perspective of Black heterosexual men and HIV prevention, research and messages focused on Black heterosexual men — spotlight an important need to understand partner type, partnership dynamics, and condom use from the perspective of Black heterosexual men.

Because sexual relationships vary on numerous dimensions (e.g., length, emotional intimacy), no standard definitions of partner type exist (Lescano et al. 2006). Indeed, researchers have used numerous terms such as *main* (e.g., Broaddus et al. 2016), *steady* (e.g., Koblin et al. 2010), *regular* (e.g., Rutakumwa et al. 2015), *serious* (e.g., Hock-Long et al. 2012), and *primary* (e.g., Noar et al., 2012) to describe partners with whom participants have sex most regularly and may be romantically and/or emotionally involved. By contrast, terms such as *casual* (e.g., Lescano et al. 2006), *other* (e.g., Lansky, Thomas, and Earp 1998), *non-primary* (e.g., Taylor et al. 2011), *non-main* (Nunn et al. 2011), *side* (e.g., Lansky, Thomas, and Earp 1998) or *non-monogamous* (Lima et al. 2018) typically denote partnerships with women that are primarily sexual, regardless of sexual frequency, and that often lack emotional or romantic investment. Implicit is the presumption that the dynamics of main and casual partnerships are distinct and mutually exclusive.

A plethora of qualitative (e.g., Nunn et al. 2011; Frye et al. 2013) and quantitative (e.g., Hicks et al. 2016; Neaigus et al. 2012) studies document the link between concurrent sexual partnerships and HIV prevalence in Black heterosexuals. Substantial empirical gaps exist about how Black heterosexual men define their sexual partnerships with women, the dynamics of these partnerships, and the implications of these definitions and dynamics for condom use, however. This is problematic because condom use is dyadic behaviour and Black heterosexual men tend to have greater power to control condom use within heterosexual partnerships than women (Broaddus et al. 2016). Moreover, a handful of studies (Chatterjee, Hosain, and Williams 2006; Noar et al. 2012; Lima et al. 2018) have raised questions about condom use consistency in Black heterosexual casual partnerships. Among them are the possibility that condom use might differ not just by main and casual partner type, but by differences within casual partnership type and dynamics. Our study addresses this empirical void with an examination of main and casual partner types, partnership dynamics, and partner type-specific facilitators and barriers of condom use from the perspective of a sample of Black heterosexual men. We examined two research questions: (1) What do narratives about sex, sexual partners, and condom use reveal about sexual partner types and partnership dynamics?; and (2) What facilitates and hinders condom use across partner types?

## Method

### Participants

Participants were 30 self-identified Black/African American heterosexual and sexually active men who ranged in age from 18 to 44 ( $M=31.47$ ,  $SD=8.41$ ) years. Table 1 shows the sample's demographic characteristics.

### Procedures

We recruited participants from randomly selected venues (e.g., barbershops, street corners) in Philadelphia, PA, based on US Census blocks with a Black population of at least 50%. Two trained Black male recruiters approached men who appeared to be Black and between the ages of 18 and 44 and gave them the study's recruitment postcard, which invited men to participate in a focus group or individual interview about the 'health and sexual experiences of Black men.' Prospective participants were phone-screened to determine whether they met the eligibility criteria of: self-identifying as Black heterosexual men, being between the ages of 18 and 44, and reporting vaginal sex in the 6 months. We enrolled all eligible participants until we met our targeted sample size of 30. Participants received a \$50 cash incentive. The Institutional Review Board at Drexel University approved all study procedures.

### Measures

We used a semi-structured individual interview guide with questions about masculinity, sexual relationships, gender role stress, religiosity and spirituality, and sexual scripts posed in roughly the same wording and sequence. Analyses focused on responses about first and last time sex with main and casual partners during the last 6 months, and probes about relationships (e.g., where partners met), types and order of sexual activities, condom use, and pre-sex alcohol and drug use. Two trained Black male interviewers conducted the audio-recorded 45 to 90 minute interviews. Participants then completed a brief demographic questionnaire with questions about main partner status — defined as “a person that you have an emotional relationship and have sex with” — and number of sexual partners, sexual behaviours, and condom use with main and other sex partners.

### Data Analyses

Interviews were professionally transcribed, edited to remove identifiers, and after multiple readings, imported into NVivo 10, a qualitative data analysis software package. Our analyses represent a hybrid deductive and inductive approach. Working deductively, we developed codes based on the main and casual labels that we used on the questionnaire. Working inductively, we generated codes (e.g., 'primary-casual') and interpretations based on the data. Informed by thematic analysis, a qualitative approach for 'identifying, analysing, and reporting patterns (themes) within data' (Braun and Clarke 2006), we used four analytic strategies iteratively: (1) coding; (2) recording detailed memos about data patterns, analyses, and interpretations; (3) identifying coherent and distinct themes; and (4) developing a model to visualise the data.

Initially, we independently coded all data relevant to sexual partners, used verbatim codes as much as possible to reflect the language that participants used, and then created a codebook.

We sorted the broad codes (e.g., ‘wife’) into hierarchical codes (e.g., ‘main partners’) and revised the codebook. We compared codes and discussed coding discrepancies until consensus. To verify the soundness of our coding structure, we used the NVivo ‘case node’ feature to group and code individual transcripts into ‘cases’ by described partner types. Throughout all analytical stages, we kept detailed analytical memos to record reflections, questions, and interpretations. We reviewed the list of ‘candidate themes’ (e.g., partnership dynamics for primary-casual vs. one-time casuals) to ensure that they were coherent and distinct (Braun and Clarke 2006). Finally, the first and second authors resolved 11 discrepancies about partner type classification .

We relied on the following verification strategies to establish analytical rigour: checking and rechecking the data and our interpretations, and discussing and revising them accordingly; keeping detailed memos, lists and tables of partner type classifications by participant and revising them as analyses progressed; jettisoning ideas not supported by the data; and developing a model to visualise and verify our interpretations.

## Results

We organise the results by research question: (1) partner types and partnerships dynamics; and (2) condom use facilitators and barriers. Except for minor edits to improve clarity, quotes are verbatim, and include those from most ( $n=23$ ) of the sample. To protect confidentiality, we use pseudonyms for all participants and partners.

### Partner Types

Figure 1 shows findings relevant to the study’s first research question about partner types and partnership dynamics. Partnership dynamics are presented in regular typeface; dynamics with implications for condom use are highlighted in boldface. Analyses of the study’s qualitative narratives highlighted two core partner types: main and casual. Eighteen of the 30 participants (60%) reported at least two partner types in the last 6 months. Narratives showed that main partners included relationships characterised primarily by relationship commitment, such as wives, girlfriends, fiancées and ‘main jawns’ (Philadelphia slang for various nouns, including in this context, romantic and/or sexual partners).

Casual partners were relationships that were primarily sexual. We identified three casual partner subtypes that we labelled: *primary-casuals*, *recurrent-casuals*, and *one-time casuals*. Sean — a 37-year old man with a girlfriend of 4 years — made a distinction ‘... between sex, makin’ love, and the f-word ... or intercourse,’ that aptly mapped onto the ways that most participants described sexual encounters — ‘sex’ with recurrent or primary-casual partners; ‘making love’ with main or primary-casual partners, and ‘the f-word’ or intercourse with one-time casuals. Primary-casual partnerships were ongoing sexual partnerships with women who were not main partners, but that shared several of the core dynamics of main partnerships such as emotional/sexual intimacy. Included in the primary-casual category were women whom participants described as friends, ex-girlfriends, ex-wives or mothers of their children (i.e., ‘baby mamas’). Recurrent-casual partnerships described relationships that were primarily sexual and in which participants reported having sex on a recurring basis; not just once or twice. Interviewees typically referred to these

partners as ‘side jawns,’ ‘hood jawns,’ ‘hookups,’ ‘side pieces,’ ‘side girls,’ ‘go-tos,’ ‘jump-offs,’ or ‘fuck buddies.’ In contrast to primary-casual partnerships, recurrent-casuals partnerships lacked descriptions of emotional intimacy. These narratives sometimes included descriptions of time spent having a meal at a restaurant, but those appeared to be secondary to the reported sexual activities. As the name implies, we used the term one-time casuals to describe sex with women that happened once and that participants typically referred to as ‘one-night stands.’

### Partnership Dynamics

Figure 1 also depicts the reported dynamics of main and casual partners, with casual partners divided into three subtypes: primary-casuals, recurrent-casuals, and one-time casuals. Distinct partnership dynamics were apparent among main partners, recurrent-casuals and one-time casuals. More common were overlapping dynamics, such as those shared between main and primary-casual partners, and primary-casual and recurrent-casuals. We describe the partnership dynamics and overlapping dynamics of each partner type in the results that follow.

### Main Partners

Analyses of narratives about main partners highlighted three distinct dynamics: (1) expectations of monogamy or sexual exclusivity, at least for women partners; (2) relationship commitment; and (3) reports of regularly occurring sex. Overlapping dynamics, including those related to condom use between main partners and primary-casual partners are presented in the section on primary-casual partners.

**Sexual Exclusivity Expectations**—Regardless of whether the interviewees were themselves sexually exclusive, participants described their female partner’s sexual exclusivity as a key dynamic of main partnerships. Most narratives about sexual exclusivity arose in discussion about why respondents did not use condoms with main partners. Terrance, a 40-year old divorced man who reported a main and two casual partners — a primary-casual and recurrent-casual partner — explained, ‘I try to be monogamous as much as possible.’ Tommy, age 38, described sexual exclusivity as a cornerstone of his marriage: ‘I’ve never seen her cheat on me. I don’t cheat on her, so I know I’m not cheatin’. And we made children, and we ain’t goin’ nowhere.’ He used emotionally intimate terms to describe his decision to be monogamous: ‘Well, I just believe that, when you have sex, you’re givin’ yourself to somebody. ... I feel that, if I’m gonna put a part of me in you, it really has to mean somethin’.’ Emotional intimacy-based narratives about sexual exclusivity were rare, however. Instead, most sexual exclusivity discussions centred on HIV/STI prevention. Kareem, a 35-year old man engaged to be married, said that he preferred to be sexually exclusive because he ‘don’t like to really use condoms.’ Notably, sexual exclusivity expectations for main partners highlighted a double standard. Participants noted their expectations that main partners should be sexually exclusive, but this expectation did not appear to extend to participants’ own sexual behaviours with other women.

**Relationship Commitment**—Respondents with main partners typically described relationships characterised by conscious decisions to form committed partnerships with

women they described as girlfriends, wives and fiancées. Tommy reminisced about how he had decided to be sexually exclusive and chose to court Bernice, his [now] wife of 14 years, ‘... [I stopped visiting other girls] because I liked her and didn’t want to lose her.’ Explicit declarations of love were rare, however. There was just one exception to this rule: Zack who noted of his girlfriend, ‘I mean I love her to death. [Her being HIV-positive] ... makes me feel that I want to protect her. I want to take care of her ... just pamper her.’

### Casual Partners

A core distinction between main and casual partners was that respondents articulated no expectations of monogamy for their casual partners. Illustrative of this were several narratives in which some participants ( $n = 6$ ) said that they knew or suspected that their casual partners were sexually active with other men. We describe relevant findings by casual partner subtype.

**Primary-Casual Partners.**—The primary-casual partner type had no distinct dynamics but shared four dynamics with the main partner category: (1) history/familiarity; (2) emotional intimacy; (3) time spent together engaged in nonsexual activities; and (4) knowledge/trust discourses about condom use (presented below in the section on condom use). The primary-casual partner type also shared with the recurrent-casual partner type the dynamic of regular or occasional sex.

**History/familiarity.**—Several participants with primary-casual partners emphasised that they had known them for a long time, in some cases for as long or longer than they knew their main partners. In part, this was due to the fact that primary-casual partners were typically women with whom participants had prior committed relationships (ex-girlfriends or ex-wives), ongoing relationships (‘baby mamas’), or friendships. Dave, age 35, described a 2-year relationship with Yolanda, a main partner as well as Gina, a primary-casual partner that he had known ‘... for a long time, a very long time ... I’d say at least 17 years.’ This history facilitated comfort, trust, and a mutual understanding of the primary-casual relationship’s parameters:

So, our relationship is very, it’s just very up front. It’s no hidin’ behind any walls or anything. So, it’s like, you know, with her and I, it’s like, you know, if I wanna have sex, or if she wants to have sex, we just articulate, ‘Let’s have sex right here on the couch right now.’ Sometimes, it won’t even be a matter of saying anything, it’s just, you know, initiating and removin’ clothing. It’s just a very smooth compliant experience on both [our] parts.

**Emotional intimacy**—As with main partners, respondents typically used emotionally intimate language to describe sexual encounters with primary-casual partners. This language contrasted with the more generic (e.g., ‘straight sex’) or sexually explicit (e.g., ‘fuckin’) language that respondents tended to use for sex with recurrent or one-time casual partners. Although respondents with main partners typically invoked emotionally intimate language such as ‘making love’ to describe sexual encounters with main partners, some respondents also did so to describe their sexual experiences with primary-casual partners. This was the



case with Donovan who recounted the last time he had sex with his Debbie, his primary-casual partner, as:

It was real... it was real... It was sex as society would like to call... lovemaking. It was more on that tip, real... real passionate. Real deep. She said that she loved me and all that [laughing]. So, it was more so on that level... So it wasn't no real wild and crazy sex, but it was real passionate.

Donovan's description features several of the dynamics typically featured in main partnerships (i.e., passion, a disclosure of love) and established a contrast between the 'real passionate' sex that he had with Debbie and the types of language that respondents typically used to describe the 'real wild and crazy' — presumably sexually adventurous and devoid of emotional detachment — sex that they had with recurrent or one-time casual partners.

**Nonsexual time spent together**—Narratives about main and primary-casual partners (but not recurrent-casual or one-time casuals) typically included accounts of nonsexual activities such as going to the movies, dining out or making dinner at home. Not living with a main partner facilitated nonsexual time with primary-casual partners because it provided for sleepovers. For example, Sean, a chef, noted that the first time he had sex with his primary-casual was after they had watched movies at this home and after he had cooked dinner for her, something that he said happened regularly. Greg, a 32-year old employed father of three, described hanging out at a local chain restaurant with his primary-casual partner. Paul, a 33-year divorced man who reported being in an 'exclusive' relationship with Violet, a main partner that he did not define further, described a relatively mundane and seamless series of events that preceded his having sex with his Tonya, his ex-wife and primary-casual partner, 'a couple of weeks back':

I dropped my kids off—we have children together—we were married, we're divorced now, but we're getting' along well. ... Um, dropped the kids off. She was already cookin'. Asked if I wanted to eat. Absolutely. I ate, sat around, watched a little TV. The kids went to sleep. Um, we were just sittin' on the couch, just talkin' for a while. You know? And, um, I kinda just pulled her closer to me. She came, and we started kissin' and we went upstairs, and you know [had sex].

Through accounts such as these, respondents described partnerships that featured many of the same dynamics as relationships with main partners.

**Recurrent-Casual Partners.**—Recurrent-casual partners were characterised by one defining dynamic: primarily (but not exclusively) sexual. This contrasted with the emotional intimacy that typified main and primary-casual partnerships, and one-time casual partnerships that were exclusively sexual. 'Straight sex' was the term that several participants used most often to describe sex with recurrent-casual partners, noting the primacy of sex when they were together. Anthony described how on the nights when he did not have to work, Tasha, his recurrent-casual partner would '... wake me up in the middle of the night ... and we will just straight have sex'. Echoing Anthony, Scott, age 34, recalled his last sexual encounter with Rosario, his recurrent-casual partner this way: 'We flat out just into some straight sex. She just tore my clothes off.' Recurrent-casual partnerships also



shared three dynamics with primary-casual partnerships: (1) no expectations of sexual exclusivity; (2) reports of sex that happened regularly or occasionally; and (3) reports of inconsistent condom use (presented below in the section on condom use).

**One-Time Casuals.**—As the name implies, one-time casual partners described sexual partnerships in which sex happened once and were exclusively sexual. Compared with the other partner types, reports of ‘one-night stands’ were relatively rare, with just 7 of the 30 respondents reporting such partnerships. Whereas narratives about all of the other partner types described partnerships with women that participants knew very or relatively well, or had ongoing contact, a defining feature of the narratives about one-time casuals was that participants did not know them well or at all. Rasheed, age 18, summed it up this way: ‘Most of the partners ... I don’t even know their name, right?’ Similarly, James, also 18, reported: ‘I ain’t even know her, but we just talk on the phone. [When we met at the hotel to have sex was] the first time we even met.’

### Condom Use Facilitators and Barriers

Although most participants reported that they used condoms with partners the first time they had sex, reports of last time and consistent condom use were rare in the sample with all partners except one-time casual partners. Excluded from the descriptions below are four partners for whom we had no data about condom use either because the interviewer did not pose the question or because the participant reported oral sex as his only type of sex with the partner.

**Facilitators of Condom Use**—Analyses highlighted facilitators of condom use that have been well-documented in the empirical STI/HIV and contraception literature with Black heterosexual men (e.g., Corneille et al. 2008; Frye et al. 2013; Bowleg 2004). Facilitators specifically relevant to partner type and/or partnership dynamics include: (1) suspicions that a partner was sexually active with other men; and (2) ‘street rules’ about condom use.

**Suspecting or knowing that a partner was sexually active with other men.**—Tony, age 22 attributed his condom use with Wanda, his ex-girlfriend and primary-casual partner of four years, to his knowledge or suspicion that Wanda was sexually active with other men. Tony, who also reported two recurrent-casual partners, noted that although he and Wanda had not used condoms when they were ‘boyfriend and girlfriend,’ they used condoms now that their relationship status had changed:

We still get down [have sex], but we not together [as a couple], we just real good friends, you know I’m sayin’? But, we definitely use condoms now ... because we know we not in that type relationship [that we were in] together. So we use condoms for sure.

By contrast, Karl said that his condom use with Anita, his primary-casual partner was contingent upon her answer to his questions about her other sexual partners: ‘I just, you know, always throw it out there like, “Who have you been fucking or whatever? And what’s going on with you and this person and that person?”’

Despite the fact that HIV and most STIs are more easily transmitted from men to women than the converse, analyses highlighted that with few exceptions, participants tended to frame their motivations for condom use in terms that emphasised their risk of acquiring rather than transmitting STIs. In contrast to the knowledge/trust discourses that characterised some of the narratives about non-condom use with primary-casual partners, participants with recurrent-casual partners typically cited their lack of knowledge about or familiarity with recurrent-casual partners, as their primary motivation for condom use.

**‘Street rules’ for condom use.**—‘Street rules’ was the term that Anthony used to describe the norm that men should use condoms with ‘side jawns.’ This was also the case with Marc, who noted: ‘... With my casual partners, I don’t know exactly who they’d be with, you know? What they got, if they got anything? You know? I, I don’t know too much about them so you know, it’s better safe than sorry.’ For Rasheed, contraception was also a motivation for condom use: ‘I don’t want no kids right now.’ Rasheed was the only participant to describe having consistent condom use, what he called an ‘automatic must,’ with all casual partners: ‘I always have condoms. ... I have, like ... 1,000 condoms. And I’m not even jokin’. And I check the expiration dates.’ Recalling a time when he was ‘out of my mind’ high on marijuana and aroused for Blanca, his recurrent-casual partner, Rasheed noted that he still awoke to find that he had used a condom: ‘... [In] every, every situation I use condoms.’

Notably, one-time casual partners were the only partner type with whom participants consistently reported condom use. Citing HIV/STI prevention as a key motivator, respondents reported that they always used condoms with one-time casual partners ( $n=7$ ; 100%). As with recurrent-casual partners, respondents discussed using condoms with one-time casuals as a street rule that both partners knew, understood, and respected. Donovan, for example, contrasted this rule with that of partners with whom ‘I interact with on a deeper level,’ presumably women with whom he had a relationship commitment and/or was more familiar or emotionally committed:

I’ve never had experience with maybe a one-night stand or somebody that I deal with on a lower level ever told me to take [the condom] off because she don’t expect me to [and] because I always use a condom from the giddy up.

**Barriers to Condom Use**—As with facilitators of condom use, an abundant empirical literature also documents barriers to condom use among Black heterosexual men such as being under the influence of alcohol or drugs, low HIV/STI risk perception, perceptions that condoms are incompatible with sex, and sensitivity concerns (see for e.g., Corneille et al. 2008; Frye et al. 2013; Bowleg 2004). We highlight here barriers to condom use that are relevant to partner type and/or partnership dynamics: (1) condom use incompatibility with emotional intimacy, knowledge, and/or trust; and (2) partner-based perceptions of low HIV/STI risk.

**Condom use incompatibility with emotional intimacy, knowledge, and/or trust.**—Heterosexual adults often invoke marital (Willig 1995) or love and romance (Rosenthal, Gifford, and Moore 1998) discourses that construct condoms as incompatible with

emotionally committed relationships. Only 6 participants reported condom use with main partners the last time they had sex. Among them was Zack who said that he used condoms to prevent contracting HIV from his HIV-positive girlfriend. In line with marital discourses, married participants tended to cite marital status as their reason for not using condoms. Conceptually similar to marital and love and romance discourses, emotional intimacy, knowledge, and/or trust discourses construct condoms as incompatible with partnerships characterised by emotional intimacy, knowing and/or trusting partners, and the length of their relationships (Rosenthal, Gifford, and Moore 1998; Willig 1995; Bowleg et al. 2015). Analyses highlighted that these discourses overlapped for main and primary-casual partners. Roger, a 37-year old married man summed up the issue this way: ‘... ‘cause I trust her, and you know that’s my wife. We’ve been together for 14 years.’ Similarly, Jamie, a 42-year old father explained: ‘I didn’t use a condom the last time [with my girlfriend Valerie] you know. ... ‘cause we may have been together for like a year and I, you know, kind of like trust her, her not being with nobody else.’

With the exception of men such as Greg and Donovan who said that they used condoms consistently with their primary-casual partners, most participants reported that they had never done so, or did so inconsistently. Typical of this was Sean who said that he had not used condoms twice in the last 15 times he had sex with his primary-casual partner. Similarly, Paul, a divorced father, guessed that of the 6 times he had sex with his ex-wife over the last nine months, that ‘we use condoms like four times.’ As with the explanations for not using condoms with main partners, explanations for unprotected sex with primary-casual partners centred on emotional intimacy, and the fact that they knew their primary-casual partners for a long time. Karl noted: ‘On something new, a fly by night [presumably, a one-time casual partner], yeah [I would use condoms], but somebody that’s been in my life for as long as say Anita [his primary-casual partner] or Crystal [his ‘girl’ of 13 or 14 years with whom he lived] has, I don’t use condoms.’ Anthony was the only participant to explicitly link not using condoms to the emotional intimacy and familiarity that he felt for both his main partner and his primary-casual partner:

I mean, I loved them [both]. I loved my girl [my main partner]. I loved her like... We was doing’ it [having sex] since we met each without condoms. ... And the other girl [his primary-casual partner], I met her while I was dealing with my [main partner] and we just got real cool. Like she knew about my girlfriend and everything, like, and I knew about her and her baby father and everything... We just got so cool, we just started ... having unprotected sex, oral, sex, all that, almost every night.

Although expectations about sexual exclusivity was a key distinction between main partners and primary-casual partners, participants such as Karl implied that knowing that their primary-casual partners were sexually active with other men and assessing their primary-casual partners’ sexual risk profiles, had reduced their concerns about their own sexual risk. Karl explained: ‘I mean... it’s just that I’ve got to know them for a long time... And I know who they dealing with [her other sexual partners].’ By contrast, Corey, age 44, the sole participant to report having a primary-casual partner only — Melody — acknowledged that he could not always be certain about whether Melody’s other sexual partners were safe or

not. Although he noted that he did not use a condom the last time they had sex and explained that this was because he preferred the sensation of not using a condom, Corey emphasised his knowledge and trust of Melody: ‘And I know this person. I don’t know who she’s been with in that regard. You never really know. But I trust [her / that I won’t get HIV or a STI].’

**Partner-based perceptions of low HIV/STI risk.**—Narratives about inconsistent condom use with recurrent partners often emphasised low STI risk perception. Respondents’ accounts varied by the determinations that they made about risk. In so doing, they often evaluated their partner’s sexual behaviour, not their own, as barometers of risk. This was the case with Donovan who explained that ‘If you got a little hood jawn ... , she might be kind of questionable [chuckles], but it’s just a little somethin’, a hookup, you don’t always use the condom.’ Steve explained that although he had wanted to use condoms with his ‘fuck buddy,’ he did not because she said that she was allergic to condoms and had showed him evidence of her HIV-negative test results. He reported condom use with Vanessa, a one-time casual partner however. For Karl, who noted that he was having sex ‘with a good 5 or 6’ women (whom he did not discuss in detail) in addition to his main partner of 13 or 14 years, ‘stability’ was his key heuristic for assessing sexual risk with recurrent partners. He reported having unprotected sex with ‘all except maybe two’ of his recurrent-casual partners:

The stability. Are they stable? Like you know [Anita, my primary-casual partner] ... she lives with a man, okay, so I would look at her as being a little more stable other than say [Heather, my recurrent-casual partner], who doesn’t live with anyone. She lives with her mother, but you know, the streets are an option to her. ... So I would say the chances of me contracting [a STI] ... It’s greater with [Heather] because she is in the street. I could say out of maybe out of the ten times I’ve had sex with [Heather] at least four [times], I may have had protected sex with [her].

## Discussion

Main partners. Casual partners. So ubiquitous are these terms in the HIV prevention research literature that it is easy to presume that universal definitions of them exist, and that partnership types and dynamics are mutually exclusive. Moreover, because most of the literature on condom use in Black heterosexual relationships has compared condom use consistency *across* partner types — main and casual — rather than *within* casual partner types, there are critical gaps in empirical knowledge about condom use consistency in Black heterosexual casual partnerships. Our study addresses these presumptions and gaps with four noteworthy findings.

First, our study shows that the partnership dynamics of main and casual partners — at least for the Black heterosexual men in our sample — are not as distinct and mutually exclusive as these terms connote. Analyses showed that main and primary-casual partnerships shared in common dynamics such as history/familiarity, emotional intimacy, and narratives about relationships characterised by knowledge and trust that appeared to mitigate the need for condoms (Bowleg et al. 2015). Ironically, the same knowledge and trust of primary-casual partners — including knowledge that they are or may be sexually active with other men — that reduces perceptions of HIV/STI risk simultaneously increases HIV/STI risk behaviours.

Despite some participants' professed sense of security about reduced sexual risk, the reality is that they cannot be confident about the HIV/STI status or condom use practices of their sexual partners. And because many of these sexual partnerships are concurrent, low reports of condom use across partner types portends greater HIV/STI risk for all partners in the sexual network.

A second and problematic finding was the tendency for most participants to focus on their risk for acquiring HIV/STI from their non-main partners, and less on the possibility of transmitting HIV/STIs to their partners; a more probable scenario given the higher likelihood of male-to-female transmission. Echoing the findings of a plethora of HIV prevention studies that have documented high rates of sexual concurrent partnerships in Black heterosexual relationships (Frye et al. 2013; Hicks et al. 2016; Neaigus et al. 2012; Nunn et al. 2011), this study found that most participants reported at least one or two other sexual partners in addition to their main partners. Moreover, whereas most respondents reported no condom use with main partners, reports of consistent condom use with all other casual partners *except* one-time casuals were rare. These findings spotlight a dire need for HIV prevention messages and interventions to emphasise the risks of not using condoms in concurrent sexual partnerships. The tendency for Black people to have other Black sexual partners who may represent both high and low-risk behaviour groupings, combined with the dense concentration of HIV in many Black communities (Hallfors et al. 2007), elevates HIV risk for all sexual network members.

Third, our study shows that rather than being monolithic, casual partnerships are heterogeneous. Although other research has highlighted distinctions in casual partner type — regular casuals and one-night stands in Black heterosexual relationships (e.g., Noar et al., 2012; Raine et al. 2010; Lima et al. 2018) — the current research joins Lima et al. (2018) as one of the first to highlight how the relationship dynamics of these different casual partnerships may be associated with inconsistent condom use.

With the exception of a handful of participants who reported that they had used condoms with recurrent partners to prevent HIV/STIs or pregnancy at last sex, reported condom use with recurrent partners was mostly inconsistent. Although a handful of participants cited 'street rules' about using condoms with women with whom they were having 'straight sex,' analyses showed that those rules held for first time sex, but not subsequent sexual encounters. It is likely that the recurrent nature of these sexual partnerships over months and sometimes years breeds the same type of familiarity that characterises many main and primary-casual partnerships. This, in turn, renders condom use to be less imperative with recurrent-casual partners than with a first-time, unknown, or one-time sexual partner. As such, our findings about reports of inconsistent condom use with casual partners — with the exception of one-time casual partners — underscore a critical need for more relationship context and/or partner-focused framing of HIV prevention messages and interventions. Our study suggests that conventional condom messages that emphasise correct and consistent condom use with no attention to partner type and/or the partnership dynamics that shape condom use, are likely to be ineffective.

Finally, study findings reveal the void of knowledge about the context of casual partnerships and its implications for condom use in Black heterosexual partnerships. Echoing calls to better understand different types of casual partnerships such as ‘friends with benefits’ (Raine et al. 2010), ‘booty-call’ relationships (Jonason, Norman, and Richardson 2011), and ‘non-monogamous sexual partners’ (Lima et al. 2018), our research spotlights that relationship context and dynamics play a role in casual, primarily sexual relationships too; not just conventional main relationships such girlfriends, partners, and wives. Some casual partnerships are primarily about sex, while others are about more than just sex (Lima et al. 2018). Criticism of the absence of relationship context from most HIV prevention research is hardly new. The notion that HIV/STI risk is a property of individuals rather than a complex mix of individual, social-structural contexts and relationship dynamics still dominates most traditional HIV prevention approaches. Indeed, the closest that most HIV prevention messages have gotten to acknowledging the role of the partner is by advising that ‘a long-term mutually monogamous relationship with an uninfected partner’ is one of the most reliable ways — other than abstinence — to avoid STI transmission (CDC, 2013). In the absence of reliable information about how different partner types and partnership dynamics increase risk — using condoms inconsistently with multiple partners that you may know well and trust, and who themselves may also be using condoms inconsistently with other partners, say — Black heterosexual men not in ‘long-term mutually monogamous relationships’ may be left to rely on ‘street rules’ about condom use. And here it must be noted that compared with Black men who have sex with men and Black heterosexual women, Black heterosexual men have rarely been the focus of HIV prevention research, interventions and messages.

Prevention messages that emphasise abstinence and sexual exclusivity are factually accurate, but also out of step with the realities of many of the sexual relationships that study participants described. Addressing HIV prevention from the vantage point of low-income Black heterosexual men, our study suggests, would need to at a minimum acknowledge that partner type and partner dynamics have important implications for condom use. Moreover, our research suggests that HIV prevention programmes should recognise the need to intervene with actual (e.g., concurrent partners, different casual partner types) rather than idealised (e.g., sexual exclusivity) behaviours (Seal and Ehrhardt 2004). That is, rather than prioritising monogamy, as is the custom of traditional public health approaches, reality-based interventions could emphasise condom use in extradyadic relationships with women whom men know well and trust, with a focus on what men do and cannot know or trust about the women’s other sexual partners’ HIV/STI risk.

Our study also highlights the need for more research about condom use and HIV testing negotiations and dynamics across different partnership types. Narratives from our previous research with Black heterosexual men highlight that many often placed the onus for condom use on women, noting that women in casual partnerships frequently did not request condoms (Bowleg et al. 2015). Qualitative research with young Black women also spotlights how partnership dynamics within non-sexually exclusive partnerships shape condom use (Lima et al. 2018). Collectively, these studies underscore the need for more research to examine HIV prevention behaviours such as condom use, HIV testing, and PrEP use as dyadic processes that may differ by partnership type.



## Limitations

It is important to recognise that these analyses emerged post-hoc; partner type and partnership dynamics were not the focus of our initial parent study. Were that the case, the study's interview guide would have included questions to elicit more in-depth and detailed descriptions about partner context and dynamics (e.g., type of typical activities, feelings about partners, partnership satisfaction). The study is further limited by having provided *a priori* definitions of main and casual partners to participants. Thus, it is possible that interviewees may have tailored their responses to how we asked about main and casual partners, rather than how they may have classified these partnerships. A more open-ended approach that asked about sexual partners, followed by questions about how interviewees defined the partnership, may have yielded more breadth about partnerships beyond our investigator-imposed main/casual dichotomy. Related to this is the fact that because we did not have the opportunity to get participants' feedback about our interpretations, we cannot be certain that participants would share our interpretations. Another limitation is that interviewers did not always ask participants follow up questions that would have provided relevant data or detail about sexual partners and condom use. Finally, our study is limited by the possibility of social desirability responding — some participants may have been motivated to over- or under-report sexual partners and condom use.

## Implications for HIV prevention

Public health advocacy for condoms as an essential HIV prevention strategy has waned in recent years in the wake of biomedical advances such as pre-exposure prophylaxis (PrEP). Yet, evidence that compared with their White and Latino counterparts, Black populations are less likely to have knowledge or access to PrEP (Eaton et al. 2015), combined with the CDC's recommendations that PrEP users continue condom use (CDC, 2016), underscore the indispensability of condoms as a critical prevention strategy. Collectively, these facts suggest a dire need for more behavioural HIV prevention research to understand and inform interventions that effectively address the culturally and contextually-grounded realities of Black heterosexual partnership types and dynamics to prevent HIV incidence in the first place. Condoms remain an accessible, affordable, and essential HIV prevention strategy for Black heterosexual men and their sexual partners. Echoing Chatterjee, Hosain and Williams (2006), our findings about inconsistent or no condom use in concurrent main, primary-casual and/or recurrent-casual partnerships constitute a cause for alarm.

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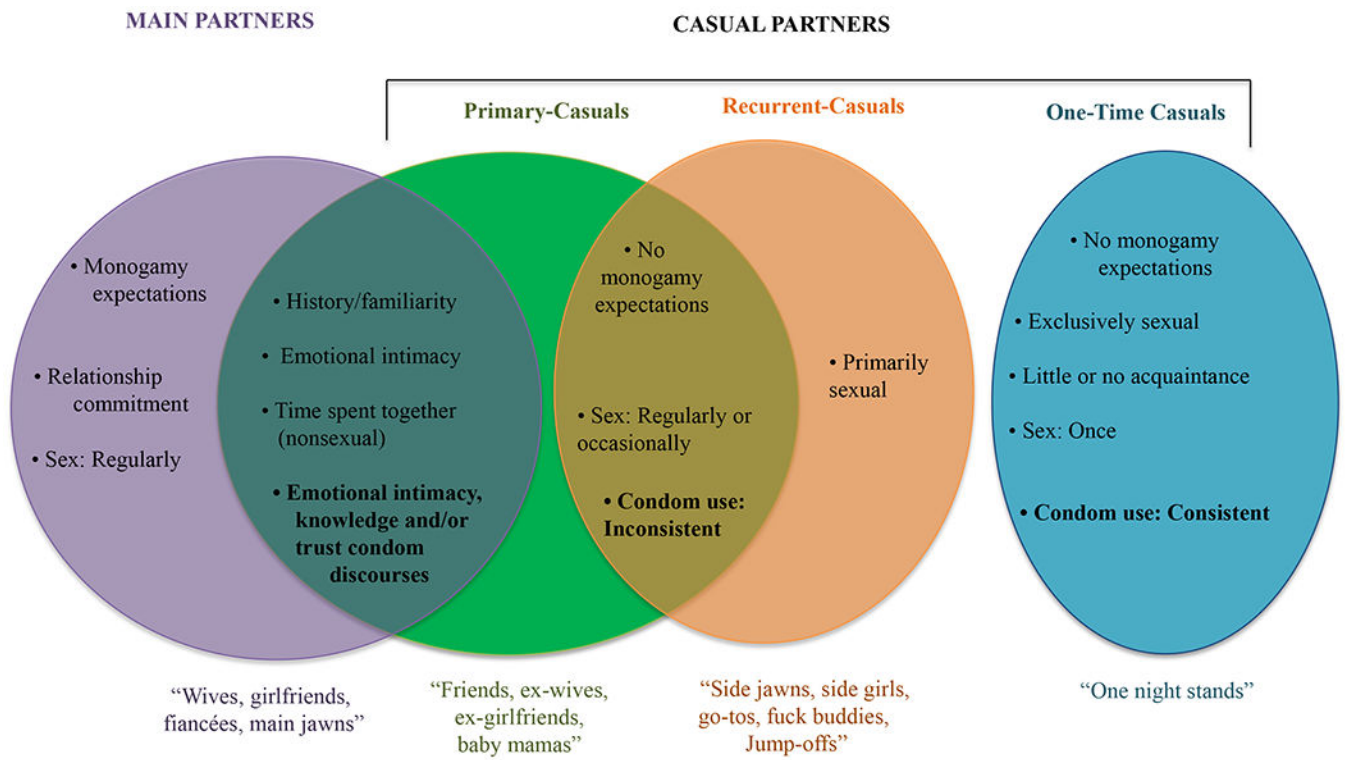
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**Figure 1.** Partner Types and Partner Dynamics Based on Individual Interviews with Black Heterosexual Men Participants (N = 30)

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**Table 1**

Demographic Characteristics Based on Survey Responses with Black Heterosexual Men Participants (N = 30)

	N (Survey)	%	N (Interviews)	(%)
Age (years)	<i>M</i> =31.47 <i>SD</i> =8.41			
Education				
Some high school	7	23	--	--
High school graduate or GED	13	43	--	--
Some college	8	27	--	--
Bachelor's degree	1	3	--	--
Graduate degree	1	3	--	--
Income				
<\$10,000	15	50	--	--
\$10,000-\$19,999	2	7	--	--
\$20,000-\$39,999	5	17	--	--
\$40,000-\$59,999	5	17	--	--
Employment status				
Employed full-time ( 40 hours/week)	11	37	--	--
Employed part-time ( 20 hours/week)	2	7	--	--
Unemployed	16	53	--	--
Other (e.g., Disability benefits)	1	3	--	--
Sexual partners				
Main (current)	30	100	27	90
At least one casual partner (last 6 months)	--	--	18	60
Condom use frequency with main partner (past 6 months)				
Never	13	43		
Sometimes	6	20		
Most of the time	4	13		
Every time	7	23		